



November 2003

The Committee on Economic, Social and Cultural Rights

Re: Supplementary information on the Russian Federation, scheduled for review by the Committee on Economic, Social and Cultural Rights during its 31<sup>st</sup> Session

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by the Russian Federation, which is scheduled to be reviewed by the Committee on Economic, Social and Cultural Rights during its 31<sup>st</sup> Session. The Center for Reproductive Rights, an independent non-governmental organization, hopes to further the work of the Committee by providing independent information concerning the rights protected in the International Covenant on Economic, Social and Cultural Rights (ICESCR). This letter highlights several areas of concern related to the status of women's reproductive health and rights in the Russian Federation. Specifically, it focuses on discriminatory or inadequate laws and policies that undermine Russian women's reproductive rights.

Because reproductive rights are fundamental to women's health and equality, states parties' commitment to ensuring them should receive serious attention. Further, reproductive health and rights receive broad protection under the ICESCR. Article 12(1) of the ICESCR recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."<sup>1</sup> Articles 2(2) and 3 guarantee all persons the rights set forth in the ICESCR without discrimination, specifically as to "sex, social origin or other status."<sup>2</sup> In interpreting the right to health, this Committee, in General Comment 14, has explicitly defined this right to "include the right to control one's health and body, including sexual and reproductive freedoms."<sup>3</sup> The Committee has further asserted that states parties are required to take "measures to improve child and maternal health, sexual and reproductive health services, including access to family planning... emergency obstetric services and access to information, as well as to resources necessary to act on that information."<sup>4</sup> General Comment 14 also specifically states that "[t]he realization of women's right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health."<sup>5</sup>

We wish to bring to the Committee's attention the following issues of concern, which directly affect the reproductive health and lives of women in Russia.

## **I. Women's Reproductive Health Rights (Articles 10, 12, and 15(1)(b) of the ICESCR)**

Article 12 of the ICESCR protects the right of all persons to enjoy the highest attainable standard of physical and mental health.<sup>6</sup> This article is complemented by Article 15(1)(b), which grants all persons the right to benefit from the advances of scientific research and its applications.<sup>7</sup> Under this provision, women are entitled to enjoy advances in research in the reproductive health field. Article 10 grants special protection to pregnant women before and after delivery as well as to adolescents and children.<sup>8</sup> These provisions require governments to make reproductive health, family planning, and safe motherhood services and information accessible to women.

The Committee defines "reproductive health" as "the freedom to decide if and when to reproduce and the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning of [one's] choice as well as the right of access to appropriate health-care services that will, for example, enable women to go safely through pregnancy and childbirth."<sup>9</sup> According to the Committee, Article 12(2)(c) on the prevention, treatment, and control of disease, "requires the establishment of prevention and education programmes for... sexually transmitted diseases, in particular HIV/AIDS, and those adversely affecting sexual and reproductive health..."<sup>10</sup>

### **A. Access to Reproductive Health Care, Including Family Planning**

The Russian Federation has fallen short of its duties to ensure women's rights to reproductive health care. Currently, there is no reproductive rights legislation, either within the Russian Fundamental Law on Health or any other law. Hence, women have no redress under domestic law when their sexual or reproductive rights are violated. The following facts indicate further specific violations of women's right to reproductive health care and family planning.

#### **1. Access to Affordable Modern Contraception**

Despite some recent governmental initiatives, contraceptive availability remains limited due to the government's failure to ensure affordable contraceptives of reliable quality, particularly for low-income women. The cost of contraceptives, which are primarily imported, is prohibitive for most Russians. For example, individuals buying contraceptive pills spend between US \$4.9 to \$6.5 per month. This is a substantial portion of the average monthly wage of US \$50.<sup>11</sup> Lack of access to contraception leads to high numbers of unwanted pregnancies.<sup>12</sup>

