

Sexual and Reproductive Health and Rights of adolescents in Central and Eastern Europe and Balkan countries

ASTRA Youth report 2011



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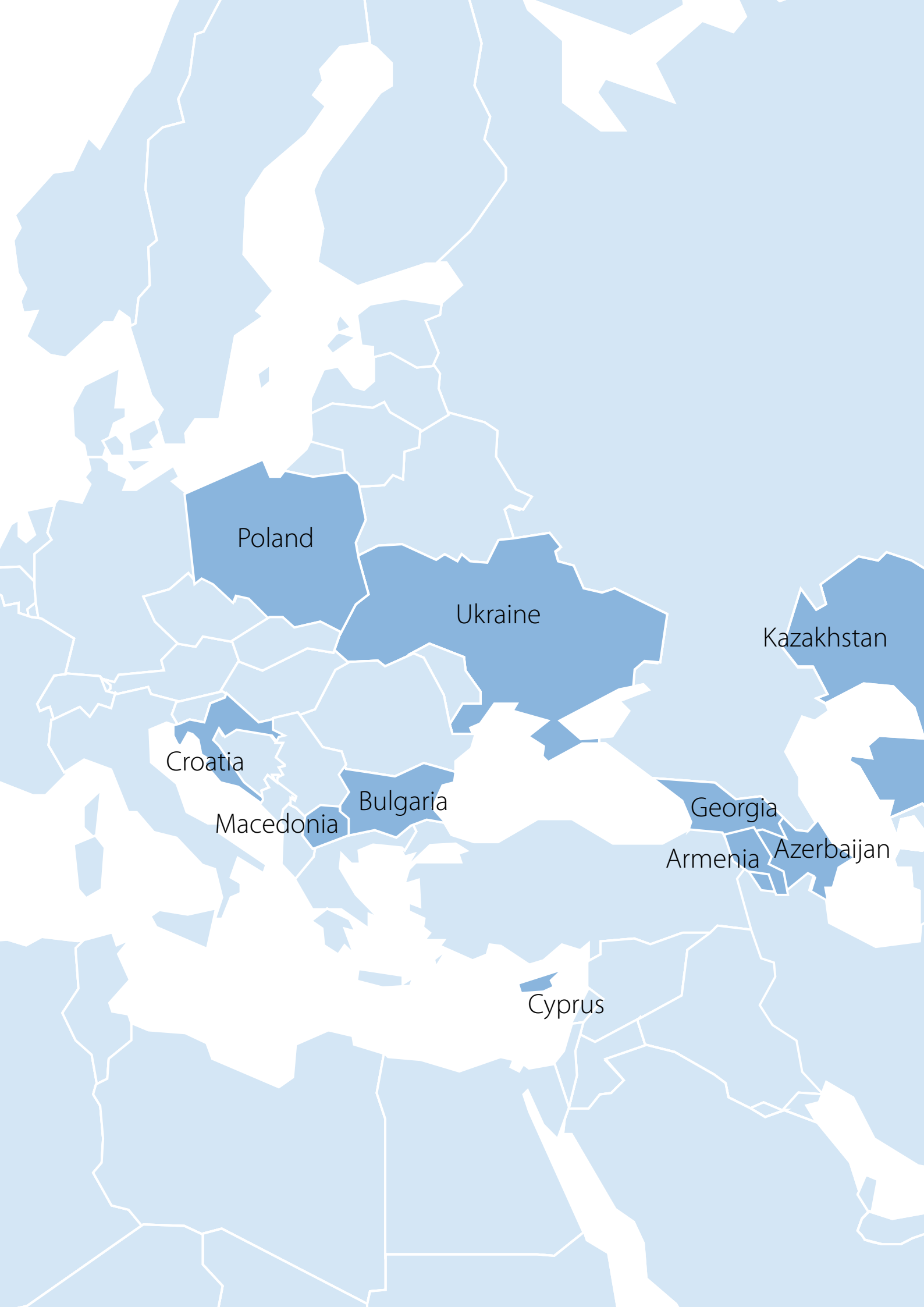
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Young people are a very vulnerable group who need special attention and care. They make up a large proportion of the world population yet their sexual and reproductive health needs are largely unmet. The transition from childhood to adulthood carries along many challenges and creates many new issues which need to be addressed with special care and knowledge.

This publication presents the situation of youth in the Central and Eastern Europe (CEE) and the Balkans regarding reproductive and sexual health. It covers topics such as sex education, STIs and HIV/AIDS, abortion, contraception and youth health care. This report also evaluates official data and legal issues. "Sexual and reproductive health and rights of adolescents in Central and Eastern Europe and Balkan countries" report was carried out by the ASTRA Youth network as a joint initiative. The report covers Armenia, Azerbaijan, Bulgaria, Croatia, Cyprus, Georgia, Macedonia, Poland, Ukraine and Kazakhstan. Each country report was prepared in cooperation with the ASTRA Youth members and also by looking into various sources of information – local and international reports, articles, statistics and by receiving expert opinion and information from ASTRA members.

Common issues for the CEE and Balkan region have been identified and addressed in this publication. The most burning is the issue of sex education. In none of the countries young people receive reliable and science based sex education in schools. Although there are often many classes which are meant to teach young people some issues regarding reproductive health (for example during biology classes or other "life skills" or "health basics" courses) none of them are entirely devoted to sex education and are usually voluntary. Sometimes even the word "sex" is especially avoided. Often the classes are influenced by ideology and/or religion (in Poland "Preparation for Family Life" classes are strongly influenced by the Catholic teachings). Various initiatives are however being implemented by Ministries of Health or Education and the NGO sector (i.e. in Croatia, Armenia, Azerbaijan). As the youth is not educated sufficiently on reproductive and sexual health they often turn for information to peers and the media. This often causes misunderstandings and produces myths which can be harming to young people. The access to contraception is generally limited, as the prices create a barrier for many teenagers. Condom, being the most popular contraceptive, can be bought in most cases in a local shop, other contraceptives which can be suitable for young people are not always so easy to be obtained. Coitus interruptus is still very popular, it is often perceived as a family planning method, what is especially alarming. As for abortion, the situation is quite similar in most countries – abortion is permitted on social and medical grounds, usually the parental consent is needed when the girl is under 18 (the Georgian law just changed this year allowing girls between 14 and 18 to decide on their pregnancies without parental consent and even knowledge). The only country that denies abortion by law is Poland what generates the growth of so-called abortion underground. Illegal abortions are also common in other countries of the region due to financial barriers and stigma. Accurate numbers on teen abortion are unavailable, as there is no persistent monitoring of such cases. This is also true for numbers concerning the STIs and HIV/AIDS among young people. According to *UNAIDS Report on the global AIDS epidemic 2010* estimates the number of people living with HIV in Eastern Europe and Central Asia has almost tripled since 2000 – almost 1,4 million people are now infected in this region. Annual new infections in Ukraine have more than doubled in the past decade. Georgia, Armenia and Kazakhstan experience an increase in new HIV infections. Due to lack of a reliable methodology that could directly measure the level of new infections as well as the lack of consistent monitoring the numbers are not accurate. The same trend applies to STIs. Moreover, young people are often unaware of their illness and don't seek medical advice hence this also contributes to the vast underreporting. Young people need counseling and information on their reproductive health, which they should receive at youth friendly health centers if not at school. However, there are very few such facilities in all countries of the region. The biggest job is often done by NGOs and their workers and volunteers, who often serve as educators and counsellors.

There are still many gaps to be filled. Universal access to sexual and reproductive health services, especially access to a comprehensive sex education and HIV/AIDS prevention, are essential in making these gaps disappear.

We hope that this publication will bring attention of policy makers to the situation of sexual and reproductive health and rights of young people in the CEE and Balkan countries and will lead to the improvement of state policies regarding adolescent health and rights.

ARMENIA

Armenia, a country in the South Caucasus, used to be a part of the USSR. The years following Armenia's independence in 1991 were very turbulent. In terms of reproductive health indicators, Armenia is still much below the average European levels. With the possibility of free travel many people left Armenia which is now a quite small population with 3,2 million inhabitants of whom 19,2% are young people aged 15-24. The growth rate is low at only 0,41%¹.

Sex Education

During the Soviet period as well as during the years of independence reproductive health and rights, especially sex education, were vastly ignored by the Armenian government. The school curriculum doesn't yet include sex education although a few schools in the country were involved in pilot projects. Although many people are aware of the importance of sex education among youth, very few schools introduce such classes to their students. The fact that education on sex issues is not present in schools doesn't mean that adolescents are not familiar with sex itself. According to Association for Family Health nearly 25% of unmarried girls have their first sexual intercourse between the age of 14 and 19, and 40% boys do so between the age of 13 and 17². However, talking openly about sex issues isn't common, the cultural taboo is still very strong. In the UNFPA survey conducted in 2009 most young women admitted that sex should wait until marriage. This societal position is strongly supported by both young men and women, and reflects double standards regarding the female sexuality. Young girls feel they are supposed to remain virgins until their wedding day, but wish to experience sex at the same time without being obliged to marry their partners. Surgeries for women who wish to get their hymens re-stitched are not uncommon, as well as checking the sheets of newly wed couples for traces of blood by families³.

The Reproductive Health Initiative for Youth in the South Caucasus⁴, a three-year regional initiative, aiming to inform, educate and communicate with youth about their sexual and reproductive health and rights was also present in Armenia. Since 2009, life skills lessons have been taught in grades 8 and 9 in all schools in the country⁵. Other valued initiatives are the ones of non governmental organizations, such as "Future Generation"⁶ which introduced "Healthy Lifestyle"

classes⁷ and the "Draw the line for Sex Education"⁸ initiative. Non-obligatory classes conducted by "Healthy Lifestyle" were introduced to schools in 2006 and it was the headmaster's decision whether or not to include these classes into the curriculum. From January 2011 these classes are to become obligatory for all students in all schools. The course will last for 15 hours and will be taught to youth in grades 8 and 9 (age 13-14). This has been a pilot project for a few years hence it is not possible to say what the project will be like in reality. Young people are very enthusiastic about these classes which cover topics on growing up, hygiene, values of life, STIs, sexual violence and relationships. However teachers conducting these classes receive only one very short training on these topics as they are not expected to be dedicated to reproductive health issues only. They teach other classes at the same time and often do not manage to cover all topics during the given time due to lack of resources and skills. The "Draw the line for Sex Education"⁹ initiative concentrates on building a network of people working for the sex education using social media on the Internet. The pilot projects are carried out by local NGOs all over the country and the organisations advocate for including sex education in the school curriculum.

STIs including HIV/AIDS

Armenia belongs to the region with a fast growth of the HIV/AIDS epidemic and according to the WHO/UNAIDS classification, the HIV epidemic is in the second, concentrated state. From 1988 to 30th of June 2010 889 HIV cases have been registered in the Republic of Armenia. 644 cases (72.4%) of HIV infections were part of the male population, 245 cases (27.6%) belonged to females. 149 new cases of HIV were registered in

1. <http://armstat.am/file/doc/99458058.pdf>

2. Sexual Health in Armenia, December 2008, <http://www.irex.am/eng/programs/media/pdf/2li.pdf>

3. Sexual Health in Armenia, December 2008, <http://www.irex.am/eng/programs/media/pdf/2li.pdf>

4. <http://www.4uth.am>

5. http://www.unfpa.org.tr/youth_Armenia.htm

6. http://www.ngo.am/eng/index.asp?page=ngo_details&NID=412 unfortunately the information on this NGO is very scarce on the Internet.

7. Information from an individual SRHR activist based in Armenia.

8. Available only as a Facebook page: <http://www.facebook.com/pages/Draw-the-Line-for-Sex-Education/363769592798#!/pages/Draw-the-Line-for-Sex-Education/363769592798>

9. Available only as a Facebook page: <http://www.facebook.com/pages/Draw-the-Line-for-Sex-Education/363769592798#!/pages/Draw-the-Line-for-Sex-Education/363769592798>

year 2009. 58% of the HIV infected individuals belong to the age group of 25-39. The main modes of HIV transmission are through heterosexual practices (50.8%) and injecting drug use (40.2%). Additionally, there are also registered cases of mother-to-child HIV transmission, as well as through blood transfusions and homosexual practices¹⁰. According to the statistics from 2009 the situation on other STIs is the following: 6% of all cases are the cases of trichomoniasis, 5% chlamydia, 9% of human papilloma virus and 1% syphilis¹¹. Unfortunately detailed numbers on these cases among youth are not available.

Contraceptives

People can purchase contraceptives from supermarkets and pharmacies both by prescription (hormonal contraceptives) or without it (other types), or apply to a special family planning department (as described further in this document) for obtaining them. Emergency contraception is also available at pharmacies¹². The government does not subsidize any kind of contraceptives, hence the choice is limited, young people must either buy contraception or turn to an NGO offering male condoms. The knowledge on the female condom is very scarce. From all possible types of contraceptives Armenians prefer the male condoms. Unfortunately the most „popular“ way of avoiding unwanted pregnancies, especially among young people, is still withdrawal¹³. Young people have to pay for contraceptives, and although these are available for sale at the pharmacies they are often too expensive for many adolescents. Moreover the knowledge on modern contraceptives is still very limited. Many women, especially in the rural areas, are afraid of using modern contraception as they are afraid of side effects and do not trust its reliability. Therefore turning to the “traditional” methods of birth control is very popular. The sexual life of young people has a concealed nature. It is common for girls not to talk about sex in an open way (even if they are sexually active), and it is mainly the boys who buy condoms¹⁴. About 60% of boys and 25% of girls have their first sexual relationship between age 13-19, and one in four girls (though only 7% of boys) are married while in their teens¹⁵. Increasing the numbers and accessibility of male condoms should become a priority, equally important is raising the awareness on family planning and contraceptives as well as investing in a reliable sex

education. This is particularly important for the international donor community. In 2008 UNFPA purchased a stock of contraceptives (including IUDs, injectables, condoms, etc.) under the UNFPA Thematic Trust Fund for distribution to family planning units country-wide. UNFPA has been a very important provider of contraceptives for the public sector in Armenia for the last 10 years¹⁶.

