ABORTION IN EASTERN AND CENTRAL EUROPEAN COUNTRIES: LEGAL AND ETHICAL ASPECTS

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- Liberal abortion laws (except Poland)
- Abortions are performed in medical settings by qualified professionals with approved techniques
- Nationwide programs have been implemented to improve access and increase the use of modern contraceptives.
Regional successes according to the 2007 World Health Organization (WHO) and 2009 Alan Guttmacher Institute reports

- Eastern Europe is the region of the world with the greatest reduction in the abortion rate.
- The number of unsafe abortions and resulting maternal mortality decreased substantially in Central Eastern Europe and Central Asia.
- More women than ever are using contraceptives to prevent unwanted pregnancies.
Comparison of abortions rates worldwide and in Eastern Europe (1995 and 2003). (total abortion rates)

But...

- Can we really trust this decline?
Abortion rates from surveys and government sources among some countries of Eastern Europe and Eurasia (per 1000 women of reproductive age)

Source: Eastern Europe and Eurasia: A Comparative Report [5].
Regional successes according to the 2007 World Health Organization (WHO) and 2009 Alan Guttmacher Institute reports

- The number of unsafe abortions and resulting maternal mortality decreased substantially in Central Eastern Europe and Central Asia.

(unsafe abortion rate)

Fall in the number of unsafe abortions and resulting maternal mortality

- The estimated annual number of abortion-related maternal deaths decreased from 500 in the early 1990s to 300 by the year 2000.
But…
Abortion complications remain one of the leading causes of maternal mortality in many countries of Central and Eastern Europe and Central Asia

- In Kazakhstan, 22.5% of all maternal deaths in 2003
- In the Russian Federation - 18.5%
- In the 2006 to 2008 triennium, 14% of maternal deaths in Moldova
  - all of them illegal
  - all of them in the 2nd trimester
Why illegal if permissive legislation and extensive network of facilities and providers exists?

- Change in legislation
  - especially related to pregnancy termination after 12 weeks
  - only one social indication for 2\textsuperscript{nd} trim abortion in Russia!!!
  - only to save women’s life after 22 weeks
- Parental consent required
- Low confidentiality of services
- Waiting period required
- Informal payments
- Lack of trained providers
- Low socio-economic status and level of knowledge of the population
- Poor quality of services,
Poor quality of abortion services

- the technology used,
- the practice of infection prevention
- pain management,
- patient-provider interactions,
  - the provision of information on the procedure,
  - appropriate follow-up care,
  - post-abortion contraception,
  - privacy and confidentiality.

- One-third of all abortion-related maternal deaths in Russia occur following a pregnancy termination performed in medical facilities (Jirova I, 2009)
Regional successes according to the 2007 World Health Organization (WHO) and 2009 Alan Guttmacher Institute reports

- More women than ever are using contraceptives to prevent unwanted pregnancies
But…

High proportion of women are still using traditional contraceptive methods

- limited choice of methods;
- misconceptions about safety;
- the high costs of modern contraceptives, which are not covered by state funding;
- the poor quality or lack of sex education programs.
Contraceptive use among married women aged 15–49 years in selected countries

Central Eastern Europe and Central Asia

- Liberal abortion laws
- Abortions are performed in medical settings by qualified professionals with approved techniques
- Nationwide programs have been implemented to improve access and increase the use of modern contraceptives.

Nevertheless

- Highest rate of abortions in the world
- High unsafe abortions rate, compared with other regions with permissive legislation
- High proportion of unsafe abortion as a cause of maternal death
- Still low or decreasing contraceptive use
Other challenges
Rising religious Fundamentalism and influence on the governments

- Hungary: changes in the Constitution introduced in 2012: “protection of the embryo since conception”, protests against introduction of MA pills
- Attempts to ban abortion in Romania, Moldova, Ukraine
- Successes in limiting access to abortion in Russia
- Poland: in October 12 the Polish parliament rejected the bill regarding aimed at liberalizing abortion, introducing comprehensive sexual education and guaranteeing access to subsidized contraception.
Continuing women’s stigmatization (even in the churches)
Continuing women’s stigmatization in the public health facilities:

“IEC” materials distributed by the church
Conferences “Stop abortion!”

Asociația Obștească
“Pentru Familie”

Conferința
“Opriți Avortul!”
**Our sources of hope...**

- WHO strategic assessments, scaling up phases: Moldova, Ukraine, Russia (report still pending), Kirgizstan
- WHO Safe abortion updated guidance
- Gynuity Health Projects: successful introduction on evidence-based MA regimens: Moldova, Ukraine, Uzbekistan, Armenia, Georgia, Azerbaijan, soon Kazakhstan...
- FIGO initiative on preventing unsafe abortion: Moldova, Georgia, Macedonia, Kirgizstan
- National RH Strategies: abortion – one of the priorities (Moldova, Uzbekistan, Tajikistan)
- Advocacy initiatives: EEARC Advocacy workshop in March 2012, networking, International Campaign for Women's Rights to Safe Abortion
- New strategic partnerships: MSI, Concept Foundation...
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