Unaffordable or unavailable barrier contraceptives also contribute to the alarming rate of sexually transmissible infections (STIs), including HIV/AIDS.<sup>13</sup> In the years 1987-92, Russia had fewer than 30 cases of syphilis per 100,000 people.<sup>14</sup> By 1995, this figure had increased to 172 cases per 100,000 people.<sup>15</sup> Similarly, incidence of gonorrhea increased from 75 cases per 100,000 in 1987 to 165 cases in 1995.<sup>16</sup> In 2001, UNAIDS reported 700,000 cases of HIV/AIDS infections among adults in Russia, with 180,000 cases being reported by women.<sup>17</sup> According to a recent UNAIDS report, Russia has experienced a steep and explosive increase in the rate of HIV/AIDS infections over the past several years and it is predicted that this increase will continue in the coming years.<sup>18</sup>

## **2. Access to Information on Family Planning and Reproductive Health**

Over the past three decades, the incidence of pregnancy among women under age 20 has increased from 28.4% to 47.8%.<sup>19</sup> In some cities, between 1984 and 1994, the number of pregnancies among adolescents increased by 20 times.<sup>20</sup> Moreover, even with more than 70% of Russians commencing sexual relations between the ages of 15-19 years,<sup>21</sup> reproductive health information and services remain inadequate. Sex education is not a required part of school curricula.<sup>22</sup> One study found that about a third of young women are completely unaware of effective contraceptive methods.<sup>23</sup> Another study found that, lacking education about contraceptives, 36.6% of adolescents have had to resort to abortions at later stages of pregnancy.<sup>24</sup>

The state-sponsored family planning programs known as “Children of Russia,” adopted in the 1990s, were intended to introduce modern contraceptives and train providers in family planning services.<sup>25</sup> According to the government, “the measures carried out under these programs have produced a welcome downturn in the number of abortions and stabilized the maternal and infant mortality rates.”<sup>26</sup> However, despite the documented success of these programs, in 1998, they were cut from the state budget.<sup>27</sup> Consequently, several regions have no federal funding for family planning and reproductive health programs.<sup>28</sup>

## **3. Access to Safe Abortion Services**

Women’s access to safe abortion services in the Russian Federation is under threat. Abortion is legal without restriction as to reason through the 12<sup>th</sup> week of pregnancy and at later stages to save a woman’s life, preserve her physical or mental health, on social indications, and in cases of fetal disorder. On August 11, 2003, the Russian Federation issued Decree No. 485 on the List of Social Indications for Induced Termination of Pregnancy, restricting the circumstances under which women may obtain abortions on social grounds after the 12<sup>th</sup> week of pregnancy and before the 22<sup>nd</sup>. The decree lists four “social indications” for legal abortion within this gestational period: 1) a court ruling depriving or restricting one’s parental rights; 2) pregnancy resulting from rape; 3) incarceration in a detention center; and 4) severe disability or death of the woman’s husband at the time of pregnancy. The Decree voids Decree No. 567 of May 8, 1996, which listed eight additional indications, including: unemployment of either spouse; the unmarried status of the pregnant woman; dissolution of marriage at the time of pregnancy; lack of housing or residence in a hostel or sublet apartment; a woman’s status as a refugee or displaced person; a woman’s status as a mother of three or more children or of a child with a disability; and per capita family income below minimum regional standards.<sup>29</sup> This narrowing of grounds for legal abortion on social grounds will affect the Russian Federation’s most vulnerable women, many of whom may be forced to seek abortions clandestinely under unsafe conditions.

