

## THE RIGHT TO DECIDE: FAMILY PLANNING IN EASTERN EUROPE AND CENTRAL ASIA

### KEY MESSAGES ON FAMILY PLANNING

The 1994 International Conference on Population Development (ICPD) marked a *great paradigm shift* in the field of population and development, *replacing a demographically driven approach to family planning with one that is based on human rights and the needs, aspirations, and circumstances of each woman and a couple.*

- **Family planning (FP) is a basic human right** of individuals and couples to decide freely and responsibly about the number and spacing of their children. Family planning programmes enable people to have adequate information and means to determine the size of their families ensure informed choices and make available a full range of safe and effective contraception methods.
- **The importance of family planning was recognized and ensured by over 20 conventions, treaties and agreements** signed by governments across the world. These range from the 1948 Universal Declaration of Human Rights to the 2011 declaration (made by The Committee on the Elimination of Discrimination against Women) that governments must provide women with non-discriminatory access to appropriate maternal health services.
- Family planning enables a woman to have control over her life by **preventing abortions and unwanted pregnancies** that may endanger her physical and psychological health as well as reduce education and career opportunities and can condemn both the woman and her family to a life of poverty and social exclusion. **Family planning also contributes to achieving gender equality** by empowering women to make informed decisions regarding family size and birth timing.
- From a public health perspective, family planning has proved to be effective in **reducing maternal mortality and morbidity** due to healthy spacing of the children and fewer numbers of pregnancies, as well as preventing unsafe abortion. By preventing unsafe abortions and STIs, family planning contributes significantly to reducing risks of infertility among men and women.
- Family planning is **a cost-saving intervention** at an individual, household and national level. By preventing abortion, family planning avoids post abortion complications, maternal morbidity and costly medical interventions to treat these conditions.

## **POLITICAL ENVIRONMENT AND FAMILY PLANNING**

Middle-income countries are often characterized by high inequalities in terms of access to healthcare, and present diverse population dynamics such as low fertility, ageing and migration. In this context, population policies in many middle income countries in the EECA region are focused on encouraging population growth and raising the fertility rate.

To do this, many governments introduced incentives for pregnant women and increased access to maternal and neonatal health services. However, family planning services have not been given much attention in the effort to increase fertility, and in some countries, access to family planning education and support to access and choice of contraceptives by the public health sector has been reduced.

One of the reasons for reducing political and financial support to family planning is a belief that family planning negatively affects fertility rates. But this is not necessarily the case as the fact check shows.

Misunderstanding about the correlation between family planning, contraceptive use and fertility have led to proposals in the public sphere that include limiting access to family planning services in order to increase fertility rates. However, as history shows, such policies endanger the reproductive health of women and families and can actually lower the fertility rate.

In order to dispel misconceptions about family planning, contraception and population growth in Eastern Europe and Central Asia, the following document examines the issues in a regional context. It provides facts and figures, as well as human stories, to illustrate just what family planning means for people, and how policies on family planning affect their lives.

## **DISPARITIES IN ACCESSING MODERN CONTRACEPTION IN EASTERN EUROPE AND CENTRAL ASIA**

The following statistics refer to the region as being composed of the following countries: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kosovo (UNSC 1244), Kyrgyz Republic, Republic of Moldova, Russian Federation, Serbia, Tajikistan, the Former Yugoslav Republic of Macedonia, Turkmenistan, Ukraine and Uzbekistan.

The rate of modern contraceptive use is relatively low in the Eastern Europe and Central Asia. The region has a modern contraceptive prevalence rate of 54% for women in age group 15-49. This rate clearly lags behind Asia and the Pacific (62%) and Latin America and the Caribbean (67%).

National family planning programmes in Eastern Europe and Central Asia region have made significant progress during recent decades. However, this progress has been constrained by a number of factors including a decline in political and financial commitment to family planning. Out of seventeen UNFPA Programme Countries only five provide contraceptives to the public using the national budget. All others rely on the private sector or donor support. As a result the most

