

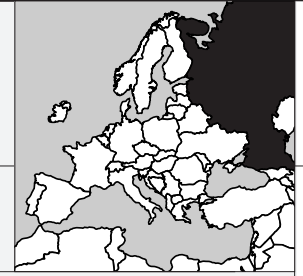


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8. Russia



Statistics

GENERAL

Population

- The total population of Russia is 147.2 million.¹
- The proportion of population residing in urban areas is estimated to be 76%.²
- Between 1995 and 2000, the annual population growth rate is estimated at -0.2%.³
- In 1999, the gender ratio was estimated to be 114 women to 100 men.⁴

Territory

- The territory of Russia is 6,592,800 square miles.⁵

Economy

- In 1997, the gross national product (GNP) was USD \$403.5 billion.⁶
- In 1997, the gross domestic product (GDP) was USD \$440,562 million.⁷
- The average annual growth between 1990-1997 was -7.7%.⁸
- From 1990-1995, public expenditure on health was 4.1% of the GDP.⁹

Employment

- Women comprised 49% of the labor force in 1997, compared to 49% in 1990.¹⁰

WOMEN'S STATUS

- In 1999, the life expectancy for women in Russia was 72.8 years compared with 60.6 years for men.¹¹
- In 1997, the illiteracy rate among youth between the ages of 15-24 was 0% for females and 0% for males.¹²
- In 1998, gross primary school enrollment was 84% for girls and 87% for boys; gross secondary school enrollment was 101% for boys and 104% for girls.¹³

ADOLESCENTS

- 19% of the population is under 15 years of age.¹⁴

MATERNAL HEALTH

- Between 1995 and 2000, the total fertility rate is estimated at 1.35.¹⁵
- In 1998, there were 45 births per 1,000 women aged 15-19.¹⁶
- In 1998, the maternal mortality ratio was 53:100,000.¹⁷
- Infant mortality was at 18 per 1,000 live births.¹⁸
- 99% of births were attended by trained attendants.¹⁹

CONTRACEPTION AND ABORTION

- The contraceptive prevalence for any method (traditional, medical, barrier, natural) is estimated at 21%, and that for modern methods at 13%.²⁰

HIV/AIDS AND STIs

- In 1997, the estimated number of people living with AIDS was 268.²¹
- In 1997, the estimated number of women aged 15-49 living with AIDS was 31.²²
- In 1997, the estimated number of children aged 0-14 living with AIDS was 102.²³
- In 1997, the estimated cumulative number of AIDS deaths among adults and children was 190.²⁴

ENDNOTES

1. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 1999 (visited July 14, 2000) <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 812.
6. THE WORLD BANK, WORLD DEVELOPMENT REPORT 1998/9, at 191.
7. *Id.* at 213.
8. *Id.* at 211.
9. *Id.* at 203.
10. *Id.* at 195.
11. THE STATE OF WORLD POPULATION 1999, *supra* note 1.
12. THE WORLD BANK, WORLD DEVELOPMENT INDICATORS 1999, at 83.
13. *Id.* No explanation in the source for the greater than 100% figures.
14. CIA, RUSSIA, WORLD FACTBOOK (visited Sept. 23, 1999) <<http://www.odci.gov/cia/publications/factbook/rs.html>>.
15. THE STATE OF WORLD POPULATION 1999, *supra* note 1.
16. *Id.*
17. *Id.*
18. *Id.*
19. *Id.*
20. THE STATE OF WORLD POPULATION 1998, *supra* note 5, at 67.
21. UNAIDS & WHO, EPIDEMIOLOGICAL FACT SHEET ON HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES – RUSSIA 6 (1998).
22. *Id.*
23. *Id.*
24. *Id.*

Russia is located in Eastern Europe and Northern Asia, bordering the Arctic Ocean, Finland, Estonia, Latvia, Lithuania, Belarus, Ukraine, Tibet, Mongolia, Japan, and the North Pacific Ocean.¹ The official language is Russian. As of July 1999, there were 147.2 million people living in Russia, 78 million of whom are women.²

The former Soviet Union dissolved on August 24, 1991 with the Russian Declaration of Independence and the formation of the Russian Federation. Nearly a decade later, Russia is still undergoing a painful transition that is far from complete. As Russia struggles to achieve democracy, a market economy and the rule of law, internal clashes and ethnic conflicts persist. Contradictory and confusing economic and political regulations and practices have been the result.³ A major impediment to Russia's democratic evolution since 1994 has been the ongoing conflict with Chechnya. In 1991, after the breakup of the Soviet Union, Chechnya declared its independence. Three years later, Russia tried to regain control of Chechnya and started a war, which ended in 1996.⁴ The belligerents, however, decided to defer a decision about Chechnya's formal status until 2001.⁵ Nonetheless, Chechnya considers itself independent, with an elected president.⁶ Russian forces re-invaded Chechnya in October 1999, a move which has led to another violent conflict.

Russia is multi-ethnic: 81.5% of the population is Russian, 3.8% Tatar, 3% Ukrainian, 1.2% Chuvash, 0.9% Bashkir, 0.8% Byelorussian, 0.7% Moldavian, and 8.1% other. The major religion is Russian Orthodox, followed by Islam.⁷

I. Setting the Stage: The Legal and Political Framework

A. THE STRUCTURE OF NATIONAL GOVERNMENT

The Constitution of the Russian Federation was adopted by referendum on December 12, 1993.⁸ It is the supreme law of the land⁹ and defines Russia as a democratic state with a republican form of government.¹⁰ The Constitution establishes a system of separation of powers among three separate branches of government—the executive, the legislative, and the judicial branches.¹¹

Executive branch

The executive branch consists of the president of the Russian Federation and the government of the Federation. The president is the head of state¹² and commander-in-chief of the armed forces.¹³ Elected by popular vote for no more than two successive four-year terms,¹⁴ the president defines the basic domestic and foreign policy objectives of the state.¹⁵

He appoints the prime minister subject to the consent of the State Duma (*see below*), presides over the meetings of the government and can call for its resignation.¹⁶ The president also appoints and dismisses most important state officials.¹⁷ The president forms and heads the security council of the Federation, and endorses the military doctrine of the Federation.¹⁸ The president plays an active role with the State Duma. He calls its elections, has the right to initiate legislation there and must sign its laws.¹⁹ The president also has the power to call referenda²⁰ and to impose a state of emergency.²¹

The role of the government is to implement the general policy of the Russian Federation²² as articulated through the Constitution, federal laws and decrees of the president of the Federation.²³ If the State Duma expresses “no confidence” in the government, the president chooses whether to dismiss the government or to dissolve the State Duma.²⁴

Legislative branch

The legislative branch consists of a bicameral Federal Assembly, or Parliament, which is the paramount legislative body of the Russian Federation.²⁵ The Federal Assembly consists of two bodies — the Federation Council and the State Duma.²⁶ The State Duma approves the appointment of the prime minister by the president of the republic²⁷ and passes federal laws.²⁸ Federal laws that are adopted by the State Duma are passed on to the Federation Council for approval.²⁹ If the Council rejects a law, a conciliatory commission may be set up by the chambers to reconsider the law, which afterwards is sent back to the State Duma.³⁰ If the State Duma disagrees with the Federation Council's decision, it may call for a second vote and can approve the law with a two-thirds majority of the total number of deputies of the State Duma.³¹ Adopted laws are sent to the president for signature and publication.³² If the president rejects the law, it is sent to the Federal Assembly for reconsideration. If the law is approved by a two-thirds vote of the State Duma and the Federation Council, it is sent back to the president for signature and publication within seven days.³³

The Federation Council calls the elections for the president of the Russian Federation,³⁴ and has the power to impeach him.³⁵ The Federation Council is also charged with the appointment of judges of the Constitutional Court, the Supreme Court, and the Supreme Court of Arbitration.³⁶

Judicial branch

The judicial system is established by the Russian Constitution³⁷ and consists of the Constitutional Court, the Supreme Court, the Supreme Court of Arbitration,³⁸ supreme courts of the republics, regions and territories, courts of the autonomous cities and provinces, district courts, military courts, specialized courts, federal courts of arbitration of the regions and courts of

arbitration of the subjects of the Federation.³⁹ The courts of the subjects of the Federation include constitutional courts of the subjects and district judges, who serve as judges of general jurisdiction.⁴⁰

Judges of the Constitutional Court, the Supreme Court, and the Supreme Court of Arbitration are nominated by the president of the republic and appointed by the Federation Council.⁴¹ Lower court federal judges are also appointed by the president.⁴² The Prosecutor-General of the Federation is appointed and removed by the Federation Council after nomination by the president of the republic.⁴³

The federal Constitutional Court rules on the constitutionality of federal laws, as well as on the constitutionality of republican constitutions, charters, and laws, agreements between federation bodies, and international agreements. The Court also resolves jurisdictional disputes between federation bodies, and constitutional complaints on alleged violations of constitutional rights and freedoms, and interprets the Constitution.⁴⁴

The Supreme Court is the highest legal body for civil, criminal, administrative and other cases.⁴⁵ It monitors lower-court decision-making, and many of its decisions arise out of this supervisory function. The Supreme Court also exercises original jurisdiction over certain cases and serves as an appellate court in cases where an intermediate court has acted as a court of first instance.⁴⁶

The Supreme Court of Arbitration is the highest judicial body competent to settle economic disputes and other cases examined by arbitration courts, to exercise judicial supervision over their activities and to provide explanations of court proceedings.⁴⁷ The arbitration courts are specialized courts for settling property and commercial disputes between enterprises, including tax, land and other disputes arising from administrative, financial and other legal relations. The arbitration courts can consider cases where a litigant is a non-Russian.⁴⁸

The Supreme Court of Arbitration of the Russian Federation acts as a court of first instance for specific categories of cases, including those involving acts endorsed by the President of the Russian Federation, the Federation Council and the State Duma of the Federal Assembly of the Russian Federation, and the government of the Russian Federation. It also decides economic disputes between the Russian Federation and its constituent parts or between constituent parts of the Russian Federation.⁴⁹

The ordinary court system is multi-tiered.⁵⁰ The district courts serve as courts of first instance in all civil and criminal cases within their territorial jurisdiction except for those matters reserved for higher-level courts.⁵¹ Intermediate-level courts are designated as the courts of the Federation's constituent

units.⁵² They review district-court decisions and act as courts of first instance in certain civil and criminal cases. In the republics, the intermediate courts are known as "supreme courts." They are the highest authority on matters of republican law except for those matters within the jurisdiction of republican constitutional courts (if one has been established in the particular republic). However, they are subordinate to the Russian Supreme Court on issues of federal law.⁵³

Russia does not have a separate system of administrative courts. Complaints about alleged illegality of sub-legislative governmental acts are heard in the ordinary courts. The ordinary court system also includes military courts with specialized jurisdiction.⁵⁴

B. STRUCTURE OF TERRITORIAL DIVISIONS

The Russian Federation is divided into 21 autonomous republics, 49 regions (*oblasts*), six territories (*krays*), 10 autonomous provinces (*okrugs*), two federal cities and one autonomous *oblast*.⁵⁵ Republics have their own constitutions and legislation, while territories, regions, federal cities, autonomous regions and areas have their own charters and legislation.⁵⁶ State power in the federal entities of the Russian Federation is exercised by the organs of state authority formed by them.⁵⁷ The status of these entities of the Federation may be changed only with the Federation's consent.⁵⁸ Articles 71 and 72 of the constitution establish the exclusive jurisdiction of the Federation⁵⁹ and the joint jurisdiction of the Federation and its federal entities,⁶⁰ with the residual jurisdiction belonging to the federal entities of the Federation.⁶¹ Federal law prevails over all other acts issued by the entities of the Federation.⁶² The president of the Federation may suspend the acts of a region, city or territory if they violate the Constitution and federal laws, international treaties, human rights, and liberties.⁶³

Regional and local governments

The Constitution guarantees the right to local self-government and allows such a government to operate independently within the bounds of its authority.⁶⁴ The Constitution does not specify the structure of local self-government, but instead delegates its formation to its local population.⁶⁵ Local governments resolve local issues, but may also be invested with certain state powers, subject to the state's supervision.⁶⁶ Local self-government is exercised through referenda, elections and through elected and other bodies of local self-government.⁶⁷ The rights of local self-government can only be restricted in accordance with law.⁶⁸

C. SOURCES OF LAW

Domestic sources of law

The legal system of the Russian Federation includes laws and other regulatory acts of both federal and local government.

On the federal level, the hierarchy of legal sources is the Constitution, federal constitutional laws, federal laws, resolutions of the State Duma and the Federation Council, decrees and executive orders of the president of the Federation, decrees and orders of the government of the Federation, and administrative acts of the federal ministries and other federal organs.

The Constitution is the supreme law, has direct effect, and is applicable throughout the entire Russian Federation. Laws and other legal acts adopted by the Russian Federation cannot contravene the Constitution.⁶⁹ Laws must be officially published in order to be effective.⁷⁰ Federal constitutional laws and federal laws have direct effect throughout the territory of the Russian Federation,⁷¹ and federal laws cannot contravene constitutional laws.⁷² All other matters are regulated on the local level.⁷³ In cases of contradiction between federal and local acts, federal acts prevail unless the matter regulated falls outside the exclusive jurisdiction of the Federation or the joint jurisdiction of the Federation and the federal entities.⁷⁴

On the federal level, the president of the Federation can issue decrees and executive orders that are binding throughout the territory of the Federation⁷⁵ so long as they do not contravene the Constitution or federal laws.⁷⁶ The government of the Russian Federation issues decrees and orders on the basis of the Constitution, federal laws and presidential decrees,⁷⁷ which also are binding throughout the Russian Federation,⁷⁸ but which may be repealed by the president of the Federation if they contravene the Constitution, federal laws and the decrees of the President of the Russian Federation.⁷⁹ The Federation Council and the State Duma adopt resolutions for matters falling under their jurisdiction.⁸⁰ Judicial decisions, especially decisions of the Constitutional Court, Supreme Court and Supreme Court of Arbitration, play an increasing role as sources of law.⁸¹

Non-state entities or social organizations such as trade unions, collective farms, and consumer cooperatives no longer have much influence in the development of law and policy; however, Russian legal doctrine vests some of these organizations with the right to enact “normative legal acts” called local acts. These acts pertain to all workers and can be adopted for determinate or indeterminate lengths of time.⁸²

International sources of law

The Constitution changed the status of international treaties and international law⁸³ so that now “commonly recognized principles and norms of the international law and the international treaties of the Russian Federation” are considered an integral part of the Russian legal system; if an international treaty conflicts with the Constitution, the international treaty will apply.⁸⁴ The Commonwealth of Independent States, despite its

relatively short duration, has generated international treaties and agreements, decisions of CIS organs, and protocols.⁸⁵

Russia is a party to the International Covenant on Economic, Social and Cultural Rights,⁸⁶ the International Covenant on Civil and Political Rights⁸⁷ and its First Optional Protocol,⁸⁸ the Convention on the Rights of the Child,⁸⁹ the Convention on the Elimination of All Forms of Discrimination Against Women,⁹⁰ the International Convention for the Elimination of All Forms of Racial Discrimination,⁹¹ and the European Convention of Human Rights.⁹²

II. Examining Health and Reproductive Rights

In Russia, issues related to the reproductive health of women fall under national programs related to health and population.

A. HEALTH LAWS AND POLICIES

The Constitution guarantees to all Russian citizens the right to medical assistance and health care.⁹³ Medical assistance in state and municipal health care institutions is free of charge, however as will be described below, this does not mean that all health care services are available to everyone.⁹⁴ There are 38 physicians and 95 nurses for every 10,000 inhabitants,⁹⁵ but their distribution varies greatly throughout the different regions of the Russian Federation. In the capital city of Moscow, for example, there are 677 physicians per 10,000 residents, while in the rural region of Ingushetia, only 20.8 physicians per 10,000.⁹⁶ Overall, there are 1179 hospital beds per 10,000 inhabitants, but for rural areas the ratio drops substantially to 70.8 beds per 10,000 inhabitants. In addition, the number of multi-specialty health care centers (polyclinics) devoted to caring for the rural population shows steady decreases⁹⁷ as does that of clinics devoted to reproductive health matters. From 1991 to 1995, the number of special clinics for women (gynecological consultations) declined by half. Maternity homes and children’s clinics have been closing at a much higher rate; there was only one-fourth the number of these institutions in 1995 that there had been in 1991.⁹⁸ Even the relatively good ratio of hospital beds to inhabitants is deceptive. Since 1991, the lack of financing and continual budget deficits has meant that those who cannot pay for medical treatment go without it, as it is necessary to come up with the money to procure instruments and medication. Patients usually must bring all necessary supplies — medicine, clothes and food — for their hospitalization.⁹⁹

Objectives of the health policies

The Constitution of the Russian Federation directs the state to “encourage activities contributing to improving the individual’s health, to the development of physical culture and sport, and to ecological, sanitary and epidemiologic welfare.”¹⁰⁰ In an effort to realize its commitment to public health, the legislature passed the “Fundamentals of Legislation on Public Health Care” (Fundamentals) in 1993.¹⁰¹ All of the previous legislation and other normative actions are codified in the Fundamentals. Its objective is to guarantee the right to healthcare, to public health, and to medical and social assistance; the Fundamentals also assigns responsibility for these objectives to the appropriate state and private authorities.¹⁰²

The Fundamentals establishes a tripartite system for delivering public health services, divided among the state, municipal, and private sectors. The overall duty of supervising and implementing national health programs is vested in the Federal Ministry of Health, which cooperates with various component agencies of the Russian Federation. Municipal administrations directly supervise public health agencies and institutions.¹⁰³ Private services are offered in conjunction with state and local ones.