In addition, draft legislation would impose a more fundamental shift in Russia’s legal and policy approach to abortion. A draft amendment to the Family Code would recognize a right to life of “a child before his birth.” The amendment, if adopted, would conflict with a woman’s right to reproductive autonomy and self-determination and set the stage for further restrictions on abortion.<sup>30</sup> A draft amendment to the Public Health Care Law would impose a mandatory

counseling requirement on a woman seeking abortion, thereby making the procedure less accessible and putting women at risk of unsafe abortion.<sup>31</sup>

## **B. Violence Against Women (Articles 12 and 10(3) of the ICESCR)**

Articles 10 and 12 encompass protections for women prohibiting all forms of sexual and/or physical violence. The Committee has noted the serious effects of violence against women on their physical and mental health and has advised states parties to adopt effective measures to combat it.<sup>32</sup>

### **1. Domestic Violence**

Russia has one of the worst domestic violence rates in the world. Nearly 14 thousand women in Russia are murdered by family members every year.<sup>33</sup> Despite the prevalence of domestic violence, currently there is no law that specifically recognizes domestic violence as a separate crime.<sup>34</sup> This omission leads to a lack of effective measures for women seeking legal protection from domestic abuse. The most recent criminal code includes three articles under which perpetrators of domestic violence can be prosecuted. Article 113 prohibits “the systematic infliction of blows or other acts bearing the nature of torture.”<sup>35</sup> Article 115 prohibits “the intentional causation of harm to the health entailing short-term disruption of health or negligible loss of fitness for work.”<sup>36</sup> Article 116 prohibits “beating or committing other violent actions causing physical pain but not resulting in the consequences stated in article 115.”<sup>37</sup> However, enforcement of these measures in the context of domestic violence is exceedingly rare.<sup>38</sup> Police often do not respond to calls involving domestic violence, claiming that domestic violence is a family matter and that no law has been broken.<sup>39</sup> The inaction of the police leads, in turn, to silence and underreporting on the part of the abused women.<sup>40</sup>

### **2. Rape**

According to women who have reported incidences of rape to law enforcement officials, members of both the police force and the judiciary blame the victim.<sup>41</sup> Many women have reported that police have been unwilling to register complaints of sexual assault and that prosecutors have refused to carry out investigations.<sup>42</sup> Such treatment by law enforcement officials perpetuates underreporting of such crimes by the women victims.<sup>43</sup>

### **3. Sexual Harassment**

Sexual harassment is not recognized as an offense in either the Civil or Penal Code. Therefore, women who are victims of sexual harassment in their workplaces have no legal redress.

We hope that the Committee will address the following questions to the government of the Russian Federation:

1. What legislation and policies have been adopted to address the barriers that women face in accessing comprehensive reproductive health and family planning services, as well as information about these services? What is the unmet need for contraception and what governmental efforts are being made to increase public awareness about contraceptive methods?
2. Sex education is still not systematically offered in the schools. Given this reality, what specific measures have been taken to institute government-sponsored programs such as public awareness campaigns and sexual education in schools, and to distribute contraception to adolescents?
3. What specific measures have been taken to increase public awareness to prevent, contain and manage the HIV/AIDS epidemic?
4. Given the increased risk of HIV infection that young women face in the Russian Federation, have any measures been aimed specifically at women and girls? For example, in 1999, the Ministry of Health established special health monitoring centers for children and women living with HIV/AIDS.<sup>44</sup> Do these centers continue to operate and receive federal funding? What programs and services are being offered through these centers and are they accessible and user friendly?
5. Given the reality of the dire economic and social circumstances many women in the Russian Federation face, what specific measures are being taken to ensure that women seeking abortion services on social grounds after the 12<sup>th</sup> week of pregnancy may do so in safety?
6. Given the high rates of domestic violence, what measures have been taken to introduce specific legislation that would prevent the perpetrators from repeating their crime? What specific measures have been taken to ensure that existing legislation is effectively enforced? What measures have been taken to introduce specific reproductive rights legislation?

Finally, we will be submitting the following supporting documentation for the Committee's reference:

Chapter on the Russian Federation in *Women of the World: Laws and Policies Affecting Their Reproductive Lives, East Central Europe* (Center for Reproductive Rights ed. 2000).

There remains a gap between the provisions contained in the ICESCR and the reality of women's reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive and sexual health and rights of women and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need for governments to take steps to ensure the realization of these rights.

We hope that this information is useful in the Committee's review of the Russian Federation's compliance with the ICESCR. If you have any questions, or would like further information, please do not hesitate to contact us.

