

# Sexual and Reproductive Health and Rights in Europe

Report to the European Union



## Family Planning

Modern contraceptive use remains low in Georgia. As of 2004, the contraceptive prevalence rate among married women between 15-49 years of age was 41% for any method of contraception<sup>1</sup> and 20% for modern methods of contraception.<sup>1</sup> With a 10.5% prevalence rate among this population, withdrawal is the most common method of contraception.<sup>2</sup> Prevalence rates for modern methods of contraception are as follows: 9.7% of married women use IUDs, 6.3% use condoms, 1.6% rely upon sterilization, and 1.0% use oral contraceptives.<sup>3</sup>

Civil and military conflict, political instability, and social and economic hardship have left quality health care largely inaccessible for individuals living in rural areas and individuals unable to afford private doctors.<sup>4</sup> Georgians' health has subsequently deteriorated, and women have been particularly disadvantaged.<sup>5</sup> A 1999 survey reported that only 30% of women have had a gynecological exam in the previous 12 months and that only 72% of sexually active women have ever had such an exam.<sup>6</sup> Inadequate access to family planning services and high costs of contraceptives are considerable barriers to widespread use of modern methods of contraception. Additionally, maternal and infant mortality rates have increased considerably in Georgia, providing further evidence of the limited access to health care for women.

### **Abortion**

There are 2 abortions per live birth in Georgia. Georgian women marry early and thus, achieve their desired number of children early in their lives, and, as a result, abortions are concentrated in women between 25-29 and 30-34 years of age. The law permits abortions upon request during the first 12 weeks of pregnancy and for a range of medical and social reasons between the 12<sup>th</sup> and 28<sup>th</sup> weeks of pregnancy. These grounds include, for example, the divorce or the death of the husband during the pregnancy, the imprisonment of the woman or her husband during the pregnancy, or pregnancy that results from rape. In addition, abortions between 12 and 28 weeks are permitted for other reasons upon the approval of a commission of local physicians. Despite this, only 16 per cent of abortions in the country are legal (Women reproductive health survey, Georgia 1999-2000, Tbilisi, 2001). As a result, post abortion complications are very high at 32% and pregnancy related morbidity and mortality are much higher than in most European countries (1999). More than three quarters of all abortions falls at women aged 20 to 34. The survey is a concentrated in women aged 20 to 34. The survey is a present the survey of the

Due to the poor accessibility of contraceptive information and services, abortion remains the main method of fertility control. The low level of awareness of reproductive health issues, poor availability of family planning services and high cost of contraceptives, continue to be barriers to the increasing move from controlling fertility through abortion to contraceptives.

## HIV/AIDS

As of 2004, approximately 3,000 adults and children were living with HIV/AIDS in Georgia. In 2003, fewer than 200 adults and children died of AIDS. Intravenous drug use is the primary method of transmission and, as such, accounts for 72% of infections. Heterosexual transmission follows, accounting for 25% of infections.

Despite the relatively low prevalence rates of HIV/AIDS, UNAIDS reports that Georgia has the fastest growing HIV infection rate in the Caucasus. <sup>17</sup> Risky sexual practices and a considerable increase in the number of intravenous drug users indicate that HIV infection rates are likely to grow. <sup>18</sup> Further, low rates of modern contraceptive use - particularly of dual methods, such as the condom, that protect against sexually transmitted infections and pregnancy - and inadequate sexuality education raise concerns about HIV/AIDS prevention and transmission.

#### Adolescents

Though a UNICEF program began providing information related to reproductive health, family planning, and HIV/AIDS in 2003, there are no systematic sexuality education programs at schools or universities. 19 Lack of youth-sensitive services, including confidential counseling and care without parental consent, including parental consent for young women under the age of 17 to undergo an abortion, contributes to the lack of awareness among youth of how to prevent transmission of STIs, to the low rates of modern contraceptive use, high rates of illegal abortion, and growing prevalence of HIV/AIDS amongst adolescents in Georgia.

#### United Nations Committee on the Rights of the Child Concluding Observations to Georgia 27 October 2003

"The Committee notes with concern the increasing incidence of sexually transmitted diseases and that existing health services may not be tailored to the needs of adolescents, thus reducing their willingness to access primary health services.