Abortion

Abortion, similarly to the other Caucasus countries, is available on request (the pregnancy must not exceed 12 weeks). According to UN data¹⁷ from 2004-2005 there were 13,9 abortions per 1 000 women of reproductive age (15-49 years) in Armenia, the total abortion rate was 1.8 abortions per woman¹⁸. However the data on abortion is not fully reliable as the official statistics are based on registration, which is not consistently performed, for financial reasons as well as “under the table” payments. It may seem that abortion is very common among Armenian women. Abortion is used as a method to limit family size: 82% of women who had an abortion did not want more children¹⁹. Moreover, among those women who had an abortion, a total of 91% had either used a traditional method or no contraceptive at all²⁰. Another reason behind this trend, where abortion is seen as a family planning method, apart from limited access to contraception, is the pressure of the society for son preference. This phenomenon leads to many abortions of the female fetuses²¹. Abortion rates in rural areas are also much higher than in urban areas. Induced abortions are allowed to be carried out in hospitals with valid obstetrician and gynecological aid licenses. The medical abortion can also be performed in private facilities. The access to abortions in hospitals is now very widespread hence the cases of illegal abortions are not so numerous²². The approximate price for this procedure is 30 – 100 USD²³. In most cases the price depends on who is performing the abortion, including the qualifications of the doctor, and it may even reach up to 180 USD. The pharmaceutical abortion costs around 100 USD (the pregnancy must not exceed 9 weeks). Hence, the abortion is quite expensive for Armenian women and especially for adolescent girls. Moreover, the abortion for adolescents under 18 years old is performed only on their parents’ written permission²⁴.

10. http://www.arm aids.am/main/free_code.php?lng=1&parent=3

11. Independent monitoring by the association of venerologists of Armenia ¹² Women’s Rights Center

13. Information from an individual SRHR activist based in Armenia.

14. www.astra.org.pl/ARMENIA.pdf

15. Data from 2005, planipolis.iiep.unesco.org/upload/Armenia/Armenia_UNDAF_2010-2015.pdf

16. UNFPA: Review of Existing Reproductive Health Commodity Security Systems, Budgeting and National Capacities, and Progress Achieved with Family Planning Service Provision in the Eastern Europe and Central Asia Region

17. data.un.org/Data.aspx?d=GenderStat&f=inID:12

18. crrc-caucasus.blogspot.com/search/label/Abortion

19. UNFPA: Review of Existing Reproductive Health Commodity Security Systems, Budgeting and National Capacities, and Progress Achieved with Family Planning Service Provision in the Eastern Europe and Central Asia Region

20. UNFPA: Review of Existing Reproductive Health Commodity Security Systems, Budgeting and National Capacities, and Progress Achieved with Family Planning Service Provision in the Eastern Europe and Central Asia Region

21. Information from an individual SRHR activist based in Armenia.

22. www.astra.org.pl/ARMENIA.pdf Report on SRHR by Women’s Rights Centre in Armenia 2004

23. www.medicalabortionconsortium.org/country/AM/

24. www.astra.org.pl/ARMENIA.pdf

Youth Health Care

Within the current public health system in Armenia there are very few youth friendly services and young people have limited access to them. This is mainly due to the great cultural taboo associated with sexuality of adolescents but also a result of the financial constrains. However with the help of various organizations this is slowly changing, although very few of the recently established facilities are dedicated to youth only. A network of 75 family planning units has been set up by UNFPA (with the support of UNICEF) countrywide. Capacity building of health care providers of family planning and ante-natal care units, family doctors, gynecologists etc. has been ongoing throughout 2000-2008. The awareness and knowledge of young people on their sexual and reproductive rights have increased but there are still very many young people whose access to such facilities is very limited²⁵.

The Reproductive Health Initiative for Youth in the South Caucasus²⁶ as one of their goals sets expansion of the youth friendly SRH services in Armenia. Over 32 youth friendly centers were established in the country²⁷. One half is affiliated with a healthcare institution and the other half was founded as a part (or within the premises of) either an NGO or quasi-state institution. The main requirements for such facilities are privacy, confidentiality and friendliness of the service.

25. UNFPA: Review of Existing Reproductive Health Commodity Security Systems, Budgeting and National Capacities, and Progress Achieved with Family Planning Service Provision in the Eastern Europe and Central Asia Region

26. www.4uth.am

27. lib.ohchr.org/HRBodies/UPR/Documents/Session8/AM/UNCTA_UPR_ARM_S08_2010_UNCountryTeamArmenia_Document1.pdf

AZERBAIJAN

Azerbaijan, a post-Soviet country, is located in the Caucasus region of Eurasia. Since Azerbaijan gained independence in year 1991, significant political and socio-economic changes have occurred. Currently, the Azeri population amounts to 9 022 million citizens²⁸.

Sex Education

Starting from 2001, as a part of the initiative of UNFPA and the Ministry of Education of Azerbaijan, the first Family Life Education curricula named 'Basics on Reproductive Health' for 9 - 11th grade students was introduced. It is a voluntary course in secondary schools. Special training module for teachers acted as SRH education guidelines for proper students' education was elaborated accordingly. Both tutorials were adopted as a voluntary course for teachers and high grade secondary school students aged 13-16 years. More than 4 000 schools in the country have been covered by the trainings. The books are actively used not only at in-school settings, but are also widely distributed and taught during peer education trainings. Until the year 2001 there was no sex education in the Azeri schools²⁹.

STIs including HIV/AIDS

The prevalence of HIV in the Republic of Azerbaijan is currently low, but the rapidity of the epidemic's spread is alarming. Azerbaijan is currently facing a concentrated HIV epidemic with a very low overall prevalence among the general population (0.008% out of 8 266 000 people). According to cumulative data from January 1, 2010, about 2 264 HIV infected people are registered in the Republic of Azerbaijan, out of which 90 are foreigners and 2174 are citizens of Azerbaijan. During the latest years, a stable tendency for a rise in the number of first registered cases of HIV infection has been observed³⁰. There is a high prevalence among key populations that are particularly vulnerable to HIV infection: 60% of all infections happen among injecting drug users (IDUs)³¹. The youth are one of the most HIV-vulnerable populations in Azerbaijan. Teenagers have some of the lowest rates of HIV infection: only 2% out of all people living with HIV. People aged 20-30, who lead more independent lives

away from their families and are more sexually active, comprise one third (21.3%) of all all people living with HIV (PLHIV) and represent the most urgent priority for HIV/AIDS prevention, treatment, support and care programmes³². Two years ago, Azerbaijan's health system had no program on AIDS targeting youth. Now it is helping to administer an innovative youth education program, despite the failure of similar projects in more liberal countries. In just a year and a half, Life Skills Based Education has been put on the weekly curricula for 360 000 pupils in 850 schools. By the end of the Global Fund financed project in 2010, all 4 500 secondary schools in the country will offer discussions on health issues³³. Another source states that in 2008 HIV education was provided in 4 511 schools covering 1 412 474 students and in 2009 it was provided in 4 499 schools for 1 347 786 students. The additional educational campaign included also the initiatives such as: thematic competitions, which were held among young students and young journalists for the best article and the best radio programme devoted to HIV/AIDS problems, the competition under a slogan "The youth is for healthy life style" and many others³⁴. A number of projects are also being implemented by youth NGOs within the framework of preventive actions aimed at prevention of HIV infection amongst the youth and within the framework of the World AIDS Day. The Azerbaijan Adolescent Sexual and Reproductive Health Survey 2009³⁵ shows that about four fifths of all the interviewed Azeri respondents are aware of sexually transmitted infections and HIV/AIDS. They are mainly aware of syphilis (10%), gonorrhoea (12%), hepatitis (30%) and HIV/AIDS (75%). However, more than half of all the interviewed young people (825 out of total 1210) were not aware of any STI's symptoms. Most young people believed that a person who is assumingly infected with HIV/AIDS or observes symptoms of

28. State Statistical Committee of Azerbaijan, April 2010

29. UNFPA Azerbaijan

30. UNAIDS Country Progress Report for the United Nations General Assembly Special Session on HIV/AIDS, Azerbaijan January 2008 - December 2009

31. http://www.gfaids.az/index.php?i_id=32&do=aidsinazerbaijan&lang=e

32. Republic AIDS Center, 2007, http://www.gfaids.az/index.php?i_id=32&do=aidsinazerbaijan&lang=e

33. <http://www.theglobalfund.org/en/savinglives/azerbaijan/hiv1/>

34. UNAIDS Country Progress Report for the United Nations General Assembly Special Session on HIV/AIDS, Azerbaijan January 2008 - December 2009

35. The survey has been conducted in the frames of the European Commission (EC) and the United Nations Population Fund (UNFPA) co-funded Reproductive Health Initiative for Youth in the South Caucasus (RHIYC) Project.

STIs should visit a doctor, however many of them are aware of neither symptoms nor ways of STIs transmission. Hence young people still need more information on these issues as well as broad and accurate information on condom usage as a unique source of prevention³⁶.

Contraceptives

Most youth in Azerbaijan have been raised in traditional families and grown up in a quite conservative social environment. Their behavior is controlled by family members and other social institutions (neighbours, public opinion, etc). As latest research shows, a little more than a half of Azerbaijani adolescents (54.7%) used some kind of contraception during their first sexual relations. The condom was used in the vast majority of those cases (97%). Among the reasons for not using contraception during the first sexual relations, unexpectedness of the sexual intercourse was found to be the leading reason (55.4%)³⁷. Contraceptives are freely available at the local markets, and oral contraceptives can be procured over the counter (without prescription). The prices for condoms vary, poor quality condoms (three per pack) cost from 0.3 to 0.4 AZN³⁸, premium quality condoms cost from 2.5 to 3.0 AZN. The price of UNFPA condom is around 1 AZN. The UNFPA condom is available at 300 drugstores in Baku and 70 in regions. Youth-friendly clinics, supported by UNFPA and Ministry of Health of Azerbaijan, offer contraceptives for free³⁹.

Abortion

Like most former USSR countries Azerbaijan was subject to the liberal abortion regulations and legislation. Under the current law, induced abortion is available without restrictions during the first 12 weeks of gestation. Due to social factors induced abortion is available during first 22 weeks of gestation. Medical factors and wish of the woman justify induced abortion during any period of gestation⁴⁰.

The desire to bear male children has a long tradition in Azerbaijan, and throughout the South Caucasus region, therefore strong son preference exists. As the access to medical technology increased, more Azeri women have become able to determine the sex before birth and hence terminate the pregnancy if the child is not of the desired sex⁴¹. It is forbidden to

perform induced abortion outside hospitals and other medical institutions, only qualified doctors can carry out this procedure at public and private facilities. Overall, more than a third of all women (38 percent) of reproductive age have had at least one abortion, and the total abortion rate for Azerbaijan is 2.3 abortions per woman⁴². This high rate may indicate that abortion is a commonly used method of fertility control. Women achieve the desired family size at a young age and may then use abortion as a way of terminating unwanted pregnancies due to social and economic reasons.

Youth Health Care

In 2006, UNFPA launched a three-year regional project, the Reproductive Health Initiative for Youth in the South Caucasus, which was also implemented in Azerbaijan⁴³. 12 youth friendly clinics and 12 youth information centers were established and are still operating. Such initiatives, however, do not meet all the needs of young people within health and SRHR counseling. Worth to mention, the second National Reproductive Health Strategy has been endorsed by the Cabinet of Ministers for the years 2009 - 2015⁴⁴. Key dimensions reflected in the document include improving maternal health standards, strategically addressing HIV/AIDS, and promoting young people's reproductive health. The Reproductive Health Law is currently under revision of Azerii Parliament - it is to be presented at the new session of the National Parliament, presumably after the November 2010 parliamentary elections⁴⁵.

36. The Azerbaijan Adolescent Sexual and Reproductive Health Survey, 2009

37. Azerbaijan Adolescent Sexual and Reproductive Health Survey 2009

38. 1 USD = 0.8033 AZN 09.09.2010 <http://usd.exchangerates24.com/azn/?q=1>

39. UNFPA Azerbaijan

40. <http://www.medicalabortionconsortium.org/country/AZ/>

41. <http://www.eurasianet.org/departments/insight/articles/eav122309a.shtml>

42. <http://www.measuredhs.com/pubs/pdf/FR195/FR195.pdf>

43. <http://www.4uth.am>

44. http://www.unfpa.org/webdav/site/global/shared/CO_Overviews/Azerbaijan_b2_9.23.doc

45. UNFPA Azerbaijan

BULGARIA

According to the National Statistical Institute the population of Bulgaria reached 7 606 551 people in 2008⁴⁶ and it diminished with 0.6% in 2009. A negative birth rate was observed in 2008 at a rate of -4.3%. Bulgaria became a member of NATO in 2004 and of the European Union in 2007.