The Russian health care system is undergoing a transition from one fully financed by the state to one of mixed state and private financing.¹⁰⁴ The principal objectives of this financial reform are set forth in a 1993 policy paper entitled, “Proposal on developing the health care system and medical science.”¹⁰⁵ The Proposal consists of fourteen articles which connect the declining birth rate and overall aging of Russia’s population to the consequences for the health care system and pharmaceutical industry.

Implementing agencies

The Ministry of Health is the principal implementing agency of Russia’s health care system. The state public health system also includes the Ministries of Health of the republics of the Russian Federation; administrative organs of public health of the autonomous regions, autonomous areas, krais, regions, and the cities of Moscow and St. Petersburg; the Russian Academy of Medical Science; the State Committee of Sanitary-Epidemiological Inspection; and all other medical institutions located on state property.¹⁰⁶

The municipal public health system includes municipal administrative organs and medical, preventative, and research institutions, pharmacies, offices of forensic experts, and other medical institutions that carry out their activities on municipal property. These organs are responsible for the sanitary-hygienic education of the population, accessibility of medical care, development of a municipal health care network, and quality

control. Their jurisdiction is over both the municipal system and over private practices.¹⁰⁷

Infrastructure of health services

Health care in Russia consists of federal, municipal, and private health care systems. The federal health care system includes public health institutions to prevent and treat epidemic diseases and to provide primary health care for women and children, among others. It also encompasses the medical education and research infrastructure, the pharmaceutical industry, rest homes and sanatoriums and compulsory medical insurance. Primary health care includes polyclinics, women’s clinics or gynecological consultation offices, sanitary-epidemiological stations, maternity homes, ambulance services and specialized services for industrial workers.¹⁰⁸ As of 1995, the Ministry of Health sponsored 10,280 health centers, 1,601 hospitals, 6,107 polyclinics, 938 dental clinics, and 413 ambulance stations. There are 47 universities, seven continuing medical education institutes, 450 colleges and 87 research institutes that train medical professionals.¹⁰⁹ In 1998, in addition to 682,000 physicians, Russia had 1.6 million medical assistants and nurses, 11,200 hospitals, 21,900 medical institutions providing outpatient services, 15,400 maternity/gynecological consultation offices, children’s polyclinics, outpatient departments and institutions with maternity centers and children’s sections, and 45,100 medical and obstetrical stations.¹¹⁰ In 1995, there were only 491 family practitioners.¹¹¹ In 1997, there were 38,000 gynecologists in Russia (4.9 per 10,000 women).¹¹² All municipal and private health care entities must be licensed by the state.¹¹³

Cost of health services

The Constitution guarantees free health care, dispensed by the state and municipal health care systems, to all Russian Federation citizens. However not everyone is entitled to free health care. Even during Soviet times, when health care services were underwritten by the state, these services were not available to everyone. Health care services and providers were unevenly distributed. The majority of individuals could only receive treatment in the areas in which they resided (the notorious *propiska* system). They could not change the doctor to whom they were assigned or get treatment from a different clinic. Special health services existed for the elites (*nomenklatura*). With the demise of the Soviet Union, the availability and financing of the health care system now comes from a variety of sources—primarily the state budget, health insurance, and other public and private contributors.¹¹⁴ The sources of revenue are detailed in the Fundamentals and in the law on “Medical Insurance of the Citizens of the Russian Federation” (Medical Insurance Law).¹¹⁵

Allocations from the state budget, meanwhile, do not meet the needs of the Ministry of Health. In 1996, for instance, the Ministry of Health asked for 23.9 billion rubles, but the Ministry of Finance approved only 4.6 billion rubles, less than 20% of the requested sum. The system of mandatory health insurance is supposed to be financed by a new tax of 3.6% on the salaries paid by enterprises and organizations plus payments from local government administrations for insuring non-working citizens.¹¹⁶ This fund is managed by the Federal Medical Insurance Fund, with offices all over Russia. There are certain conditions attached to insurance pay-outs. For example, in order to enjoy 100% medical coverage, a person must be employed for at least eight years or have three or more dependent children.¹¹⁷

Compulsory medical insurance for all Russian citizens was supposed to be implemented starting on October 1, 1991,¹¹⁸ but this did not happen for economic and organizational reasons. The 1991 Medical Insurance Law was supplemented by the 1993 “List of Services Guaranteed by the System of Social Insurance.”¹¹⁹ Under the law and its supplement, all covered services are basic.¹²⁰ There is a system of annual health examinations for Russian citizens. Family planning materials — birth control pills and IUDs — and counseling are provided free of charge.¹²¹ Pensioners, war veterans, and the disabled are also eligible for free medical care.¹²² Primary health care in Russia includes special health care for workers employed in heavy state industries.¹²³

There are still limitations to health care insurance coverage. Health insurance only covers expenses for medical services provided in the city or the region where the person lives.¹²⁴ In other cases, only ambulance services are free of charge. There are several companies offering voluntary supplemental medical insurance that covers more medical services, but premiums are costly. Furthermore, a number of medical services beyond basic, medically necessary services are not covered.¹²⁵ State support for abortion has been significantly reduced; the basic program of medical insurance does not fully cover expenses for abortion upon request.¹²⁶ The Ministry of Health classifies abortion in three categories: abortion upon request, abortion for medical reasons, and abortion for social reasons: eight out of 10 abortions are classified as “abortion upon request.”

Regulation of health care providers

Health care providers include doctors, dentists, and nurses trained at 47 state medical and pharmaceutical educational establishments, including 15 universities, 28 academies, five institutes, and 13 medical departments of universities within the system of the Ministry of Education. Since 1992, eight private medical colleges and departments have also received state licenses.¹²⁷

According to the Fundamentals, a medical doctor must have a degree from a medical university or college. Additional qualifications, such as specialized diplomas, certificates, and licenses are necessary to practice in certain areas.¹²⁸ As an undergraduate in medicine, a student can get training in seven main specialties: family medicine, curative medicine, pediatrics, dentistry, hygiene, sanitation, and epidemiology. Medical students receive their diplomas after six years of study and passing through the attestation commission, which consists of oral and written exams on the theory and practice of medicine.¹²⁹ Post-graduate internships (*internaturna*) last for one year and in-depth specialized residencies (*ordinaturna*) take two to three years. There are also PhD studies as well as special training courses.¹³⁰

There are four academies, three continuing education training institutes, and 48 departments that offer post-graduate courses. To maintain the level of care provided to Russians, the Ministry of Health introduced a continuing education examination for the medical profession, and annually 150,000 doctors take post-graduate training.¹³¹ Every five years medical professionals have to pass an “attestation,”¹³² that is, a series of theoretical and practical exams. Physicians receive special qualifications upon passing the attestation.

The Fundamentals established, for the first time in Russia, independent professional medical and pharmaceutical associations. These associations have the right to participate in the elaboration and implementation of principles of professional ethics, in the development of quality standards, in the licensing of medical activities, in the examination of professions, in the certification of specialists, and in the resolution of disputes regarding salaries and payments.¹³³

Patients' rights

Patients' rights are secured by several laws. The Fundamentals guarantees health protection to all citizens regardless of sex, race, nationality, language, social status, position, place of residence, religious belief or association.¹³⁴ Special protection is given to particular groups, including families,¹³⁵ pregnant women and mothers,¹³⁶ minors,¹³⁷ military servants,¹³⁸ the elderly¹³⁹ and disabled people,¹⁴⁰ people in emergency situations,¹⁴¹ and prison inmates.¹⁴²

Health care for non-citizens of the Russian Federation is guaranteed under applicable international treaties between Russia and various nations. Refugees have access to the same health services as Russian citizens.¹⁴³

The Fundamentals guarantees that a patient must be treated with human dignity and respect. The patient has the right to choose his or her own doctor. The patient has the right to a diagnosis, to a consultation upon request, to pain relief, and to confidentiality when consulting a physician or health care

provider for medical advice.¹⁴⁴ A patient has the right to refuse medical interventions;¹⁴⁵ medical interventions can only be performed after informed consent is obtained.¹⁴⁶ Exceptions are made for socially dangerous individuals, individuals with diseases that present a hazard to others, or for people with a mental disability.¹⁴⁷ A patient has the right to information on the rights and duties of health care and medical professionals, and has the right to control with whom information on his or her condition is shared, or to whom it is transferred.¹⁴⁸ Finally, a patient has the right to consult a lawyer or a priest.¹⁴⁹ There is the right to receive all information that might impact one's health, such as information about epidemic diseases, through the local authorities and mass media.¹⁵⁰ Information about a patient's illness, diagnosis and treatment is confidential.¹⁵¹ Exceptions are that public health institutions must report information about a citizen's illness if potential impact on public health requires it, or if police or judicial bodies request it.¹⁵²

The Fundamentals also addresses issues of medical malpractice. Patients can complain about violations of their rights to the administrator or other officials of the medical institution, to medical associations and licensing commissions, and in court.¹⁵³ Damages caused to the health of a person by medical or pharmaceutical workers must be compensated in accordance with the Civil Code.¹⁵⁴ The court decides the amount and type of compensation,¹⁵⁵ and compensation does not exonerate medical or pharmaceutical personnel from disciplinary, administrative, or criminal liability.¹⁵⁶ Possible sanctions range from a fine to imprisonment. The court can also deprive a person of the right to be engaged in the medical profession for a term of one to five years.¹⁵⁷

B. POPULATION POLICY

Depopulation is a problem in Russia. The birth rate is extremely low, at 964 per 1,000 people in 1999, and children under 15 years of age represent only 19% of the population.¹⁵⁸ Most commentators attribute the dramatic decline of population growth to the social and economic changes taking place in Russia since 1985.¹⁵⁹ In addition to low birth rates, there are high death rates, decreasing immigration and an aging population.

There has also been a demoralizing drop in life expectancy. In 1999, the average life expectancy at birth was an average of 65.12 years for the total population, with 58.8 years for men and 71.7 years for women¹⁶⁰ — below the level of the mid-1950s.¹⁶¹ But between 1978 and 1998, the average life expectancy at birth did not change much: 62 years for men and 73 years for women in 1978, compared to 61 years for men and 73 years for women in 1998.¹⁶² In 1999, Russia's population took its largest drop in the post-Soviet era. The latest population figure counts 145.3 million, down by 0.5% from 146.4 million in 1999 and

0.2% in the first four months of 2000.¹⁶³ According to expert estimates, Russia's population will continue to decline in the future.¹⁶⁴

As a consequence of these developments, Russia's population policy might be described as pronatalist. Maternity leaves from work for all women are covered by the state.¹⁶⁵ Additional benefits accrue to women who have more than three children.¹⁶⁶ In reality, most of these benefits are illusory as the value of the ruble is very depressed and/or the government is unable to provide them. Indicative of a pronatalist policy is the reported pressure gynecologists working in the state clinics for women (so called "gynecological consultations") are under to convince women seeking abortions to carry the pregnancies to term; the quality of the gynecologists' work is evaluated on the number of pregnant women registered and monitored in their service.¹⁶⁷

C. FAMILY PLANNING

Government delivery of family planning services

There are several sources of regulations relating to family planning services in Russia. The Constitution guarantees state protection of motherhood and childhood.¹⁶⁸ The Fundamentals guarantees free advice on family planning issues, medicogenetic diagnostics, and medical and psychological aspects of family relations.¹⁶⁹

At the moment, there is no comprehensive reproductive health policy, although there are attempts at creating one. For example, there is some interest in introducing in the Russian Parliament in 2000 a draft law "On Reproductive Rights of the Citizens and Guarantees of Their Provision." It would comprehensively regulate all reproductive health services throughout Russia and ensure universal accessibility. Some comprehensive regional policies do exist: the Ivanovsky region was the first to adopt a law entitled "On Rights and Guarantees of Citizens on Family-Creation and Maintaining Its Health."¹⁷⁰ On the federal level, a 1991 Ministry of Health directive ordered family planning services to be provided at centers of family planning and reproductive health.¹⁷¹ Due to financial limitations, however, these services have only been made partially available. There is also a federal "Proposal for Protecting Reproductive Health." It would define broad state policy in this area, including the improvement of the organization of health care and medicine, training and advanced training of medical personnel, and information support in the field of reproductive health and research.¹⁷²

There were two specific programs in health protection, and in the prevention and reduction of abortions, illness and the death rate; they were the federal target programs "Family Planning" and "Safe Maternity," in effect from 1994 to 1998,¹⁷³ and

now defunct. The “Family Planning” program had been part of the presidential program called “Children of Russia.”¹⁷⁴ The program’s main goals were to create a system of family planning services in Russia and establish the legal framework for their activities; train medical professionals, teachers and social workers working in family planning centers; meet the population’s need for contraceptives; and create an information system that would provide the population with up-to-date information on sexual and reproductive matters. Since 1994, 36.9 billion rubles were spent on the state program for family planning. In 1994, 214 family planning centers were opened, accounting for 41% of the budget set for this program, while in 1995, planning centers made up 11% of the budget. The “Family Planning” program was quite effective in helping to promote contraceptive use — in 1994, 42% of the budget was used for purchase of oral contraceptives, and in 1995 that percentage was up to 63%.¹⁷⁵ The number of abortions declined by 29% in the four years the program was active.¹⁷⁶ Despite its effectiveness, the program was dropped from the state budget in 1998. Because of the reduction of funding, a number of regions have no funding sources for family planning and reproductive health programs.¹⁷⁷

Services provided by NGOs/private sector

Because government support for family planning has been unreliable, NGOs have been supplementing the governmental services. Today there are several NGOs working in the field of reproductive health, along with governmental and non-governmental funders and pharmaceutical companies. One is the Russian Family Planning Association (RFPFA), an International Planned Parenthood Federation affiliate, founded in 1991 with the approval of the Russian Federation government. Its mission is to develop public support for family planning and to promote family planning methods and reproductive health.¹⁷⁸

D. CONTRACEPTION

Since the transition to a more open society, access to information and materials related to contraception has improved. More than 50% of women reported in 1992 and 1993 that they used traditional methods of contraception, such as *coitus interruptus* or the rhythm method, to limit their family’s size; 18.7% of women reported using modern contraceptives such as the pill, and 20% of women reported no use of contraception.¹⁷⁹

In 1996, 77.7% of all sexually active Russian women surveyed in Ivanovo reported the use of contraception — 60.3% using modern contraceptives and only 17.4% employing traditional methods. Of those using modern methods, 35.2% used the IUD, 12.8% used condoms, 8.6% used oral birth control pills, 2.2% of the women were sterilized, 1.3% used barrier methods, 0.2% used the “morning after pills,” 0.1% used a combination of

methods, and 0.2% used other methods.¹⁸⁰ Use of female condoms is not widespread, nor are they sold in Russia.

Only contraceptives that are registered by the Ministry of Health may be used in Russia, and the following contraceptive methods are currently registered: monophasic, two-phase, and three-phase combined oral contraceptives; oral contraceptives with progestin (for continual use); Depo-provera and Norplant for injections; IUDs; vaginal contraception; and Postinor for emergency contraception.¹⁸¹ Virtually no oral contraceptives are manufactured in Russia. The Ministry of Health purchases contraception from private pharmaceutical companies, which import most of their offerings. The country also receives them as a part of humanitarian aid. The availability of contraceptives is not reliable, as it depends upon budget resources, legislation, taxation, and foreign manufacturers. The Ministry of Health purchases approximately 13–17 million oral contraceptives, which covers the demand of only 3–5% of women in Russia.¹⁸² Compared to the monthly minimum wage of 83 rubles (USD \$3.00), the cost of contraception is very high.¹⁸³ For example, oral contraceptives cost about USD \$80–100 per year, Depo-Provera injections run around USD \$100 annually, and an average cost of abortion is USD \$230.¹⁸⁴ Contraceptives are legally available only with a medical prescription. However, a 1995 study of pharmacies in the city of Ekaterinburg demonstrated that only three out of 10 oral contraceptive purchases were made with written medical prescription.¹⁸⁵

Legal status of contraceptives

Only contraceptives that are registered by the Ministry of Health may be used in Russia, as already mentioned, and contraception is in theory only available with a medical prescription.

