

**Universal Periodic Review of Lithuania
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Joint submission by:

**Family Planning and Sexual Health Association of Lithuania
www.tavogyvenimas.lt**



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Sexual Rights Initiative

www.sexualrightsinitiative.com



Key words: access to contraception; access to abortion; comprehensive sexuality education; youth-friendly sexual and reproductive health services; sexual reproductive health and rights (SRHR).

Executive Summary

1. Lithuania has failed to fulfill its commitment to implement a recommendation received during its first review in 2011, which asked the Government to make a wide array of family planning methods more widely available. In four years almost no actions have been taken to improve sexual and reproductive health and rights (SRHR) of Lithuanian people, except the establishment of the new *National Immunoprophylaxis Programme 2014-2018*, which introduced free vaccination for girls against HPV that will be started in September 2016¹. Because of limited access to contraception and a lack of comprehensive sexuality education, Lithuanian youth, women and society in general face the problems of unintended pregnancies, unwanted births, abortions, infanticides and growing rates of sexually transmitted infections (STIs). The Lithuanian Government is urged to improve the legislative and policy base on SRHR, and to ensure the provision of comprehensive sexuality education in schools and counseling on modern family planning (FP) in health facilities, as well as an effective contraception reimbursement system.

Progress and gaps in the implementation of recommendations from the 1st cycle of the UPR

2. During its first review in October 2011, Lithuania received 2 recommendations from Finland: (1) to provide mandatory sexual education in schools and increase knowledge and awareness about family planning among women and men (89.51); and (2) to make a wide

¹ National Immunoprophylaxis programme 2014-2018 <<https://www.e-tar.lt/portal/legalAct.html?documentId=014fa8b0779f11e3996afa27049d9d4e>>

array of family planning methods, such as a comprehensive range of modern and affordable contraceptives, more widely available (88.32). Lithuania accepted the second recommendation, and considered the first one as already implemented or in the process of implementation.

3. Although Lithuania treated the first recommendation as already implemented, the existing sexual education programme for schools, 'Preparation for Family Life' is not comprehensive, does not provide evidence-based information, and promotes only sexual abstinence, i.e. it does not correspond to the implication of the recommendation or to youth needs.
4. The second recommendation regarding contraception affordability and availability was accepted by Lithuania, but it should be noted that in the official Lithuanian documents it was translated incorrectly and therefore lost its original meaning. The Lithuanian wording of the recommendation implicates that Lithuania commits to compile a detailed list of modern family planning methods in order to make them more widely used².
5. The Family Planning and Sexual Health Association (FPSHA) actively advocated for the implementation of the second recommendation. Due to its advocacy, in 2014 two Reproductive Health Draft Laws were formulated, which provisioned the establishment of a contraception reimbursement system, but neither one of them was discussed in the Parliament. Therefore, problems of contraception accessibility and affordability remain.

Background

6. In Lithuania there is no sexual and reproductive health law, policy or programme which would provide a mandate for realizing SRHR. Since 1990 there have been several attempts to introduce both, legislation to advance SRHR, as well as legislation which would violate sexual and reproductive rights. In 2002 and in 2014 progressive SRHR draft laws were

² The Lithuanian wording: „88.32. Sudaryti išsamų šeimos planavimo metodų sąrašą, apimantį visą šiuolaikinių ir prieinamų kontraceptinių priemonių pasiūlą, kad juos būtų galima plačiau taikyti“. Source: "Visuotinės periodinės peržiūros darbo grupės ataskaita. Lietuva", autentiškas vertimas, Ministro Pirminiko tarnybos Organizacinių reikalų valdyba, 2012 05 08 <http://www.tm.lt/dok/ataskaita_Lietuva.pdf>

formulated, but neither one of them was adopted, because of the lack of political will, as well as the strong influence of the Catholic Church and conservative organizations.

7. Currently health issues, including sexual and reproductive health, are regulated by the Health Law, adopted in 1994³. However, it does not contain specific provisions on SRHR.
8. There is no separate law regulating the termination of pregnancy. Abortion is regulated by a decree of the Minister of Health, adopted in 1994. According to the regulation, abortion (with the exception of medical abortion) is legal and available on request for every woman over 18 years of age up to the 12th week of pregnancy. However, access to abortion procedures is limited: abortions performed for medical reasons are free of charge, yet abortion upon the woman's request is charged. Although the fee for an abortion procedure is too high for women with low income, and especially for adolescents, there is no reimbursement mechanism.
9. Even though the absolute number of abortions in Lithuania is declining⁴, the relative ratios indicate that the number of abortions among women of age 15-19 years have remained almost the same for several years – 7-8 % of all terminations of pregnancy⁵. There is a tendency that adolescents aged up to 19 years are more likely to give birth. According to UN data, in 2010 the births per 1,000 women in the 15-19 years age group reached 18.9⁶. This number is much higher than in Western Europe: in 2010 there were 9.8 births per 1,000 women in the 15-19 years age group in Germany, and 5.3 in the Netherlands⁷. The large number of adolescents' births in Lithuania is related with the influential opinion of the Catholic Church and conservative organizations that it is better to give birth than to interrupt an unplanned pregnancy. Conservative organizations that oppose abortion and

³ Health System Law <http://www3.lrs.lt/pls/inter3/dokpaieska.showdoc_l?p_id=454090>

⁴ Health Statistics of Lithuania 2014, *Lithuanian Ministry of Health Information Centre of Institute of Hygiene* <<http://sic.hi.lt/data/la2014.pdf>>

⁵ Medical data of Births 2014, *Institute of Hygiene Health Information Centre Vilnius University Medical Faculty Vilnius University, Centre of Neonatology* <<http://sic.hi.lt/>>

⁶ Human Development Report, *United Nations Development Programme* <<http://hdr.undp.org/en/content/adolescent-birth-rate-women-aged-15-19-years-births-1000-women-ages-15-19>>

⁷ Ibid

contraception condemn and stigmatize women and girls who choose abortion, and promote only giving birth, even when pregnancy is not planned or wanted.