Sex Education

Sex education was never part of the Bulgarian school curriculum, although many are aware of the importance of such initiative. "Better Health, better Future for Bulgaria" was a national strategy adopted by the Council of Ministers in 2001 for the period of 2001-2010. Reproductive health plays a big part in this project. It has eight chapters and the adolescents are the main focus of chapter 1. The first goal mentioned in this particular chapter starts with *"Improving the informational level, knowledge and attitudes of the adolescents in order to create life skills for responsible sexual and reproductive behaviour"*⁴⁷. Introducing obligatory sex education by the year 2004 was the first important step towards achieving this goal. However, the deadline was continuously put away in time and the procedure has not been finalized until today. Even though many relevant institutions have been involved in this project, as well as various NGOs working in the SRHR field, the obligatory health and sex education has yet not been implemented in the school curriculum⁴⁸.

STIs including HIV/AIDS

According to the European Centre for Disease Prevention and Control⁴⁹ the rates of new diagnosed cases of HIV infections have doubled in Bulgaria between the years 2000 and 2008. The total number of registered people living with HIV/AIDS in Bulgaria is 926, there were 122 new cases registered in year 2008⁵⁰. Over 60% of them live in urban areas, usually in Sofia and in Plovdiv, two of the country's largest cities. However the real number of infected people is approximately 4000⁵¹. Over 80% of the recently registered people with HIV/AIDS are young people under 30⁵² what is very alarming. The Bulgarian Ministry

of Health introduced the "Prevention and control of HIV/AIDS"⁵³ programme which started in 2004 with the financial support from the Global Fund for Prevention of AIDS, Tuberculosis and Malaria. The program should have finished in 2007 but it was prolonged in 2009 for the next six years, until the year 2015⁵⁴. Among the target groups are vulnerable young people who will experience a scaling-up access to and coverage for HIV prevention. One of the initiatives includes establishing a network of voluntary HIV counseling and testing centers where services are to be provided free of charge and anonymously. The programme also covers health education on HIV/AIDS prevention and sexual and reproductive health. There is no reliable data on how this task is performed in reality. As for sexually transmitted infections there is very little data available. According to the ECDC epidemiological report⁵⁵ there were 178 cases of gonorrhoea and 419 cases of syphilis in year 2008. Information on STI incidence among young people is unfortunately unavailable.

Contraceptives

Contraceptives are not included in health insurance, but thanks to the national family planning programme contraceptives (hormonal contraceptives, condoms and IUD) are provided in universities, hospitals and the Bulgarian Family Planning Association⁵⁶. Condoms are often distributed through a network of health and youth oriented NGOs. Access to contraception is not limited and adolescents can freely purchase it as parental consent is not required⁵⁷. Officially all types of contraceptives that are available at pharmacies are sold based on a prescription, but in reality they can be purchased without it in a majority of places⁵⁸. Young people aged 17-18 (about 65%

46. www.nsi.bg/Population_e/Population_e.htm

47. www.ysafe.net/SAFE/documents/Design_ippf-policy%20guide%20final_Sep07.pdf

48. www.ysafe.net/SAFE/documents/Design_ippf-policy%20guide%20final_Sep07.pdf

49. www.ecdc.europa.eu

50. www.ecdc.europa.eu

51. http://sofiaecho.com/2009/11/30/823222_world-aids-day-4000-people-in-bulgaria-are-hiv-positive-official

52. www.vesti.bg/index.phtml?tid=40&oid=1256303

53. www2.ohchr.org/english/issues/hiv/docs/bulgaria.pdf

54. Information from Gender Education, Research and Technologies: www.gert.ngo-bg.org

55. Annual epidemiological report on communicable diseases in Europe – 2010, The European Centre for Disease Prevention and Control, http://www.ecdc.europa.eu/en/publications/Publications/1011_SUR_Annual_Epidemiological_Report_on_Communicable_Diseases_in_Europe.pdf

56. <http://www.safesex.bg/>

57. www.astra.org.pl/BULGARIA.pdf

58. www.ysafe.net/SAFE/documents/Design_ippf-policy%20guide%20final_Sep07.pdf

CROATIA

Croatia is a candidate country for European Union⁷⁰ membership and the existence of the EU accession perspective represents the most powerful agent for domestic reforms. While laws and policies prohibit and punish discrimination, promote equality and affirm anti-discrimination measures in all spheres of social life, enforcement of these is problematic and societal discrimination forms a significant barrier to the realisation of women's and LGBT rights. The Croatian government's failure to provide a comprehensive sex education in schools and provide youth friendly services should be seen in context of the recent disturbing trends in high risk behaviour and spread of STIs and the strong influence of the Catholic Church on educational policy.

Sex education

There is no specific law, programme or strategy in the Republic of Croatia that addresses the sexual and reproductive health needs and rights of young people. There is also no explicit policy for the provision of sex education in schools, as Croatia has never had a systematic and comprehensive national school programme for sex education. Some elements of sex education are delivered via the health education programme and religious education in school curricula as well as through extra curricula programmes delivered by various NGOs. One of the programs, MemoAIDS⁷¹ is a peer led HIV prevention programme supported by the Ministry of Health and Social Welfare and The Global Fund to Fight AIDS, Tuberculosis and Malaria. From 2003 to 2006, MemoAIDS was implemented in 104 secondary schools, approximately 30% of all schools, across the country. Teen STAR⁷², on the other hand, is an abstinence based sex education programme for primary and secondary schools supported by the Ministry of Science, Education and Sports. Since its introduction in 1997 Teen STAR has been implemented in approximately 100 primary and secondary schools. CESI⁷³ organises workshops and lectures in schools, produces educational brochures and manuals, and supports the SEZAM⁷⁴ web site, where sex education for youth and on-line counseling can be found. CESI also provides capacity building activities for youth and professionals who work with young people, awareness raising activities, media campaigns, policy analysis and advocacy. It is estimated⁷⁵ that throughout the course of their primary and secondary schooling, a young Croatian receives no more than 42 school hours of sex educa-

tion (less than 4 hours per school year). Students attending vocational schools do not have biology courses and therefore receive no form of sex education. Besides those mandatory subjects, the majority of students in Croatian schools (90% of primary and nearly 75% of secondary school students)⁷⁶ receive limited sex education through an elective religious teaching. This course includes discussion on sexuality within the context of marriage and for the purposes of reproduction. The topic of "love, sexuality, marriage and family" is also an elective ethics course in secondary schools.

The knowledge provided at schools is often biased and stigmatizing. A few examples of the text passages from a teaching material (biology textbooks in this case) used in the context of mandatory education follow:

„Many individuals are prone to sexual relations with persons of the same sex (homosexuals – men, and lesbians – women). It is believed that parents are to be blamed because they impede their children's correct sexual development by their irregularities in family relations. Nowadays it has become evident that homosexual relations are the main culprit for increased spreading of sexually transmitted diseases (e.g. AIDS).“

“AIDS: The disease has spread among promiscuous groups of people who often change their sexual partners. Such people are homosexuals because of sexual contacts with numerous partners, drug addicts because of shared use of infected drug injection equipment and prostitutes.“

70. www.europa.eu

71. Hiršl-Hečej, V. et al. (2006). MEMOAIDS II: program edukacije vršnjaka u prevenciji HIV/AIDS-a za adolescente: pregled programa, provedba i evaluacija programa /MEMOAIDS II: Peer education in prevention of HIV/AIDS for adolescents: program description, implementation, and evaluation, in Croatian/. Zagreb: Klinika za dječje bolesti.

72. www.teenstar.org

73. www.cesi.hr

74. www.sezamweb.net

75. European Committee of Social Rights (2007). Complaint No. 45/2007: International Centre for the Legal Protection of Human Rights (INTERIGHTS) v. Croatia. http://www.coe.int/t/dghl/monitoring/socialcharter/Complaints/Complaints_en.asp

76. UNESCO case study, School based sexuality education – Croatia, 2009

*"Puberty: ...Therefore, young men and women who have reached physical and mental maturity become capable of a normal mutual (heterosexual) relationship."*⁷⁷

Association CESI⁷⁸, INTERIGHTS⁷⁹ from London and the Center for Reproductive Rights from New York⁸⁰ have filed a complaint to the European Committee of Social Rights⁸¹ against the Republic of Croatia for supporting and attempting to introduce a discriminatory and scientifically incorrect sex education program based on abstinence. In its final decision, delivered in August 2009, the ECSR stated that signatories to the European Social Charter's right to health provision are obliged to provide mandatory sex education in schools and that this education must be science based and non-discriminatory and must refrain from censoring, withholding or intentionally misrepresenting information. The ECSR has determined that Croatia's curriculum discriminates on the basis of sexual orientation. The Committee noted that statements found in the curriculum „stigmatize homosexuals and are based upon negative, distorted, reprehensible and degrading stereotypes"⁸². It affirmed that the state has an obligation to ensure that educational materials do not reinforce demeaning stereotypes or perpetuate forms of prejudice which contribute to social exclusion, embedded discrimination and denial of human dignity. The Ministry of Science, Education and Sports expressed its gladness that the ECSR's decision, taking into consideration the scope of the Complaint, confirmed their expectations, i.e. that the Complaint does not meet the admissibility criteria in almost all points. The MSES also reported that the biology textbook containing homophobic statements is removed from the catalogue of the approved textbooks for school year 2009/2010.

STIs including HIV/AIDS

The programme for combating and preventing STIs is implemented through the Programme of Healthcare Measures and the National HIV/AIDS Health Protection Programme⁸³ as well as through special programmes which include primary, secondary and tertiary prevention measures. The age of consent in the Republic of Croatia is 14. Research conducted over the last decade⁸⁴ shows that among Croatian young people the first sexual intercourse takes place around the age of 16 and 17 for boys and girls respectively. However, approximately 30% of boys and 17% of girls are sexually experienced before the age

of 15⁸⁵. According to the data provided by the Croatian National Institute of Public Health⁸⁶ (2010), half of sexually active girls have never consulted a gynecologist. Only 5% of all secondary school students have visited the school medical counselling centres for advice on sexual and reproductive health problems, including sexually transmitted infections despite the alarming 5-20% of sexually active young women being infected with chlamydia, and 5-12% with the human papilloma virus. Even though Croatia in relative to other countries has a low incidence of HIV/AIDS, in line with global trends the numbers of HIV/AIDS, together with other STIs, are increasing among youth. The number of sexually active adolescents in general and the number of those engaging in risky behaviours are also on the rise. The total number of registered HIV positive cases is 792, with 301 patients diagnosed with AIDS. The age group 15-24 accounts for 9% of the total number of newly appeared HIV infections in Croatia. Croatia figures among those countries which have the lowest rate of new HIV cases. Since 1985⁸⁷, when the first patients were registered, until the present day, there was a total of 6 people who had been infected with HIV aged between 15 and 19 and who contracted this disease most probably through sexual intercourse. In the latest nationally representative survey more than 1 000 young Croatians, aged 18 to 24, were asked about their knowledge, sexual behaviours and attitudes towards HIV and related diseases. The outcomes of this survey suggest that over 40% of these adolescents had multiple partners, including 7% who had more than 10 partners. In the context of HIV/AIDS this is quite alarming and suggests that there is a need to promote positive attitudes towards condom use and healthy sexual behaviours in order to avert an HIV epidemic⁸⁸.

Contraceptives

Medical profession still tightly controls the usage of oral contraceptives and they can be obtained only after a visit to gynecologist. Another dominant problem in Croatia is the small number of available types of contraceptives. There are only 4 types, a rather limited number, of the oral contraceptives that are on the list of National Institute for Health Insurance. IUDs are usually the most common recommendation by doctors for women who have already had a child. The modern contraceptives prevalence is growing, but it is still quite low when compared with other countries.

77. Extracts from Biology 3 textbook level (Ivan Regula and Milivoj Slijepčević, Processes of Life, published by Školska knjiga, 2008) used for teaching 3rd grade at secondary level. 78. www.cesi.hr

79. www.interights.org

80. reproductiverights.org

81. http://www.coe.int/t/dghl/monitoring/socialcharter/ECSR/ECSRdefault_en.asp

82. European Committee of Social Rights (2007). Complaint No. 45/2007: International Centre for the Legal Protection of Human Rights (INTERIGHTS) v. Croatia. http://www.coe.int/t/dghl/monitoring/socialcharter/Complaints/Complaints_en.asp

83. Hrvatski nacionalni program za prevenciju HIV/AIDS-a 2005- 2010 (2005). Zagreb: Vlada Republike Hrvatske (NPP HIV/AIDS)

84. 2006-2012 National Plan of Activities for the Rights and Interests of Children, page 37.

85. Kuzman, M., Šimetin-Pavić, I., Franelić-Pejnović, I. (2008) „Ponašanje u vezi sa zdravljem u djece školske dobi 2005/2006“, Zagreb: Hrvatski zavod za javno zdravstvo. http://www.hzjz.hr/skolska/hbhc_hr_06.pdf

86. Epidemiologija HIV infekcije i AIDS-a u Hrvatskoj <http://www.hzjz.hr/epidemiologija/hiv.htm>

87. Epidemiological Situation Connected to Sexually Transmitted Diseases in Croatia, Service for Infectious Disease Epidemiology, Croatian National Institute of Public Health, 4 January 2008.

