

# reclaiming and redefining rights: setting the adolescent and young people SRHR agenda beyond icpd+20

## EASTERN EUROPE REGION FACT SHEET



**T**hese Global South Adolescent and Young People Fact Sheets, have been developed as part of the ICPD+20 Global South SRHR Monitoring and Research Initiative steered by ARROW in partnership with Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA), Latin American and Caribbean Women's Health Network (LACWHN), Egyptian Initiative for Personal Rights (EIPR) and the World YWCA. The fact sheets provide the most recent data and analysis on adolescent and young people SRHR across the Global South regions. The recommendations to respective governments, donors, UN agencies take into consideration the evidence and lived realities of adolescent and young people in Asia and the Pacific, Eastern Europe, Latin America and the Caribbean, and the Middle East and Northern Africa and Sub-Saharan Africa.

## 1. Context<sup>1</sup>

In Eastern Europe adolescents and young people age 15-24 constitute 10,9%<sup>2</sup> of the population, approximately 31,729,000 people. Young people, despite being well educated and highly qualified, are confronted with the consequences of the financial crisis of 2008 and the subsequent fiscal challenges facing countries around Eastern Europe. Across the region, young people are far more likely than other groups to struggle with finding employment and, when they do, the work is likely to be low-paying, precarious and insecure. Increasing migration from Eastern to Western Europe eases potential social tensions among jobless young people in their country of origin, but young migrants face greater barriers than young people from the majority population in destination countries.

The Eastern Europe<sup>3</sup> region, with EU member states Bulgaria, Hungary, Poland and Romania, is often perceived as a group of middle income countries where there are vast economic disparities. The disparities within the region and among different groups within the individual countries, are neglected and this is reflected in the fact that in the last decade most donors in the region have redirected their funds towards new hotspots outside of the region.

The rise of religious extremism is a major obstacle to the realisation of the SRHR of women and youth in Eastern Europe. Religious and conservative forces oppose sexuality education, contraception, abortion services and same sex unions.

## 2. Universal access to quality education

Adolescents and young people of both sexes experience equal chances for entering the education system across Eastern Europe and all analysed countries are moving towards universal access to education. Although, the gross enrolment rate of primary education exceeds 98%<sup>4</sup> in the region, the gross secondary enrolment ratio is 90.7% and the gross tertiary enrolment ratio is 57.1%.<sup>5</sup> The literacy rate adds up to 99.6%<sup>6</sup> of young people and adolescents being able to read and write. Girls usually outnumber boys in general programmes, whereas the opposite is true in vocational programmes. This gender gap is also reflected in tertiary education: women are usually more numerous than men in the first stage of tertiary education and in certain fields of education (arts, education and humanities). Problematic situations arise in Azerbaijan and some areas of the Russian Federation where girls may drop out from the education system due to gender bias and early marriage, and

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**Table 1: Sexuality education component in the school curriculum**

| Country            | Term used  | Age at which SE officially begins | Minimum standards | Voluntary organisations involved | Is the SE curriculum comprehensive according to WHO standards? | Staff |
|--------------------|--|-----------------------------------|-------------------|----------------------------------|--|-------|
| Armenia            | Healthy Lifestyle  | 13                                | Yes               | N/A                              | N/A  | Q     |
| Azerbaijan         | Basics on Reproductive Health  | 13                                | N/A               | Yes                              | No   | Q     |
| Bulgaria           | Sexuality Education  | 13                                | No                | Yes                              | No   | N/A   |
| Croatia            | Health Education (not yet implemented)   | 9                                 | N/A               | Yes                              | N/A  | N/A   |
| Georgia            | Integrated in biology subject of reproductive health issues and importance of healthy life style | 12                                | No                | Yes                              | N/A  | N/A   |
| Hungary            | Education for Family Life  | 7                                 | Yes               | Yes                              | No   | Q     |
| Poland             | Education for Family Life  | 12                                | Yes               | Yes                              | No   | Q     |
| Romania            | Education for Health   | 7                                 | No                | Yes                              | No   | Q     |
| Russian Federation | Developed programmes not yet implemented   | N/A                               | N/A               | Yes                              | N/A  | N/A   |
| Ukraine            | Basics of Health (+ other elective subjects)   | 7                                 | Yes               | Yes                              | No   | Q     |