The Committee recommends that the State party increase its efforts to promote adolescent health policies and strengthen the programme of health education in schools. It further recommends measures, including the allocation of adequate human and financial resources, to evaluate the effectiveness of training programmes in health education, in particular as regards reproductive health, and to develop child- and youth-sensitive confidential counselling, care and recovery facilities that are accessible without parental consent when this is in the best interests of the child. The State party could consider seeking technical cooperation and advice from UNICEF and the World Health Organization (WHO)."

UNFPA, State of the World Population 105 (2004), available at http://www.unfpa.org/swp/2004/pdf/en\_swp04.pdf (last visited August 3, 2005).

<sup>&</sup>lt;sup>2</sup> Population Reference Bureau, DataFinder database, available at http://www.prb.org/datafind/datafinder6.htm (last visited at August 8, 2005).

<sup>&</sup>lt;sup>3</sup> Population Reference Bureau, DataFinder database, available at http://www.prb.org/datafind/datafinder6.htm (last visited at August 8, 2005).

ASTRA, Reproductive Health Services in Georgia: Country Report, available at http://www.astra.org.pl/georgiarep.htm (last visited August 3, 2005).

<sup>&</sup>lt;sup>5</sup> ASTRA, Reproductive Health Services in Georgia: Country Report, available at http://www.astra.org.pl/georgiarep.htm (last visited August 3, 2005).

<sup>6</sup> ASTRA, Reproductive Health Services in Georgia: Country Report, available at http://www.astra.org.pl/georgiarep.htm (last visited August 3, 2005).

ASTRA, Reproductive Health Services in Georgia: Country Report, available at http://www.astra.org.pl/georgiarep.htm (last visited August 3, 2005).

<sup>8</sup> ASTRA, Reproductive Health Services in Georgia: Country Report, available at http://www.astra.org.pl/georgiarep.htm (last visited August 3, 2005).

<sup>9</sup> United Nations Population Division Department of Economic and Social Affairs, Abortion Policies: A Global Review 213 (2002), available at http://www.un.org/esa/population/publications/abortion/ (last visited August 3, 2005).

<sup>10</sup> United Nations Population Division Department of Economic and Social Affairs, Abortion Policies: A Global Review 213 (2002), available at http://www.un.org/esa/population/publications/abortion/ (last visited August 3, 2005).

<sup>11</sup> United Nations Population Division Department of Economic and Social Affairs, Abortion Policies: A Global Review 213 (2002), available at http://www.un.org/esa/population/publications/abortion/ (last visited August 3, 2005).

<sup>&</sup>lt;sup>12</sup> Report on Reproductive Health in from Georgia Women's Center, 2004, Dr. la Verulaishvili, Tbilisi, Georgia

<sup>13</sup> UNAIDS, Georgia: Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2 (2004), available at http://www.unaids.org/html/pub/publications/fact-sheets01/georgia\_en\_pdf.htm (last visited August 8, 2005)

<sup>&</sup>lt;sup>14</sup> UNAIDS, Georgia: Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2 (2004), available at http://www.unaids.org/html/pub/publications/fact-sheets01/georgia\_en\_pdf.htm (last visited August 8, 2005).

<sup>15</sup> UNAIDS, Georgia: Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2 (2004), available at http://www.unaids.org/html/pub/publications/fact-sheets01/georgia\_en\_pdf.htm (last visited August 8, 2005)

<sup>16</sup> UNAIDS, Georgia: Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2 (2004), available at http://www.unaids.org/html/pub/publications/fact-sheets01/georgia\_en\_pdf.htm (last visited August 8, 2005).

<sup>17</sup> UNAIDS, Georgia: Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2 (2004), available at http://www.unaids.org/html/pub/publications/fact-sheets01/georgia\_en\_pdf.htm (last visited August 8, 2005)

<sup>18</sup> UNAIDS, Georgia: Epidemiological Fact Sheets on HIV/AIDS and Sexually Transmitted Infections 2 (2004), available at http://www.unaids.org/html/pub/publications/fact-sheets01/georgia\_en\_pdf.htm (last visited August 8, 2005).

<sup>19</sup> ASTRA, Reproductive Health Services in Georgia: Country Report, available at http://www.astra.org.pl/georgiarep.htm (last visited August 3, 2005).