Very truly yours,

Christina Zampas  
Legal Adviser for Europe

Laura Katzive  
Legal Adviser for Global Projects

---

<sup>1</sup> International Covenant on Economic, Social and Cultural Rights, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, at 49, U.N. Doc A/6316 (1966), 999 U.N.T.S. 3 (*entered into force* Jan. 3, 1976), art. 12(1) [hereinafter ICESCR].

<sup>2</sup> *Id.* art. 2(2).

<sup>3</sup> Committee on Economic, Social and Cultural Rights, Gen. Comment 14, *The Right to the Highest Attainable Standard of Health*, para. 8, U.N. Doc. E/C.12/2000/4 (2000) [hereinafter *General Comment on Health*].

<sup>4</sup> *Id.* at para. 14.

<sup>5</sup> *Id.* at para. 21.

<sup>6</sup> ICESCR, *supra* note 1, art. 12(1).

<sup>7</sup> *Id.* art. 15(1)(b).

<sup>8</sup> *Id.* art. 10(2).

<sup>9</sup> *General Comment on Health, supra* note 3, at note 12.

<sup>10</sup> *Id.* at para. 16.

<sup>11</sup> See, UNITED NATIONS POPULATION FUND, NEWS FEATURE *available at* <http://www.unfpa.org/news/news.cfm?ID=317&Language=1> (last viewed July 9, 2003).

<sup>12</sup> See INTERNATIONAL PLANNED PARENTHOOD FEDERATION OF AMERICA, INC *available at* <http://www.plannedparenthood.org/global/matters/russia.asp> (last viewed July 9, 2003).

<sup>13</sup> For example, female condoms are not sold in Russia. See CENTER FOR REPRODUCTIVE RIGHTS, WOMEN OF THE WORLD: EAST CENTRAL EUROPE 159 (2000) [hereinafter WOW EAST CENTRAL EUROPE]

<sup>14</sup> See UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), EPIDEMIOLOGICAL FACTSHEET 2 (2002), *available at* [http://www.unaids.org/hivaidinfo/statistics/fact\\_sheets/pdfs/russianfederation\\_en.pdf](http://www.unaids.org/hivaidinfo/statistics/fact_sheets/pdfs/russianfederation_en.pdf) (last viewed July 10, 2003).

<sup>15</sup> *Id.*

<sup>16</sup> *Id.*

<sup>17</sup> *Id.*

<sup>18</sup> See UNITED NATIONS PROGRAMME ON HIV/AIDS (UNAIDS), AIDS EPIDEMIC UPDATE 4 (2002), *available at* [http://www.unaids.org/worldaidsday/2002/press/update/epiupdate2002\\_en.doc](http://www.unaids.org/worldaidsday/2002/press/update/epiupdate2002_en.doc) (last viewed July 10, 2003).

<sup>19</sup> See CENTER FOR REPRODUCTIVE RIGHTS & OPEN DIALOGUE FOR REPRODUCTIVE RIGHTS (ODRR), REPRODUCTIVE RIGHTS OF YOUNG GIRLS AND ADOLESCENTS IN RUSSIA: A SHADOW REPORT (1999), at 6, *citing* V. Kulakov, *Reproductive Health of Youth is a Future of the Nation*, REPRODUCTIVE HEALTH AND SEXUAL EDUCATION OF YOUTH 16, 19 (1995) (in Russian).

<sup>20</sup> See CENTER FOR REPRODUCTIVE RIGHTS & ODRR, *supra* note 19, at 7, *citing* Kulakov, *supra* note 19, at 21.

<sup>21</sup> See WOW EAST CENTRAL EUROPE, *supra* note 13, at 167, *citing* E.I. Nikolaeva & E.M. Vikhliaeva, *K epidemiologii iskusstvennykh abortov: pilotazhnoe issledovanie [On the Epidemiology of Induced Abortions: Results of the Pilot Study]*, 3 PLANIROVANIE SEM'I [FAMILY PLANNING] 2 (1997).