Source: WHO, UNESCO, IPPF  
Q - questionable

also in Roma communities of Bulgaria, Hungary, and Romania where the rate of girls dropping out of lower secondary school is between 5% and 15%.<sup>7</sup>

### 3. Access to sexual and reproductive (SRH) information and services

The ICPD PoA calls for the promotion “to the fullest extent” of the health of young people and provision of services that are of good quality and sensitive to the needs of the young and “safeguarding the rights of adolescents to privacy, confidentiality, respect and informed consent.”<sup>8</sup>

#### 3.1 Comprehensive sexuality education (CSE)

Sexuality education is a contentious issue in Eastern Europe. While today’s adolescents and young people face increasing pressure regarding sex and sexuality with conflicting messages and norms, sexuality remains taboo and official institutions tend to expect families to take care of sexuality education.

Inadequate sexuality education programmes and the inability of parents to provide necessary information leave the burden of filling this gap on the few volunteer groups and initiatives whose capacities and outreach are limited. Existing sexuality education programmes present a one-sided, biased view of sexuality which harbours myths, misconceptions, fears,

discrimination, gender stereotypes and a harmful lack of information which can lead to HIV, sexually transmitted infections, unwanted teen pregnancies as well as misinformed perceptions of gender and sexuality.

The table 1 presents the existing programmes and describes the situation in ten countries of the region taking into consideration the WHO standards<sup>9</sup>. Sexuality education is a mandatory subject in Armenia, Ukraine, and Croatia though it is yet to be implemented in these countries.

Armenia and Ukraine are among the countries which have a strongly incorporated sexuality education component in their school curriculum. However, these programmes are mostly influenced by the HIV prevention agenda. The sexuality component in Poland and Croatia is strongly influenced by the Catholic Church which condemns contraception and sex outside of marriage. Bulgaria and the Russian Federation have failed to implement already developed educational programmes into the school curriculum.

There is no common regional framework on sexuality education that all the countries adhere to. The lack of comprehensive sexuality education is the most burning issue of the region and is reflected in adolescent pregnancy rates and high HIV/AIDS prevalence among young people. (see table 1)

### 3.2 Contraceptive use among adolescents and young people

Despite a visible improvement, the use of modern contraception remains generally low in the region with heavy reliance on withdrawal and abortion as means of avoiding pregnancy.<sup>10</sup> Of all women age 15-49 (either married or in a union), 74.9% use some method of contraception, and only 54.3% use a modern method.<sup>11</sup> The condom is the most widely available method of preventing pregnancies and is accessible in pharmacies, shops and clubs. It is also the most popular contraceptive among adolescents and young people.

Young people face many barriers to accessing modern contraception. Even in countries of the European Union such as Bulgaria, Hungary, Poland, and Romania access to modern contraception remains an issue.

The most blatant example is Poland where the use of conscientious objection by doctors and pharmacists obstructs access to modern contraceptives, including emergency contraception. Throughout the region, lack of sexuality education pushes young people to turn to alternative sources of information like the internet and their peers. High costs of modern contraceptives and lack of subsidies from health insurance systems, along with requiring parental consent, further limit young people's access to pregnancy prevention methods.

Stereotypes and lack of knowledge, including that on the part of health professionals, obstruct access to modern contraceptive methods in the Caucasus. Lack of gender equality is also a

determining factor, particularly in relationships in which women experience difficulties with negotiating condom use with their partners. There is a pressing need for research on young people and adolescents and contraceptive use in Eastern Europe. The data available is very scarce and incomplete, making it almost impossible to provide a bigger and more comprehensive picture.

