

Trends in Reproductive Rights: East Central Europe

INTRODUCTION

Reproductive rights are critical to advancing the status of women. Such rights encompass two main principles: the right to reproductive health care and the right to reproductive self-determination. To effectively work toward advancing reproductive rights, governments and non-governmental organizations (NGOs) must understand the current state of laws and policies affecting reproductive rights in their countries. This briefing paper is intended to provide a general overview of the status of laws and policies that relate to key reproductive health and rights issues in the East Central Europe region. To help assess the efforts required for the promotion of reproductive rights, this publication also examines some of the common challenges in promoting and advancing reproductive rights in the region and provides recommendations to governments for women's full enjoyment of these rights.

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The Center for Reproductive Rights urges governments in the region to take the following measures:

- Adopt laws and policies that ensure universal access to reproductive health services and promote reproductive rights;
- Provide subsidies to ensure access to the full range of contraceptive methods;
- Provide medical practitioners and health-care providers with training in modern reproductive health care, especially modern contraceptive methods;
- Provide complete and accurate information about reproductive health through sex education programs in schools;
- Ensure that all women have access to safe, legal, and affordable abortion;
- Develop targeted programs to combat practices that contribute to women's susceptibility to HIV infection; and
- Provide safe motherhood programs that are targeted to rural and ethnic minority populations.

I. BACKGROUND INFORMATION ON EAST CENTRAL EUROPE

International organizations and United Nations agencies do not have a uniform definition of which countries constitute the region of East Central Europe. For the purposes of this briefing paper, the region of East Central Europe includes 15 countries: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, the Russian Federation, Slovakia, Slovenia, and the Former Yugoslav Republic of Macedonia (the FYROM). Although the countries of this region are culturally diverse, the region, thus defined, has in recent times experienced common historic, political, and economic transformations.

A. Data from the Region¹

1. GENERAL DATA

- East Central Europe had a population of 265 million people in 2000.²
- Nineteen percent of all inhabitants are below the age of 15.³
- Sixty-three percent of the population of East Central Europe lives in urban areas.⁴
- Between 1995-2000, the region experienced a negative average population growth rate of 0.11%.⁵

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2. HEALTH

- Life expectancy for women is 75.6 years and for men it is 67.3 years.⁶
- In 1995, 7.5% of GDP was invested in health care.⁷

3. REPRODUCTIVE HEALTH AND FAMILY PLANNING

- The maternal mortality rate among East Central European women is 21.71 per 100,000 live births,⁸ as compared with a rate of 6.8 per 100,000 live births in Western Europe.⁹
- Infant mortality in East Central Europe is 16.2 per 1,000 live births, compared to 7.18 per 1,000 live births in Western Europe.¹⁰
- Health professionals attend 97.64% of births in East Central Europe.¹¹
- Between 1995 and 2000, the total fertility rate in East Central Europe was 1.46. Globally, the average fertility rate between 1995 and 2000 was 2.71.¹²
- Sixty-seven percent of East Central European women use some form of contraception;¹³ 34% of women use a modern method.¹⁴
- The abortion rate for the region is 53.41 per 1,000 women aged 15-49.¹⁵ The abortion-to-birth ratio for East Central European women of all ages was 0.87 to 1.¹⁶

4. HIV/AIDS AND STIs

- In 1999, the estimated number of people aged 15-49 living with HIV/AIDS in 11 of the 15 East Central European countries was 152,900.¹⁷ Two of the East Central European countries reported that fewer than 500 people were living with HIV/AIDS¹⁸ and two reported numbers below 100.¹⁹
- In 1999, the estimated number of women aged 15-49 living with HIV/AIDS in five of the 15 East Central European countries was 34,270.²⁰ Six countries reported less than 100 women living with HIV/AIDS;²¹ for four countries, no data was provided.²²
- In 1999, the estimated number of children aged 0-14 living with HIV/AIDS in two of the 15 East Central European countries was 6,800.²³ Nine countries reported fewer than 100 children living with HIV/AIDS;²⁴ for four countries, no data was provided.²⁵
- In 1999, the estimated cumulative number of AIDS deaths among adults and children in five of the 15 East Central European countries was 6,900.²⁶ One country reported that there were fewer than 200 AIDS deaths among adults and children,²⁷ seven countries reported fewer than 100,²⁸ and for two countries, no data was provided.²⁹