10. Healthcare for children and young people is regulated by the decree no. V-138 of the Minister of Health, adopted in 2003⁸. However, a system of providing youth-friendly SRH services has not been created: there are no separate consulting rooms for youth, nor youth clinics; there is no specific counseling on preventing unplanned pregnancy and STIs; and there is a long waiting period to consult a doctor. According to the decree, adolescents over 16 years of age are allowed to access health care services without consent from their parents⁹. However, a lot of doctors do not follow the regulation; they are afraid of parents' reactions and, therefore, refuse to serve minors seeking consultation by themselves.
11. In 2007 the Minister of Science and Education approved the 'Preparation for Family life programme'¹⁰, which is neither comprehensive nor evidence-based, and promotes mainly sexual abstinence. Without comprehensive sexuality education in schools and counseling in health facilities, the reproductive health of young people is getting worse. In 2014, compared to 2013, the number of 20-29 years old people infected by gonorrhoea and chlamydia grew by 3 percent. Four percent of people newly infected with HIV were adolescents aged 15-19 years; in 2013, this figure was 2%¹¹.

Problem identification

Sexuality education

⁸ Decree of the Minister of Health, No. V-138 'Regarding personal health care services for children', February 28, 2003. <<https://www.e-tar.lt/portal/lt/legalAct/TAR.C61AC9F64DDD>>

⁹ Ibid

¹⁰ Decree of the Minister of Science and Education, No. 179 'Regarding the approval of the 'Preparation for Family Life Programme', February 7, 2007.

<<http://www.smm.lt/uploads/documents/svietimas/neformalus%20ugdymas/2007-02-07-ISAK-179.pdf>>

¹¹ Epidemiological situation in Lithuania. People infected with sexually transmitted infections (STIs) and Human Immunodeficiency Virus (HIV), *Infectious Diseases and AIDS Centre*

<http://www.ulac.lt/uploads/downloads/LPI_analize_2014.pdf>

12. Comprehensive sexuality education is not provided in schools. Requests of human rights organizations to create a new evidence- and human rights-based sexuality education programme have not been heeded.

Contraception

13. There is no contraception reimbursement system; contraception is too expensive for youth, at-risk and vulnerable groups to access. Not all family planning methods are available; voluntary sterilization is not legal. The education of healthcare professionals on contraception counseling is low. There is no quality counseling on contraception – neither for youth, nor for couples, and no awareness raising campaigns on contraception use are organized. Therefore, myths about contraception prevail.

Abortion

14. Abortion upon request is too expensive for women with low income, and especially for young people. Further, medical abortion is not legal.

SRH services for youth

15. There are no youth-friendly sexual and reproductive health services; youth indicate that they need separate consulting rooms or youth clinics.

Legislation regulating SRHR

16. No SRHR law, policy or programme has been established since Lithuania gained independence in 1990; a modern family planning programme has not been introduced. No priority is accorded to SRHR at the political and governmental levels and there is a lack of political will to improve the situation. The Catholic Church and conservative organizations that oppose abortion and contraception influence decision making on SRHR.

Recommendations

17. We call on the Lithuanian Government to ensure and protect sexual and reproductive health and rights of women, youth and society in general by implementing the following recommendations:

Legislation regulating SRHR

18. Ensure that the Reproductive Health Draft Law is presented to Parliament for discussion.
19. Formulate a national SRHR strategy, and integrate sexual and reproductive health into the next National Health Programme for 2026-2036.

Sexuality education

20. Establish evidence-based and mandatory comprehensive sexuality education at schools and ensure allocation of sufficient financial and human resources for its provision.
21. Ensure the training of educators to provide good quality comprehensive sexuality education at schools.

Contraception

22. Ensure the implementation of regular awareness raising campaigns on SRHR, which include information on the full range of modern contraceptive methods.
23. Develop adequate reimbursement schemes for modern contraceptive methods to address the financial barriers faced by young women and vulnerable groups.
24. Develop specific measures to improve access to contraceptive options in the context of gender equality policies.
25. Legalize voluntary sterilization.

Abortion

26. Legalize medical abortion.
27. Ensure access to services for the termination of pregnancy; establish an abortion reimbursement system for women with low income and at-risk groups.

SRH services for youth

28. Establish youth-friendly sexual and reproductive health services, in consultation with youth.
29. The Lithuanian Government is encouraged to ensure the effective implementation of the recommendations listed above through appropriate funding and efficient monitoring and evaluation systems, including a comprehensive set of relevant indicators.