Regulation of information on contraception

A presidential edict proposed a system for dissemination of up-to-date information on sexual and reproductive issues.¹⁸⁶ Pursuant to the order, the RFPFA, the Ministry of Health and some international organizations have conducted public education campaigns, including radio spots, TV commercials, and special films for adolescents on modern contraception methods. A number of programs have been initiated and conducted on a regional level as well.

Despite these activities, a patriarchal, traditional mindset prevails on matters of sexual relations. Women are considered to be solely responsible for birth control. While women’s “right” to choose is commendable, most women do not feel free to discuss contraception with their partners. N. Vaganov (1995) reports that only 32.6% of men discuss means of contraception with their partners, while 22.2% consider it purely as “women’s business.”¹⁸⁷ Male involvement and participation in family planning decisions is neither equal nor shared.

E. ABORTION

In 1994, there were 3.1 million registered abortions, which is two times greater than the number of live births. There are 83.4 abortions per 1,000 women.¹⁸⁸ However, the number of abortions is declining. According to the official statistics, there was a 23% reduction over the period of 1992–1996: 235 abortions for every 100 births in 1993 and 203 in 1996; the number of abortions per 1,000 women (15–49 years old) was respectively 88 and 70. The reduction in the number of abortions was mainly due to an increase in the number of women using modern means of contraception.¹⁸⁹

Mini-abortion is officially considered a “regulation of menstrual cycle by vacuum aspiration” and is defined as an induced abortion. Vacuum aspiration is performed between 20 days, but no later than eight weeks, after the last expected menstruation.¹⁹⁰ Despite the common name of “mini-abortions,” this type of abortion is not incorporated into the official statistics.¹⁹¹ The Ministry of Health has not legalized RU-486.

Legal status of abortion

The Fundamentals is the main law regulating a woman's right to abortion.¹⁹² Termination of pregnancy is legal upon request up to the 12th week of pregnancy from presumed conception. An abortion performed for medical reasons is legal at any point in the pregnancy. In case of pregnancies up to 22 weeks, it is legal if the woman has valid social reasons.¹⁹³ The Ministry of Health order has defined “social reasons” as follows: the illness of the husband; the death of the husband; imprisonment of either wife or husband; unemployment of wife or husband; loss or restriction of parental rights due to court order; the woman's marital status; criminal origin of the pregnancy; inadequacy of living space; woman's status as migrant or forced migrant; existence of three or more children; disability of a child; or income below the regional poverty line.¹⁹⁴

Requirements for obtaining legal abortion

Induced abortions should be performed only in licensed clinics, by trained medical practitioners.¹⁹⁵ As already discussed, a woman may obtain an abortion within the time limits established by law.

Policies regarding abortion

The large-scale provision of early safe abortion (mini-abortions) began in the early 1980s, and in 1988 the Ministry of Health of Russia legalized the performance of commercial induced abortions.¹⁹⁶ Since 1991, commercial gynecology clinics provide abortion services with state financing.¹⁹⁷

Government funding of abortion services

Abortion may be legal, but the introduction of the social insurance system in Russia has in fact restricted women's ability to choose to terminate their pregnancies. Abortion upon request is not funded by basic medical insurance. However, abortion as a medical service was supposed to be covered by municipal funds. In fact, it is difficult for women to get coverage. Moreover, the Ministry of Health stressed in a letter to the concerned authorities that all abortion services including mini-abortions and abortions for social and medical reasons should be covered by municipal funds. To date, the situation has remained ambiguous. Abortion can be free in state facilities, but even there, women must pay for anesthesia. The cost of abortion varies greatly across Russia, ranging from free to very expensive; mini-abortions are less likely to require out-of-pocket payment than conventional abortions.¹⁹⁸ Most women choose private clinics where the standard of hygiene is rigorous and the standard of care is much more humane; however, women must pay for these services, and the average cost of an abortion is USD \$230.¹⁹⁹

Penalties for abortion

Punishment for the illegal termination of pregnancy is regulated by the Criminal Code. An abortion performed by an unauthorized individual without medical education is punishable by a fine, and mandatory community work of 100 to 240 hours, up to one year.²⁰⁰ Repeat offenders may be imprisoned for up to two years. Should an abortion performed by an unauthorized individual result in the impairment of the woman's health or loss of life, the general Criminal Code provisions for assault and murder would apply. When a physician performs an illegal abortion that leads to serious health consequences or the death of the woman, the penalty can include suspension from medical practice for up to three years.²⁰¹

Regulation of abortion information

There is no restriction on advertisement of abortion. Advertisements for private, commercial clinics can be found in many newspapers and women's journals.

Conclusions

While there is concern over the high rate of abortion, there remains a need to establish the actual rate through reliable statistics. For example, off-clinic abortions, which begin outside of a clinic (for example, self-induced), are excluded from the total number of induced abortions, and are registered as “spontaneous.” Methods of cooking the figures to show a decline in the number of induced abortions by “transferring” clandestine induced abortion into the category of abortion with undetermined cause is commonplace.²⁰² In other words, there is reason to suspect that there is a continued high rate of abortion.

Conversely, it has been established that the program on family planning did reduce the number of abortions while increasing the use of contraceptives. The lack of federal financing for family planning and the dire economic situation since August 1998, however, has meant an end to that program. One result has been an increase in the number of abortions in the first half of 1999.²⁰³ The relative price of contraceptives, moreover, has increased due to the devaluation of the ruble.

One alarming development has been the growing influence of religion over the exercise of women's reproductive autonomy. In Russia there is an official separation of church and the state.²⁰⁴ The majority of believers belong to the Russian Orthodox Church.²⁰⁵ Within the Russian Orthodox perspective, the tendency is to view abortion as murder of an unborn child. There are anti-choice associations officially connected to the Orthodox Church.²⁰⁶ Gaining in popularity since the early 1990s, these organizations distribute printed materials, lecture at schools and hospitals, teach in medical schools, and stage public events.²⁰⁷ Some organizations receive financial and other support from U.S. based anti-choice groups.

F. STERILIZATION

Medical sterilization is permitted for those older than 35, for those who have two or more children, or for those who have medical reasons (determined by the Ministry of Health). Non-surgical sterilization may be performed in licensed state facilities. The Criminal Code punishes illegally performed sterilizations.²⁰⁸

Voluntary surgical contraceptive sterilization became legal in the early 1990s. Before that, starting in the 1930s, voluntary surgical contraceptive sterilization was strictly illegal by Order of Narcomzdrav of the USSR, "On the Prohibition of Cutting or Ablation of the Healthy Fallopian Tubes of the Uterus."²⁰⁹ Between the end of the 1930s and the early 1990s, this method of contraception was not officially performed, although operations obtained by payment or through an "acquaintance" did occur.

The 1990 order of the Ministry of Health permitted sterilization for contraceptive purposes, but on the whole it was very restrictive, allowing voluntary surgical contraceptive sterilization only in limited cases. For a woman to obtain a voluntary sterilization, she must have had three or more children in the family, or be 30 years old or older with two children. Other indicators included: repeated caesarian sections, an injury to the uterus after a removal of fibroids, any evidence of uterine cancer, any blood disease, any mental disorder.²¹⁰ When this order proved to be too restrictive, a new 1993 order was published.²¹¹ The 1993 Order officially declared its goal to be "the protection of public health, realization of rights for specialized

medical treatments, and decreasing number of abortions and post-abortion mortality."

The 1993 order permitted sterilization, understood as a permanent method of contraception, as long as the written informed consent of the woman or man was obtained. Additionally, the individual seeking sterilization had to be over 35 years of age or have at least two children. The age and child requirement could be overcome, however, if there were medical indications for the sterilization.²¹² The choice of contraceptive sterilization remains a rare one. In the years for which there are reported statistics, 0.3% of all women of reproductive age in Russia chose this method.²¹³

However, sterilization for medical reasons is permitted more generally. Individuals with mental disabilities, for example, can be sterilized. In such instances, the consent of the patient may be substituted with that of the physician.²¹⁴

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

Prevalence of HIV/AIDS and STIs

For the Russian Federation 1999 has been the worst year since HIV infection rates have been tracked. Nearly half of all cases were reported in the first nine months of 1999 alone. The virus seems to have been recently introduced into networks of intravenous (IV) drug users in Russian metropolitan areas and smaller provincial cities where HIV was previously unknown. In Moscow, more than 2,700 cases of HIV were reported in the first nine months of 1999, representing three times as many as in all previous years combined. In the towns and cities around Moscow, more than five times as many infections were reported in the first nine months of 1999 as in all other years combined.²¹⁵

Given the illegality of IV drug use, there are no accurate figures for HIV transmission rates. Sexually transmissible infections (STIs) such as syphilis and gonorrhea are indicators for HIV transmission and these rates suggest that many IV users have unprotected sex. An outreach service providing support and clean needles for drug users in St. Petersburg reported that 10% of 1,800 clients tested positive for syphilis. Among 100 female drug users who make a living as sex workers and who attended the outreach service, 32% had syphilis.²¹⁶

Preliminary studies suggest that IV drug use is becoming prevalent among unemployed young people in many of the industrial cities of the Russian Federation and can be found even among schoolchildren. The St. Petersburg outreach program reported clients as young as 12, with the percentage of clients aged 14 or less rising from 0.1% in 1997 to 2% in the first quarter of 1999.²¹⁷

The majority of HIV-positive people are between the ages of 20 and 40.²¹⁸ According to the data supplied by the Russian Center for Prophylaxy and Averting AIDS, as of January 1, 1999, 10,952 persons registered as infected with HIV, out of which 357 persons were ill with AIDS. There were 450 children infected with the virus, out of which 115 were ill with AIDS.²¹⁹ In 1987, there were no reported cases of HIV. In 1988, there were 23; in 1989, the number increased to 69, in 1990 to 337, and in 1991 to 440. In 1992, there were 521 HIV-positive cases; in 1993 there were 712, in 1994 there were 863, in 1995 there were 1,060, in 1996 there were 2,459, in 1997 there were 6,926, and in 1998 there were 9,863.²²⁰

Laws affecting HIV/AIDS and STIs

A 1993 federal program to prevent the spread of AIDS in the Russian Federation (AIDS Control) takes preventative steps to address "sexual and blood transmission of AIDS; diagnosis, treatment, and screening; legal and social safeguards; refinement of the epidemiological oversight system; research on the AIDS problem and furnishing of information and personnel."²²¹

In 1996, another federal program was adopted to further slow the spread of HIV and AIDS for the period 1996 to 2000.²²² This program provides legal support for measures for the prevention and control of HIV infection; development of a system of information dissemination to the public on ways to prevent HIV transmission; improved epidemiological oversight; improved technical handling of blood and tissue preparations; improved diagnosis and treatment of HIV; social protection for HIV-positive persons and their family members and for individuals subject to the risk of infection during the performance of their duties; and cooperation with international organizations. The program stresses the need to improve sex education, to target high-risk groups, to accommodate the needs of infected children, to ensure adequate health insurance, and to sponsor more research. Recently, the Russian Ministry of Health has issued an order setting up special centers in different cities for pregnant women and children who are HIV-positive.²²³

Policies on prevention and treatment of HIV/AIDS and STIs

The "Law on the Prevention of the Spread in the Russian Federation of the Disease Caused by the Human Immunodeficiency Virus (HIV)" was passed in 1995.²²⁴ It guarantees respect for the rights and freedoms of HIV-positive Russian citizens. It also requires compulsory testing of blood, tissue and organ donors, and persons working in certain professions or in certain activities.²²⁵ It requires foreigners and stateless persons residing in the Russian Federation for more than three months to present a certificate confirming that they are not HIV-pos-

itive.²²⁶ Finally, it guarantees the right of HIV-positive individuals to medical care and to financial compensation for damage caused to their health as a result of medical negligence while undergoing medical treatment.²²⁷ Voluntary medical testing may be carried out on an anonymous basis.²²⁸ A presidential decree provides for social aid to children being raised by single mothers, the exact amount of which is dependent upon the age of the child and situation of the mother; an additional amount is allocated to children suffering from AIDS.²²⁹

The Criminal Code punishes the knowing transmission of HIV. A person who is aware of her or his illness, and infects another may be punished by imprisonment of up to five years. If the person infects two or more individuals, or someone under the age of 14, the prison term is up to eight years. HIV infection which results from medical malpractice is punishable by imprisonment of up to five years, or by the loss of the medical, nursing or other professional license for up to three years.²³⁰ A person who marries and conceals from the spouse his or her venereal disease or HIV infection can have the marriage annulled by the spouse's petition to the court.²³¹

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

A. LEGAL GUARANTEES OF GENDER EQUALITY/NON-DISCRIMINATION

The Russian Constitution guarantees equal rights, liberties and opportunities for men and women.²³² Motherhood and childhood are protected by the Constitution,²³³ the Fundamentals,²³⁴ and the Labor Code.²³⁵ Guarantees for motherhood include free medical care, welfare, and work leaves for all pregnant women. There are a number of documents that specifically address the status of women in Russia: the decree of the president of the Russian Federation No. 337 from March 4, 1993, "On the Primary Goals of the State Policy in respect to Women," was intended to improve women's participation in state policy and in public organizations;²³⁶ the decree of the government of the Russian Federation No. 6 from January 8, 1996, "Proposal on the Improvement of Position of Women in the Russian Federation," defines general strategy and priorities for the state policy with respect to women's equal rights and liberties within the constitutional framework. It addresses women's political participation at all levels and enables the establishment of commissions for women, family and children under the president of the Federation and government offices.

Its goals are to provide equal opportunities for women in the labor market, to protect women's health, and to reduce violence against women (prostitution, rape, domestic violence).²³⁷

B. CIVIL RIGHTS WITHIN MARRIAGE

The absolute number of marriages has continually declined since 1992: from 1.05 million in 1992 to 848,300 in 1998, which represents a drop from 7.1 to 5.8 marriages per 1,000 people. The same is true about divorces: from 639,200 in 1992 to 501,400 in 1999, a drop of 4.3 to 3.4 divorces per 1,000 people.²³⁸

Marriage laws

Marriage is regulated by the Family Code of the Russian Federation. A marriage is valid only when it is officially registered in the appropriate governmental office.²³⁹ Marriage is based on the principle of equality between the spouses and mutual decision-making concerning the raising of children.²⁴⁰ Mutual consent is required for marriage.²⁴¹ The minimum age allowed for a first marriage for both men and women is 18.²⁴² In certain cases, an official may permit marriage for someone aged 16.²⁴³

Under the law, religious ceremonies do not legally validate a marriage. A civil ceremony is both necessary and sufficient. However, the Russian Constitution stipulates that all family matters fall within the joint competence of the Russian Federation and its regional entities (*oblasts*).²⁴⁴ The Family Code sets out that family legislation consists of this Code, other federal laws adopted in accordance with the Code, and the laws of the Russian Federation *oblasts*. The Russian Federation *oblasts* are competent to adopt laws on matters which expressly fall within their competence in accordance with the Code and on matters which are not covered by the Code.²⁴⁵ Thus, in Ingushetia — a region in Russia where many inhabitants are Muslim — a law allowing polygamy was adopted; in the region of Bashkiria, such a law was discussed two years ago but was not adopted.²⁴⁶ The Ingushetia law legalizing polygamy, however, contradicts federal legislation and is likely invalid, although it has not yet been challenged.²⁴⁷

Divorce and custody laws

Divorce, like marriage, is regulated by the Family Code. Divorce is defined as the termination of marriage during the lives of the spouses.²⁴⁸ One of the spouses must demand a divorce.²⁴⁹ The marriage registration bureau may approve divorces in cases where the spouses' consent is mutual and they have no children under 16 years old.²⁵⁰ If a law court has pronounced one of the spouses mentally incompetent, missing, or imprisoned for more than three years, the marriage registration bureau can also approve the divorce, even if there are children less than 16 years old.²⁵¹ In cases where the parties consent to the divorce, there are no inquiries into their reasons, and a

divorce is granted as a matter of course.²⁵² In all other cases a court of law presides over the divorce.²⁵³ A court may end a marriage at the unilateral request of one spouse if it can be proven that there are irreconcilable differences.²⁵⁴ A husband, however, may not divorce his wife when she is pregnant, or for up to one year after the child is born.²⁵⁵

Property

All property that was acquired during the marriage is considered to be mutual property. Mutual property is usually divided evenly between the spouses, subject to maintenance and child support duties. A spouse who has worked inside of the home, and raised the children, is considered to have contributed to the mutual property of the couple.²⁵⁶ Property that belonged to one of the spouses before the marriage, or was given as a gift during the marriage, is considered to be his or her individual property.²⁵⁷ Individual items (such as clothing, but not including jewelry) purchased during the marriage are also considered to be individual property of the spouse who uses them.²⁵⁸

Maintenance

In case of a divorce, a spouse may obtain maintenance from the other spouse under certain circumstances: a) if the wife is pregnant, she is entitled to maintenance for the first three years after the birth of their common child; b) either spouse who takes care of their disabled child is entitled to maintenance until the child is 18 years old; c) either spouse who was unable to work during the marriage and continues to be unable may receive maintenance for one year after the divorce; d) either spouse who reaches retirement age within five years after the divorce and is in need may receive maintenance if the marriage was of long duration.²⁵⁹

Child custody

With respect to child custody and support, the Family Code prevails upon the divorcing couple to come to a mutual agreement.²⁶⁰ Where they are unable, the court establishes a custody, visitation, and support schedule.²⁶¹ The Family Code also establishes the presumption that a child born to a woman while she was the lawful wife of a specified man is the child of that man, provided that the child was born within 300 days of the divorce.²⁶² It is common practice that courts routinely grant custody to the mother.