B. Shared Political History and Legal System

The countries of East Central Europe were under various forms of socialist governance for most of the 20th century. As a result, these nations share the same civil law legal tradition. In this system, the principal sources of law are legislative norms, and judicial decisions establish legal norms only in the rare cases where legislative enactment or constitutional provisions so mandate.

C. Declining Birth Rates

Countries in East Central Europe are generally experiencing stagnating or declining birth rates.³⁰ Some nations are even experiencing negative growth rates.³¹ Declining birth rates amongst majority communities are sometimes combined with high birth rates among ethnic minorities.³² Such conditions are fueling nationalist calls to limit parenthood by choice. Pro-natalist policies and anti-abortion laws have been introduced as ways to remedy the situation.³³ In Hungary, for example, the government has sought to encourage families to have an additional child through proposed tax code reforms³⁴ that penalize families with fewer children. However, safe motherhood programs that specifically target large ethnic minority populations, such as the Roma, are not being developed.

Political and economic changes of the past decade have led to legal and policy reform throughout East Central Europe. Although a significant array of relevant reproductive health laws and policies exist, some common trends are emerging. These trends arise out of factors common to the countries of this region and are influencing the development of reproductive rights law and policy reform throughout East Central Europe.

II. HIGHLIGHTS OF REPRODUCTIVE RIGHTS LAWS AND POLICIES

East Central European countries generally have Constitutions that guarantee the right to health, and have a governmental ministry entrusted with the formulation and development of health policies. Most laws and policies of the region protect, to some degree, women's reproductive rights. They recognize the right to family planning and they respect individual choice regarding the number and spacing of children. Abortion is legal and available on demand in the first trimester of pregnancy in all countries of East Central Europe except Poland. National policies promoting safe motherhood are common. In fact, reproductive health care policies have focused mostly on maternal and child health care. Most countries of the region have laws concerning HIV/AIDS and STIs.

A. Family Planning

The countries of East Central Europe generally have laws and policies that recognize the right to family planning and the right to decide the number and spacing of one's children. These laws and policies state that contraception is a means by which people can exercise their right to family planning and that governments must play a central role in the provision of family planning services and information.³⁵ Some countries, such as Albania, Lithuania, and Romania, regard reproductive health and family planning as fundamental human rights.³⁶

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Modern contraceptive methods are legal throughout the region and in most countries there are no particular laws that regulate information on contraception.³⁷ Voluntary sterilization for contraceptive purposes is legal in most countries of East Central Europe, except Poland. In Poland, even with the written consent of the patient, the “deprivation of the ability to procreate” is a criminal offense carrying a penalty of up to 10 years in prison.³⁸ In other countries, legal restrictions either regulating the minimum age at which women can be sterilized or requiring that women already have a minimum number of children before undergoing the procedure are increasingly common. Slovakian law, for example, only permits sterilization of married women with three or more children.³⁹

National laws and policies requiring sex education to be taught in schools are rare. Estonia is one of the few countries that mandates sex education in schools, but only for fourth, seventh, and tenth graders.⁴⁰ Albania also mandates sex education in schools, but only for nine hours per school year, with lessons to be devoted primarily to sexually transmissible infections.⁴¹

B. Abortion

The abortion laws of the nations of East Central Europe are among the most liberal in the world. Since the mid-1950s, the republics of the former Yugoslavia and the former Soviet Union, as well as countries historically under Soviet influence, have permitted broad access to abortion services during the first trimester of pregnancy.⁴² Albania and Romania, the only two countries of the region that banned abortion and contraception under previous political regimes, have legalized abortion.⁴³