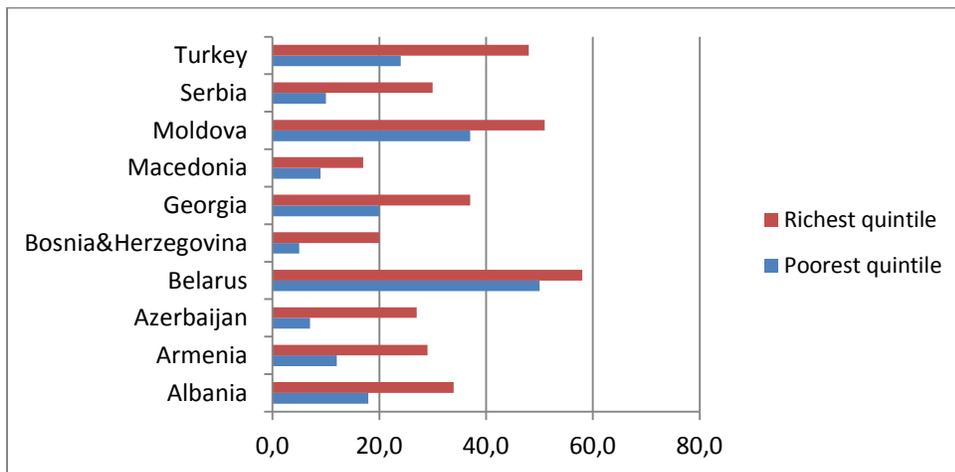
disadvantaged populations lack access to affordable modern contraceptives and this contributes to high figures of abortion and in some cases maternal deaths.

Inequity in accessing and using family planning services remains a challenge that slows down the achievement of Millennium Development Goal (MDG) 5: Universal access to reproductive health including family planning.

The use of modern contraception significantly varies among countries. However in Albania for example, only 11% of currently married women use modern contraception, whereas in Uzbekistan this figure is 59%.

Furthermore, there are large disparities of access within countries related to income, age, gender, geographical location and marital status. Women with low income have less access to family planning services than their peers with higher income levels. Access in rural is significantly lower compared to urban locations.

**Graph 1: Use of modern contraception**



*Source: WHO Health for all database.*

Moreover, there are a number of groups (such as adolescents, the urban poor, ethnic minorities and people living with HIV) who require special attention to ensure their access to family planning and sexual reproductive health services. They often face a combination of access barriers which lead to high rates of unintended pregnancy, increased risk of HIV and STIs and higher levels of unmet need for modern contraceptives.

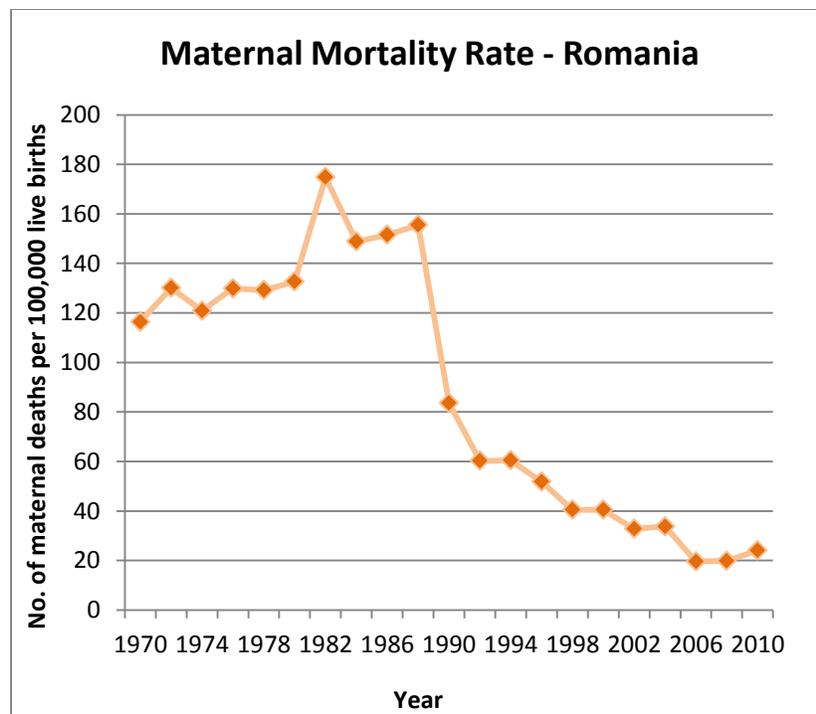
## MODERN CONTRACEPTIVES REDUCE ABORTION AND MATERNAL MORTALITY

If the unmet need for contraceptives was met, worldwide, an estimated 26 million abortions would not take place this year. In Eastern Europe 48% of pregnancies are unwanted. The vast majority of these end in abortion (79%).

According to the 2012 State of the World Population report, “The evidence is strong that as modern contraception becomes more widely used, abortion rates fall (Westoff, 2008). For example, in Russian Federation, as the use of the intrauterine device and the pill increased by 74 between 1991 and 2001, abortion, which had been the primary means of fertility control for decades, fell by 61 per cent. Similar patterns are seen throughout the Eastern Europe and Central Asian countries where women previously lacked access to modern contraception (Westoff, 2005).”