88. Aleksandar Štulhofer et al., HIV/AIDS-Related Knowledge, Attitudes and Sexual Behaviors as Predictors of Condom Use Among Young Adults in Croatia, 33(2) INT'L FAM. PLANNING PERSPECTIVES 63 (2007).

The average price of condoms is around 3 Euro⁸⁹ (per pack which contains 3 condoms) however it is more affordable to buy a greater pack. Oral contraceptives cost around 12 Euro per pack. Due to the fact that life costs in Croatia are similar to those within the European Union, prices of contraceptives are affordable (but not low) for youth. However this also varies a lot due to financial status of parents and young people's own income (young people who work or have just started to work). The procedure of getting a prescription for hormonal pills from a doctor is longer and more complicated than buying condoms in a store or at a pharmacy, hence condoms remain the most frequently used means of contraception among Croatian youth. Results vary concerning use of contraceptives among Croatian young people. The results of studies⁹⁰ show that 22-52% of Croatian young people use condoms consistently, 6-13% of young women use hormonal contraception and 6-21% rely upon coitus interruptus or natural methods. Around 11-22% of sexually active young people use no contraceptives. That big number is alarming and indicates the need for introducing reliable sex education into the school curriculum. In the year 2006 sexual relations at an early age (15 or less), according to the Health Behaviour in School-aged Children survey⁹¹, were experienced by 28.6% of boys and 16.5% of girls. During their last sexual intercourse, condoms were used by 76% of boys and 77% of girls. Risky methods such as the Ogino-Knauss method or coitus interruptus were used by 8% of girls and 6% of boys, i.e. 8% of girls and 12% of boys, respectively. Oral contraceptives are used by 8% of girls, and 7% of boys reported that their partners took oral contraceptives. According to the check-up findings of the first year university students, 64% male and 53% of female students had sexual intercourses. The average age of becoming sexually active is 16.2 for male and 17.2 for female students. Condoms were regularly or occasionally used by 73% of male and 63% of female students, and they were never used by 21% of male and 29% of female students. Of the girls that became sexually active, 49% have never visited a gynecologist. These numbers are very alarming, as visiting the gynecologist before the first sexual intercourse should be a standard procedure and not an exception.

Abortion

Abortion rights in Croatia are regulated by the Family Planning Law⁹² from 1978 and according to it abortion can be induced on request of a pregnant woman until the tenth week after conception. Abortions can be performed only in specialised obstetrical hospitals or another authorized health care facility that has a gynecological-obstetrical unit. However, abortions are often performed illegally in private clinics or private gynecological units by trained professionals. Medical abortion is still not registered and thus not used.

Despite the fact that abortion is legal, abortion rights have been limited over the past twenty years due mainly to influence of the Catholic Church. Croatia is experiencing a dramatic decline in the abortion rates. Hospitals have become more hesitant about performing and documenting abortions and it is not possible to obtain abortion in some hospitals that are obliged by law to perform it. This is mostly due to the conscience objection of the gynaecologists working in those institutions and the unwillingness of the hospitals to provide abortions. At the same time illegal abortions are accessible, affordable and medically safe and therefore they are often the only way out for women willing to terminate their pregnancies. Abortion costs are not covered by the national health insurance. The termination of pregnancy, if proven not to harm the health of a woman, is not considered as a service covered by the obligatory health insurance. Therefore the costs for this medical intervention must be entirely covered by a woman, irrespectively whether she is insured or not. The price is set according to the decisions of different providers, so the price of legal abortion ranges from 130 to 350 Euro⁹³. As for adolescents a parental or guardian consent is required for girls under 16 years of age. In 2009⁹⁴, there were 378 legally induced abortions registered among young women under 20 years of age (8,5% of the total number of abortions). Although the number of abortions cannot be considered precise (there is no reliable source for this information), the number of legally induced abortions per 1 000 adolescent girls, aged 15 to 19, during the last years is relatively stable (2.9 in 2001; 2.7 in 2004 and 2.7 in 2008). The trend of a decrease in childbirths in younger age groups (under

89. 1 HRK = 0,14 Euro 02/11/2010

90. Kuzman, M., Šimetin-Pavić, I., Franelić-Pejnović, I. (2008) „Ponašanje u vezi sa zdravljem u djece školske dobi 2005/2006“, Zagreb: Hrvatski zavod za javno zdravstvo. http://www.hzjz.hr/skolska/hbhc_hr_06.pdf

Hiršl-Hecej, V., Šikanic-Dugic, N. & J. Dobravc-Poljak J. (1998). Survey on Knowledge, Attitudes, and Sexual Behavior of Adolescents - Students of Secondary Schools in Zagreb /Mimeo/. Zagreb: UNICEF

Štulhofer, A., Jureša, V. & M. Mamula (1999). Longitudinal Monitoring of Adolescents' Sexual Knowledge, Sexual Behavior, and Relevant Attitudes /A Research Report/. Zagreb: Government Bureau for the Protection of Motherhood, Family and Youth

91. Kuzman, M., Šimetin-Pavić, I., Franelić-Pejnović, I. (2008) „Ponašanje u vezi sa zdravljem

u djece školske dobi 2005/2006“, Zagreb: Hrvatski zavod za javno zdravstvo. http://www.hzjz.hr/skolska/hbhc_hr_06.pdf

92. http://hr.wikisource.org/wiki/Zakon_o_zdravstvenim_mjerama_za_ostvarivanje_prava_na_slobodno_odlu%C4%8Divanje_o_ra%C4%91anju_djece

93. Information from CESI.

94. Izvješće o prekidima trudnoće u zdravstvenim ustanovama Hrvatske 2009., Croatian Institute for public health http://www.hzjz.hr/publikacije/prekidi_2009.pdf

20 years of age) and an increase in childbirths above the age of 35, characteristic of developed countries, can also be found in Croatia. The number of childbirths per 1 000 girls aged 15 to 19 is gradually decreasing (in 2001 - 14.7 per 1000 girls; in 2008 - 13.6 per 1000 girls)⁹⁵.

Youth health care

A significant place among health difficulties of youth today take the disorders and diseases related to certain behaviours, habits and lifestyles. Youth today face problems and requirements different from those for which special services, providing healthcare for students, have been established before. Preventive healthcare of youth and regular students is ensured by School Medicine Services which are active within country Public Health Institutes. Within the school medicine services the youth's visits often concern chronic diseases but more often concern problems and requests for advice regarding reproductive health and sexually transmitted infections as well as mental health. There are no centres dedicated exclusively to youth reproductive health in Croatia.

95. Izvješće o porodima u zdravstvenim ustanovama Hrvatske 2008. godini, Croatian Institute for public health , <http://www.hzjz.hr/publikacije/porodi2008.pdf>

CYPRUS

The Republic of Cyprus is the third largest island in the Mediterranean Sea and one of its most popular tourist destinations. Adolescents aged 15 – 24 years of age constitute 15,2% of the Cypriot population, which reached 798 000 inhabitants in 2009⁹⁶.

Sex education

Sex education is neither legally mandated, nor implemented on a regular basis in schools. Sexual and reproductive health issues are sporadically addressed throughout various courses in the school curriculum, such as biology, home economics, religious teaching, and optional courses such as family education and health education. From the 1st and 2nd grades of Junior High School children are taught the male and female reproductive system and the principles of reproduction, contraception and AIDS in a biological and anthropological framework. In the 3rd grade of Junior High School students are taught "Social Education", which includes family and personal relationships. In junior year in high school, "Family Education", taught by Home Economics teachers, covers topics which include family planning and contraception. This course is offered as an option and therefore is taken by few students. Other than this, no systematic scheme is at place, and much of what and how is taught depends on the attitude of the teacher.

In September 2010 a new school curriculum was introduced within the framework of the new educational reform of the Ministry of Education and Culture in which a new Health Education programme was introduced. The programme includes the issues of family planning and sexual and reproductive health, it is taught from the 5th grade of Primary School and to the upper grades of High School. It aims at training future educators using professional equipment, however this has not yet been implemented in schools. According to the Ministry, the Health Education Program will be introduced in schools in the near future. Apart from the changes introduced by the government, the activism of Cypriot non-governmental sector is also visible in the field of SRHR. The Cyprus Family Planning Association⁹⁷, among other NGO's, serves as an educator in schools and holds guest lecturers in various classes or events.

STIs including HIV/AIDS

Ministry of Health⁹⁸ statistics on STIs from 2001 report 88 cases of HPV, of which 56% concerned people aged 17-30, and 141 cases of genital herpes, 11% of which concerned people aged 15-30. These statistics suggest that STIs in general, as well as HIV/AIDS in particular, are issues of relevance to young people. Treatment is offered for some sexually transmitted infections, including syphilis, gonorrhoea, and herpes in public hospitals. These services are offered through various departments, such as the urology department, the dermatology department, and the HIV diagnostic centers, rather than through specialised STI centers. Moreover these services are not widely promoted. Sexual treatment is not offered in any public department, or at least is not publicised. The latest Annual Report by the Ministry of Health⁹⁹ makes no reference to such services, nor does any service or structure regarding sexual health appear in the report. In fact, the only references to sexual health or sexual behaviour in the report are ways of HIV and STIs transmission.

Cyprus remains a low prevalence country for HIV/AIDS, particularly for women who are outnumbered by 1 to 6 by men with regard to HIV infection. This ratio may be even higher, because according to official figures, women have a higher likelihood of being tested if their partner is found to be HIV positive and therefore more likely to be diagnosed if they are infected. The main concern of the Ministry of Health has been to control the further spread of the virus¹⁰⁰. The National AIDS programme¹⁰¹ (2003 - 2008) has continued to be implemented according to the principles for prevention of transmission of the virus and the reduction of the social and personal consequences of HIV infection. Sex workers are offered condoms for free in order to protect themselves from HIV and STIs. Prenatal transmission is kept at extremely low levels. This is due partly to the low prevalence of HIV infection among women, and partly to the measures taken to prevent prenatal transmission of the virus in isolated cases of pregnant women who are found to be positive. HIV

96. Eurostat, <http://epp.eurostat.ec.europa.eu/portal/page/portal/eurostat/home>

97. www.cyfamplan.org The CFPA provides family planning services in the form of consultations with gynecologists, advice on contraception, sexuality, reproductive health. The CFPA also runs a free helpline for youth that provides information and support.

98. Ministry of Health, 2002

99. Ministry of Health of the Republic of Cyprus (2008). Annual Report for 2007, Nicosia, Cyprus.

100. Questionnaire, Progress on Implementation of the Beijing Platform for Action, 1995 and The Commonwealth Plan of Action on Gender and Development (1995) and its Update (2000-2005), National Machinery for Women's Rights, Ministry of Justice and Public Order, Nicosia, Cyprus, 2003

101. [www.moh.gov.cy/moh/moh.nsf/All/6BD116DA16D25DD9C2256E440031C10A/\\$file/AIDS_intro_eng.pdf?OpenElement](http://www.moh.gov.cy/moh/moh.nsf/All/6BD116DA16D25DD9C2256E440031C10A/$file/AIDS_intro_eng.pdf?OpenElement)

status screening tests are available free of charge to all Cypriots through the Viral Center in public hospitals. Screenings are also mandatory for all immigrants entering Cyprus.

Contraceptives

Contraceptive methods available in Cyprus are limited to the male condom, few brands of oral contraceptives, the intrauterine device and hormonal intrauterine system. These are available only through private clinics, pharmacies at market prices, and at reduced prices or for free at the Cyprus Family Planning Association. The standard price for a pack of three condoms is 2 – 3 Euro, a pack of twelve condoms costs 8 – 12 Euro. A pack of oral contraceptives costs 6 – 11 Euro. When it comes to emergency contraception there are two types available: the standard pill costs 10 Euro and the pill that is effective for 5 days costs from 28 to 30 Euro. These are available at pharmacies without prescription. However, the CFPA received information on cases where women were refused to be provided with the pill by pharmacists, who insisted on requesting prescription, either due to unawareness of the regulations, or perhaps on the basis of conscience issues. However, further study or documentation about the actual provision of emergency contraception is not yet available. Diaphragms, injectable hormonal contraception, mini-pills, female condoms and other modern contraceptive methods are not available in Cyprus. This scarcity of options is likely to affect the prevention of sexually transmitted infections and numbers of unwanted pregnancies. This also influences the quality of life of many women, especially taking the prices of available contraception into account. Many young people can't afford to buy them on a regular basis.

Abortion

Despite a relatively liberal abortion legislation in Cyprus, which allows for abortion provided that two physicians consent that pregnancy termination would be preferable for the physical, mental, or social well-being of the woman or her family, abortion is very rarely performed in public hospitals. Pregnancies are terminated usually due to medical reasons and in cases of rape only. In the private health sector abortion services are routinely provided, often upon the woman's request. Hence, the most reliable option for performing abortion, is through private physicians at a relatively high price. This situation inevitably leads to discrimination in access to such services on the basis of income; women's confidentiality regarding obtaining abortion services may be further compromised as a result of having to resort to partners, friends, or family for collecting the necessary financial resources for an abortion. Accurate statistics on the total numbers of pregnancies and abortions in Cyprus are not available for any age group because the abortions performed in the private sector are not registered anywhere. The only

available figure is from public hospitals: 27 abortions on medical grounds were performed in 2004. The lack of abortion related services in public hospitals also renders the record keeping and monitoring process of such services problematic. Neither the number of abortions, nor the quality of services provided by the private sector are recorded or monitored in any way. In addition no proper pre- and post- abortion counseling services are currently available in either public or private sector.