B. ECONOMIC AND SOCIAL RIGHTS

Property rights

The right to property is guaranteed by the Constitution²⁶³ and is regulated by the Civil Code of the Russian Federation.²⁶⁴ The Civil Code does not explicitly specify that women have the right to property, but it is presumed that the constitutional

guarantee of equality before the law and non-discrimination on the basis of gender prohibits discrimination against women with respect to property.²⁶⁵

The Family Code of the Russian Federation explicitly provides that spouses shall have equal access to property jointly acquired during marriage and that assets acquired jointly shall be distributed equitably upon dissolution of marriage.²⁶⁶ Inheritance law is equally gender-neutral.

Labor rights

There are 34.9 million working women in Russia, and they constitute half of the active workforce. Since the transition to a market economy, however, women have been discriminated against in the labor market. Overall, women earn one-third less than men for comparable work. The number of unemployed women has increased both absolutely and in comparison to men. At the end of 1998 there were 1.25 million unemployed women in Russia, which constitutes 64.6% of all the unemployed.²⁶⁷

Of the total employed population, 22.7 percent of women have a university or professional education, and 38.4 percent have secondary professional education.²⁶⁸ Women predominate in certain fields, such as biology, agricultural sciences, public health, education, finance and banking, and administrative services.²⁶⁹ Since 1995 there has been a decrease of the number of women employed in state heavy industries. The number of women employed in traditionally male-dominated fields (small and family business, management, marketing), however, did increase.²⁷⁰

All the citizens of the Russian Federation have a constitutional right to work, to choose their activity, and their profession.²⁷¹ Moreover, several legislative documents, principally the governmental regulation, "On the Improvement of the Position of Women in the Russian Federation,"²⁷² were put into effect to improve women's position in the labor market, and to maintain and provide equal rights and opportunities.

In 1997 Russia ratified the International Labor Organization (ILO) Convention No. 156, "Equal Treatment and Opportunities for Working Men and Women: Working People with Family Duties," which prompted a number of changes and additions to the Labor Code.²⁷³ In 1997, the Target Program of Promoting the Employment of the Russian Population for 1998-2000 covered specific activities and measures to assist women's employment and the development of enterprises to provide social services to women who find themselves in difficult situations, such as crisis centers.²⁷⁴

The Labor Code guarantees equal rights to all citizens regardless of gender when applying for work.²⁷⁵ However, the Code extends certain labor protections to women. The Labor

Code prohibits employers from either reducing a pregnant woman's salary or firing her.²⁷⁶ Pregnant women also have the right to change the nature of their job to one that is "less difficult and not harmful to their health, while maintaining the average salary of their previous work."²⁷⁷ Night work, overtime, and business trips are prohibited for pregnant women and for women with children under three years of age.²⁷⁸ According to the Russian legislation, women have a right to fully paid maternity leave after childbirth. This leave consists of 70 days before and 70 days after delivery (80 days in case of complications during delivery).²⁷⁹ Moreover, the federal law "On State Welfare for Citizens with Children" provides "state support for motherhood, fatherhood and childhood."²⁸⁰ The state provides welfare in cases of pregnancy and delivery to women on state social insurance, when pregnant women are dismissed from work due to the liquidation of the enterprise, when they are studying at universities, technical colleges, postgraduate studies, and when they have contracts with the military. Welfare is also provided to women who adopt children.²⁸¹ There are a number of social guarantees to women in case of pregnancy and delivery, such as monthly allocations for children under one and one-half years of age.²⁸² There is legislation also that guarantees nursing mothers extra time and breaks during working hours.²⁸³

Access to credit

Russian legislation does not make specific reference to women's access to credit; there is no formal discrimination in law or policy.

Access to education

The Russian Constitution provides that every child has a right to an education. Free public education exists from infancy to university.²⁸⁴ The Law on Education guarantees the right to free education regardless of gender.²⁸⁵ The program "On the Improvement of the Position of Women in the Society" emphasizes the necessity to maintain the right to education for women.²⁸⁶

Primary and secondary education is compulsory in Russia; therefore, all young women are enrolled in the education system. In the higher educational establishments, women traditionally constitute the majority of students. In the early 1990s, however, there was a marked fall in the absolute numbers of female students. The number fell from 1.43 million in 1990 to 1.33 million in 1992.²⁸⁷ Women's enrollment in higher education has recently rebounded and for the academic year 1998-99, there were 2.02 million women students enrolled in higher educational institutions.²⁸⁸

National machinery for the promotion of women's equality

Since the 1995 UN Fourth World Conference on Women (Beijing), the government has taken a variety of steps to work

for women's equal status in society, and it adopted a National Plan of Action on the Improvement of the Position of Women and Their Role in the Society up to 2000.²⁸⁹ The law calls for the elaboration of regional plans; there is also the Resolution of the government of the Russian Federation No. 1032 from August 29, 1996, "On the Approval of the National Program of Action on the Improvement of the Status of Women and Their Role in the Society up to 2000."²⁹⁰ In 1999, the Decree of the government of the Russian Federation on "Additions to the National Plan of Action on the Improvement of the Status of Women and Their Role in Society up to 2000"²⁹¹ calls for a bill to end violence against women by the end of 2000.²⁹²

The decree of the government of Russian Federation No. 91 from Jan. 28, 1997, "On the Commission on the Improvement of the Status of Women,"²⁹³ establishes a commission on the improvement of the status of women; the resolution of the State Duma of the Russian Federation No. 1929-11 from Nov. 20, 1997, "White Paper to Uphold Equal Rights and Opportunities for Men and Women," defines a strategy for developing Russian legislation on the prevention of sex discrimination. The Commission on Human Rights, established in 1996, protects women's rights by considering the constitutional guarantees of women's rights as international human rights.²⁹⁴ In 1999, under the Chairman of the Federation Council, a Commission on Women's Affairs was established to advise the Federation Council on how to improve the socio-economic status of women.²⁹⁵

The Ministry of Labor and Social Development has coordinated a permanent Roundtable of Women's Associations and NGOs since 1997. Its major tasks include the coordination of activities on the interaction of state structures and NGOs in the area of women's rights.²⁹⁶ Under its auspices, national conferences and congresses on the status of women have encouraged active participation of both governmental and non-governmental actors, and have thus far resulted in common decisions on gender equality, participation of women in decision-making, and other urgent problems facing women.²⁹⁷ Within the Ministry of Labor and Social Development is the Department for Women, Family and Demography. Similar parallel commissions exist at the presidential and parliamentary level.²⁹⁸

There are more than 650 women's rights NGOs at federal and regional levels, and more than 15,000 women's rights NGOs at municipal and local levels. They cooperate with governmental bodies in areas such as allocation of grants to public associations to solve problems of social and economic priority and attract partners for the implementation of federal programs such as "Children of Russia."²⁹⁹

D. RIGHT TO PHYSICAL INTEGRITY

Official government statistics on violence against women are sparse. In 1994, according to the published statistics, women were the victims in 565,300 reported crimes, 39,600 of which were labeled as "jealous quarrels." For that same year, 13,900 reported rapes and attempted rapes were reported. Nevertheless, there has been a 13% decline in the absolute number of reported rapes and attempted rapes — from 14,073 in 1991 to 10,888 in 1996.³⁰⁰ As most women do not report rape, these figures are not accurate reflections of the real rate.³⁰¹

Rape

The Constitution guarantees a right to personal dignity,³⁰² and sexual violence is considered to violate personal dignity. Article 132 of the 1996 Criminal Code defines the crime of "violent acts of a sexual nature" as including "sodomy, lesbianism or any other acts of a sexual nature." Penalties run from three to six years in prison, with two categories of various aggravating circumstances extending that time to four to ten years, or eight to fifteen years. Two other categories of sexual violence are "coercion in acts of a sexual nature" as defined by Article 133, and "sexual intercourse or other acts of a sexual nature with persons who have not reached 16 years of age," as defined by article 134. Article 133 also includes cases of sexual harassment in the workplace.

Finally, rape is defined as "sexual intercourse through the use of force, or through the threat of its use toward the victim or to other persons, or through taking advantage of the helpless state of the victim."³⁰³ The penalty for rape is three to six years in prison. In case of repeated rape, gang rape, or when the rape includes a threat to kill the woman or cause serious damage to her (such as an STI), or if the target is an adolescent, the sentence is increased to between four and ten years.³⁰⁴ A rape of a girl under 14, or one that causes death or grievous harm to health (such as HIV), is punishable by prison term of eight to fifteen years.³⁰⁵ Statutory rape is defined as sexual relations between a person 18 years or older and one who has clearly not reached the age of 16. If such relations occur with a person under the age of 14, it is classified as an indecent sexual assault.³⁰⁶ There is no specific law on marital rape.³⁰⁷

In order to prosecute a rape case, the survivor must lodge a complaint, and the police are often unwilling to register the woman's complaint.³⁰⁸ Police are also known to frustrate the filing of complaints by shaming the survivor or by trying to make her rescind her report.³⁰⁹ The police intimidate women by interrogating them repeatedly and by holding them for hours of questioning.³¹⁰

Having filed a complaint, there must be forensic evidence of the rape. A woman must go to a forensic doctor (often at a

state-run evidence center) to gather such evidence. The purpose of the exam is to collect physical evidence of the assault along with any materials that might identify the assailant. The police, again, are known to impede evidence gathering by delaying the issuance of official referrals to the forensic centers.³¹¹ While there is no law that requires women to have the evidence collected by a state-run center, in practice, courts only accept evidence from these sources.³¹² Commercial evidence-gathering centers charge a substantial sum, about USD \$20. Evidence gathered at commercial centers is not admissible in court alone; the survivor must undergo a second examination at a state center to corroborate the findings.³¹³

After the police have accepted a complaint and arranged for the forensic examination, investigators from the prosecutor's office usually take over. During this preliminary investigation, the investigators interview the survivor, the assailant, other witnesses, evaluate the signs of violence and analyze the crime scene. It is at this point that decisions to proceed are made, and the majority of cases are usually closed.³¹⁴ There is an unwillingness of prosecutors, as well as investigators, to prosecute, even when there is sufficient evidence.³¹⁵ Should a case make it to trial, tactics to undermine the woman are legion; discussions of her sexual life, psychological evaluations, face-to-face confrontations, and overall failure to protect the survivor from the rapist are just some of the hurdles rape survivors intent on justice must face.³¹⁶

Domestic violence

The terms "domestic violence" and "sexual harassment" do not appear in Russian law. Nevertheless, some provisions of the Criminal Code cover the concepts.³¹⁷ Acts of domestic violence that do not involve claims of sexual violence are covered under articles 115 and 116 of the 1996 Criminal Code. Chronic, long-term situations of domestic violence can be prosecuted under article 113 of the Code, which prohibits the "systematic infliction of blows or other acts bearing the nature of torture." "Light" assaults that do not cause serious harm are punishable by a fine, community service (from 180 to 240 hours, up to one year), or imprisonment from two to four months.³¹⁸ Beatings or other violent actions causing physical suffering are also punishable.³¹⁹ A behavior which causes suicide (or attempted suicide) as a result of violent systematic action that denigrates the personal dignity of the woman is punishable by up to five years imprisonment.³²⁰

In 1995, the Duma's Committee on Women and Youth began drafting Russia's first law focusing on domestic violence, "On the Fundamentals of Social-Legal Defense Against Violence in the Family." To date, the law has gone through over 40 drafts and is still being deliberated.³²¹ The resolution of the

Ministry of Work and Social Development of the Russian Federation on the establishment of domestic violence crisis centers also has failed to pass.³²² There is, however, a federal law, "On the Guarantee of Children's Rights,"³²³ which affirms the right of children to be free from violence.

As with rape, the police can only investigate a charge of domestic violence if a woman files a complaint, and filing a proper complaint is very difficult.³²⁴ To begin with, there is no civil protection mechanism that would allow a woman to obtain a restraining order, nor is there adequate alternative shelter.³²⁵ Since women who file complaints often withdraw them out of fear of retaliation from their abuser, the police have an excuse not to take domestic violence claims seriously, referring to the common practice of women withdrawing their complaints.³²⁶

Also compounding women's reluctance to bring charges is the fact that there are no routine civil remedies available; their only recourse is criminal prosecution,³²⁷ and women frequently are reluctant to see their partner, or the father of their children, put in jail. There is one reported instance of a successful civil case. In April 1997, a divorced woman with three children who occupied an apartment with her ex-husband had continually suffered his violent abuse. Even though the police refused to press charges, she was able to sue him for approximately USD \$5,000 in court after he struck their 14-year-old son. The court eventually fined him USD \$693, which he did pay.³²⁸

The Criminal Code does contain special provisions aimed at protecting pregnant women. For example, the commission of a crime against a pregnant woman is considered to be an aggravating circumstance and the perpetrator's sentence is increased.

Sexual harassment

There is no specific law on sexual harassment. Forcing a person to perform acts by threats, or by taking property, or taking advantage of any kind of dependence, is considered a crime against physical integrity of the person and his or her rights.³²⁹ Violation of equality of individuals in respect to sex, race, nationality, language, origin, and social and economic status is punishable also by the Criminal Code.³³⁰

Trafficking in women

Illegal export abroad of women and girls for sexual exploitation is an increasingly serious problem for Russia. The Security Committee of the State Duma debated this problem in 1997 and is cooperating with NGOs, domestic and foreign experts, and the general public in order to solve this problem.³³¹ As a result of these efforts, a 1999 bill on trafficking has been drafted and is being debated in the State Duma.

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

As of January 1, 1997, there were 36.7 million children up to 18 years of age in the Russian Federation, representing 25 percent of the total population.³³² As in other countries in transition, children and young people are most vulnerable to economic and social hardships.³³³

A. REPRODUCTIVE HEALTH AND ADOLESCENTS

The Constitution guarantees free health care to all citizens, legal residents, and refugees for services provided by the state and municipal health care system.³³⁴ The Fundamentals is the comprehensive legislation that guarantees health protection to all citizens, including minors, on the basis of non-discrimination.³³⁵ Pregnant women, nursing women, and children under the age of three are guaranteed complete nutrition including, when recommended by a doctor, the provision of food.³³⁶

The Soviet Union was one of the first countries to provide specialized gynecological care for children and adolescents. Currently there are special units for youth within health clinics in cities with populations between 300,000 and 500,000. In 1993, the government adopted a family-planning policy under the presidential program entitled "Children of Russia,"³³⁷ but this federal program is no longer being funded. Under that program, approximately 12 family planning centers were intended to serve adolescents and youth.³³⁸

It is reported that 71% of all Russian adolescents start sexual relations between the ages of 15 and 19 and that 2% begin as early as 10-14 years old.³³⁹ Available statistics on the reproductive health of adolescent girls in Russia are disturbing: 61.4% have irregular menstrual cycles and 14.6% suffer from infections of the reproductive tract.³⁴⁰

Pregnancy rates

The incidence of pregnancy among women under age 20 has increased over the last 30 years from 28.4% to 47.8%. In 1995, 1,500 children were born to girls under 15 years, 10,000 to those under 16 years and more than 30,000 to those under 17 years. Between the years 1984 and 1994, in some Russian cities the number of pregnancies among adolescents increased 20 times over: from 0.5% to 10%.³⁴¹

Women aged 18 to 19 account for 13% of all births. A survey of 5,815 adolescent girls registered between 1992 and 1996 at a special clinic for pregnant adolescents in St. Petersburg³⁴² revealed that 1% to 3% gave birth at the age of 14, 11% to 14% at the age of 16, and 45% to 57% at 18. Of these adolescent girls, 53% to 59% were married; 41% to 47% were single mothers.³⁴³

Access to services

While Russian adolescents are increasingly sexually active, reproductive health services and information available to them are insufficient. For example, in the city of Ivanovo, 86% of school boys and 78% of school girls aged 15-16 consider their knowledge of contraceptives sufficient, but only 9% could accurately answer a questionnaire on contraception and 50% were unaware of where to obtain family planning information.³⁴⁴ Young women have low levels of awareness of modern contraceptive methods; one-third were totally unaware of effective contraceptive methods. Most adolescents use unreliable methods such as douches, spermicides, and, more rarely, Postinor, a brand of emergency contraception.³⁴⁵ Primarily as a consequence of inadequate knowledge regarding contraception, 36.6% of adolescents have had late-term abortions.³⁴⁶

There is a discrepancy between the quality of health services in rural regions and those in the cities. Research conducted in rural areas shows that 10% of girls aged 15 to 17 years have had an abortion. This proportion rises to 26.5% among girls aged 18-19 and to 30.9% among those aged 20 to 24. The insufficient number of family planning centers and financial difficulties are the primary obstacles faced by adolescents in accessing contraceptive information and services. The price for oral contraceptives varies from USD \$3.2 to USD \$9.³⁴⁷ Basic medical insurance does not cover the cost of these contraceptives.