In countries where **contraceptive methods and abortion were made illegal**, such as Romania, **maternal mortality was extremely high**. The graph below demonstrates the dramatic fall of maternal mortality after the legalization of abortion and modern contraceptives methods.

**Graph 2: Maternal Mortality Rate - Romania**



Source: WHO Health for all database.

## **YOUNG PEOPLE HAVE LIMITED ACCESS TO FAMILY PLANNING**

The health status of young people in the region is compromised by insufficient education and awareness of healthy SRH behaviour. It is also characterised by increased risk-taking coupled with low health service seeking behaviour and poor access to youth-friendly preventive and curative services.

While access to contraception and safe abortion may be widely available to adults, access to services in appropriate settings for youth is highly limited. Use of modern contraception among sexually active youth is low, despite increased awareness in recent years. For instance, in Albania (DHS, 2010) 12.9% of currently married young people aged 15-19 use modern contraception while 54.6% of them rely on traditional methods.

Lower access to modern contraception significantly increases the risk of adolescent pregnancy. In South Eastern Europe the adolescent pregnancy rate is 29.5 per 1000, more than 30% higher than the rate seen in developed countries (22.5 per 1000).

Theoretically, young people living in urban areas, attending schools or colleges and linked into youth networks were considered more likely to have access to SRH services. However, in at least nine countries, there is a legal age restriction to accessing SRH services without parental consent. In seven of these countries (Belarus, Kazakhstan, Macedonia, Moldova, Tajikistan, Turkey and Uzbekistan), young people either had to be at least 18 years of age or married to access such services without the consent of their parents. The legal age restriction for accessing SRH services in Bulgaria and Russia was 16 and 15 years respectively.

Youth friendly services that provide family planning counselling and contraceptives to young people are not institutionalized in most countries. They still rely heavily on support from the international community and donors.

Many efforts have been made in the region to raise youth awareness of sexual and reproductive health and healthy lifestyle. In and out of school, SRH education has been supported by development partners and promoted by civil society. Although there are youth networks such as YPEER and YSAFE that provide young people with education and information on family planning, sexuality education in schools remains poor across the region.

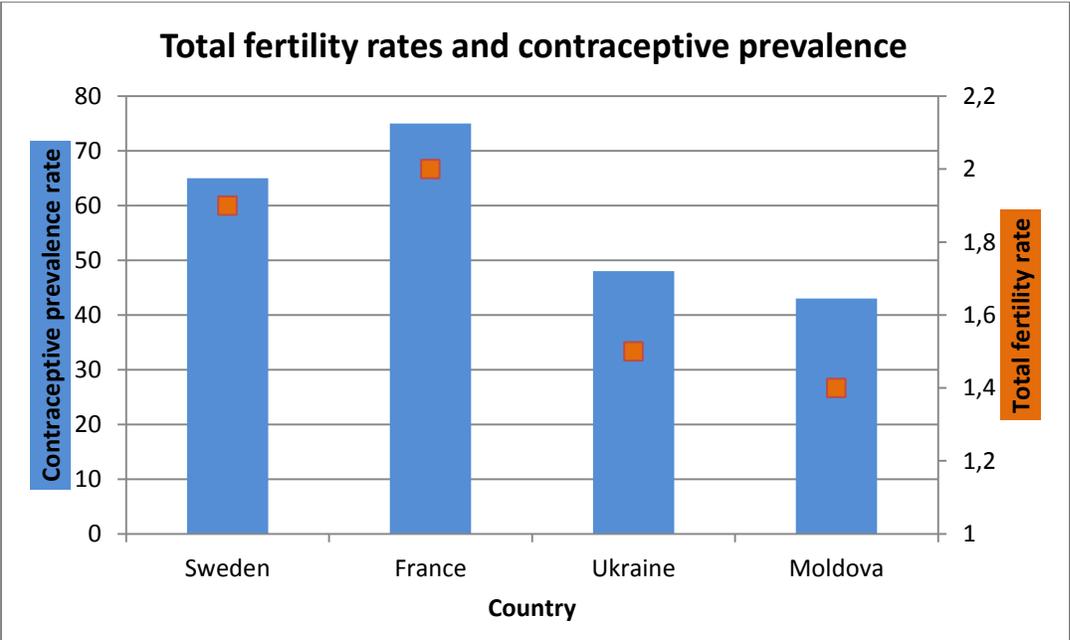
### THE COMPLEX RELATIONSHIP BETWEEN CONTRACEPTIVE USE, POPULATION GROWTH AND FERTILITY RATES

With a total population of 401.9 million, Eastern Europe and Central Asia (EECA) region experiences an annual population growth of 0.3%, with a total fertility rate of 2.0 (2010-2015). This figure for the region is boosted by Turkey and Central Asian countries which generally demonstrate higher fertility rates and population growth as opposed to Eastern European.