In recent years, both Poland and Hungary have restricted their abortion laws. In Hungary, a Constitutional Court review of the abortion law led to legislative restrictions requiring women seeking abortions to submit to anti-abortion counseling and a waiting period.⁴⁴ Poland is the only country in the region where the government has severely restricted a woman’s right to an abortion. The current law allows abortion only in a limited number of circumstances – including danger to the woman’s life or health, cases where the pregnancy results from an unlawful act, and fetal impairment.⁴⁵

C. Safe Motherhood

Reproductive health in many countries of the region is narrowly defined to mean maternal and child health. Thus, laws and policies on reproductive health care have focused mostly on ensuring that women receive the care they need to be safe and healthy through pregnancy and childbirth. In Lithuania, for example, maternal health care is the only reproductive health issue mentioned in the country’s health policy and program.⁴⁶ Even though policies promoting safe motherhood are prevalent throughout the region, they generally do not address the distinct needs of ethnic minority and rural populations.⁴⁷ In Romania, there are reports of discrimination against Roma women in hospitals in Bucharest, especially for obstetrical care.⁴⁸

D. HIV/AIDS

Many of the countries of the region have formulated comprehensive national policies to address HIV/AIDS and have governmental institutions that work on AIDS

prevention. Some of these policies have a gender component focusing on the special needs of women. For example, pursuant to Russia's HIV/AIDS policy, a 1999 Ministry of Health order established special health monitoring centers for children and pregnant women who are HIV-positive.⁴⁹

In some countries, laws seek to protect the rights of persons with HIV/AIDS. Common protections include the right not to be discriminated against by medical providers, protection from employment discrimination, protection against wrongful disclosure of medical information, and the right to receive medical treatment.⁵⁰ However, in most nations, laws are not explicit in their protection of persons with HIV/AIDS. In Croatia, for example, the Health Code contains very restrictive regulations on HIV/AIDS that regard AIDS, along with other STIs, as a disease about which health care providers must notify the authorities.⁵¹

III. OBSTACLES TO THE IMPLEMENTATION OF REPRODUCTIVE HEALTH LAWS AND POLICIES

The intention of East Central European governments to promote reproductive health should be measured not only by the existence or absence of general laws and policies, but also by the implementation and enforcement of these measures. Most countries of the region fall short in the implementation of specific programs and strategies that would advance women's reproductive health and rights. These shortfalls are attributable to several factors, including economic constraints, historical experiences, and political opposition to reproductive rights.

A. Economic Crisis

Under state socialist regimes, reproductive health care services were part of a universal health care system. Reproductive health care services, although not of the highest quality, were readily accessible and free of charge. One of the first market reforms promoted by multilateral financial institutions and donor governments in the aftermath of socialism was the privatization of state services and the reduction of state spending in the health and social sectors.⁵² These structural adjustment policies have resulted in attendant cutbacks in free reproductive health care services, and have had a dramatic adverse impact on women's ability to exercise their reproductive rights.⁵³

In the area of family planning, for example, the Russian government in 1993 adopted a federally financed family planning policy pursuant to a presidential program entitled "Children of Russia."⁵⁴ By 1996, under this program, 214 family planning centers opened in 85 administrative districts in Russia.⁵⁵ The program was largely effective in helping to promote contraceptive use. However, in 1998, the program was cut from the state budget, due to financing problems.⁵⁶ As a result, a number of regions in Russia have no federal funding for family planning and reproductive health programs.⁵⁷

In addition, state subsidies that make contraceptives an affordable option⁵⁸ are increasingly being cut from national budgets. In Croatia and Latvia, for example, state health insurance no longer covers contraceptives.⁵⁹ In Poland, up until 1998, eight brands of oral contraception were completely subsidized by the state budget. In 1998, the government withdrew subsidies for five of these contraceptives.⁶⁰

Economic turmoil has also impacted the HIV/AIDS crisis in the region. Even though the overall infection rates remain relatively low compared to other regions of the world, economic instability has been fueling drug use and commercial sex, both of which increase the spread of HIV/AIDS.⁶¹ The situation is particularly dramatic in Russia, where new infections were higher in 2000 than in all previous years of the epidemic combined.⁶² Cutbacks in spending on health and social programs have meant a slow-down in the development and implementation of government-funded HIV/AIDS prevention and treatment services throughout the region.⁶³