Youth Health Care

There are no youth friendly services available in Cyprus specialising in sexual and reproductive health and rights besides the services provide by CFPA. The Ministry of Health offers maternal and child care services through health care centers. However, there are no family planning services offered in public sector even though it is included in primary health care. Although most legislation is not overly prohibitive over matters of reproductive health, strict internal regulations in public hospitals result in the lack of provision or access of such services. For instance, female sterilization is offered only under very limited conditions, which include being at least 30 years of age, having at least 4 children, and obtaining written spousal consent. Private services are not regarded as particularly youth friendly. Affordability of the services to youth is rarely, if at all, taken into account. Clinics tend to have fixed prices and this can be especially thwarting for youth, since prices in private medical clinics are generally considered high.

102. Law No. 186 of 1986.

103. Health and Hospital Statistics, 2004

GEORGIA

The population of Georgia is 4, 4 million people of whom 716 700 are young people aged 15 – 24. Reproductive health like other healthcare sectors suffered during Georgia's long transition to independence from the Soviet Union in the early 90s. The fertility rate has dropped well below replacement level and the population growth rate is negative (-0.82%)¹⁰⁴. Women, and even more so men, particularly in rural areas, have limited access to both information on the range of available contraceptive methods and providers of health services.

Sex Education

The sexual and reproductive health situation is impacted by increasingly liberal attitudes and risky behaviours among young people who are surrounded by strong cultural restrictions where sexuality is still a taboo. Despite the general awareness of family planning, the knowledge of sexual and reproductive health and reproductive rights is still very limited, this is due to lack of youth friendly services and sex education in schools. There is no sex education programme that has been approved by the Georgian education system. The lack of information and knowledge and low accessibility to competent services and programs are a serious problem. During school education young people don't participate in any classes where the topics of birth control, contraception and protection from STIs are brought up. Biology curriculum at school also ignores matters connected to human sexuality; teachers frequently do not have adequate training in the field and present stereotypical attitudes.

STIs including HIV/AIDS

Georgia has one the highest numbers of people infected with STIs in the Commonwealth of Independent States, former Soviet Republics. According to estimates, sexually transmitted infections such as syphilis, gonorrhoea and hepatitis B and C are present in large numbers in Georgia. The data from 2008 shows that trichomoniasis is the most common infection with 3946 cases (78,6%), followed by chlamydia and 709 registered cases (16,2%), gonococcal infection with 684 cases (15,6%) and syphilis, 346 cases (7,9%)¹⁰⁵. According to the Georgian Statistical Yearbook¹⁰⁶ from 2008 the numbers of syphilis, chlamydia and gonococcal infections became significantly smaller between the years 2006 and 2008. The number of trichomoniasis infections stays approximately the same.

As for HIV and AIDS, the UNAIDS¹⁰⁷ estimates that in 2008 the number of people living with HIV/AIDS in the country was around 2 940 in 2008, as of December 31, 2009 a total of 2 236 HIV cases have been registered in Georgia. The vast majority of people living with HIV/AIDS were aged 25-45 years at the time of diagnosis. The gender distribution is described as 25% female and 75% male cases involved. By the end of 2009 the number of officially registered HIV infected children under 15 reached 54. There are no estimates as for numbers among HIV infected adolescents. The major source of HIV infection among young people is drug use, which is increasing rapidly and can have very unpredictable consequences. The recent data however confirms that the epidemic remains to be located among male population and the risk groups: injecting drug users, men who have sex with men and commercial sex workers. They all remain to be the main drivers of the infection spread¹⁰⁸. Despite low HIV prevalence, Georgia is considered to be at high risk for an expanding epidemic due to widespread injecting drug use and population movement between neighbouring high prevalence countries such as Ukraine and Russian Federation. 45% of all people with HIV positive cases registered in Georgia have been infected in Ukraine and Russia¹⁰⁹.

Georgia was one of the countries that immediately after detection of first cases of HIV infection on March 21 in 1995 drafted and adopted a law on HIV/AIDS prevention. One of the key achievements is the establishment of HIV/AIDS service organizational structures and development of legal policy. The State Law on HIV/AIDS was adopted in 1995, with amendments that followed in the year 2000; in November 2009 a new law on HIV/AIDS was adopted¹¹⁰.

104. The European Parliamentary Forum on Population and Development (www.iepfpd.org)

105. Health and health care in Georgia, Statistical Yearbook 2008, http://www.ncdc.ge/W1/cnobar2008_en.htm

106. Health and health care in Georgia, Statistical Yearbook 2008, http://www.ncdc.ge/W1/cnobar2008_en.htm

107. UNAIDS: Georgia Country Progress Report, March 2010

http://data.unaids.org/pub/Report/2010/georgia_2010_country_progress_report_en.pdf

108. UNAIDS: Georgia Country Progress Report, March 2010

109. Information from Women's Center from Georgia.

110. UNAIDS: Georgia Country Progress Report, March 2010

In such circumstances youth should have access to positive HIV/AIDS prevention. One of the indicators is comprehensive and reliable education. None of the schools provided education on HIV in the 2008 and 2009 academic years. However some progress has been made. National experts group has elaborated Life-Skills Based Education (LSBE) curriculum for school teachers and students. Teaching materials consist of 8 modules, including ones on HIV/AIDS, illicit drug use and reproductive health. The LSBE curriculum was officially approved by the Ministry of Education and Science in Georgia. Within the framework of the project around 6 000 adolescents aged 15-17 from 150 schools underwent LSBE training course. Out of them, 600 successful students were trained as peer educators and got engaged in peer outreach and HIV prevention education activities targeting youth. Even though the LSBE curriculum was officially adopted by the Ministry of Education and Science of Georgia, this training course has been regarded as an optional (facultative) subject, meaning that every school is advised to support LSBE program, though the decision regarding its integration into the school academic curriculum remains as an option to the school boards¹¹¹. As practice shows such initiatives are very worthy yet often controversial. Many schools were not involved in this project due to opposition from the parents' side, as Georgia remains a country with mostly conservative values.

Although there have been several small scale surveys among school students and adolescents conducted by various projects so far no studies have generated reliable data to assess the level of HIV knowledge among young people. The collected data suggests that young girls and boys are equally aware of HIV. Majority of adolescents can correctly identify HIV transmission ways (contaminated injecting equipment and blood, unprotected sex). However less than half of them knows that the virus can be transmitted through unprotected homosexual contacts, as well as through breastfeeding from infected mother to child. Only every two out of five adolescent respondents know that HIV cannot be transmitted via mosquito bite. Therefore more focused and precise interventions are needed in order to increase HIV awareness among young people.

Contraceptives

Modern contraception is not subsidized by the country and is available at the pharmacies without prescription. However, the prices are quite high, especially for adolescents. One pack of condoms costs 2,5 Euro and hormonal contraception costs

about 10 Euro for one pack. Emergency contraception costs 14 Euro¹¹². As knowledge on family planning and contraception use among young people is very low, many of those who decide to become sexually active don't use any form of protection with their partners. Only about 3% of sexually experienced young women report using any contraception during their first intercourse. 78% wished to become pregnant, and only 23% discussed using condoms with their partners. This means that a great number of young people doesn't use any means of contraception¹¹³. Lack of sex education is the main reason to be influencing this situation. Low level of awareness of reproductive health issues and poor access to youth friendly services all contribute to Georgia having a so called abortion culture instead of a contraceptive culture.

Abortion

Prior to the breakup of the Soviet Union in the year 1991, there was a great reliance on abortion as means of fertility control, a characteristic of most populations under the Soviet influence. According to World Health Organization, the abortion rates worldwide started to decrease in the mid 1990s. In the South Caucasus, especially in Georgia, they remain high. Official numbers of induced abortions are not extreme but such statistics should be never considered reliable due to underreporting¹¹⁴. According to UN data from 2004-2005¹¹⁵ there were 19,1 abortions per 1 000 women of reproductive age (15-49 years). The rate of abortions among adolescent girls is also extremely underreported, during the last 10 years the tendency of increased number of unwanted pregnancies is noticeable in the age group 15-24. In the year 2008 1 359 abortions have been registered in the age group 15-19 and 6 in the age group under 15¹¹⁶. The total abortion rate¹¹⁷ is 3,1 (data from 2005)¹¹⁸.

Under the current law induced abortion is available without restrictions during the first 12 weeks of gestation. Beyond this gestational age abortion is available only on medical and selected socioeconomic grounds. Abortion services are provided by an obstetrician, gynecologist or qualified doctor in the state-certified clinics (public and private), however women willing to terminate their pregnancies must pay for the procedure. The cost varies from 60-120 GEL¹¹⁹ for manual vacuum aspiration, electric vacuum aspiration and dilation and curettage during the 1st trimester of pregnancy. In year 2010 there was a significant change in law and nowadays a young girl aged 14 – 18 doesn't need parental consent if she wishes to terminate her pregnancy. Moreover, the parents will not be informed

111. UNAIDS: Georgia Country Progress Report, March 2010

112. Information from Women's Center from Georgia.

113. HERA XXI "Young People in Georgia" 2007 report,

<http://www.hera-youth.ge/Content/Documents/GeorgiaYouthReportFinal.pdf>

114. <http://csrc-caucasus.blogspot.com/search/label/Abortion>

115. <http://data.un.org/Data.aspx?d=GenderStat&f=inID:12>

116. http://www.ncdc.ge/Eng/Statistics/Statistical_Reports/2008/MATERNAL%20AND%20CHILD%20HEALTH.pdf

117. The expected average number of abortions a woman will have during her reproductive years.

118. <http://www.medicalabortionconsortium.org/country/GE/>

119. Information from HERA XXI. Exchange rate : 1USD = 1.75 GEL (April, 2010)

on their daughter's abortion if she doesn't want it to happen¹²⁰. There is a slight change concerning medical abortion, it is now accessible in the Zhordania Institute of Human Reproduction¹²¹ only. It is the national scientific, practical and educational center of reproductive health in the country. The cost for the medical abortion (including smear analyzes and ultrasound) is about 150 GEL. As the law on medical abortion changes, it will now depend on the clinic management to introduce it at their facility. The Ministry of Labour Health and Social Affairs of Georgia¹²² approved a guideline on medical abortion. The government's spending on health care is low, hence most people do not receive adequate health care. Consequently the abortions, many of them illegal due to lower costs, bring a health risk to women and girls. Currently there are no abortion service delivery or training programmes funded by the state. Low level of awareness of reproductive health issues, high costs of modern contraceptives, poor availability of youth health centers and lack of comprehensive sex educations are all barriers to move from abortion to contraceptive culture as well as to minimise the numbers of unwanted pregnancies among youth.

Youth Health Care

The biggest problems of the reproductive health among young Georgians are: lack of information and knowledge on SRHR topics, low accessibility to competent health services, social and psychological barriers. Awareness of family planning methods and SRHR topics is much higher in the country's capital Tbilisi (97,8%) than in rural areas (84,6%)¹²³. Youth friendly services are not widespread and the government doesn't offer any support to the reproductive health issues of adolescents. In 2006, UNFPA launched a three year regional project, the Reproductive Health Initiative for Youth in the South Caucasus¹²⁴. The initiative focused on making youth sexual behaviour safer through improving awareness and better knowledge of sexual and reproductive health and rights and increasing youth friendly services. To ensure accessibility to high quality information and services in Georgia, twelve youth friendly reproductive health medical information centers (in the Mtkheta-Mtianeti, Shida Qartli, Samtskhe-Javakheti, Imereti, Guria, Samegrelo regions, the Autonomous Republic of Adjara, and Tbilisi) and four youth friendly reproductive health information centers (in Shida Quartli, Adjara and Tbilisi) were opened. These centers provided youth with free reproductive health counseling, contraceptives, diagnosis and affordable treatment as well a wide range of reliable information on reproductive health issues¹²⁵. They were all functioning during the project implementation.

HERA XXI, a non-governmental organization working in the SRHR field, runs youth friendly services with the help of young peer workers in the rural as well as urban areas of Georgia¹²⁶. Another NGO, "Women's Center" also created a youth friendly service by providing a hot line and e-mail consultations. Another important initiative consists of trainings of students at various universities on the SRHR issues¹²⁷.

120. Georgian Law on "Protection of Patience Rights", paragraph 22,40

121. <http://www.zhordaniainstitute.ge/eng/i.html>

122. Information from HERA XXI.

123. The European Parliamentary Forum on Population and Development (www.iefpd.org)

124. <http://www.4uth.am>

125. <http://www.4uth.am>

126. <http://www.hera-youth.ge/>

127. Information from the „Women's Center“

KAZAKHSTAN

Kazakhstan, known until 1992 as the Kazakh Soviet Socialist Republic, is located on the border of two continents, Europe and Asia. It is the largest country in central Asia and one of the most sparsely populated in the world. The population of Kazakhstan is over 16 million, and there are over half a million more women than men¹²⁸.