<sup>22</sup> See CENTER FOR REPRODUCTIVE RIGHTS & ODRR, *supra* note 19, at 11, *citing* Russian Federation, Ministry of Health, Ordinance No. 154 of 5 May 1999, on the Improvement of Medical Care for Adolescents.

<sup>23</sup> See CENTER FOR REPRODUCTIVE RIGHTS & ODRR, *supra* note 19, at 7, *citing* N. Tresheva, *State of the Reproductive Health of Girls and Experience of Sexual Education in Arkchangel'skaya oblast*, in FIRST RFPF CONFERENCE PROBLEMS OF FAMILY PLANNING IN RUSSIA, MOSCOW 63 (1994) (in Russian).

<sup>24</sup> See CENTER FOR REPRODUCTIVE RIGHTS & ODRR, *supra* note 19, at 7, *citing* Kulakov, *supra* note 19, at 21.

<sup>25</sup> Fifth periodic report of the Russian Federation to the UN Committee on the Elimination of Discrimination against Women, at 28, CEDAW/C/USR/5 (1999) [hereinafter Government report].

<sup>26</sup> *Id.* at 29.

<sup>27</sup> See *Obraschenie v. Sovet bezopasnosti Rossiiskoi Federatsii obshchestvennost I spetsialistov v oblastiokhrany reproduktivnogo zdorov'ia* [An address to the Security Council of Russian Federation of Public Specialists in Reproductive Health], 1 PLANIROVANIE SEM'I [FAMILY PLANNING] 5 (1999).

<sup>28</sup> See *id.*

<sup>29</sup> Russian Federation, Decree of the Government of the Russian Federation #485 on the List of Social Indications for Induced Termination of Pregnancy, Aug. 11, 2003.

---

<sup>30</sup> Russian Federation, Draft Federal Law on Changing and Amending the Family Code of the Russian Federation and the Federal Law on Basic Safeguards of the Rights of the Child in the Russian Federation, introduced February 5, 2003.

<sup>31</sup> Russian Federation, Federal Law on Introducing Changes and Additions to Basic Legislation of the Russian Federation with Regard to Public Health Care.

<sup>32</sup> CENTER FOR REPRODUCTIVE LAW AND POLICY & UNIVERSITY OF TORONTO PROGRAM IN SEXUAL AND REPRODUCTIVE HEALTH, THE APPLICATION OF HUMAN RIGHTS TO REPRODUCTIVE AND SEXUAL HEALTH: AN ANALYSIS OF THE WORK OF INTERNATIONAL TREATY BODIES (2001) *citing Concluding Observations of the Committee on Social, Economic, and Cultural Rights*; for example, Dominican Republic, 12/12/97, E/C.12/Add.16; Israel, 04/12/98, E/C.12/1/Add.35; *CESCR General Comment 14*, 04/07/2000, Doc No. E/C.12/2000/4, ¶ 21.

<sup>33</sup> Amnesty International, *Violence Against Women in Russia*, available at <http://www.amnestyusa.org/countries/russia/campaign/women.html> (last viewed July 10, 2003).

<sup>34</sup> *Id.*

<sup>35</sup> Human Rights Watch, *Too Little, Too Late: State Response to Violence against Women* (1997), available at <http://www.hrw.org/reports97/russwmn/> (last viewed Oct. 1, 2003).

<sup>36</sup> *Id.*

<sup>37</sup> *Id.*

<sup>38</sup> *Id.*

<sup>39</sup> Amnesty International, *supra* note 33.

<sup>40</sup> *Id.*

<sup>41</sup> Human Rights Watch, *supra* note 35.

<sup>42</sup> *Id.*

<sup>43</sup> *Id.*

<sup>44</sup> Russian Federation, Ministry of Health, Ordinance No. 133 of 19 Apr. 1999, on the Prevention and Treatment of HIV Infected Pregnant Women and Children.