B. Historical Influences

Historical distrust of modern contraceptives has exacerbated the impact of the economic crisis on women's ability to exercise their reproductive rights. Modern methods of contraception such as pills, diaphragms, and condoms were largely unavailable and unknown under the regimes of state socialism.⁶⁴ In addition, myths abounded about the detrimental health consequences of oral contraceptives and their relative ineffectiveness when compared to the rhythm method or *coitus interruptus*.⁶⁵ In Bulgaria, for example, in a 1976 survey, three quarters of married women from Sofia mentioned *coitus interruptus* as their preferred choice of contraceptive method.⁶⁶ Lack of accurate information among health professionals and the public about the safety and effectiveness of modern contraceptives⁶⁷ created a social climate that was hostile to the dissemination of modern contraceptive methods.⁶⁸

C. Anti-Choice Movement and Religious Organizations

Budget cuts in the area of reproductive health are also, in part, due to the anti-choice and religious organizations that are gaining increasing influence in governments throughout East Central Europe. The anti-choice movement, supported by the Orthodox and Catholic Churches and international anti-choice groups, are attempting to restrict women's right to choose abortion. Laws to criminalize abortion are frequently proposed in parliaments throughout the region by conservative politicians and anti-choice non-governmental organizations (NGOs).⁶⁹

In Poland, where the Catholic Church played an influential role in severely restricting access to legal abortion, even women who are entitled to a legal abortion are very often denied the procedure.⁷⁰ The law requires that abortions be performed in public hospitals. However, because of pressure from the Church, hospital administrators and doctors routinely turn women away from these facilities, despite all proper documentation.⁷¹ In some cases, the same doctors who refuse to perform abortions in public facilities will do so illegally in their private offices at a substantial financial cost.⁷²

Religious organizations aligned with conservative politicians also have targeted sex education programs in schools. In Russia, for example, a very strong and vocal conservative alliance in the lower house of parliament has resulted in attacks on an experimental sex education program that was launched in seven regions in 1995. Two years later, the introduction of sex education programs in schools was halted.⁷³ Currently there is no requirement that sex education be taught in schools. In the

Czech and Slovak Republics, efforts to improve teacher training in the area of sex education and to publish sex education textbooks have been greatly hampered by the Catholic Church, which would prefer to abolish sexuality education in the schools.⁷⁴

IV. CONCLUSION

The women of East Central Europe are facing strong challenges to their reproductive rights. These challenges are effectively negating their reproductive health and self-determination. For example, while abortion remains the most prominent method of fertility control in the region, there are continuing efforts to erode this right. In addition, the contraceptive prevalence rate in the region is one of the lowest in the world.⁷⁵ Safe motherhood programs tend to ignore the specific needs of rural and ethnic minority women, leading in some cases to discriminatory practices. HIV/AIDS rates in the region are steadily growing, and the collapse of basic public health systems throughout the region makes the containment of the HIV virus even more difficult.

This situation stands in marked contrast to the situation facing women in Western Europe. The countries of Western Europe have rapidly progressed in securing women's right to reproductive health care. The Netherlands, for example, has a very liberal abortion law and has one of the lowest reported abortion rates in the world. This is due to a comprehensive reproductive health program that includes universal, accurate sex education in schools and easily accessible family planning services.⁷⁶ In addition, overall HIV/AIDS prevalence has risen only slightly in the countries of Western Europe and the availability and accessibility of antiretroviral treatment has decreased morbidity and mortality.⁷⁷

At a time when the European continent is coming together on economic policy, the divide between east and west on women's health grows. To narrow this widening gap with Western Europe, nations of East Central Europe should promote laws and policies that advance the reproductive rights of all women in the region. Programs should improve access to: family planning information and services, including affordable modern contraceptive methods; secular sex education in schools; safe and legal abortion; safe motherhood programs for rural and ethnic minority women; and HIV/AIDS prevention and treatment programs targeted to women.