Sex Education

A reliable course in sex education has not yet been present in Kazakh schools. A mandatory course in biology in secondary schools doesn't comply with the UNESCO standards on raising awareness on SRHR issues, including HIV/AIDS. Two years ago, in 2008, the majority of secondary schools introduced an optional subject of Natural Science and Safe Basics which was to provide a full and comprehensive coverage on matters connected to sexuality. Unfortunately there is no data on whether this programme is successful and how it influences the knowledge and awareness of young people. Moreover, the "peer to peer" movement is very rare, even in the non-governmental sector¹²⁹.

STIs including HIV/AIDS

In January 2010 there were 13 784 cases of HIV infection registered. The numbers of new infections have been rising every year since 1987, the only year without a rise was 2009. The situation is even more alarming as only 30 percent of young people aged 15-24 correctly identify HIV transmission modes¹³⁰. At the same time the health system fails to address the sexually transmitted infections. The health facilities are not authorised to treat syphilis, gonococcal and chlamydial infections among women and their partners, and there are no specialised clinics for treating these illnesses. Moreover, the majority of laboratories are not equipped well enough to correctly diagnose these infections, hence many people are not treated adequately. STIs are widespread, the syphilis antibodies were found among 2-3% of all pregnant women in 2006-2007¹³¹. Data on STIs among young people are unavailable.

Contraceptives

The number of women using contraceptives in recent years rose from 1 533,2 women in 2003 to 1 779,4 women in 2008. This means that 40,3% of women in the reproductive age are

using methods such as condoms (390,1 women), pills (378,4), injections (25,2) and IUDs (877,7)¹³². Also another source states that 1,78 million women aged 15-49 use contraceptives (out of a total of 4,42 million)¹³³. In a survey from 2006¹³⁴ approximately half of women of reproductive age (married or in a sexual relationship) admit using contraception, and the majority of them use modern types. The other half uses no contraception at all. While contraceptives are not reimbursed, they are sometimes distributed for free at some family planning services. The youth is not so much aware of reproductive health matters. Less than a half of young respondents of the 2009 SRHR survey knew that oral contraception provides reliable protection from unwanted pregnancies and can be bought without a prescription at pharmacies. Other findings show that one fifth of respondents aged 15-24 didn't use condom during their last intercourse with a partner that was not a regular partner. This proves the need for educating youth on preventive and healthy sexual behaviours. Meanwhile the birth rates among teen girls (aged 15 – 19) are alarming with 31,1 teen births per 1 000 girls of this age in year 2008. This number hasn't decreased over the years as shown in the following table¹³⁵.

	1999	2006	2007	2008
Urban	31,3	30,5	32,9	35,0
Rural	36,9	24,9	25,9	27,5
Total	33,8	27,9	28,5	31,1

Teenagers start their sexual life at the age of 15 or even younger, according to the National Centre for Problems of Healthy Lifestyle Development. However, even though the legal age of consent in Kazakhstan is 16, the law doesn't allow the teenage girl to be treated by a gynecologist, to be treated from STIs or

128. www.afew.org/about-afew/where-we-work/kazakhstan

129. Millennium Development Goals in Kazakhstan, United Nations 2010

130. Millennium Development Goals in Kazakhstan, United Nations 2010

131. Millennium Development Goals in Kazakhstan, United Nations 2010

132. Agency on statistics of Republic of Kazakhstan, Women and Men in Kazakhstan, Statistical brochure 2009: www.eng.stat.kz/publishing/DocLib/M%20W_Eng.pdf

133. Millennium Development Goals in Kazakhstan, United Nations 2010

134. Millennium Development Goals in Kazakhstan, United Nations 2010

135. Millennium Development Goals in Kazakhstan, United Nations 2010

receive contraceptives without parental consent. The same applies to performing abortion¹³⁶. Majority of teenagers seek confidential advice and do not wish for their parents to be aware of them being sexually active. The legal situation contributes to teenagers not receiving help when needed, resulting in teenage pregnancies and spread of STIs.

Abortion

The abortion law, similarly to most former USSR countries, is liberal as termination of pregnancy is available both on medical and social grounds during the first 12 weeks of pregnancy. Thereafter, induced abortion is available within 28 weeks from conception on medical grounds, and on social grounds as well if it is authorized by a commission of physicians. The procedure must be performed by a licensed physician in a hospital or other recognized medical institution¹³⁷. Medical abortion is also available and the doctor responsible for performing the procedure must be specially licensed. Illegal abortions (those performed outside medical institutions) are widespread as many women wish to keep the termination a secret; extramarital relations are not accepted and they are very often condemned by the society. Most of the illegal abortions occur in the rural areas, where the access to medical facilities is often difficult. According to data, there were 123 992 abortions reported in year 2008 (and 339 269 live births)¹³⁸. Available data suggests a decrease in abortion rates in Kazakhstan. Over the last 10 years the ratio of registered pregnancies to abortions has dropped significantly, from 2.5:1 to 4:1. It is crucial to remember that the decrease might be a result of a decrease in the number of registered abortion, rather than a true decrease in the abortion rate. Worth mentioning is that many abortions are performed in the bordering countries (Uzbekistan, Kyrgystan), especially by the population living in the southern part of the country, as it is cheaper – the prices for healthcare services are much higher in Kazakhstan than in other countries of that region. Moreover, the number of unregistered paid abortions performed outside the medical facilities most likely has also increased. Unfortunately, rates of abortions performed among youth girls are not available.

Youth Health Care

There are a few youth friendly clinics in Kazakhstan and also other friendly facilities for hard-to-reach groups which are most vulnerable for HIV transmission (primarily injecting drug consumers, sex workers and men having sex with men). Centers dedicated strictly to reproductive health are very limited in number, and their functions narrow down to education, counseling and providing information. STI treatment, safe abortion and other family planning services are absent. However, as the 2009 survey showed, young people who belong to the vulnerable groups, do not consider these centers useful as they are so limited in services that they do not usually visit them. 10% of young people are aware, on the other hand, that they need help considering reproductive health and family planning¹³⁹.

136. Millennium Development Goals in Kazakhstan, United Nations 2010

137. www.un.org/esa/population/publications/abortion/doc/kazakh.doc

138. <http://www.johnstonsarchive.net/policy/abortion/ab-kazakhstan.html>

139. Millennium Development Goals in Kazakhstan, United Nations 2010

MACEDONIA

Macedonian's political situation is stable today. Its citizens are still facing many challenges due to the constant institutional and law reforms. After gaining independence in 1991 the country started to experience many transitions, and today is a European Union candidate country. According to the census from year 2002 there are 165 422 young people aged 15 – 19 living in Macedonia which has a total population of 2 022 547 people¹⁴⁰.

Sex Education

As for today, sex education is not a part of the school curriculum. The recent research¹⁴¹ of H.E.R.A. shows that there is a great need for introducing sex education to Macedonian schools. Not only the students, but also their parents and teachers are aware of this gap in the school curriculum. At the moment school is not perceived as an institution where young people can get reliable information regarding sexuality. Moreover, it is concluded that they do not have positive attitudes regarding the values of sexuality and are unaware of many issues connected to the reproductive health. They also accept stereotypes and prejudices very easily. Sexuality is still a taboo for many primary and high school students. Even though there is a great need for introducing sex education to schools, in reality some SRHR matters are already present at biology lessons. However, these classes do not cover the most burning issues in a comprehensive and science based way. Moreover, the teachers feel that they are not ready to teach most of the topics that should be covered by sex education and fail to recognize all aspects of sexual privacy of students. The majority of teachers (2/3) think that promotion of sexual and reproductive health forms the basis for making positive changes in behaviour of students and half of them understand sexual rights as sex education. Approximately 90% of teachers are in favour of introducing sex education as early as in the seventh grade of primary school¹⁴², so the current situation does not meet the needs of young people at all. Textbooks used for current classes have been revised by H.E.R.A. Great gaps within the sex education programme exist. For example, in spite of the fact that the use of condoms is recognised as an important way for protection against STIs, there is no particular part of the textbooks dedicated especially to the correct use of condoms, and there are no descriptions or illustrations where all the steps of proper condom usage would be described. Another topic absent from the textbooks concerns people living with HIV¹⁴³.

The majority of young people are sexually active, mostly with a regular partner. However many young people start their sexual life before the age of 15 (14,3% boys and 4,4% girls)², hence they begin their sexual relations without comprehensive knowledge on the matter.

STIs including HIV/AIDS

According to the data from the state-owned health care system, incidences of sexually transmitted infections among adolescents and young people are not adequately monitored and the real picture is missing. Nevertheless, according to some sources, estimates show a trend of increasing STI occurrences among Macedonian youth, this concerns especially chlamydia, trichomonas and the HPV (Human Papilloma Virus). Out of 111 registered HIV positive cases, 19% of all infected people are aged from 20 to 29¹⁴⁴. According to the H.E.R.A., young people in Macedonia aged 15-24 have high level of awareness of HIV, AIDS and sexually transmitted infections. However the behavioural study from 2007 reveals that HIV/AIDS knowledge (42%) among young people remained on the same level as the findings of the first behaviour study conducted in 2005 (40%). On the other hand, awareness among injecting drug users, sex workers and MSM improved¹⁴⁵. This may indicate the still existing need for education in various environments.

Contraceptives

The Law on Health Protection defines that young people under 18 years of age can benefit from health services only when accompanied by parents. This poses barriers for use of many services by young people who do not wish parental escort (such as HIV/STI cases for example). Additionally, the law does not specify which services exactly can be reached by young people under 18 without parental consent hence it is not clear

140. State Statistical Office, www.stat.gov.mk

141. "Love only after classes. Need assessment on Sexuality Education in Macedonia", published in 2010 by H.E.R.A.

142. Ibidem

143. Ibidem

144. According to data of the Institute of Public Health from 2008.

145. Report: Bio-behavioral study conducted among young people and most and risk population for HIV infection in Republic of Macedonia in 2006, published in 2008, Ministry of Health.

whether adolescents can receive sexual health counselling on their own. Other factors limiting the access to contraceptives, apart from strong influence of the husband and gender inequality, are the culture related barriers. As the findings of H.E.R.A. suggest some communities represent a negative attitude towards the use of modern contraceptives, e.g. Roma people, who are a big minority in Macedonia¹⁴⁶.

Most contraceptives available in Macedonia are not on the Health Insurance Fund's positive list of drugs, what creates financial barriers. The price for one condom varies from Euro 0,2 – 0,5 and emergency contraception costs approximately Euro 10-12¹⁴⁷. The factors such as lack of motivation among health care workers to provide services such as family planning, along with the high prices of contraceptives, and the fact that such means are not covered by the health insurance, all contribute towards low rate of use of contraceptives in the Republic of Macedonia. Also the lack of information and counselling on modern contraceptives and sexuality is also often stressed by young Macedonians. According to the survey conducted by Gallup BRIMA¹⁴⁸ in 2009, 94% of young women between 15 and 19 years and more than 50% Macedonian were not using any contraceptives. Some of the girls who live in cities cited that they used Coca-Cola and baking soda as contraception. It seems that contraception is a taboo subject not just among the elderly population, but also for the younger generation. It suggests an imminent need for education and awareness raising programmes in order to improve the sexual and reproductive health of the young population in the country.

Abortion

The legal aspects of abortion in Macedonia are presented in the Law on Pregnancy Termination as amended in years 1972, 1976 and 1995. The law guarantees the right of every woman to freely decide on her pregnancy by the tenth gestation week. This right may be limited in cases of conditions that may be detrimental to the pregnant woman's health. The three additional conditions when an abortion is not to be performed include: termination of pregnancy before the tenth week from the date of conception, if the procedure can be detrimental to the woman's health, termination when there has been less than a year since the termination of the previous pregnancy and in case of the pregnancy exceeding ten weeks from the

date of conception¹⁴⁹. As for abortion performed after the 10th week there is a special procedure which covers only two cases: when the mother's health is at risk or the foetus is malformed. Legal abortions can only be performed at gynecology and obstetrics wards and their prices are quite high for Macedonian women. The procedure costs approximately 74 Euro¹⁵⁰ with and 41 Euro without anesthesia (this is not covered by the mandatory health insurance). Some practitioners also believe that the price should be even higher so that the awareness among people is raised and contraceptives used more commonly. As the official data suggests, the number of registered abortions in the country has been steadily decreasing over the past period. According to a report published by Macedonian Health Ministry, last year only 500 women have decided to undergo abortion in Skopje. The decline is striking when this number is compared with the numbers coming from the early 90s, when there were 6000 interrupted pregnancies in the country¹⁵¹. However it cannot be claimed with certainty that this is a result of the increased awareness of the population on other methods of family planning. The possible reason behind the decrease in the number of registered abortions is the inconsistent registration, especially in the period following the privatization of the health sector and the opening of private gynecology practices. Private institutions do not report these cases on a regular basis¹⁵², and the doctors at the State Gynecologist Clinic continue to receive patients with complications caused by inappropriate and unprofessional abortion procedure.

Teenage pregnancy is a part of the reproductive behaviour of adolescents in Macedonia. In year 2005, 7.8% of births were delivered by juvenile mothers (under the age of 19). In the same year, the fertility rate was 21.7 live births per 1000 women at the age under 19 years¹⁵³. Even though there is a downward trend of the fertility rate in the age group 15 to 19 years (45.6 of 1000 live births in 1994), the country is characterized by a significantly higher rate compared to the EU countries¹⁵⁴. The abortion rate among adolescents is an important indicator of the sexual and reproductive health awareness in this group, but since there are no such official statistics the reproductive health data is incomplete. The official numbers of the national abortion rate are unreliable since they are mainly based on the data from state-owned health care institutions. These are however not disaggregated by age groups or other health determinants. Moreover large number of young girls, due to

146. "Love only after classes. Need assessment on Sexuality Education in Macedonia", published in 2010 by H.E.R.A.