### 3.3 Adolescent pregnancies

The ICPD PoA calls for a reduction in adolescent pregnancies. Reasons for early pregnancies vary across the region and follow two unique trends: where pregnancies occur within marriage, and the other being a marker for early sexual debut. The adolescent birth rates remain high throughout the region, averaging 23.4 births per 1000 girls age 15-19<sup>12</sup>.

The largest numbers of adolescent pregnancies are observed in Bulgaria, Romania and the Caucasus countries of Georgia and Azerbaijan (the only country in the region where the numbers have remained stagnant over the years). Moreover, in Armenia, the Russian Federation and Ukraine the number of adolescent pregnancies is high and above the mentioned average for this region. Lack of CSE in schools and many barriers in access to modern and effective contraception contribute to this situation.

Adolescent birth rates below the regional average are observed in Croatia (12.8), Hungary (19.3) and Poland (16.1). Since 1995 the level of adolescent births dropped by almost 33% in Georgia and the Russian Federation. Although the rate remains high in Armenia, it is the country with the biggest improvement in reducing its adolescent pregnancy rate, with a drop from 66.6 births per 1000 women in 1995 to near 30 in 2009. This might have resulted from a lower number of early marriages compared to the 90s, but also from the fact that there are much fewer girls than boys in the population.

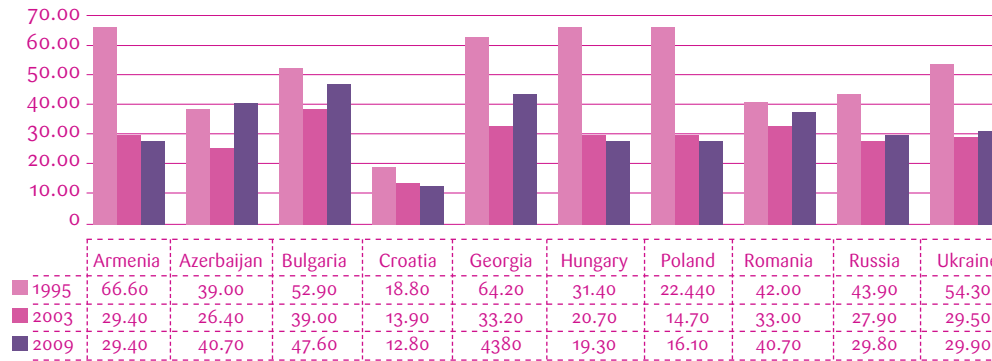
Early marriage is a problem in Armenia, Azerbaijan, Georgia, and some parts of the Russian Federation. Among girls between 15 and 19 years of age, 13% were married, divorced or widowed in Azerbaijan, and 11% in the Russian Federation.<sup>13</sup> In Bulgaria, Hungary, and Romania, early marriage and childbirth force Roma girls to drop out of school.

### 3.4 Access to abortion information and services among adolescents and young women

Abortion rates remain high in Eastern Europe compared to the Western part of the continent. The annual regional estimate

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Fig 1: Adolescent birth rates per 1000 women



Source: UN MDG Indicators Database

of unsafe abortions is 360,000<sup>14</sup> and, even though 30% of all pregnancies in Europe are terminated with abortions, a higher proportion of abortion procedures occur in Eastern Europe.<sup>15</sup> Lack of available data regarding the rates of adolescent abortions, resulting from the diversity of methodological approaches to data collection, makes it very difficult to describe current developments regarding the use of reliable information.

Liberal abortion laws remain in place in almost all countries of Eastern Europe and these recognize a woman’s right to abortion without restrictions up to 12 weeks of pregnancy. The striking exception is Poland where the law criminalises abortion unless: the woman’s life or health is in danger; the fetus is incurably deformed; or the pregnancy resulted from a criminal act. Poland has one of the most restrictive abortion regulation in Europe and, even within the legal framework, access to abortion services is difficult. As a result, many women are forced to rely on underground abortion services. Although the table presents liberal grounds on which abortion is permitted in the region, women, and especially young women, face significant barriers accessing safe abortion services.