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Endnotes

1 Regional statistics for East Central Europe are generally not available. Thus, regional statistics are based on the latest data available on individual countries from the United Nations Population Fund, World Health Organization and UNAIDS.

2 See UNITED NATIONS POPULATION FUND (UNFPA), *THE STATE OF WORLD POPULATION 2000* (2000), available at <http://www.unfpa.org> (last visited Sept. 25, 2001) [hereinafter UNFPA, *STATE OF POPULATION 2000*].

3 See United Nations, *Cyberschoolbus; InfoNation 1990-1999*, available at <http://www.un.org> (last visited Sept. 27, 2001).

4 See UNFPA, *STATE OF WORLD POPULATION 2000*, *supra* note 2.

5 See *id.*

6 See *id.*

7 See WORLD HEALTH ORGANIZATION (WHO), *WORLD HEALTH REPORT 1999* (1999), available at <http://www.who.int/whr> (last visited Sept. 27, 2001). Data was not provided for Albania, Bosnia and Herzegovina, Estonia, Latvia, Lithuania, Romania, Slovakia, and Slovenia.

8 See UNFPA, *STATE OF WORLD POPULATION 2000*, *supra* note 2. Data was not provided for Albania.

9 See *id.* Data was not provided for Austria and Belgium. In Africa, the maternal mortality rate is 501 per 100,000 live births.

10 See *id.* The infant mortality rate in Africa is 90.89 per 1,000 live births

11 See *id.* Data was not provided for Croatia.

12 See *id.*

13 See *id.* Data was not provided for Albania, Bosnia and Herzegovina, Croatia, Russian Federation, Slovenia, and the FYROM.

14 See *id.* Data was not provided for Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Russian Federation, Slovenia, and the FYROM.

15 See UNITED NATIONS POPULATION FUND (UNFPA) & WORLD HEALTH ORGANIZATION (WHO), *FAMILY PLANNING AND REPRODUCTIVE HEALTH IN CENTRAL AND EASTERN EUROPE AND THE NEWLY INDEPENDENT STATES*, (3d ed. 2000) [hereinafter UNFPA & WHO, *FAMILY PLANNING AND REPRODUCTIVE HEALTH*]. Data was not provided for Bosnia and Herzegovina, Poland, and the FYROM.

16 See *id.*

17 See UNAIDS & WORLD HEALTH ORGANIZATION (WHO), *EPIDEMIOLOGICAL FACT SHEET ON*

HIV/AIDS AND SEXUALLY TRANSMITTED

INFECTIONS 2000 UPDATE (2000), available at <http://www.unaids.org> (last visited Sept. 28, 2001).

The eleven countries included Bosnia and Herzegovina, Bulgaria, Croatia, Czech Republic, Hungary, Latvia, Poland, Romania, Russian Federation, Slovakia, and Slovenia.

18 See *id.* The two countries are Lithuania and Estonia.

19 See *id.* The two countries are Albania and the FYROM.

20 See *id.* The five countries are the Czech Republic, Hungary, Latvia, Romania, and the Russian Federation.

21 See *id.* The six countries are Croatia, Estonia, Lithuania, Slovakia, Slovenia, and the FYROM.

22 See *id.* The four countries are Albania, Bosnia and Herzegovina, Bulgaria, and Poland.

23 See *id.* The two countries are Romania and the Russian Federation.

24 See *id.* The nine countries are Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Slovakia, Slovenia, and the FYROM.

25 See *id.* The four countries are Albania, Bosnia and Herzegovina, Bulgaria, and Poland.

26i See *id.* The five countries are Croatia, Hungary, Poland, Romania, and the Russian Federation.

27 See *id.* The one country is the Czech Republic.

28 See *id.* The seven countries are Albania, Estonia, Latvia, Lithuania, Slovakia, Slovenia, and the FYROM.

29 See *id.* The two countries are Bosnia and Herzegovina and Bulgaria.

30 See United Nations Population Fund (UNFPA), *Overview of Population and Development Issues in Eastern Europe*, available at <http://www.unfpa.org> (last visited Oct. 17, 2001).