147. "Strategic assessment of policy, quality and access to contraception and abortion in the republic in Macedonia", Ministry of Health, Republic Institute for Health Protections, 2008

148. www.shetizenjournalist.com/young-girl-in-macedonia-use-coca-cola-and-baking-soda-as-protection-against-pregnancy.htm

149. "Strategic assessment of policy, quality and access to contraception and abortion in the republic in Macedonia", Ministry of Health, Republic Institute for Health Protections, 2008

150. 1 Euro = MKD 61.39

<http://finance.yahoo.com/currency-converter>

151. ASTRA, Central and Eastern European Bulletin on Sexual and Reproductive Rights, No 09 (88) 2010

152. "Strategic assessment of policy, quality and access to contraception and abortion in the republic in Macedonia", Ministry of Health, Republic Institute for Health Protections, 2008

153. National Institute for Mother and Child Health Care (2006): Information on the health status of mother and children in the Republic of Macedonia, 2005

154. UNICEF, A league table of teenage births in rich nations, Innocenti Report Card No 3, July 2001, Innocenti research centre, Florence, Italy

issues of privacy and confidentiality, decide to perform abortion in private clinics. Worth mentioning is that girls under 18 must have parental consent in order to terminate their pregnancy.

Last year an anti-abortion movement started to be more visible in Macedonia, not only in the society but also in the government. Several people from the center right party launched an initiative for a new, more restrictive legislation¹⁵⁵. Macedonia is among the most liberal countries regarding abortion, a strong NGO movement arose and the government decided to slow down its activities¹⁵⁶.

Youth Health Care

Youth friendly services are not a part of the existing national adolescent and youth health programmes and health services. The present services are not attractive for young people, almost half of the adolescent girls aged 13-19 has never visited a gynecologist. Only 16,6%¹⁵⁷ of them have done so. This very low attendance may also be a consequence of the sex education gap in schools.

The Ministry of Health in partnership with relevant international organizations (IPPF, UNICEF, UNFPA and Partnership for Health) and the non-governmental organization H.E.R.A. have been promoting the concept of youth friendly health services as part of the primary health care for the past four years (2005-2009). As a result, there are now two Youth Sexual and Reproductive Health Friendly centers "I want to know"¹⁵⁸ operating in the capital city, Skopje, that serve as "best practice" models for integrated health and social services within public health institutions countrywide. Primarily these centers focus on promotion and provision of free and anonymous sexual and reproductive health services reaching both mainstream as well as the most vulnerable young people, especially the Roma youth, street and institutionalized children, sex workers and MSM population.

Recently, in February 2009, the Macedonian Government adopted the Adolescent Strategy for Health and Development¹⁵⁹ that positively addresses the sexual and reproductive health of the young people and their access to youth friendly services. Moreover, the National HIV/AIDS strategy 2007 – 2011¹⁶⁰ along with the National Youth Strategy¹⁶¹ also puts sufficient focus on preventive programmes and activities targeting young people, with the emphasis on the groups which are most at risk. Most of

strategy documents have already developed action plans that accurately address the needs of the young people in regard to HIV and SRHR. However the "papers" are in place but there is still lack of governmental commitment for effective implementation and adequate resources for their execution. In addition the ongoing reforms in the primary health care followed by the privatization of the gynecological health care increased the client's costs for sexual and reproductive health services and resulted with withdrawal of the gynecologists from the poorest areas in the country which are seen as financially unattractive. For example, in the biggest Roma community in Macedonia (30 000 inhabitants), the municipality of Suto Orizari, there are no gynecologists and Roma women are forced to travel at least 5 km to the nearest surgery, what additionally affects the poor family budget and decreases access to these services.

155. <http://humanrightshouse.org/noop/page.php?p=Articles/9650&d=1>

156. H.E.R.A. Annual Report 2009

157. Strategic assessment of policy, quality and access to contraception and abortion in the Republic of Macedonia, published in May 2008 by the Ministry of Health – Republic Institute for Health Protection.

158. <http://hera.org.mk/default.aspx?SectionID=10>

159. Government of the Republic of Macedonia, National Strategy for Health and Development of Adolescents aged 10 to 19 in the Republic of Macedonia (January 2008)

160. Ministry of Health of the Republic of Macedonia, National HIV/AIDS Strategy (May 2007), http://www.unicef.org/tfyr-macedonia/National_HIV-AIDS_Strategy_2007-2011.pdf

161. Government of the Republic of Macedonia, National Youth Strategy (November, 2005) <http://www.ycp.org.mk/docs/National%20Youth%20Strategy-Macedonia.pdf>

POLAND

The Republic of Poland, which is situated in Central Europe, joined NATO in 1999 and the European Union in 2004. The transformation in year 1989 from socialist to a democratic and market oriented country resulted in significant social changes. The current population of Poland adds up to almost 39 000 000 inhabitants¹⁶², of which 2 664 200 are adolescents between 15 and 19 years of age¹⁶³. The population growth rate in 2009 was positive with 0,1%¹⁶⁴. During the 2000-2009 decade Polish population was constantly diminishing, and last year was the second year in a row with a positive population growth index.

Sex Education

Formally, sex education is present in Polish schools, under the name of "Preparation for Family Life". Due to the pressure of the Catholic Church the curriculum of this subject is biased and based on Catholic teaching on sexuality. It often serves as a platform for promoting a traditional model of family, Catholic values and stereotypes and myths. Its curriculum is aimed at preparation of youth for marriage and family life and touches topics of sexuality and contraception at a very small degree. Moreover, these classes are often conducted by teachers with no reliable preparation or knowledge (often priests and nuns who also teach religion classes). The textbooks dedicated to this subject are far from objective, issues concerning contraception, abortion, masturbation and homosexuality are tackled from a very traditional point of view where masturbation leads to illness and homosexuality emerges as a deviation during adolescence¹⁶⁶. These classes are not obligatory as parental consent is required. Hence, until today, reliable and science based sex education is practically not present in Polish schools. The question whether or not it is appropriate and necessary continues to be debated at the Parliament and the media from time to time. The initiatives aiming to change the current situation usually come from the NGO sector and scholars. In January 2009 the Alliance for Promotion of Sex Education for Youth and Adolescents in Polish Schools was founded. The members are the key persons who work for reproductive health, NGOs, doctors, psychologists and gynecologists. Another initiative includes the work of the Ponton Group of Sex Educators¹⁶⁷, which has been operating for several years alongside the Federation for Women and Family Planning. Young volunteers conduct workshops on the most important SRHR issues in lower secondary and secondary schools in Warsaw. Among other services aimed at youth are online counseling (internet forum), phone hotline, information leaflets

and brochures and street actions. Young people can seek advice by sending e-mails, using the forum or calling. Worth mentioning is a special action which is always launched during the summer vacation – youth can seek advice by sending text messages to a cell phone number. This "Summer Hotline" is very popular every year, during a three hour duty the Ponton volunteers receive up to 100 messages per day. Still, this doesn't fill the reliable sex education gap and a limited number of young people is aware of this initiative. All activities of the Ponton Group reveal the deficiencies of the Polish educational system regarding the failure to include sex education in the school syllabus, however their actions are still a drop in the ocean.

STIs including HIV/AIDS

The average numbers of syphilis infections have been constantly diminishing in the last decades and were always lower than the EU average, the same trend applies to gonorrhoea. Syphilis and gonorrhoea are infections which are more common among Polish men. The number of men infected with syphilis is three times bigger than the number of women, and the number of men infected with gonorrhoea is nine times bigger. As the National Institute of Hygiene¹⁶⁸ states, the most alarming are the numbers of congenital syphilis among new born babies. This means that many women in the reproductive age have been infected with syphilis but were neither treated nor registered. Hence the official numbers are much lower than the real predicted numbers as most cases are not diagnosed or not reported by doctors equally in all regions. Numerous young people are infected but no one knows even the approximate numbers as young people often ignore their condition. Only in 2008 the number of registered cases of STI infections in the

162. According to the Central Statistical Office 38 135 876 people live in Poland at the end of year 2008.

163. Demographic Yearbook of Poland 2009, Central Statistical Office, www.stat.gov.pl/cps/rde/xbcr/gus/PUBL_rocznik_demograficzny_2009.pdf

164. www.egospodarka.pl/49290,Rozwoj-demograficzny-Polski-2009,1,39,1.html

165. "What does Sex Education really look like in Poland" report is also available online: www.ponton.org.pl/downloads/what_sex_education_poland_ponton_report_2009.pdf

166. www.funpzs.org.pl/index.php?option=com_content&task=view&id=47&Itemid=42, www.federa.org.pl/?page=static&static=33&lang=1

167. www.ponton.org.pl

168. National Institute of Hygiene, "Health situation of Polish people" 2008

whole country rose by 15%¹⁶⁹. The available data shows that only in Warsaw, the capital city, there were about 1000 registered cases of people infected with various STIs. Over 1000 cases of syphilis were registered in the whole country in 2009¹⁷⁰. The knowledge about STIs and prevention is rather low and not widespread due to absence of reliable sex education in schools and counseling services. As for AIDS the total number of 12 689 cases was registered until November 2009 in Poland. Until today 1025 people died because of AIDS. Unfortunately there is no data on what percentage of these are adolescents. Poland is not regarded as a forefront of the epidemic, nevertheless the numbers of infections probably continuously. Just as well the official numbers may be much lower than in reality as well. Drug use is still the main reason for spreading of HIV¹⁷¹ but the number of infections occurring as a result of sexual intercourse is constantly rising.

Contraceptives

Recent studies show that for 60% of young people condom is the first choice of contraceptive during the first intercourse. Every seventh young woman chooses to use hormonal contraceptives, 13% rely on withdrawal¹⁷². As the Bayer Schering Pharma study¹⁷³ revealed, the average age for first intercourse among Polish women is 19. However this finding may not fully correspond to reality. The experience of Ponton Group of Sex Educators counseling services shows that many young girls begin their sexual life very early, when they are 13 or 14 years old. Moreover many couples use no contraception at all when they have sex for the first time and often decide to take the risk. Very often the decision of starting sexual life doesn't come together with a decision on what kind of contraceptive to use. Young girls usually rely on condoms, and in later years choose oral contraceptives. However, as another research shows, only 19% of Polish women use modern contraceptives¹⁷⁴.

Condoms are widely available at pharmacies, gas stations and various stores. As for hormonal oral contraceptives the access is quite limited, these are available only on prescription. Booking an appointment with a doctor at public facility is often

difficult and time consuming. Moreover, doctors often refuse to prescribe hormonal pills and promote the standpoint of the Catholic Church. The usage of contraception is explicitly condemned by the Church. The usage of contraception is explicitly condemned by the Polish Church, however in reality people often do not take this standpoint seriously. The perspective of trying to convince the youth to restrain from sexual intercourse, instead of preventing pregnancies, has been very common in the last years. Many doctors express their reluctance to prescribe pills by referring to a conscience clause and young women have to see a doctor at private clinics what makes the costs even higher. Hence hormonal pills are usually the choice of young women from big cities who can simply afford this expense. As far as emergency contraception is concerned, there is only one kind of "morning after pill" available. However, doctors are rarely familiar with this method of preventing unwanted pregnancy and demonstrate reluctance to prescribe it, and again refer to the conscience clause, even at private facilities. In order to get a prescription for this emergency contraceptive young women have to see gynecologist in a private clinic as they only have 72 hours to react. The cost of such a visit, together with the cost of the pill, ranges from 38 to 50 EURO. Obviously, many adolescents can't afford such a visit. Young girls under the age of 18 often experience difficulties in obtaining contraception. The doctors should respect the young patient's intimacy and human rights, and treat them with confidentiality. However, in practice, doctors interpret this law in a restrictive way and young girls under the age of 18 must have consent of one of their parents in order to visit a gynecologist for hormonal pills. As a consequence to all these factors the access to contraception is limited for most young people¹⁷⁵.

Absence of reliable sex education in schools, limited access to contraceptives and modern medical treatment adds up to a rising problem of unwanted pregnancies among youth. During the last two years the number of teen births under 15 years of age rose by 10%. The following table¹⁷⁶ shows these alarming numbers for girls under 19. Worth mentioning these are only registered births, there is no data as to how many young girls terminated their pregnancies¹⁷⁷.