Adolescents face even more barriers accessing abortion services and among these are laws requiring young girls to receive parental consent for the procedure prior to performing it. This is generally the case for all of Eastern Europe.

Moreover, in 2012, initiatives to restrict access to abortion appeared in Azerbaijan, Bulgaria, Hungary, Poland, the Russian Federation and Ukraine. (see table 3)

### 3.5 HIV/AIDS

Unemployment, poverty and increased substance use, especially among adolescents and young people, contribute to the spread of HIV/AIDS.

Eastern Europe is one of two regions in the world where the incidence of new HIV infections is on the rise. Until 10 years ago HIV was almost nonexistent in the region. However, the number of people living with HIV has almost tripled since 2000 and reached an estimated 1.4 million in 2009 (1.3 million – 1.6 million with the incidence rate below 0.1). There were 130,000 new infections in 2009. New infections in Ukraine and the Russian Federation constitute 90% of new infections in the region<sup>16</sup>. HIV positive young people and adolescents account for less than 0.1% in Armenia, Azerbaijan, Bulgaria, Croatia, Georgia, Hungary, Poland and Romania. In the Russian Federation and Ukraine the rates are 0.3% among young women and 0.2% among young men.<sup>17</sup>

Although injection drug use remains the primary route of HIV transmission, the rapid growth in the number of heterosexual transmissions poses the risk that HIV/AIDS will turn into a general pandemic in this region.<sup>18</sup> In 2007, heterosexual transmission was the source of 42% of newly diagnosed HIV infections in Eastern Europe.

Feminisation of the HIV epidemic is yet another regional characteristic, with the proportion of women living with HIV growing rapidly. By 2009 women represented 45% of people

**Table 2: Grounds on which abortion is permitted under 12 weeks of pregnancy**

| COUNTRY            | To save woman's life | To preserve physical health | To preserve mental health | Rape or incest | Foetal impairment | Economic or social reasons | On request |
|--------------------|----------------------|-----------------------------|---------------------------|----------------|-------------------|----------------------------|------------|
| Armenia            | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Azerbaijan         | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Bulgaria           | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Croatia            | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Georgia            | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Hungary            | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Poland             | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | --                         | --         |
| Romania            | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Russian Federation | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |
| Ukraine            | ✓                    | ✓                           | ✓                         | ✓              | ✓                 | ✓                          | ✓          |

Source: *World Abortions Policies 2011*. United Nations Department of Economic and Social Affairs Population Division

living with HIV in Ukraine when in 1999 the number was estimated at 37%.<sup>19</sup>

Data shows that women and young people, along with injection drug users, sex workers, migrants, men who have sex with men, and Roma people, belong to the most at-risk groups. Members of these groups are not only vulnerable to infections but they also face discrimination in access to testing, counselling and care services. Because of the widespread stereotypes associating AIDS with social pathologies, people living with HIV/AIDS in the region experience stigma and discrimination.

## 4. Homophobia and transphobia

The recognition of diverse sexual and gender identities is still problematic in the region, and homophobia and transphobia starts as early as primary school. At the societal level, homophobia and transphobia are generally accepted and there is need for general action to promote tolerance towards LGBTIQ communities including young people.