31 See UNITED NATIONS, POPULATION DIVISION, DEPARTMENT OF ECONOMIC AND SOCIAL AFFAIRS, *WORLD POPULATION PROSPECTS: THE 2000 REVISION* (2000).

32 See THE CENTER FOR REPRODUCTIVE RIGHTS, *WOMEN OF THE WORLD: LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES—EAST CENTRAL EUROPE* 182 [hereinafter CENTER FOR REPRODUCTIVE RIGHTS, *WOMEN OF THE WORLD*].

33 See FROM ABORTION TO CONTRACEPTION: A RESOURCE TO PUBLIC POLICIES AND REPRODUCTIVE BEHAVIOR IN CENTRAL AND EASTERN EUROPE FROM 1917 TO THE PRESENT 7 (Henry P. David ed., 1999)

[hereinafter FROM ABORTION TO CONTRACEPTION].

34 See SZOCIÁLIS ÉS CSALÁDÜGYI MINISZTERIUM [MINISTRY OF SOCIAL AND FAMILY AFFAIRS], CSALÁDPOLITIKAI KONCEPTCIÓ [FAMILY POLICY CONCEPT], available at <http://www.meh.hu/szscsm/csalad/index.html> (last visited Mar. 25, 2000).

35 See CENTER FOR REPRODUCTIVE RIGHTS, WOMEN OF THE WORLD, *supra* note 32, at 183.

36 See *id.*

37 See *id.* at 184.

38 See Polish Criminal Code, 1997, art. 156, sec. 1.

39 See INTERNATIONAL HELSINKI FEDERATION FOR HUMAN RIGHTS (IHF), WOMEN 2000: AN INVESTIGATION INTO THE STATUS OF WOMEN'S RIGHTS IN CENTRAL AND SOUTH-EASTERN EUROPE AND THE NEWLY INDEPENDENT STATES 399 (2000).

40 See FROM ABORTION TO CONTRACEPTION, *supra* note 33, at 262.

41 See Albania, Council of Ministers, Decision No. 226 of 27 May 1997, for the Approval of the Activities of Family Planning in Albania, art. 3 (English translation on file with the Center for Reproductive Rights).

42 See FROM ABORTION TO CONTRACEPTION, *supra* note 33, at 7.

43 See *id.* at 61, 200.

44 See Hungary Abortion Law, Act on the Protection of the Fetus, July 2000.

45 Poland Abortion Law, 1993, art. 4(a).

46 See REPUBLIC OF LITHUANIA, MINISTRY OF HEALTH, HEALTH PROGRAMME 1997-2010.

47 See UNFPA & WHO, FAMILY PLANNING AND REPRODUCTIVE HEALTH, *supra* note 15, at 4.

48 See IHF, *supra* note 39, at 368.

49 Russian Federation, Ministry of Health, Ordinance No. 133 of 19 April 1999, on the Prevention and Treatment of HIV Infected Pregnant Women and Children.

50 See CENTER FOR REPRODUCTIVE RIGHTS, WOMEN OF THE WORLD, *supra* note 32, at 186.

51 See Croatia, Regulations on Infectious Diseases, 1997, art. 1.

52 See ALEXANDER PREKER & RICHARD G. A. FEACHEM, WORLD BANK, MARKET MECHANISMS AND THE HEALTH SECTOR IN CENTRAL AND EASTERN EUROPE 5 (1996).

53 See CENTER FOR REPRODUCTIVE RIGHTS, WOMEN OF THE WORLD, *supra* note 32, at 9.

54 Russian Federation, Pres. Ordinance, No. 1696

of 16 August 1994.