Fertility rates are influenced by numerous factors, including migration, conflict and economic, social and political transformations in transition societies of the EECA region. They lead to changing family formation patterns, late marriage, delayed childbearing, increased cost of raising children and less favourable conditions for reconciling work and family life.

There are counties in the European region that demonstrate high use of modern contraceptive methods along with a high fertility rate and positive population growth. For example, France has a 75% modern contraceptive prevalence rate, with an average annual population growth of 0.5% and a fertility rate of 2.0. In comparison, Ukraine with a much lower modern contraceptive prevalence rate of 48%, has a fertility rate of only 1.5 experiences an annual population decline of 0.5%.

**Graph 3: Total fertility rates and contraceptive prevalence**



Source: WHO Health for all database and UNDESA Population Division

Countries such as France and Sweden have succeeded in achieving a higher fertility rate by making changes to government policies that ensure access to contraceptive services, encourages women’s participation in the labour market, fosters opportunities to reconcile work and family life and establishes social protection mechanisms for parents and children.

## THE UNFPA'S ROLE IN FAMILY PLANNING AND THE UNFINISHED AGENDA

Due to the many reasons outlined so far, the UNFPA works to increase access to and utilization of quality family planning services across Eastern Europe and Central Asia. The UNFPA supports family planning programmes focused on scientific evidence about quality and effectiveness of programmes. It works to build national capacity to improve data on family planning, increase the demand for voluntary family planning and the integration of rights-based family planning into reproductive health services, maternal health care and HIV and STIs services.

The UNFPA works through partnerships with various agencies, civil society organizations and institutions to increase national ownership and strengthen political and financial support to family planning in the region, especially, when it comes to supply of contraceptives and other essential reproductive health commodities.

The UNFPA supports the assessment of the affordability of reproductive health commodities and this assists countries in exploring innovative and sustainable ways of providing an adequate supply for all to access.

Strengthening and repositioning family planning in Eastern Europe and Central Asia region is critical to improve the health of mothers and infants, strengthen gender equality and increase the life opportunities for young people.

Governments, civil society organizations, private sector and the international community should unite their efforts to:

1. Ensure that ***country legislation and policies are enabling women and families to make informed choices and decisions*** about their family size and birth spacing, and support women in education, effective employment and enhance the compatibility between female employment and childbearing;
2. Ensure that ***the most vulnerable and disadvantaged populations have a free access to family planning information and services***, including modern contraceptives;
3. Strengthen ***access of young people to comprehensive age appropriate sexuality education and youth friendly health services***;
4. Support ***integration of voluntary family planning in other reproductive health related services***, especially at the primary health care.

## HUMAN STORIES

In order to better illustrate what family planning means to mothers and families, it is useful to read accounts of people who have benefitted from it. The following two stories, from Ukraine and Tajikistan, examine trends, attitudes and issues associated with family planning in Eastern Europe and Central Asia.

### **MODERN CONTRACEPTIVE METHODS IN UKRAINE**

Fertility rates have been declining in Ukraine for several decades. The economic crisis of the 1990s prompted a dramatic decline in people's incomes, well-being and health, which had an adverse effect on fertility, mortality and migration patterns and contributed to depopulation. The early 1990s, marked by a difficult and uncertain political and economic climate, was not conducive to raising a family. At the same time after independence, market conditions allowed many Ukrainian women to choose careers instead of staying at home to raise families. Couples began postponing having children until they had good jobs and reliable incomes.

As a result of these trends, Ukraine's population shrank from 52.2 million to 45.6 million over the past 20 years, and today the fertility rate is 1.45--below the replacement level of 2.1.

Until recently, low birth rates in Ukraine were accompanied by a lack of knowledge of modern family planning methods, one manifestation of this being high abortion rates. Despite expansion of family planning services, abortion remained a relatively common family planning practice in Ukraine as couples relied on abortion as a means to have fewer children. Since the early 1990s there were up to one million abortions per year.