References to “traditional values” to justify homophobic and transphobic actions, as well as support of patriarchal values and gender-stereotypical patterns of behaviour, are widely used in the media and reinforced at the political level all over the region.<sup>20</sup> This has a negative impact on the lives and everyday experience of LGBTIQ youth in the region.<sup>21</sup>

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## 5. Recommendations

We, adolescents and young people of Eastern Europe, call governments to:

1. Collect data on young people's access to sexual and reproductive health and rights and address gaps in implementation of the International Conference on Population and Development Programme of Action;
2. Review, amend and implement laws and policies to address the needs and realities of young women and men, girls and boys, and to uphold human rights, including sexual and reproductive rights;
3. Address the impact of religious extremism on Sexual and Reproductive Health and Rights for women, young people, Lesbian, Gay, Bisexual, Transgender, Queer and Intersex persons and other vulnerable groups by removing legal and policy barriers pertaining to young people's Sexual and Reproductive Health and Rights based in political and cultural conservatism;
4. Unequivocally endorse, sustain and scale up domestic resources for the implementation of comprehensive Sexual and Reproductive Health and Rights interventions for adolescents and young people in the region;
5. Fulfill the right of adolescents and young people to universal access to a continuum of quality care and comprehensive sexual and reproductive health services, supplies and information, through all levels of healthcare and public provisioning;
6. Provide universal comprehensive sexuality education and youth friendly health services. Ensure full participation of young people in the process of developing such programmes and institutions. Create a system of accountability and transparency to monitor the status of comprehensive sexuality education in respective countries and develop mechanisms to ensure that these initiatives reflect needs of young people and adolescents;
7. Improve all levels of education and training systems and invest stronger policy efforts in order to improve youth employment;
8. Meaningfully engage non-governmental organisations and progressive social movements as equal partners in development at all levels, particularly youth-led groups, and ensure an enabling environment for their work.