55 See CENTER FOR REPRODUCTIVE RIGHTS, WOMEN OF THE WORLD, *supra* note 32, at 159.

56 See Obraschenie v Sovet bezopasnosti Rossiiskoi Federatsii obshchestvennost I spetsialistov v oblasti okhrany reproductivnogo zdorov'is [An address to the Security Council of Russian Federation of Public Specialists in Reproductive Health], 1 PLANIROVANIE SEM'I [FAMILY PLANNING], 1999, at 5.

57 See *id.*

58 Most modern methods of contraception must be imported and are extremely costly. This is especially true for Albania, Romania and Russia. The price of a monthly cycle of oral contraceptives in Russia is \$4-\$7. The average per capita monthly income in 1999 was approximately \$70.

59 See IHF, *supra* note 39, at 127, 256.

60 See Rozporzadzenie Ministra Zdrowia i Opieki Społecznej z dnia 26 lutego 1998 r. w sprawie wykazu leków podstawowych, uzupełniających i środków antykoncepcyjnych [Decree of the Ministry of Health and Social Welfare of 26 February 1998, on Basic Medicines and Contraceptives], Dz.U.No. 31/1998, Pos. 166; THE FEDERATION FOR WOMEN AND FAMILY PLANNING, THE ANTI-ABORTION LAW IN POLAND: THE FUNCTIONING, SOCIAL EFFECTS, ATTITUDES AND BEHAVIORS 26 (2000) [hereinafter THE FEDERATION FOR WOMEN AND FAMILY PLANNING].

61 See Press Release, UNAIDS, AIDS Epidemic Explodes in Eastern Europe (Nov. 28, 2000), available at <http://www.unaids.org> (last visited Oct. 6, 2001).

62 See *id.* By the end of 1999 there were an estimated 130,000 people living with HIV in Russia. That figure rose to 300,000 by the end of 2000.

63 See World Bank, HIV/AIDS Activities In Eastern Europe and Central Asia, available at <http://www.worldbank.org> (last visited Oct. 6, 2001).

64 See UNFPA, STATE OF WORLD POPULATION 2000, *supra* note 2.

65 See FROM ABORTION TO CONTRACEPTION, *supra* note 33.

66 See *id.* at 83.

67 See United Nations Population Fund (UNFPA), Overview of UNFPA Activities in Eastern Europe, available at <http://www.unfpa.org> (last visited Aug. 8, 2001). In the Soviet Union, for example, oral contraceptives were virtually non-existent because health regulations counter-indicated them for the vast majority of women.

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68 See FROM ABORTION TO CONTRACEPTION, *supra* note 33, at 20.

69 See Rupert Walder, *The Anti-Choice Movement in Eastern Europe and the Former Soviet Union*, 28 CHOICES, 2000, at 2.

70 See THE FEDERATION FOR WOMEN AND FAMILY PLANNING, *supra* note 60, at 22.

71 See *id.* at 86.

72 See *id.*

73 See THE CENTER FOR REPRODUCTIVE RIGHTS & OPEN DIALOGUE FOR REPRODUCTIVE RIGHTS (ODRR), REPRODUCTIVE RIGHTS OF YOUNG GIRLS AND ADOLESCENTS IN RUSSIA: A SHADOW REPORT (1999).

74 See FROM ABORTION TO CONTRACEPTION, *supra* note 33, at 117.

75 See UNFPA, STATE OF WORLD POPULATION 2000, *supra* note 2. In Albania, the contraceptive prevalence rate for any method is 11%, and for modern methods is 8.3%. Some countries, howev-

er, have been able to increase contraceptive prevalence rates. In the Czech Republic, the contraceptive prevalence rate for modern methods in 2000 was 45%, up from 22% in 1992. However, this figure still remains low in comparison to Western Europe, where modern contraceptive prevalence ranges from 60% to 70% in most countries.

76 See Evert Ketting, *Abortion in Europe: the East-West Divide*, 29 CHOICES, 2000, at 2.

77 See World Health Organization (WHO), Department of Infectious Diseases, *HIV/AIDS & STIs Programme*, available at <http://www.who.dk/id/praid2.html> (last visited Oct. 15, 2001).

**CENTER
FOR
REPRODUCTIVE
RIGHTS**

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