Today, however, because family planning is more readily available and understood, there are fewer unplanned pregnancies, and therefore fewer abortions. According to the Ministry of Health, there were 180,000 abortions performed in Ukraine in 2011. While this is still high compared to European standards, these figures indicate a significant decrease in abortions in the country.

Indeed for a long time, low birth rates in Ukraine were accompanied by poor knowledge of modern family planning methods. Today however as Ukrainians get more information on family planning, popular misconceptions of family planning as merely a method of reducing birth rates is being gradually replaced by a more modern view that family planning represents ways to protect the reproductive health of women, leading to having healthier children and living a healthier life.

This is evidenced by Tetyana, 31, and Volodymyr Naiavko, 37, the parents of four children who live in Lutsk in Western Ukraine which is in the Volyn' oblast. This region was the first region in Ukraine to experience population growth in recent years. The Naiavko family did their part to contribute to that growth with Olia, 10, Sasha, 8, Olenka, 6, and little year-and-a-half old Olezhyk. This is a higher number of children than the average Ukrainian family would have.

Tetyana and Volodymyr have only one sibling each, but they both wanted to have a big family. Tetyana says she wanted more than two children because some of her happiest memories of her childhood were of visiting her grandparents and staying in one house with her aunts, uncles and cousins.

“My mother is one of five daughters in her family and all five sisters have been very close all their lives. I wanted my children to have the same atmosphere at home and also the helping hand from their siblings in life after they’ve grown up,” says Tetyana.

“Family planning and contraception practices should not be regarded as a factor which influences fertility rates in Ukraine. There are other factors such as income levels of families, housing conditions etc. Contraception practices are a means to implement the reproductive choice of a person. Of course, the availability of contraception methods facilitates the decrease in the fertility rates because it lowers the number of unwanted pregnancies. However, it is not correct to state that contraception is a deciding factor of lower fertility,” explains Iryna Kurylo, head of the Department of Quality of Demographic Processes and Demographic Policy of the Mykhailo Ptukha Institute for Demography and Social Studies, Ukraine’s National Academy of Sciences.

Having decided to have at least three children, Tetyana and her husband also wanted to make sure they were born when Tetyana was ready in order not to compromise her health, so they made sure that there was an interval between the births of their children.

The timing of the births also allowed Tetyana to be able to respond to the needs of her children. As she says, when the first baby was born she had to adapt her life to the needs of another person who depended on her entirely. The birth of the second child two years later meant she had to learn to divide her time between her children and ensure that both of them got the attention they needed.

By the time Olenka was born, Tetyana had enough experience to take care of all her children. She says there is no big difference between having two, three or even four children in the house.

From the financial point of view, having intervals between births allowed the family to manage their income. As children’s needs are often quite costly, young couples should make sure that they can provide for the children. The births of all four children in the family were planned. So the use of family planning was a natural choice for the family.

“Abortion is just not an option for me. I could never have one, so I had to take precautions. Although some people say that the use of contraceptive medications can be regarded as a ‘small abortion’, I do not think so. This was my choice,” says Tetyana.

It was a joint decision of Tetyana and Volodymyr to use family planning methods. The family tried various methods and chose one that was the best for them, in consultation with her doctor.

Tetyana and Volodymyr both attended a “mother’s school” which is a one week-long course designed for women expecting babies and their partners. Lectures on contraception are a part of the curriculum. Volodymyr was also present in the delivery room as a birth partner when the three younger children were born.

“There is a great need in getting information to young people. When we organize small workshops for students in the Universities or vocational schools we always have a large attendance,” says Svitlana Demchuk coordinator in Volyn’ oblast of the USAID-funded project, “Together for Health.”

As a practicing gynaecologist she observes that women are less suspicious about contraceptive pills, but they are also willing to learn about other methods. As a consequence of this interest, there is a constant decrease in abortions and better health of women.

Both Tetyana and Volodymyr have received good educations. Volodymyr holds a degree in engineering and Tetyana is trained to be a medical technician. After the birth of their first child, Tetyana decided to concentrate on their children and stop working so now Volodymyr is responsible for their economic well-being.

The family manages their spending carefully and their financial situation is good. When we met Tetyana, Volodymyr and their three children for this story they were on holiday in Crimea, a popular holiday destination for many Ukrainians. Olezhyk, the youngest child, stayed in Lutsk with his grandparents as he's too little for a trip that lasts more than 20 hours. The family told us about their plans to build a house on the outskirts of Lutsk since their apartment became too small for the household.