In principle, pregnant teens have access to maternal health care, although there are very few specialized clinics for them. There is only one clinic dedicated to adolescent prenatal, child-birth, and postnatal care in St. Petersburg.³⁴⁸

Abortion

Adolescents over 15 years of age have the right to give their informed consent, which includes consent for abortion.³⁴⁹ Adolescents under 15 years of age must obtain the consent of their parents.³⁵⁰

Official statistics on abortion are known to be incomplete and unreliable. The abortion rate among adolescent girls has been estimated at 31.5 abortions for every 1,000 adolescent girls. Furthermore, it is also estimated that two-thirds of all pregnancies among adolescents are terminated by abortion.³⁵¹ Broken down by age category, statistics on the number of abortions provided by the State Statistical Bureau shows decreases in the numbers of procedures done: for girls under 15, the number of abortions dropped from 4,800 in 1991 to 1,800 in 1996; and for girls between 15-19 years, the number of abortions dropped from 350,400 in 1991 to 207,500 in 1996.³⁵² In 1997, 0.1% of all abortions were performed on adolescent girls under age 15; 10.2% were performed on girls aged 15-19 years. The majority of abortions were performed on women

20–34 years old (68.9%).³⁵³ According to data reported from the Ivanovo region, mini-abortions were performed on 0.4% of girls under 15 years, 21% of girls aged 15–18 years, and 45% of girls aged 19–25 years.³⁵⁴

There is no routine post-abortion counseling. Women and adolescent girls generally receive no advice on contraception after they undergo an abortion.³⁵⁵

B. MARRIAGE AND ADOLESCENTS

The Family Code provides that partners intending to marry must be 18 years old.³⁵⁶ However, the age of marriage may be reduced to 16 if there are justifying circumstances. The law allows the regions of the Russian Federation to adopt such legislation.³⁵⁷ Such laws were adopted in the central regions of Russia, including Moscow, arguably in response to widespread teenage pregnancies.³⁵⁸ The majority of these regional laws consider it permissible for a girl child as young as 14 to marry if she is pregnant, or if she has already given birth to a child. Parental consent usually must be given when either spouse is younger than 18, but local authorities have the power to lower the minimum age of marriage without the consent of the parents.³⁵⁹

C. SEXUAL OFFENSES AGAINST ADOLESCENTS AND MINORS

Under the 1996 Criminal Code, “sexual intercourse or other acts of a sexual nature with persons who have not reached 16 years of age,” as defined by article 134, is considered sexual violence.

Statutory rape is defined as sexual relations between a person 18 years or older, and one who has clearly not reached the age of 16. If such relations occur with a person under the age of 14 it is classified as an indecent sexual assault.³⁶⁰

D. EDUCATION AND ADOLESCENTS

Although the federal Law on Education guarantees the right to free access to education to all citizens of the Russian Federation regardless of sex, race, nationality, language, origin, place of residence, religious belief, age, health, or social or economic status³⁶¹ and both primary and secondary education are compulsory, from the beginning of the 1990s there has been a marked fall in the absolute numbers of female students. In specialized secondary educational establishments, the number of women fell from 1.33 million in 1990 and 1.24 million in 1992³⁶² to 1.16 million in 1998.³⁶³ In 1985–86, the proportion of female students was 56%; in 1990–91, it was 51%;³⁶⁴ in 1994–95, it reached 60%, only to fall to 57% in 1998–99.³⁶⁵

E. SEX EDUCATION

In the recent past, there had been a sex education program specifically geared to adolescents. It was part of the now-

defunct federal program, “Children of Russia.” Goals of this program were to elaborate new approaches for teaching adolescents and their parents about sexual and reproductive matters, to strengthen family and school responsibility for the sex education of adolescents, to create a system of family planning and train specialists, to provide family planning facilities with modern equipment and methods of contraception, and to conduct scientific inquiries into family planning usage, with respect to regional and national peculiarities.

In 1999, the Ministry of Health ordered that sex education be provided in health clinics for children under 17.³⁶⁶ Currently, however, there is no requirement that sex education be taught in schools, and courses on biology and hygiene do not cover the subject.³⁶⁷ Although an experimental sex education program was launched in seven Russian regions in 1995,³⁶⁸ in 1997 the introduction of sex education programs in schools was halted.³⁶⁹ Less than 5% of adolescents have received sex education from schools, less than 5% from medical professionals; 20% received information on sex from parents and 70% from their peers.³⁷⁰

There is opposition to sex education in contemporary Russian society. Surveys show that negative attitudes toward the inclusion of sexual education in schools is highly correlated to levels of education, with those having low levels of formal education most opposed to sex education in schools.³⁷¹ In addition, the lower the level of urbanization, the less likely women are to approve of sexual health courses for teenagers: there is a 65% approval rate in Moscow and in St. Petersburg, and only 37% in rural areas.³⁷²

F. TRAFFICKING IN ADOLESCENTS

The 1996 Criminal Code outlaws the sale and/or trafficking of children.³⁷³ Producing, distributing, selling, and advertising child pornography is illegal.³⁷⁴ The law of the Russian Federation on mass media regulates the sale of erotic material. It requires that such material be sold in special packaging and only in designated outlets, but these requirements are frequently disregarded.³⁷⁵ A draft federal law concerning the sale of sexual services, spectacles and products is under consideration; it has a special provision regarding the protection of juveniles against sexual assault in the family.³⁷⁶

NOTE ON SOURCES

The information in this chapter is drawn from primary sources of law and secondary sources in English and Russian. When available, primary sources of national law in Russian were used. They are available at <<http://src-home.slav.hokudai.ac.jp/eng/Russia/legal-e0.html>> (database of the Slavic Research Center of Hokkaido University) and in KODEKS at <<http://www2.kodeks.net/index.html>> (commercial data-

base). The chapter follows as closely as possible THE BLUE-BOOK (16th ed. 1996). Blue book footnote style may show variations due to production incompatibilities with certain character fonts.

GLOSSARY OF ABBREVIATED TERMS

KONST. RF: Constitution of the Russian Federation

Ross. Gazeta: Russian Gazette

Sobr. Zakonod.: Journal of the Parliament

GK RF: Civil Code

GPK RF: Code of Civil Procedure

UK RF: Criminal Code

UPK RF: Code of Criminal Procedure

SK RF: Family Code

KZoT RF: Labor Code

ENDNOTES

1. CIA, RUSSIA, 1999 WORLD FACTBOOK (visited Dec. 21, 1999) <<http://www.odci.gov/cia/publications/factbook/rs.html>> [hereinafter WORLD FACTBOOK].

2. *Id.*; UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 1999 (visited July 14, 2000) <www.unfpa.org>.

3. WORLD FACTBOOK, *supra* note 1.

4. Sarah K. Miller, *Russia vs. Chechnya: Round Two. The Crisis Moves West* (visited July 11, 2000) <<http://www.infoplease.com/spot/chechnya1.html>>.

5. *Id.*

6. *Id.*

7. WORLD FACTBOOK, *supra* note 1.

8. Konstitutsia Rossiiskoi Federatsii [Constitution of the Russian Federation] [KONST. RF], adopted Dec. 25, 1993, amended Feb. 23, 1996. The RUSSIAN CONSTITUTION was published in ROSSIISKAIA GAZETA [RUSSIAN GAZETTE] [Ross. Gazeta], Dec. 25, 1993. The English translation can be found at <http://www.uni-wuerzburg.de/law/rs00000_.html> (visited Dec. 21, 1999).

9. *Id.* arts. 4(2), 15(1).

10. *Id.* art. 1.

11. *Id.* art. 10.

12. *Id.* art. 80(1).

13. *Id.* art. 87(1).

14. *Id.* art. 81(3).

15. *Id.* art. 80(3).

16. *Id.* art. 83(a)-(c).

17. *Id.* art. 83(d)-(f), (i)-(l).

18. *Id.* art. 83(g), (h).

19. *Id.* art. 84(a), (b), (d), (e).

20. *Id.* art. 84(c).

21. *Id.* art. 88.

22. *Id.* art. 114.

23. *Id.* art. 113.

24. *Id.* art. 117.

25. *Id.* art. 94.

26. *Id.* art. 95(1).

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

28. *Id.* art. 105(1).

29. *Id.* art. 105(3).

30. *Id.* art. 105(4).

31. *Id.* art. 105(5).

32. *Id.* art. 107(1).

33. *Id.* art. 107(3).

34. *Id.* art. 102(e).

35. *Id.* art. 102(f). Recently, a bill attempted to minimize the role of the Federation Council by depriving the members of the Council of their seats in Parliament and replacing them with full-time representatives from the executive and legislative branches of all the regions.

The Federation Council rejected it. See Sarah Karush, *Duma Votes to Weaken Governors*, THE MOSCOW TIMES, July 1, 2000, at 2. It has been vetoed, and repaired into law.

36. KONST. RF art. 102(g).

37. *Id.* art. 118(3). There are also offices of Ombudsman at the Federal and regional levels that in theory should function to guarantee the respect of human rights.

38. *Id.* arts. 125-128.

39. ADMINISTRATIVE LAW IN CENTRAL AND EASTERN EUROPE 1996-1998, at 281 (Denis J. Galligan & Daniel Smilov eds., 1999).

40. *Id.*

41. KONST. RF art. 128(1).

42. *Id.* art. 128(2).

43. *Id.* art. 129(2).

44. *Id.* art. 125(2)-(5).

45. *Id.* art. 126.

46. Peter Krug, *Departure from the Centralized Model: The Russian Supreme Court and Constitutional Control of Legislation*, 37 VA. J. INT'L L. 725, 732 (1997); Federalnyi konstitutsionnyi zakon o sudebnoi sisteme Rossiiskoi Federatsii [Federal Constitutional Law on the Judicial System of the Russian Federation] N 1-FKZ, art. 19(3), Sobranie Zakonodatelstva RF [Sobr. Zakonod.], 1997, No. 1, Item 1.

47. KONST. RF art. 127.

48. *The Supreme Arbitration Court of the Russian Federation* (visited Mar. 1, 2000) <<http://www.arbitr.ru/english.htm>>. At present, the activity of the Supreme Arbitration Court of the Russian Federation is regulated by the Federal Constitutional Law On the Arbitration Courts in the Russian Federation and the Arbitration Procedural Code of the Russian Federation, both of which were promulgated on April 5, 1995, as well as the 1996 Federal Constitutional Law On the Judicial System of the Russian Federation.

49. *Id.*

50. Zakon o sudoustroistve RSFSR [Law on the Court Organization of the RSFSR], Vedomosti RSFSR, 1981, No. 28, Item 976, established the current three-tiered system. The 1996 Federal Constitutional Law on the Judicial System of the Russian Federation introduced a new basic level of courts: Justice of the Peace courts. According to this Act, the district courts will act as courts of first and second instance. Krug, *supra* note 46, at 731 nn.24, 26.

51. According to figures compiled by the Ministry of Justice, there were 2,454 district courts in operation in Russia in the first half of 1995, staffed by some 12,700 judges. *Id.* at 731 n.25.

52. In the first half of 1995, according to the Ministry of Justice, there were 85 intermediate level courts in operation in the Russian Federation, staffed by 2,800 judges. *Id.* at 731 n.27.

53. *Id.* at 731.

54. *Id.* at 729 n.15.

55. *Core document forming part of the reports of States Parties: Russian Federation*, 27/03/96, HRI/CORE/1/Add.52/Rev.1., ¶ 3. (July 31, 1995), U.N. HIGH COMMISSIONER FOR HUMAN RIGHTS (visited Dec. 21, 1999) <<http://www.unhchr.ch>> [hereinafter CORE DOCUMENT].

56. KONST. RF art. 5(2).

57. *Id.* art. 11(2).

58. *Id.* art. 66(5).

59. The exclusive jurisdiction of the Federation includes, *inter alia*, the regulation and protection of human rights and liberties; determining the basic principles of federal policy and federal programs in the field of social, cultural and national development of the Russian Federation; federal taxes and levies; law courts; Prosecutor's Office; criminal, criminal-procedural and criminal-executive legislation; civil, civil-procedural and arbitration-procedural legislation; federal conflict of laws.

60. The joint jurisdiction includes, *inter alia*, protection of human rights and freedoms; general questions of upbringing, education, science, culture, physical culture and sports; coordination of health issues, protection of family, motherhood, fatherhood and childhood; social protection including social security; administrative, administrative-procedural, labor, family and housing legislation.

61. *Id.* art. 73.

62. *Id.* art. 76.

63. *Id.* art. 85(2). However, the autonomy of regions has been under constant attack by the federal government. On June 30, 2000, the State Duma voted to give the Russian President the right to suspend regional leaders. Regional Parliaments that refuse to harmonize their legislation with the federal laws could also be dissolved. Karush, *supra* note 35, at 1.

64. KONST. RF art. 12.

65. *Id.* art. 131(1).

66. *Id.* art. 132.

67. *Id.* art. 130(2).