- 1 In this Factsheet, Eastern Europe is used to represent the region in general. Specific references are made to Armenia, Azerbaijan, Bulgaria, Croatia, Georgia, Hungary, Poland, Romania, Russia, and Ukraine as they comprise the ten Eastern Europe countries monitored for the ICPD+20 Global South Monitoring Report.
- 2 United Nations Department of Economic and Social Affairs. (2012). World Population Prospects [Data File]. New York, NY: United Nations. Retrieved from <[http://esa.un.org/unpd/wpp/unpp/panel\\_indicators.htm](http://esa.un.org/unpd/wpp/unpp/panel_indicators.htm)>.
- 3 Eastern Europe is used here to refer to the post-communist European countries of Croatia, Bulgaria, Hungary, Poland and Romania, and five countries of the former Soviet Union: Armenia, Azerbaijan, Georgia, Russian Federation, and Ukraine. The shared history of subjugation to the former Soviet Union and experience of "transition" from communism to democracy hold the group together. As a consequence of political and economic transformation and global economic crisis, socio-economic inequities have grown alarmingly and access to public resources has declined all over the region.
- 4 Human Development Report 2011 <http://hdr.undp.org/en/reports/global/hdr2011/>
- 5 United Nations Development Programme (UNDP). (2011). Human Development Report 2011, Sustainability and Equity: A Better Future for All. New York, NY: United Nations
- 6 United Nations. (2012). The Millennium Development Goals Report, 2012. New York, NY: UN. Retrieved from <<http://www.un.org/millenniumgoals/pdf/MDG%20Report%202012.pdf>>.
- 7 United Nations Educational, Scientific and Cultural Organisation (UNESCO). (2012). World atlas of gender equality in education. Paris, France: United Nations.
- 8 ICPD PoA == paras 6.7(a), 6.7(b), 6.15, 7.45
- 9 The WHO Regional Office for Europe released the guidelines in March 2010. The guidelines were developed by a group of 20 experts from 9 European countries under the guidance of the Federal Centre for Health Education (BZgA) in Cologne, Germany and the WHO Regional Office for Europe. They provide step-by-step instructions and a detailed matrix to support health and education professionals in their efforts to guarantee children accurate and sensitively presented information about sexuality. <http://www.euro.who.int/en/what-we-publish/information-for-the-media/sections/latest-press-releases/new-european-guidelines-on-sexuality-education-experts-say-sexuality-education-should-start-from-birth>
- 10 Pabijanek, K. (2012). Reclaiming & Redefining Rights - ICPD+20: Status of sexual and reproductive health and rights in Central and Eastern Europe. Warsaw, Poland: Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA).
- 11 United Nations Department of Economic and Social Affairs (UNDESA). (2011). World Contraceptive Use 2011. New York, NY: United Nations Population Division.
- 12 United Nations. (2012). The Millennium Development Goals Report, 2012. New York, NY: UN. Retrieved from <<http://www.un.org/millenniumgoals/pdf/MDG%20Report%202012.pdf>>.
- 13 Pabijanek, K. (2012). Reclaiming & Redefining Rights - ICPD+20: Status of sexual and reproductive health and rights in Central and Eastern Europe. Warsaw, Poland: Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA).
- 14 World Health Organization, (2011). Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2008, 6th Edition. Geneva, Switzerland: Department of Reproductive Health and Research. Retrieved from <[http://www.who.int/reproductivehealth/publications/unsafe\\_abortion/9789241501118/en/index.html](http://www.who.int/reproductivehealth/publications/unsafe_abortion/9789241501118/en/index.html)> October, 2012>.
- 15 Guttmacher Institute. (2012). Facts on Induced Abortion Worldwide. New York, NY: Guttmacher Institute and World Health Organisation (WHO). Retrieved from <[http://www.guttmacher.org/pubs/fb\\_IAW.html](http://www.guttmacher.org/pubs/fb_IAW.html)>.
- 16 Joint United Nations Programme on HIV/AIDS. (2010). UNAIDS Report on the global aids epidemic 2010. Geneva, Switzerland: United Nations. Retrieved from <[http://www.unaids.org/globalreport/global\\_report.htm](http://www.unaids.org/globalreport/global_report.htm)>.
- 17 Joint United Nations Programme on HIV/AIDS. (2010). UNAIDS Report on the global aids epidemic 2010. Geneva, Switzerland: United Nations. Retrieved from <[http://www.unaids.org/globalreport/global\\_report.htm](http://www.unaids.org/globalreport/global_report.htm)>.
- 18 Pabijanek, K. (2012). Reclaiming & Redefining Rights - ICPD+20: Status of sexual and reproductive health and rights in Central and Eastern Europe. Warsaw, Poland: Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA).
- 19 Joint United Nations Programme on HIV/AIDS (UNAIDS). (2010). UNAIDS Report on the global aids epidemic 2010. New York, NY: United Nations. Retrieved from <[http://www.unaids.org/globalreport/global\\_report.htm](http://www.unaids.org/globalreport/global_report.htm)>.
- 20 Pabijanek, K. (2012). Reclaiming & Redefining Rights - ICPD+20: Status of sexual and reproductive health and rights in Central and Eastern Europe. Warsaw, Poland: Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA) and Ottosson, D. (2007). State Sponsored Homophobia. A World Survey of Laws Prohibiting Same Sex Activity between Consenting Adults. Retrieved October from the International Lesbian and Gay Association (ILGA) Web site: <[http://ilga.org/historic/Statehomophobia\\_State\\_sponsored\\_homophobia\\_ILGA\\_07.pdf](http://ilga.org/historic/Statehomophobia_State_sponsored_homophobia_ILGA_07.pdf)>.
- 21 Pabijanek, K. (2012). Reclaiming & Redefining Rights - ICPD+20: Status of sexual and reproductive health and rights in Central and Eastern Europe. Warsaw, Poland: Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights (ASTRA) and Ottosson, D. (2007). State Sponsored Homophobia. A World Survey of Laws Prohibiting Same Sex Activity between Consenting Adults. Retrieved October from the International Lesbian and Gay Association (ILGA) Web site: <[http://ilga.org/historic/Statehomophobia\\_State\\_sponsored\\_homophobia\\_ILGA\\_07.pdf](http://ilga.org/historic/Statehomophobia_State_sponsored_homophobia_ILGA_07.pdf)>.

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#### Endnotes

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