Year	Total number of births below 19 years of age	Below 15 yoa	Below 16 yoa	Below 17 yoa	Below 18 yoa	Below 19 yoa
2006	19 360	304	963	2 845	5 831	9 417
2007	19 974	319	1 125	3 110	5 911	9 509
2008	21 305	411	1 230	3 381	6 369	9 914

169. www.federa.org.pl/?page=news&newsid=359&lang=1

170. prezerwatwywy.org/choroby-weneryczne-w-polsce/

171. www.aids.gov.pl/?page=epidemiologia&act=pl&id=1

172. www.newsweek.pl/artykuly/sekcje/spoleczenstwo/antykoncepcja--problem-w-pigulce-,60728,1

173. www.kobieta.wp.pl/kat,26353,title,Polkom-niespieszno-do-lozka,wid,12407584,wiadomosc.html?ticaid=1a6d6

174. www.iwoman.pl/na-serio/inews/tylko;19;proc;polek;stosuje;nowoczesna;antykoncepcje,211,0,629971.html

175. „The availability of reproductive health services in Poland”, 2010

176. www.federa.org.pl/dokumenty/Raport_dostepnoscdouslugRH_24.06.10.pdf

177. www.federa.org.pl/HRCstanowiskoFederacji_3czerwca2010.pdf

Abortion

Polish law regarding abortion is one of the most restrictive in Europe. The current legal situation concerning termination of pregnancy is regulated by the *Act of 7 January 1993 on Family Planning, Protection of Human Foetus and Conditions for Termination of Pregnancy*, known as the anti-abortion law¹⁷⁸. Termination of pregnancy can be carried out by a physician in three cases only: when the pregnancy is a threat to life or health of the pregnant woman; when the foetus is severely damaged or suffers from an incurable illness and in case of the pregnancy being a result of a crime act. Hence the abortion due to social reasons is prohibited. The consequences of this law are dramatic. The case of the 14 year old Agata from Lublin shows how difficult and dangerous this situation is. The young girl was raped and became pregnant, hence legal abortion should be therefore guaranteed by law. However Agata and her family were not able to execute this law from various hospitals and the Minister of Health had to interfere. Until then Agata was harassed by people from the pro-life and Catholic Church community. Doctors often refuse to perform an abortion even in cases where the mother's health is at risk. The story of Alicja Tysi c, who won the case at the European Court of Human Rights in Strasbourg, became a big issue in the media. She was denied an abortion even though the pregnancy was a great risk to her health; she suffered from a severe sight defect and could have even lost the ability to see because of giving birth¹⁷⁹.

The United Nations Special Rapporteur on the Right to Health Anand Grover recently visited Poland. His opinion was critical: *„Despite of Poland ratifying human rights treaties the access to reproductive health services, such as contraception, prenatal examinations or legal abortion, is still very limited”*¹⁸⁰. The thesis of abortion being one of the basic human rights is a very controversial issue in Poland. The UN Special Rapporteur also stated that Poland fails to enable access to this service also in cases where abortion should be legal concerning the present law. Although the Polish law permits this procedure in three cases, in reality women very often are not able to execute this right, as described in two cases above. Doctors refuse to terminate pregnancies referring to the conscience clause. They even hinder them from performing an abortion in another hospital. This situation leads to the constantly growing phenomenon, the abortion underground¹⁸¹, where the numbers of illegal abortions (often risky to woman's health) are not controlled. The official number of 499 legal abortions performed in 2008 by no means reflects the reality¹⁸².

Youth Health Care

There are no centers dedicated especially to youth and adolescent SRH issues, so young people must seek advice and help at standard facilities. There are no facilities or consultation centres to which the young people, who seek advice on various help lines, can be directed. In February 2010 the first gynecological outpatient clinic dedicated to children and adolescents was opened in the Bielański Hospital in Warsaw¹⁸³. This institution is the first of this type in the country, it will take care of children and adolescents with gynecological problems. The possibility of conducting tests for STIs is one of the big assets of this clinic¹⁸⁴. Young pregnant girls will also be welcome at this facility. However this is the only facility of this type in the country and will surely not be able to fill the existing gap of youth health care centers by itself.

178. Reproductive Rights in Poland: The effects of the anti-abortion law. Report 2008. Federation for Women and Family Planning.

179. „The availability of reproductive health services in Poland”, 2010 www.federa.org.pl/dokumenty/Raport_dostepnoscdouslugRH_24.06.10.pdf

180. www.gazetaprawna.pl/wiadomosci/artykuly/426611,ksiazka_i_zakonnica_wiarygodnie_o_seksie_nie_naucza.html

181. Reproductive Rights in Poland: The effects of the anti-abortion law. Report 2008. Federation for Women and Family Planning.

182. www.tvp.info/informacje/polska/odnotowano-rekordowa-liczbe-aborcji

183. www.wiadomosci24.pl/artykul/warszawa_pierwsza_poradnia_ginekologiczna_dla_dzieci_i_127069.html

184. www.tvnwarszawa.pl/0,1643567,wiadomosc.html

UKRAINE

Ukraine became an independent country in 1991 after the dissolution of the Soviet Union. The rapid economic, political and social transformation had many consequences, among them those regarding sexual and reproductive health. Ukraine has a population of 45 831 408 people¹⁸⁵.

Sex education

Recent changes in sexual behaviours and attitudes among the young Ukrainians alarm not only the parents and teachers but also the United Nations. According to the Health Behaviour survey among school aged children (HBSC, WHO), about 28% adolescents aged 16 years old mentioned that they started their sexual life at the age of 15-16. Up to 57% of first year university and colleges students also became sexually active at the age of 15-16. More than 10% of school pupils already had sex at the age of 13-14¹⁸⁶. The sexual liberation among teenagers and the very young age at which they decide to explore their intimacy, drove the Ministry of Education on to introduce a course of "Health Basics" in 2001. It is aimed at youth from 1st grade up to the 9th grade and covers topics on physical and psychological aspects of growing up. However, no obligatory health education lessons including sex education are offered to teens at the age of 16-17 (two last grades of secondary school)¹⁸⁷. Even though sex education is a part of this course, the words "sex" and "sexual" are especially avoided. The most crucial aspects of youth reproductive health are not included. The teachers responsible for conducting these classes are very often unprepared to talk about more sensitive subjects than anatomy and physiology. Moreover, some school teachers who are considered well qualified for teaching these subjects and who have the knowledge on reproductive health are convinced that such information will encourage adolescents to start their sexual life early¹⁸⁸. Again, myths influence the education and life of young people. Up to 87% of vocational school students stated that sex education lessons are important for them, but less than 50% consider such lessons interesting¹⁸⁹. It means that the methods of facilitating sex education lessons do not meet the demands of being relevant, effective, acceptable and attractive to young people.

The SALUS Foundation¹⁹⁰ developed a series of materials and trainings to help the teachers deliver knowledge on sexuality to the youth. "World of women and girls" and "World of men" are aimed especially at teachers who run "Health Basics"

at schools nowadays. The youth is genuinely interested in the subject, and even though only about 20% of parents were enthusiastic about the course to start with, now most parents applaud it. Parents are willing to leave the "sex talk" to schools and teachers as double standards still exist. Sex has always been a taboo and family planning, contraception or educating the youth have never been topics of discussion. Sex Education Survey conducted by the Democratic Initiatives Foundation showed, that over 50% of the teenagers polled considers doctors as the most reliable source of information about sex¹⁹¹. However, the media, Internet and peers still play the biggest role as sources of information on topics connected to sex and sexuality. Unfortunately, they often do not provide fully adequate and comprehensive knowledge. Information on TV and other media focus mainly on HIV prevention and condom use. As the majority of Ukrainian adolescents are Internet users there are almost no websites in Ukrainian dedicated to youth SRHR issues. Teenagers do seek doctor's advice but only when a problem with their reproductive health has already occurred¹⁹².

STIs including HIV/AIDS

Ukraine remains the most affected by STIs and HIV/AIDS country in Europe. Injecting drug use is still driving the HIV spread, however the disease is now spreading very quickly among adolescents by unprotected sex and from mother to child.

The latest numbers show that at the beginning of 2010 there were 360 000 people over the age of 15 living with HIV. The data differs from the official statistics (which are much lower) in the number of people living with HIV and AIDS. However in recent years a decrease in number of infections among the adolescents has been observed. Considering the youth, 16% of all infections were those in the age group of 15-24 in the year 2006, 15% in 2007, 13% in 2008 and 12% in 2009¹⁹³. On the other hand, according to UNICEF 80% of all infected people are young¹⁹⁴.

185. State Statistics Committee of Ukraine - Total population, as of September 1, 2010

186. Health Behavior in School-aged Children survey (HBSC, WHO, Ukrainian Institute of Social Research named after O.Yaremenko)

187. Ukraine: Monitoring UNGASS Goals on Sexual and Reproductive Health. Analytical Survey, 2010.

188. Women Health & Family Planning, Ukraine

189. Project on HIV / AIDS prevention in Eastern Europe, GTZ

190. www.salus.org.ua

191. <http://www.kyivpost.com/news/nation/detail/62084/print/>

192. Women Health & Family Planning, Ukraine

193. Women Health & Family Planning, Ukraine

194. http://www.unicef.org/ukraine/activities_11384.html

Contraceptives

The level of awareness of young people concerning the reproductive health issues is generally higher than among the older generation. Still many myths and misconceptions about the advantages and disadvantages of contraception exist, furthermore, the lack of decent sex education makes it difficult for the young people to feel confident about their health. As adolescents financially depend on their parents or caretakers it is even harder to have a broad access to contraception. The most popular contraceptive, the condom, has risen in price in the recent years due to the economic crisis. A standard package of three condoms cost 6,8 UAH¹⁹⁵ in the autumn of 2008. Today the price of the same article is 22-30 UAH. A large economy pack of 12 condoms which could previously have been bought for 20-25 UAH has now the price of 75-90 UAH¹⁹⁶.

Abortion

Abortion is legal within the Ukrainian law. It requires the consent of the pregnant woman; it is authorized if performed by a licensed physician in a hospital or other recognized medical institution. Abortion is available on request during the first 12 weeks of gestation. Procedures in the public sector are free of charge (although sometimes a payment as low as 20-40 USD must be made), the private sector charges 120-300 USD for medical abortion and for surgical abortion the cost is around 50-150 USD. The electric vacuum aspiration equipment used in hospitals is rather old and access to manual vacuum aspiration equipment is limited. The surgical methods are more available than the medical abortion, which is usually suggested to the "richer" clients¹⁹⁷. Ukraine is a country of double standards concerning abortion. Abortion is not prohibited, moreover, a girl over 14 years of age can visit a gynecologist without parents and receive treatment without their knowledge. The aim of this resolution is to minimize the number of illegal abortions. However there is a negative attitude towards abortion, the state's policy is aimed at population increase. This is supported by the Orthodox Christian Organisations. Many gynecological surgeries have posters stating that abortion is a murder.

Youth Health Care

There are more than 70 Youth Friendly Health Clinics in Ukraine in the 17 regions of the country. They were developed under the frameworks of a UNICEF project and now are supported and enlarged by Ministry of Health of Ukraine¹⁹⁸. The biggest obstacle is the very low recognition of those centers, very few adolescents know they exist. Even if young girls and boys need resources on their reproductive health they aren't reached by those facilities. Poor visibility together with lack of sex education in a country where sex is still a taboo is a poor combination¹⁹⁹.

195. 1 UAH = 0,12 USD, 0,09 EUR

196. Women Health & Family Planning, Ukraine

197. <http://www.medicalabortionconsortium.org/country/UA/>

198. <http://www.ohmatdet-center.org.ua/kdm/index.php?tab=5>

199. Women Health & Family Planning, Ukraine

ASTRA Youth, affiliated with the ASTRA Network, is a group of young activists from the Central and Eastern Europe and Balkan region. The group consists of young activists (women and men, 18-30 years old) some of them affiliated with ASTRA members' organisations, others working with various NGOs working in the CEE and Balkan region and some individuals.

The group was launched in July 2004, when most of the current members met on the occasion of the workshop for young people in the area of sexual and reproductive health and rights organized by the ASTRA Network. Since then a youth wing of ASTRA exists and its members cooperate in various actions, campaigns, workshops and by conducting research and writing reports. We also advocate on both local and international levels for the improvement of the reproductive health of young people. ASTRA Youth also serves as a platform for sharing skills and ideas, therefore we meet annually to have a strategic meeting.

As a group of youth coming from different European countries of the region (CEE countries and Balkan states) we see the opportunity to be involved in activities of the ASTRA Network and work actively to improve the lives of youth in the region. As the young generation we know that we have a right to improve the world we live in. We also believe that sexual and reproductive health and rights are the basic human rights.

ASTRA Youth believes that we as the young people have:

- the right to decide about our lives and how we want to spend them.
- the right to decide if, when and how many children we want to have.
- the right to make decisions about beginning our sexual lives and the right to acquire information about how to make it safe.
- the right to reliable information and sex education, especially when facing the growing HIV/AIDS pandemic.

Presently ASTRA Youth consists of 12 member organisations and 3 individual members from 10 countries, all of them described in this report.

ASTRA – Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights.

ASTRA is a regional network of NGOs and individuals advocating in a collective voice for sexual and reproductive health and rights in Central and Eastern Europe.

ASTRA works for the advancement of sexual and reproductive health and rights as fundamental human rights and advocates for their observance, prioritization and implementation on the international, regional and national agendas. ASTRA strategies include: advocacy for Sexual and Reproductive Health and Rights as the equality and human rights issue in the context of international and regional agreements; monitoring and reporting on the status of implementation of SRHR and gender related policies and promoting the best legal, policy and service provision standards in SRHR and building partnership with NGOs and relevant institutions including UN agencies and EU bodies.

ASTRA was established in December 1999 by 10 NGOs working in the sexual and reproductive health and rights field from Central and Eastern Europe. Presently ASTRA consists of 27 member organisations from 17 countries.

Contributions to the ASTRA Youth report from:

ARMENIA
AZERBAIJAN
BULGARIA
CROATIA
CYPRUS
GEORGIA
KAZAKHSTAN
MACEDONIA
POLAND
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