68. *Id.* art. 133.
69. *Id.* arts. 15(1), 76(3).
70. *Id.* art. 15(3).
71. *Id.* art. 76 (1).
72. *Id.* art. 76(3).
73. *Id.* art. 76(4).
74. *Id.* art. 76(5), (6).
75. *Id.* art. 90(1), (2).
76. *Id.* art. 90(3).
77. *Id.* art. 115(1).
78. *Id.* art. 115(2).
79. *Id.* art. 115(3).
80. *Id.* arts. 102(2), 103(2).
81. See e.g. Krug, *supra* note 46; Tamara G. Morshchakova, *The Competence of the Constitutional Court in Relation to That of Other Courts of the Russian Federation*, 42 ST. LOUIS L.J. 733 (1998).
82. WILLIAM ELLIOTT BUTLER, *RUSSIAN LAW* 97 (1999).
83. *Id.* at 98.
84. KONST. RF art. 15(4).
85. BUTLER, *supra* note 82, at 98.
86. Adopted Dec. 16, 1966, 993 U.N.T.S. 3 (*entry into force* Jan. 3, 1976).
87. Adopted Dec. 16, 1966, 999 U.N.T.S. 171 (*entry into force* Mar. 23, 1976).
88. Adopted Dec. 16, 1966, 999 U.N.T.S. 171 (*entry into force* Mar. 23, 1976). The Protocol enables individuals to petition the Human Rights Committee set up by the Covenant about alleged violations of any of the rights set forth in the Covenant. The Protocol covers states party to both the Covenant and the Protocol.
89. *Opened for signature* Nov. 20, 1989, 1577 U.N.T.S. 3 (*entry into force* Sept. 2, 1990).
90. *Opened for signature* Mar. 1, 1980, 1249 U.N.T.S. 13 (*entry into force* Sept. 3, 1981).
91. *Opened for signature* Mar. 7, 1966, 660 U.N.T.S. 195 (*entry into force* Jan. 4, 1969).
92. Convention for the Protection of Human Rights and Fundamental Freedoms, ETS No. 5 (*entry into force* Sept. 3, 1953). Last amended by Protocol No. 11, ETS No. 155 (*entry into force* Nov. 1, 1998).
93. KONST. RF art. 41(1).
94. *Id.*
95. MINISTERSTVO ZDRAVOOKHRANENIIA ROSSIISKOI FEDERATSII [MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION] ET AL, GOSUDARSTVENNYI DOKLAD O SOSTOIANII ZDOROV'IA NASELENIIA ROSSIISKOI FEDERATSII V 1995 GODU [STATE REPORT ON HEALTH OF THE CITIZENS OF THE RUSSIAN FEDERATION IN 1995] 129-130 (1996).
96. *Id.*
97. *Id.* Between 1993 and 1995, the number of rural health care centers declined 47%.
98. *Id.* at 132.
99. PETER ROUDIK, *LAW LIBRARY OF CONGRESS, RUSSIA*, 212 LL 97-1, 96-2559 (January 1997).
100. *Id.*
101. Fundamentals of the Legislation on Public Health Care, N 5487-1, *Vedomosti S'ezda Narodnih deputatov I Verhovnogo Soveta RSFSR* [Ved. V.S.], 1993, No. 33, Item 1318, amended Dec. 24, 1993, Mar. 2, 1998, translated in JOINT PUBLICATIONS RESEARCH SERVICE, Document No. JPRS-UST-94-002, January 25, 1994.
102. ROUDIK, *supra* note 99, at 213.
103. *Id.*
104. Zakon RSFSR o meditsinskom strakhovanii grazhdan v RSFSR [Law on Medical Insurance of the Citizens of Russian Federation], June 28, 1991, Ved. V.S., 1993, No. 21, Item 947, amended Apr. 2, 1993.
105. Ukaz Prezidenta RF o neotlozhnykh merakh po obespecheniiu zdorov'ia naseleniia RF April' 20, 1993 [Edict of the President of Russian Federation On Urgent Measures on Protection of Health of the Population of the Russian Federation from April 20, 1993], *Sobranie Aktov Prezidenta I Pravitelstva RF*, 1993, No. 20, Item 668.
106. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 12.
107. *Id.* art. 13.
108. Ob organizatsii meditsinskoj pomoshchi rabotaiushchim na predpriiatiakh promyshlennosti, stroitelstva, transporta, sviazi v usloviakh obiazatel'nogo meditsinskogo strakhovaniia naseleniia Prikaz Minzdravmedproma RF [Order of the Ministry of Health On the Organization of the Health Care for Those Working in Industry, Transport, Construction and Communication, Within the System of Medical Insurance] No. 130, June 23, 1994, 6 SOCIAL PROTECTION (1994).
109. STATE REPORT ON HEALTH OF THE CITIZENS OF THE RUSSIAN FEDERATION IN 1995, *supra* note 95, at 128.
110. GOSKOMSTAT, HANDBOOK: RUSSIA IN FIGURES 1999, tbl. 10.1 Main Public Health Indicators (visited Mar. 3, 2000) <<http://www.gks.ru>>.
111. STATE REPORT ON HEALTH OF THE CITIZENS OF THE RUSSIAN FEDERATION IN 1995, *supra* note 95, at 130-131.
112. MINISTERSTVO ZDRAVOOKHRANENIIA ROSSIISKOI FEDERATSII ROSSIISKAIA AKADEMIIA MEDITSINSKIKH NAUK PIS'MO [MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION, LETTER OF THE RUSSIAN MEDICAL ACADEMY OF SCIENCE], GOSUDARSTVENNYI DOKLAD O SOS-TOIANII ZDOROV'IA NASELENIIA ROSSIISKOI FEDERATSII V 1997 GODU [STATE REPORT ON HEALTH OF THE CITIZENS OF RUSSIAN FEDERATION IN 1997] 29 tbl. 3.2 (1998).
113. Fundamentals of the Legislation on Public Health Care, arts. 7(13), 15.
114. *Id.* art. 10. Other sources include allotments from special funds intended for the public health protection, funds provided by state and municipal enterprises, organizations and social institutions, profits from securities, bank and other credits, donations and other sources not prohibited by law. See ROUDIK, *supra* note 99, at 213-214.
115. Law on Medical Insurance of the Citizens of Russian Federation, Ved. V.S., 1993, No. 21, Item 947.
116. There is already a proposal to increase the 3.6% tax to 8.6%. ROUDIK, *supra* note 99, at 217.
117. *Id.* at 215-216. There is 80% coverage if the person worked between five and eight years, and 60% coverage if the person worked less than five years. For a brief analysis of the many shortcomings of this system, see ROUDIK at 216-217.
118. October 1, 1991 was declared to be the date for the introduction of the voluntary medical insurance and January 1, 1993 the date for the introduction of the compulsory medical insurance by Decree of the Supreme Court of RSFSR O poriadke vvedeniia v deistvie zakona RSFSR o meditsinskom strakhovanii grazhdan v RSFSR [On the Order of Introduction of the Law RSFSR On Medical Insurance of Citizens of RSFSR], June 28, 1991, *Vedomosti SND i VS*, 1991, No. 27, Item 921.
119. Ministerstvo zdravookhraneniia Rossiiskoi Federatsii [Ministry of Health of the Russian Federation], Prikaz ob utverzhenii Perechnia vidov meditsinskoj pomoshchi, profilakticheskikh, lechno-diagnosticheskikh meropriatii, vkhodiaschchikh v bazovuiu programmu obiazatel'nogo meditsinskogo strakhovaniia razlichnykh kontingentov naseleniia Rossiiskoi Federatsii na 1993 god], [List of Services Guaranteed by the System of the Social Insurance] No. 146, June 21, 1993, available in KODEKS.
120. Under the mandatory medical insurance, the state health care system provides certain medical services: general, preventive and emergency care, hospitalization, laboratory services, dental care, maternity care, vaccination and transportation. Medicines are free if they come with the hospitalization for disabled persons or children under the age of three. Other medical services (specialized care, expensive medicines and appliances) can be covered by voluntary medical insurance. ROUDIK, *supra* note 99, at 216.
121. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, arts. 22-24.
122. Federalnyi Fond Obiazatel'nogo meditsinskogo Strakhovaniia Pismo o l'gotakh po uplate strakhovykh vznosov na obiazatel'noe meditsinskoe strakhovanie [Letter of the Federal Fund of the Compulsory Medical Insurance on Discounts on the Payment of Taxes for Medical Insurance] N 680/80-1/I, February 9, 1999.
123. Ob organizatsii meditsinskoj pomoshchi rabotaiushchim na predpriiatiakh promyshlennosti, stroitelstva, transporta, sviazi v usloviakh obiazatel'nogo meditsinskogo strakhovaniia naseleniia Prikaz Minzdravmedproma RF [Order of the Ministry of Health On the Organization of the Health Care for Those Working in Industry, Transport, Construction and Communication, Within the System of Medical Insurance] No. 130, June 23, 1994, 6 SOCIAL PROTECTION (1994).
124. The SPASSK-MED Health Insurance Certificate is a typical example of the Health Insurance Certificate that has been distributed by companies to Russian citizens. The form of the Certificate has been approved by Utverzhen Postanovleniem Pravitelstva Rossiiskoi Federatsii [Decree of the government of Russian Federation] No. 42, January 23, 1992. This certificate states that if an individual leaves the territory of St. Petersburg, the cost of primary medical services are reimbursed by the Territory Fund of compulsory medical insurance.
125. In practice medical services like cosmetic dentistry are not covered by the compulsory medical insurance, although they are supposed to be covered according to the List of Services. Indirect evidence for this situation can be found in the increase in units that charge for these services. STATE REPORT ON HEALTH OF THE CITIZENS OF THE RUSSIAN FEDERATION IN 1995, *supra* note 95, at 130.
126. V. Borisov et al., *Aborty i planirovanie sem'i v Rossii: pravovye i natsionalnye aspekty. Opros ekspertov [Abortions and Family Planning in Russia: Legal and Ethical Aspects. Poll of Experts]*, 3

VOPROSY STATISTIKI 77-78 (1997).

127. STATE REPORT ON HEALTH OF THE CITIZENS OF THE RUSSIAN FEDERATION IN 1995, *supra* note 95, at 126; SOTSIAL'NAIA GIGIENA (MEDITSINA) I ORGANIZATSIIA ZDRAVOOKHRANENIIA: UCHEBNOE RUKOVODSTVO [SOCIAL HYGIENE (MEDICINE) AND ORGANIZATION OF HEALTH CARE] 445 (Iu.P. Lisitsyn et. al eds., 1998).

128. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 54; *see also* ROUDIK, *supra* note 99, at 214.

129. SOCIAL HYGIENE AND ORGANIZATION OF HEALTH CARE, *supra* note 127, at 450.

130. *Id.* at 452.

131. *Id.* at 453.

132. *Id.* at 464-465.

133. ROUDIK, *supra* note 99, at 214.

134. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 17(2).

135. *Id.* art. 22.

136. *Id.* art. 23.

137. *Id.* art. 24.

138. *Id.* art. 25.

139. *Id.* art. 26.

140. *Id.* art. 27.

141. *Id.* art. 28.

142. *Id.* art. 29.

143. *Id.* art. 18.

144. *Id.* art. 30(1).

145. *Id.* art. 33.

146. *Id.* art. 32(1).

147. *Id.* art. 34(1).

148. *Id.* arts. 30(1)(9), 31, 61.

149. *Id.* art. 30(1)(12), (13).

150. *Id.* art. 19.

151. *Id.* art. 61. *See* ROUDIK, *supra* note 99, at 215.

152. Fundamentals of the Legislation on Public Health Care, art. 61(4).

153. *Id.* art. 30(2).

154. *Id.* art. 68(1).

155. ROUDIK, *supra* note 99, at 214.

156. Fundamentals of the Legislation on Public Health Care, art. 68(2).

157. ROUDIK, *supra* note 99, at 214-215.

158. WORLD FACTBOOK, *supra* note 1.

159. For a comprehensive analysis see Sergei V. Zakharov & Elena I. Ivanova, *Fertility Decline and Recent Changes in Russia: On the Threshold of the Second Demographic Transition*, in RUSSIA'S DEMOGRAPHIC "CRISIS" (Julie DaVanzo & Gwendolyn Farnsworth eds., RAND, 1996) (visited Jan. 11, 2000) <<http://www.rand.org/publications>>. *See also* Sergei Blagov, *Population-Russia: Birth Rate Figures Show Steady Decline*, INTER PRESS SERVICE, Dec. 28, 1999.

160. WORLD FACTBOOK, *supra* note 1.

161. *See* WHO REGIONAL OFFICE FOR EUROPE, HEALTH IN EUROPE 1997, at 17-23 (visited Jan. 13, 2000) <<http://www.who.dk>>; Vladimir M. Shkolnikov & France Meslé, *The Russian Epidemiological Crisis as Mirrored by Mortality Trends*, in RUSSIA'S DEMOGRAPHIC "CRISIS" tbl. 1.14 (Julie DaVanzo & Gwendolyn Farnsworth eds., RAND, 1996) (visited Jan. 4, 2000) <<http://www.rand.org/publications>>.

162. WORLD HEALTH ORGANIZATION, WORLD HEALTH REPORT 1999, BASIC INDICATORS FOR ALL MEMBER STATES (visited Jan. 13, 2000) <<http://www.who.org/whr/1999/en/annex1.htm>>.

163. *Russian Population Keeps Shrinking*, RUSSIA TODAY, June 21, 2000 (visited July 11, 2000) <<http://www.russiatoday.com>>.

164. Oksana Yablokova, *Population Takes Biggest Plunge Yet*, THE MOSCOW TIMES, Jan. 26, 2000.

165. Kodeks Zakonov o Trude Rossiiskoi Federatsii [Labor Code of the Russian Federation] [KZoT RF], N 3543-1, arts. 165, 167, 168. The Code was adopted on Sept. 25, 1992, last amended July 31, 1998. Visited Jan. 7, 2000 <http://www.minst.ru/docs/uri/95/70_103.htm>; *see also* ELENA BALLAYEVA, GENDERNNAIA EKSPERTIZA ZAKONODATELSTVA RF: REPRODUKTIVNYE PRAVA ZHENSCHIN V ROSSII [GENDER EXPERTISE OF THE RUSSIAN LEGISLATION: REPRODUCTIVE RIGHTS OF THE RUSSIAN WOMEN] 72-96 (1998).

166. BALLAYEVA, *supra* note 165, at 57-61.

167. *Id.* at 29.

168. KONST. RF art. 38(1).

169. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 22(1).

170. Grebesheva Inga & Kamsuk Ludmila, *Otkhnaia reproduktivnogo zdorov'ia podrostkov: problemy, zadachi, perspektivy* [Protection of the Adolescents' Health: Problems, Tasks and Perspectives], 2 PLANIROVANIE SEM'I [FAMILY PLANNING] 7-12, 10 (1999).

171. Ministerstvo Zdravookhraneniia RSFSR Prikaz o merakh po dal'neishemu razvitiuu ginekologicheskoi pomoshchi naseleniiu RSFSR [Order of the Ministry of Health on Further Improvement of Gynecological Services for the Russian Population] No. 186, November 15, 1991.

172. *See Russian Federation National Report on Implementation of the Beijing Platform for Action Adopted by the IV World Conference on the Status of Women*, Special Session of the UN General Assembly "Women by the Year 2000: Equality of Men and Women, Development and World in the XXI Century", at 18 (1999) [hereinafter NATIONAL REPORT].

173. *Id.*

174. THE CENTER FOR REPRODUCTIVE LAW & POLICY (CRLP) & OPEN DIALOGUE FOR REPRODUCTIVE RIGHTS (ODRR), REPRODUCTIVE RIGHTS OF YOUNG GIRLS AND ADOLESCENTS IN RUSSIA. A SHADOW REPORT 5 (1999) [hereinafter SHADOW REPORT]; Ukaz Prezidenta Rossiiskoi Federatsii o prezidentskoi programme "Deti Rossii" [Edict of the president of the Russian Federation on the presidential Programme "Children of Russia"] No. 1696, August 18, 1994, Sobranie Zakonodatelstva RF [Sobr.Zakonod. RF], 1994, No. 17, Item 1955, prolonged by Deti Rossii: Prezidentskaia Programma 1996-1997 [Children of Russia: Presidential Program 1996-1997], Edict of the president of the Russian Federation No. 210 from Feb. 19, 1996, Sobr. Zakonod. RF, 1996, No. 9, Item 799.

175. V.N. SEROV & S.V. PAUKOV, ORAL'NAIA GORMONAL'NAIA KONTRATSEPTSIIA [ORAL HORMONAL CONTRACEPTION] 146 (1998).

176. Obrashchenie v Sovet bezopasnosti Rossiiskoi Federatsii obshchestvennosti i spetsialistov v oblasti okhrany reproduktivnogo zdorov'ia [An addressee to the Security council of Russian Federation of Public and Specialists in Reproductive Health], 1 PLANIROVANIE SEM'I [FAMILY PLANNING] 5 (1999).

177. *Id.*

178. INTERNATIONAL PLANNED PARENTHOOD FEDERATION, COUNTRY PROFILE - RUSSIA (visited Dec. 28, 1999) <<http://www.ippf.org/regions/countries/rus/index.htm>>.

179. I. A. MANUILOVA, SOVREMENNYE KONTRATSEPTIVNYE SREDSTVA [CONTEMPORARY MEANS OF CONTRACEPTION] 9 (1993).

180. CENTERS FOR DISEASE CONTROL AND PREVENTION ET AL., 1996 RUSSIA WOMEN'S REPRODUCTIVE HEALTH SURVEY: A STUDY OF THREE SITES tbl. VI.3 (1998) [hereinafter REPRODUCTIVE HEALTH SURVEY].

181. MINISTERSTVO ZDRAVOOKHRANENIIA ROSSIISKOI FEDERATSII [MINISTRY OF HEALTH OF THE RUSSIAN FEDERATION], SOVREMENNYE METODY KONTRATSEPTSII. SPRAVOCHNOE POSOBIE DLIA VRACHEI [MODERN MEANS OF CONTRACEPTION. HANDBOOK FOR DOCTORS] 134-135 (1998).

182. STATE REPORT ON HEALTH OF THE CITIZENS OF RUSSIAN FEDERATION IN 1997, *supra* note 112, at 29.

183. SHADOW REPORT, *supra* note 174, at 7. However, the actual average monthly wages are closer to USD \$80 - 200. *See* Youcef Ghellab & Michel Sollogoub, *Assistance Provided by the ILO to the Russian Federation in the Field of Wage Policy: Analytical Report Containing Recommendations to the Minister of Labor, Mr. Kalashnikov*, in INTERNATIONAL CONFERENCE ON SOCIAL AND LABOR ISSUES: OVERCOMING ADVERSE CONSEQUENCES OF THE TRANSITION PERIOD IN THE RUSSIAN FEDERATION (visited Aug. 2, 2000) <www.trud.org>.

184. MOSKOVSKII TSENTR GENDERNYKH ISSLEDOVANII [MOSCOW CENTER FOR GENDER STUDIES], 2 BIULETEN' PROEKTA GENDERNNAIA EKSPERTIZA [GENDER BULLETIN EXPERTIZE] 5 (1997).