Tetyana is one of many women in Ukraine who chose modern family planning methods in recent years. Young people in Ukraine increasingly seek information about modern contraception methods.

When asked if she wants to have any more children, Tetyana laughs and says she and her husband did not close the shop yet, but the next baby will not come up in the nearest future.

## **POVERTY, RELIGION AND MOTHERS-IN-LAW: THE DRIVERS OF CONTRACEPTION IN TAJIKISTAN**

“Things were different in my day,” says 70-year-old Tojigul Qurbonova, a mother of 10 from southern Tajikistan. “Mothers with a lot of children were showered with benefits and had a good life,” she adds as she proudly sports a “Mother Hero” certificate she was awarded in 1980.

The Soviet Union encouraged and supported big families. Mothers with more than five children were awarded gold medals, flats, telephones, and received financial help in the form of child benefits, fully paid extended maternity leave and early retirement.

“It was fully deserved,” sighs Tojigul. “Having so many children takes up all your energy, and you age early.” Tojigul, who has 31 grandchildren and is now familiar with modern family planning methods, wants to protect her daughters and kelins (daughters-in-law) from hardships caused by having a large family, and regularly brings them to the reproductive health centre in Khovaling for free consultations and contraceptives. In some areas of Tajikistan, tradition dictates that the kelin (or kelins) lives with her husband and the in-laws. The mother-in-law takes major decisions in the household, including those related to the number and spacing of her grandchildren.

The reproductive health centres were established under the auspices of the Ministry of Health, and since 1999 have received help from UNFPA that provides them with modern contraceptives: orals, injectables and condoms. These are available to the local population for free. “Our centre serves 11,460 people, and up to 20 women visit us every day,” says Zebunisso Tavalloeva, a resident midwife, who has been involved with the centre in Khovaling since 1981. “Women start using contraception for various reasons—in most cases it’s their economic situation, or they want a break between babies. It shows that the women, even in this remote region, are aware of birth control methods and the services we provide, and keen to exercise their human right to plan the family—with the approval of their mothers-in-law and husbands.”

The right to family planning is explicitly mentioned in only one human rights treaty, the Convention on the Elimination of All Forms of Discrimination Against Women, which was adopted in 1979,

when Bibinisso Sharipova, a 55-year-old mother of eight, had her first child. “We didn’t know a thing about family planning. Contraceptives were not available and everybody had a big family,” she says. “Things are definitely easier now, and although I’m done having children, I want to make sure that the next generation—my daughters and kelins—really benefit from the modern birth control methods that are available in our town.”

According to official statistics, about one in four women in Tajikistan uses modern contraception. “However, the unmet need for family planning still exists, meaning that over 200,000 women do not have a proper access to family planning services or do not use contraception,” says Khurshed Irgitov, Project Associate at the UNFPA office in Dushanbe.

Poverty also influences family size in Tajikistan, which is still recovering from conflict in the 1990s and where more than half the population lives below the national poverty line. In the past the average woman had between seven and ten children, but these days four children are more common. “In the Soviet times raising a big family, at least from the economic point of view, was not an issue, but now you struggle even with two or three children,” says Saidnuriddin Zukhurov, head doctor at the Health Centre in the village of Voseh. “Most mothers cannot afford good food for themselves and their children, and suffer from anemia and other conditions related to poor diet. An unhealthy mother is likely to have an unhealthy baby. These days people simply cannot afford to support big families.”

Dire economic conditions affected the family of one 44-year-old woman, married to a polygamist. “My husband has seven children by his first wife and only one by me,” the woman said. “I wanted more but he said we couldn’t afford more children so I had a coil [intrauterine device] fitted.” In a desperate attempt to have a second child, the woman secretly had the coil removed, hoping that her husband would welcome the news of becoming a father for the ninth time. But when the truth surfaced, the husband forced the woman to have an abortion.

Education and levels of awareness also influence family size. “Having a lot of children, often one after another..., reflects the level of education in our society,” says Guljakhon Bobosadikova, head of the non-governmental organization Women with Higher Education. “We should spend more time educating young parents—especially young fathers.”

A number of education and outreach programmes are already under way in the country and are helping increase demand for family planning. “At the heart of our activities...is the improved access of vulnerable populations to comprehensive and quality reproductive health services and information, especially in the rural areas,” says Nargis Rakhimova, National Programme Officer on Reproductive Health of UNFPA.

Back at her place, Khovaling’s Mother Hero can now sit back and count her blessings: “I look back on a well-lived life, and I want the best for my children and grandchildren. I want them to be responsible—and using contraception is a part of it.”