185. SEROV, *supra* note 175, at 33-34. *See also* REPRODUCTIVE HEALTH SURVEY, *supra* note 180, at 98 (finding that between 69% and 87% of users of oral contraceptives stated that they had at some time received them without a prescription).

186. SHADOW REPORT, *supra* note 174, at 6; Ukaz Prezidenta Rossiiskoi Federatsii ob osnovnykh napravleniiakh gosudarstvennoi semeinoi politiki [Edict of the President of the Russian Federation on the Basic Directions of the State Family Policy] No. 712, May 14, 1996, art. 20(e).

187. N. Vaganov, *Molodye muzhchiny i planirovanie semiy* [Young Men and Family Planning], in THESIS OF THE SECOND RUSSIAN CONFERENCE ON FAMILY PLANNING,

REPRODUCTIVE HEALTH AND SEXUAL EDUCATION OF TEENAGERS 160-164 (1995).

188. See Anatoly G. Vishnevsky, *Family, Fertility, and Demographic Dynamics in Russia: Analysis and Forecast*, in RUSSIA'S DEMOGRAPHIC "CRISIS" tbl. 1.14 (Julie DaVanzo & Gwendolyn Farnsworth eds., RAND, 1996) (visited Jan. 4, 2000) <<http://www.rand.org/publications>>. However, Barbara Entwisle and Polina Kozyreva, using data from the Russian Longitudinal Monitoring Survey, show women having fewer induced abortions than official data indicated: for 1994, only 56 abortions per 1,000 women. See *New Estimates of Induced Abortion in Russia*, STUDIES IN FAMILY PLANNING Vol.28, No. 1, at 14-23 (1997).

189. *Periodic reports of States parties due in 1997: Russian Federation*, 20/11/98. CRC/C/65/Add.5 (State Party Report) CRC/C/65/Add.5 (Nov. 20, 1998), ¶ 267 (visited Jan. 4, 2000) <<http://www.unhchr.ch>>.

190. USSR. Ministerstvo Zdravookhraneniya SSSR, [Ministry of Health of the USSR], Order of the Minister of Health of the USSR on Confirmation of the Instruction on Artificial Interruption of Early Pregnancy by Vacuum Aspiration, No. 757, June 5, 1987, Moscow: MZ SSSR. 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>.

191. Only the number of vacuum-aspirated abortions within the first two weeks of pregnancy are included in official statistics. Popov, *supra* note 190. There seems to be some dispute as to whether or not mini-abortions are included in the official statistics. Communication with O. Khazova (on file with The Center for Reproductive Law & Policy).

192. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 36.

193. *Id.* art. 36(1).

194. Ministerstvo Zdravookhraneniya i Meditsinskoj Promyshlennosti Rossijskoj Federatsii Prikaz o perechne sotsialnykh pokazanii i utverzhenii instruktsii po iskusstvennomu prenyvaniiu beremennosti [Order of the Ministry of Health On the List of Social Indicators and Adoption of Instructions for the Artificial Termination of Pregnancy] No. 242, June 11, 1996.

195. Fundamentals of the Legislation on Public Health Care, art. 36(2).

196. Order of the Minister of Health of the Russian Federation on Organizing of Commercial Clinics and Free-of-Charge Clinics with State Financing for Patients Who Require Permanent Care and Commercial Gynecologic Clinics for Provision of Operations for Artificial Interruption of Pregnancy, No. 250, Moscow: MZ RF, March 29, 1988. See Popov, *supra* note 190.

197. Order of the Ministry of Health On the List of Social Indicators and Adoption of Instructions for the Artificial Termination of Pregnancy No. 242.

198. See REPRODUCTIVE HEALTH SURVEY, *supra* note 180, at 39. Abortion can be very expensive, up to 122,000 rubles in Yekaterinburg or 1.5 times the average monthly wage in Novocherkassk. REPRODUKTIVNYE PRAVA GRAZHDAN V ROSSII: REAL'NOST' I OZHIDANIYA. MATERIALY MEZHREGIONALNOGO SEMINARA [REPRODUCTIVE RIGHTS OF CITIZENS IN RUSSIAN FEDERATION: EXPECTATIONS AND REALITY, INTERNATIONAL SEMINAR DOCUMENTS] 35 (E. Dmitrieva & E. Ballayeva eds., 1995).

199. See Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 36.

200. Ugolovnyi Kodeks Rossijskoj Federatsii [Criminal Code of the Russian Federation] [UK RF], art. 123(1). The Code was adopted on May 24, 1996, entered into force on Jan. 1, 1997, and was last amended Feb. 9, 1999 (visited Mar. 3, 2000) <<http://www.marvelm.ru/law/kodeks/uk.htm>>.

201. *Id.* art. 123(3).

202. This can explain the abortion decrease from 3.9 million in 1990 to 3.5 million in 1992, and 2.9 million in 1993 (over 25% in two years). See Popov, *supra* note 190.

203. Grebesheva & Kamsuk, *supra* note 170, at 7-12.

204. KONST. RF art. 14.

205. Other Christian denominations are present, such as Catholicism, Lutheranism, and Baptism. Islam and Judaism are also practiced.

206. See e.g. Medical Educational Pro-Life Center LIFE (ZHIZN) Moscow (visited Jan. 9, 2000) <<http://www.zhizn.orthodoxy.ru/english/index.html>>.

207. *Id.*

208. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 37.

209. Prohibition of contraceptive sterilization was officially established by the Order of the Narodnyi' Commissariat Zdravookhraneniya [Peoples' Commissariat of Public Health Services] of the USSR on the Prohibition of the Operation of Cutting or Ablation of Healthy Fal-

lopian Tubes of the Uterus, No. 303, August 7, 1939. See Popov, *supra* note 190.

210. The possibility of male voluntary surgical contraceptive sterilization was not mentioned at all in that order. Order No. 484 included very detailed instructions for performing the sterilization operation. Popov, *supra* note 190.

211. Ministerstvo Zdravookhraneniya Rossijskoj Federatsii Prikaz o primenenii meditsinskoj sterilizatsii grazhdan [Order of the Ministry of Health of the Russian Federation on Providing Medical Sterilization for Citizens], No. 303, December 28, 1993.

212. Order No. 303 also included instructions concerning permitting medical sterilization; a list of medical indications for providing medical sterilization; instructions concerning medical technology for sterilization of women; instructions concerning medical technology for sterilization of men. Popov, *supra* note 190.

213. *Id.*

214. Medical sterilization of citizens who have mental disabilities is conducted only after a judicial order. Instruktsiia o poriadke razresheniya operatsii meditsinskoj sterilizatsii grazhdan [Instruction on Provision of the Operation of Medical Sterilization of Citizens], in Order No. 303. Mental disorder as a ground for medical sterilization is mentioned in Perechen' meditsinskikh pokazanii dlia provedeniya meditsinskoj sterilizatsii zhenshchin [List of Medical Grounds of Medical Sterilization of Women] ¶ 49.

215. UNAIDS, Joint United Nations Programme on HIV/AIDS, *AIDS Epidemic Update: December 1999* (visited Jan. 7, 2000) <<http://www.unaids.org/hivaidsinfo/documents.html>>.

216. *Id.*

217. *Id.*

218. Pravitel'stvo Rossijskoj Federatsii Postanovlenie o federalnoi tseboi programme po preduprezhdeniiu rasprostraneniya v Rossijskoj Federatsii zabolovaniya, vyzvyaemogo virusom immunodefitsita cheloveka (VICH-infektsii), na 1996-1997 gody i na period do 2000 goda "Anti-VICH/SPID" (s izmeneniyami na 5 aprelya 1999 goda) [Decree of the government of the Russian Federation on the Curative Federal Program for the Prevention of the Spread of HIV in the Russian Federation for 1996-1997 and for the Year 2000, with Amendment No. 374 from April, 5, 1999] No. 540, May 1, 1996.

219. GOSUDARSTVENNYI KOMITET ROSSIJSKOJ FEDERATSII PO STATISTIKE [STATE COMMITTEE OF THE RUSSIAN FEDERATION ON STATISTICS] [GOSKOMSTAT], MORBIDITY WITH ACUTE AND CHRONIC DISEASES BY MAIN DISEASE CLASSES tbl. 10.2 (visited Mar. 3, 2000) <<http://www.gks.ru>>; see also V. Aloyan, *Nikolai Kolesnikov Gets Rid of Aids!*, KOMSOMOLSKAYA PRAVDA 6 (May 21, 1999). The Ministry of Health announced that 12,500 new HIV cases were registered in the first nine months of 1999 alone. *AIDS, Older Diseases Continues to Spread across Russia*, RFE/RD NEWSLINE, December 1999.

220. GOSKOMSTAT, ROST CHISLA ZAREGISTRIROVANNYKH SLUCHAEV BICH-INFETSII V 1987-1998 GG. [INCREASE OF THE NUMBER OF REGISTERED CASES OF HIV INFECTIONS FOR 1987-1998 (on file with The Center for Reproductive Law & Policy).

221. Special Purpose 1993-1995 Federal Program to Prevent the Spread of AIDS in the Russian Federation (1993), 147 ROSS. VEST 6 (Aug. 3, 1993), translated in JOINT PUBLICATIONS RESEARCH SERVICE, 1994/Jan/25, 25-9, Document No. JPRS-UST-94-002; see SHADOW REPORT, *supra* note 174, at 8 n.44.

222. Pravitel'stvo Rossijskoj Federatsii Postanovlenie o federalnoi tseboi programme po preduprezhdeniiu rasprostraneniya v Rossijskoj Federatsii zabolovaniya, vyzvyaemogo virusom immunodefitsita cheloveka (VICH-infektsii), na 1996-1997 gody i na period do 2000 goda "Anti-VICH/SPID" (s izmeneniyami na 5 aprelya 1999 goda) [Decree of the government of the Russian Federation on the Curative Federal Program for the Prevention of the Spread of HIV in the Russian Federation for 1996-1997 and for the Year 2000, with Amendment No. 374 from April, 5, 1999] No. 540, May 1, 1996; see SHADOW REPORT, *supra* note 174, at 8-9.

223. Ministerstvo Zdravookhraneniya Rossijskoj Federatsii Prikaz o nauchno-prakticheskom tsentre profilaktiki i lecheniya vich-infektsii u beremennykh zhenshchin i detei [Ministry of Health Order on the Scientific and Applied Center for the Prevention and Treatment of HIV-infected Pregnant Women and Children] No. 133, April 19, 1999, available in KODEKS; see SHADOW REPORT, *supra* note 174, at 9.

224. Federal Law No. 38, March 30, 1995. *Ross. Gazeta*, Apr. 12, 1995, No. 72, translated in INTERNATIONAL DIGEST OF HEALTH LEGISLATION Vol. 46, No. 3, at 318-322. The law came into force on Aug. 1, 1995.

225. *Id.* art. 9.

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

227. *Id.* arts. 4(1), 14, 20. The legislation of the Russian Federation does not contain special rules on compensation for being infected with HIV by the medical personnel while undergoing medical treatment, thus it may be possible that in such cases the general civil law rules

- on compensation apply.
228. *Id.* art. 8(1). The previous law on the prevention of AIDS guaranteed the right to anonymous and confidential testing. Law No. 1447-1 of April 23, 1990, On the Prevention of AIDS, Vedomosti Verkhovnogo Soveta SSSR, 1990, No. 19. Discussed in Svetlana V. Polubinskaya & Elena Vassilieva, *HIV-Specific Legislation in the Russian Federation*, 18 MED. LAW 351, 352 (1999). Currently, Decree No. 1017 of October 13, 1995 on Approving the Rules Governing Compulsory Medical Screening for the HIV Virus mandates medical personnel and other people who become aware of the results of the testing in the course of their official duties to keep the information secret (art. 14). *Ross. Gazeta*, November 9, 1995, translated in FOREIGN BROADCAST INFORMATION SERVICE, Document No. FBIS-TEN-95-016, Nov. 9, 1995.
229. Decree No. 5, 151, RECHT IN OST UND WEST (Feb.13, 1993); see SHADOW REPORT, *supra* note 174, at 9.
230. UK RF art. 122.
231. Semeinyi Kodeks Rossiiskoi Federatsii [Family Code of the Russian Federation] [SK RF], art. 15(3), adopted Dec. 8, 1995, N 223-F3, 2912.1995 (visited Jan. 3, 2000) <http://www.minstp.ru/docs/uri/96/70_179.htm>.
232. KONST. RF art. 19.
233. *Id.* art. 38.
234. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, arts. 22-23.
235. KZOT RF arts. 48(3), 49(1), 54(3), 54(4), 162, 164, 169, 170-172.
236. Ukaz Prezidenta Rossiiskoi Federatsii o pervoocherednykh zadachakh gosudarstvennoi politiki v otnoshenii zhenshchin [Edict of the President of the Russian Federation on the Primary Goals of the State Policy with respect to Women] No. 337, March 4, 1993, available in KODEKS.
237. Postanovleniem Pravitel'stva Rossiiskoi Federatsii [Decree of the government of the Russian Federation], Kontsepsiia uluchsheniia polozheniia zhenshchin v Rossiiskoi Federatsii [Proposal on the Improvement of the Position of Women in the Russian Federation] No. 6, January 6, 1996, translated in NATIONAL REPORT, *supra* note 172, at 27-32.
238. GOSKOMSTAT, HANDBOOK: RUSSIA IN FIGURES 1999, tbl. 6.6 Marriages and Divorces (visited Mar. 3, 2000) <<http://www.gks.ru>>.
239. SK RF art. 1(2).
240. *Id.* art.1(3).
241. *Id.* art. 12(1).
242. *Id.* art. 13(1).
243. *Id.* art. 13(2).
244. KONST. RF art. 72(g).
245. SK RF art. 3.
246. See *Rossiiane Khotiat Mnogozhenstva* [Russians Want Polygamy] ARGUMENTY I FAKTY, Aug. 17, 1999, at 16; see also *Russian Regional Leader Defends his Decree on Polygamy*, ASSOCIATED PRESS, July 29, 1999. Ingushetia borders on Chechnya (Western border) and is giving shelter to many fleeing the violence there. Because of the fighting, not much attention is being paid to the polygamy law.
247. According to the sociological pool 50% of citizens of Russia do not see any crime in introducing polygamous marriages for Muslims. *Russians Want Polygamy*, *supra* note 246, at 16.
248. SK RF art.16(1).
249. *Id.* art.16(2).
250. *Id.* art.19(1).
251. *Id.* art. 19(2).
252. *Id.* art.23(1).
253. *Id.* art.21.
254. *Id.* art.22(1).
255. *Id.* art.17.
256. *Id.* art.34.
257. *Id.* art.36.
258. *Id.* art. 34.
259. *Id.* art.90(1).
260. *Id.* art.20.
261. *Id.*
262. *Id.* art. 48(2).
263. KONST. RF art. 35(1).
264. Grazhdanskii Kodeks RF [Civil Code of the Russian Federation] [GK RF], First Part N 51-F3 from Nov. 30, 1994, Second Part N 14-F3 from Jan. 26, 1996 (visited Jan. 7, 2000) <<http://www.mednet.com/zakoni/fz/gk/kodex.htm>>.
265. KONST. RF art. 35(2).
266. SK RF arts. 35, 38.
267. GOSKOMSTAT, HANDBOOK: RUSSIA IN FIGURES 1999, tbl. 7.7 Number of Unemployed (visited Mar. 3, 2000) <<http://www.gks.ru/scripts/eng/1.c.exe?XXXX12F8.8.1/010530R>>. Other sources say 70% of all unemployed (2.3 million) are women. They represent two-thirds of the unemployed in Moscow. HUMAN RIGHTS WATCH, RUSSIA: TOO LITTLE, TOO LATE: STATE RESPONSE TO VIOLENCE AGAINST WOMEN, Vol. 9, No. 13 (D) (Dec. 1997), at 8-9.
268. GOSKOMSTAT, HANDBOOK: RUSSIA IN FIGURES 1999, tbl. 7.5 Distribution of Employed by Age and Education Level in 1998 (visited Mar. 3, 2000) <<http://www.gks.ru/scripts/eng/1.c.exe?XXXX12F8.6.1/010510R>>.
269. *Id.* tbl. 7.4 Employment by Sex and Occupation in 1998 (visited Mar. 4, 2000) <<http://www.gks.ru/scripts/eng/1.c.exe?XXXX12F8.5.1/010500R>>.
270. NATIONAL REPORT, *supra* note 172, at 11.
271. KONST. RF art. 37.
272. Postanovlenie Pravitel'stva Rossiiskoi Federatsii [Decree of the government of the Russian Federation], Kontsepsiia uluchsheniia polozheniia zhenshchin v Rossiiskoi Federatsii [Proposal on the Improvement of the Position of Women in the Russian Federation] No. 6, January 6, 1996; Pravitel'stvo Rossiiskoi Federatsii Postanovlenie ob utverzhdenii Natsionalnogo plana deistvii po uluchsheniui polozheniia zhenshchin i povysheniui ikh roli v obshchestve do 2000 goda [Decree of the government of the Russian Federation on the Approval of the National Plan of Action on the Improvement of the Position and Role of Women in Society up to 2000] No. 1032, August 29, 1996, available in KODEKS.
273. NATIONAL REPORT, *supra* note 172, at 13.
274. *Id.* at 16.
275. KZOT RF art. 16(2).
276. *Id.* art. 170(1).
277. *Id.* art. 164.
278. *Id.* art. 162.
279. *Id.* art. 165(1).
280. Federalnyi Zakon Rossiiskoi Federatsii o gosudarstvennykh posobiakh grazhdanam, imeiushchim detei (s izmeneniami na 17 iulija 1999 goda) [Federal Law on State's Assistance to Citizens with Children with amendments from July 17, 1999] No. No. 81-FZ, May 19, 1995, pmbL, *Ross. Gazeta*, July 23, 1999, No. 142.
281. *Id.* art. 6.
282. *Id.* art. 13.
283. *Id.* art. 169.
284. KONST. RF art. 43.
285. Zakon Rossiiskoi Federatsii ob Obrazovanii (v redaktsii, vvedennoi v deistvie s 15 ianvaria 1996 goda Federalnym zakonom ot 13 ianvaria 1996 goda N 12-FZ)(s izmeneniami na 16 noiabria 1997 goda) [Law of the Russian Federation on Education as adopted by Federal Law No. 12-FZ from January 13, 1996 and with the amendments from November 16, 1997], *Ross. Gazeta*, November 22, 1997, No. 226.
286. Postanovlenie Pravitel'stva Rossiiskoi Federatsii [Decree of the government of the Russian Federation], Kontsepsiia uluchsheniia polozheniia zhenshchin v Rossiiskoi Federatsii [Proposal on the Improvement of the Position of Women in the Russian Federation] No. 6, January 6, 1996.
287. Dmitrieva E., *School-leavers' expectations of the future*, in GENDER, GENERATION AND IDENTITY IN CONTEMPORARY RUSSIA 75-76 (H.Pilkington ed., 1996), discussed in SHADOW REPORT, *supra* note 174, at 11.
288. GOSKOMSTAT, HANDBOOK: RUSSIA IN FIGURES 1999, tbl. 9.8 Higher Educational Institutions (visited Mar. 4, 2000) <<http://www.gks.ru/scripts/eng/1.c.exe?XXXX12F10.91/010910R>>.
289. See Decree of the President of the Russian Federation No. 932 from June 1996 "On the Development of a National Plan of Action to Improve the Position of Women and Raise their Role in Society Before the Year 2000", HUMAN RIGHTS WATCH, *supra* note 267, at 5. See also Order of the Ministry of Health of Russian Federation No. 355 from October 7, 1996, "On the National Program of Actions on the Improvement of the Position of Women and their Role in the Society up to 2000 (Ministerstvo Zdravookhraneniia Rossiiskoi Federatsii Prikaz Natsionalnom Plane Deistvii po Upuchsheniui Polozheniia Zhenshchin i Povysheniui ikh Roli v Obshchestve do 2000 Goda [Order of the Ministry of Health of the Russian Federation on the National Plan of Action on the Improvement of the Position and Role of Women in Society], No. 355, October 7, 1996).
290. Pravitel'stvo Rossiiskoi Federatsii Postanovlenie ob utverzhdenii Natsionalnogo plana deistvii po uluchsheniui polozheniia zhenshchin i povysheniui ikh roli v obshchestve do 2000 goda [Decree of the government of the Russian Federation on the Approval of the National Plan of Action on the Improvement of the Position and Role of Women in Society up to 2000] No. 1032, August 29, 1996, available in KODEKS, translated in NATIONAL

- REPORT, *supra* note 172, at 33–37.
291. Prilozhenie k postanovlenie Pravitel'stva Rossiiskoi Federatsii "Dopolneniia, kotorye vnosiat'sia v Natsionalnyi plan deistvii po uluchsheniuiu polozheniia zhenshchin i povysheniuiu ikh roli v obshchestve do 2000 goda [Additions to the Decree of the government of the Russian Federation on the National Plan of Action on the Improvement of the Status of Women and Their Role in Society up to 2000] No. 1083, September 22, 1999, *translated in NATIONAL REPORT, supra* note 172, at 37.
292. The draft legislation has recently been introduced and voted down in the Duma.
293. Pravitel'stvo Rossiiskoi Federatsii Postanovlenie o Komissii po Voprosam Upuchsheniia Polozheniia Zhenshchin [Decree of the government of Russian Federation on the Commission for the Improvement of the Position of Women] No. 91, January 28, 1997.
294. NATIONAL REPORT, *supra* note 172, at 13.
295. *Id.* at 21.
296. *Id.* at 21–22.
297. *Id.* at 22.
298. KARAT COALITION FOR REGIONAL ACTION, REGIONAL REPORT ON INSTITUTIONAL MECHANISMS FOR THE ADVANCEMENT OF WOMEN IN THE COUNTRIES OF CENTRAL AND EASTERN EUROPE 6 (1999).
299. NATIONAL REPORT, *supra* note 172, at 22.
300. HUMAN RIGHTS WATCH, *supra* note 267, at 11.
301. *Id.*
302. KONST. RF art. 21.
303. UK RF art. 131(1).
304. *Id.* art. 131(2).
305. *Id.* art. 131(3).
306. *Id.* art. 134; *see also* *Periodic reports of States parties due in 1997: Russian Federation, supra* note 189, ¶ 462.
307. Legally, there is no marital rape exception, therefore rape within marriage is covered (the objective elements of the crime of rape are completed even if the rapist is the husband). However, marital rape is never prosecuted. *See* HUMAN RIGHTS WATCH, *supra* note 267, at 44–45; communication from Martina Vandenberg, Europe Researcher, Human Rights Watch, to Mindy Roseman, Staff Attorney, CRLP (on file with the Center for Reproductive Law & Policy).
308. HUMAN RIGHTS WATCH, *supra* note 267, at 21.
309. *Id.* at 23.
310. *Id.*
311. *Id.* at 24–25.
312. *Id.* at 26.
313. *Id.* at 27.
314. *Id.* at 30.
315. *Id.* at 31–32.
316. *Id.* at 32–40. In order to better protect crime victims, the Duma adopted, in May 1997, the State Protection of Victims and Other Individuals Cooperating with Court Proceedings. *Id.* at 39.
317. UK RF art. 133 covers cases of sexual harassment in the workplace. It extends to coercion through blackmail, threats of destroying, damaging or confiscating property or by making use of the material or other dependence of the victim; *see* HUMAN RIGHTS WATCH, *supra* note 267, at 17.
318. UK RF art. 115.
319. *Id.* arts. 116, 117.
320. *Id.* art. 110.
321. HUMAN RIGHTS WATCH, *supra* note 267, at 18.
322. Ministerstvo truda i sotsial'nogo razvitiia Rossiiskoi Federatsii [Ministry of Health and Social Development of the Russian Federation], Utverzhdenie Primernogo polozheniia o Krizisnom tsentre pomoshchi zhenshchinam [Proposition on the Establishment of the Crisis Centers for Women's Help] No. 40, July 10, 1997, EKONOMIKA I ZHIZN', No. 23, June 1998; SHADOW REPORT, *supra* note 174, at 12.
323. Ob osnovnykh garantiakh prav rebenka v Rossiiskoi Federatsii Priinat Gosudarstvennoi Dumoi 3 iuliia 1998 goda Odobren Sovetom Federatsii 9 iuliia 1998 goda [Basic Guarantees for Children's Rights in the Russian Federation Adopted by the State Duma on July 3, 1998 and Approved by the Federation Council on July 9, 1998], Ross. Gazeta, August 5, 1998, No. 147.
324. HUMAN RIGHTS WATCH, *supra* note 267, at 41.
325. *Id.* at 42.
326. *Id.* at 44.
327. *Id.* at 45.
328. *Id.* at 46.
329. UK RF art. 133.
330. *Id.* art. 136(1).
331. NATIONAL REPORT, *supra* note 172, at 20–21.
332. *Periodic reports of States parties due in 1997: Russian Federation, supra* note 189, ¶ 8.
333. NATIONAL REPORT, *supra* note 172, at 10.
334. KONST. RF art. 41(1).
335. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 17.
336. *Id.* art. 23(5).
337. SHADOW REPORT, *supra* note 174, at 5; Ukaz Prezidenta Rossiiskoi Federatsii o prezidentskoi programme "Deti Rossii" [Edict of the President of the Russian Federation on the Presidential Programme "Children of Russia"] No. 1696, August 18, 1994, Sobranie Zakonodatel'stva RF [Sobr. Zakonod. RF], 1994, No. 17, Item 1955, prolonged by Deti Rossii: Prezidentskaia Programma 1996–1997 [Children of Russia: Presidential Program 1996–1997], Edict of the President of the Russian Federation No. 210 from Feb. 19, 1996, Sobr. Zakonod. RF, 1996, No. 9, Item 799.
338. Ballayeva, *supra* note 165, at 15.
339. E.I. Nikolaeva & E.M. Vikhliava, *K epidemiologii ikskustvennykh abortov: pilotazhnoe issledovanie [On the Epidemiology of Induced Abortions: Results of the Pilot Study]*, 3 PLANIROVANIE SEM'I [FAMILY PLANNING] 2 (1997).
340. VI. Kulakov, *Reproduktivnoe zdorov'e molodezhi - budushchee natsii [Reproductive Health of Youth is the Future of the Nation]*, in REPRODUKTIVNOE ZDOROV'E I SEKSUAL'NOE VOSPITANIE MOLODEZHI, VTORAIA ROSSIISKAIA KONFERENTSIIA PO PLANIROVANIUIU SEM'I [REPRODUCTIVE HEALTH AND SEXUAL EDUCATION OF YOUTH, SECOND RUSSIAN CONFERENCE ON FAMILY PLANNING] 16, 19 (1995).
341. *Id.*
342. Irina Savelieva, *Tragedy That Could Happen to Anybody*, 14 THE WOMEN'S DIALOGUE 14, 15 (1997) (in Russian).
343. *Id.*
344. T. P. Vasil'eva, *K voprosu o formirovanii reproduktivnogo i kontratseptivnogo povedeniia molodezhi [Of the Question of Formation of Reproductive and Sexual Behavior of Youth]*, in REPRODUKTIVNOE ZDOROV'E I SEKSUAL'NOE VOSPITANIE MOLODEZHI, VTORAIA ROSSIISKAIA KONFERENTSIIA PO PLANIROVANIUIU SEM'I [SECOND RUSSIAN FAMILY PLANNING ASSOCIATION CONFERENCE ON REPRODUCTIVE HEALTH AND SEXUAL BEHAVIOR OF YOUTH] 188 (1995).
345. N.D. Treshcheva, *Osobennosti formirovaniia reproduktivnogo zdorov'ia devochek v orkhangel'skoi oblasti [State of the Reproductive Health of Girls and Experience of Sexual Education in Arkhangel'skoi Oblast]*, in REPRODUKTIVNOE ZDOROV'E I SEKSUAL'NOE VOSPITANIE MOLODEZHI, VTORAIA ROSSIISKAIA KONFERENTSIIA PO PLANIROVANIUIU SEM'I [SECOND RUSSIAN FAMILY PLANNING ASSOCIATION CONFERENCE ON REPRODUCTIVE HEALTH AND SEXUAL BEHAVIOR OF YOUTH] 124–128 (1995).
346. Kulakov, *supra* note 340, at 21.
347. Communication with E. Dmitrieva, (on file with The Center for Reproductive Law & Policy) (September 3, 1999). Author notes that the Duma is currently debating a draft law that would increase the minimum monthly wage to 280,000 rubles.
348. Elena Shevchenko, *Legko li byt' molodoi, ili kak zabotit'sia o malen'kikh [Is It Easy to Be Young or Who Takes Care of the Children?]*, 12 PARENTS 20 (1999).
349. Fundamentals of the Legislation on Public Health Care, N 5487-1, Ved. V.S., 1993, No. 33, Item 1318, art. 24(2).
350. *Id.* art. 32(3).
351. Kulakov, *supra* note 340, at 20.
352. SHADOW REPORT, *supra* note 174, at 8.
353. *Id.*
354. I.K. Bogatova & L.V. Posiseeva, *Mini-abort i reproduktivnoe zdorov'e zhenshchin [Mini-abortion and Women's Reproductive Health]*, 1 PLANIROVANIE SEM'I [FAMILY PLANNING] 33–35 (1998).
355. I.L. Alesina, *Govoriat uchastniki konferentsii. Iz stenogrammy seminara Reprodukivnye prava grazhdan v Rossii: real'nost' i ozhidaniia. Materialy mezhtseional'nogo seminara [Abortion from Women's Perspective, Address at Reproductive Rights of the Citizens of Russian Federation: Expectations and Reality]* 37, 39 (1995) (on file with The Center for Reproductive Law & Policy).
356. SK RF art. 13(1).
357. *Id.* art. 13(2).
358. O. Khazova, *The New Codification of Russian Family Law*, in THE CHANGING FAMILY 82 (J. Eekelaar & Nh. Thandabantu eds., 1998). Currently there are more than twelve

regions that adopted such laws.

359. *Id.*

360. *Periodic reports of States parties due in 1997: Russian Federation, supra* note 189, ¶ 462.

361. Zakon Rossiiskoi Federatsii ob Obrazovanii (v redaktsii, vvedennoi v deistvie s 15 ianvaria 1996 goda Federalnym zakonom ot 13 ianvaria 1996 goda N 12-FZ)(s izmeneniami na 16 noiabria 1997 goda) [Law of the Russian Federation on Education as adopted by Federal Law No. 12-FZ from January 13, 1996 and with the amendments from November 16, 1997], *Ross. Gazeta*, November 22, 1997, No. 226, art. 5.

362. Dmitrieva, *supra* note 287, at 75-76.

363. GOSKOMSTAT, HANDBOOK: RUSSIA IN FIGURES 1999, tbl. 97 Public Secondary Specialized Educational Institutions (visited Mar. 4, 2000) <<http://www.gks.ru/scripts/eng/1c.exe?XXXX12E108.1/010900R>>.

364. Dmitrieva, *supra* note 287, at 75-76.

365. GOSKOMSTAT, HANDBOOK: RUSSIA IN FIGURES 1999, tbl. 97 Public Secondary Specialized Educational Institutions (visited Mar. 4, 2000) <<http://www.gks.ru/scripts/eng/1c.exe?XXXX12E108.1/010900R>>.

366. SHADOW REPORT, *supra* note 174, at 11.

367. *Id.*

368. *Id.*

369. Information Center of the Independent Women's Forum *cited in* WEDO, RISKS, RIGHTS AND REFORMS 170 (1999).

370. A.V. Sharonov, Gosudarstvennaia molodezhnaia politika v Rossii i puti resheniia problem podderzhki i planirovaniia molodoi sem'i [State Youth Policy in Russia and Models of Supporting and Planning Young Family], in REPRODUKTIVNOE ZDOROV'E I SEKSUAL'NOE VOSPITANIE MOLODEZHI, VTORAIA ROSSIISKAIA KONFERENTSIIA PO PLANIROVANIIU SEM'I [SECOND RUSSIAN FAMILY PLANNING ASSOCIATION CONFERENCE ON REPRODUCTIVE HEALTH AND SEXUAL BEHAVIOR OF YOUTH] 22, 27 (1995).

371. L.V. Gavrilova, *Sostoianie i perspektivy razvitiia spetsializirovannoi ginekologicheskoi pomoshchi detiam i podrostkam v Rossii* [State and Perspectives of the Development of Special Gynecological Care to Children and Adolescents in Russia], 4 PLANIROVANIE SEM'I [FAMILY PLANNING] 21 (1996).

372. V. Bodrova, *Russian Attitudes on Sex and Youth*, CHOICES, Vol. 25, No. 1, at 9 (1996).

373. UK RF art. 135; *see also* *Periodic reports of States parties due in 1997: Russian Federation, supra* note 189, ¶ 467.

374. UK RF art. 134; *see also* *Periodic reports of States parties due in 1997: Russian Federation, supra* note 189, ¶ 464.

375. *Periodic reports of States parties due in 1997: Russian Federation, supra* note 189, ¶ 464.

376. *Id.* ¶ 466.