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Executive Summary

1. This report describes the reproductive and sexual rights situation in Belarus with particular reference to three main issues: contraception, abortion and comprehensive sexuality education. Contraception and abortion are legal in Belarus; some resources on issues related to sexual and reproductive health are published. But still some restrictions and limitations toward these issues are observed in Belarus:
 - a. limited access to modern contraceptives due to administrative and economic reasons: oral contraception can be bought only by prescription; voluntary sterilization is available only to individuals older than 35 years or individuals with at least two children; contraception is rather expensive and there are no state subsidies for it; there is a difference in access to contraception between urban and rural areas;
 - b. abortion is legal in Belarus but it is a rather expensive procedure, and only a small group of women can access abortion for free: adolescents, women with social and medical indications; also the negative attitude of state actors, conservative groups and the media towards abortion can act as a “moral barrier” for women’s access to abortion, in other words women who undergo abortion can experience heightened levels of stigma and discrimination;
 - c. absence of comprehensive sexuality education, and sexual and reproductive health information and services for adolescents: there is no standard curriculum for adolescents about sexual and reproductive health, just some elective courses; contemporary sexuality education in Belarus is partial and unsystematic; textbooks that include some elements of sexual education are rather heteronormative, strongly stereotype women and promote a traditional model of family with differentiated gender roles for men and women;
 - d. physicians` education does not include issues about the specific health care needs of LGBT-people; no research has been conducted in Belarus on the situation of LGBT persons within the health care system;
 - e. youth-friendly services are not developed enough and youth are not informed well about their operation; health care services are provided to patients under the age of 18 only with the consent of their legal guardians.

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

2. During the 1st cycle of the UPR, Belarus did not receive significant recommendations focusing explicitly on reproductive and sexual rights issues. Recommendations were connected mostly with the issues of gender equality and women rights in general. Only one recommendation can be considered as connected with reproductive health: “Continue its action-oriented policy on the reduction of infant mortality, maternal care, combating HIV/AIDS and environmental protection”.
 - a. It should be noted that in the area of infant and maternal mortality the government has achieved significant results. So the number of women dying from complications of pregnancy, childbirth and the postpartum period per 100 000 live births in 2005 was 10 people, and in 2012 - 1 person. In all regions except Minsk in 2012, the maternal mortality rate was zero. The mortality rate of children under 5 years (per 1 000 live births) in 2012 was: among girls - 3.8, among boys - 5.1. These numbers are two times lower than in 2005. For children under 1 year the infant mortality rate is even lower: 3.0 among girls and 3.7 among boys.ⁱ

- b. Progress in this area can be attributed to the continuation of systematic work on this issue. Measures to improve the system of maternal care, to reduce morbidity and mortality and to finance health care services were determined by previous programs: Presidential Program "Children of Belarus" for 2006-2010ⁱⁱ, the National Program on Demographic Security of the Republic of Belarus for 2007 -2010ⁱⁱⁱ and the Development Program of Health care services for 2006-2010^{iv}. The most recent demographic program for 2011-2015 includes the following special measures related to maternal care and health: the development of new forms of medical care for women of reproductive age, and ensuring the prevention of adverse outcomes of pregnancy and childbirth for mother and fetus.^v In addition, some more normative regulations were adopted by the Ministry of health care on improving organizational and methodical work of pediatric and obstetric services^{vi}. As a result, some improvements are observed: the number of obstetrician-gynecologists per 10 000 women in 2013 was 5.1 (compared to 4.9 in 2010); the number of beds for pregnant women and mothers per 10 000 women aged 15-49 years in 2010 was 22.1 and in 2013 - 22.7.^{vii}
- c. In relation to the HIV the picture is much worse. Belarus adopted the State Program of HIV-Infection Prevention, 2011-2015, which aims to curb the spread of HIV infection and reduce mortality from AIDS^{viii} but this has been ineffective. The number of people that were newly diagnosed with HIV per 100 000 population in 2005 was 7.8, compared to in 2013: 16.2.^{ix} Moreover, Belarus adopted the Law "On prevention of spread of diseases that pose a danger to public health, human immunodeficiency virus" (January 7, 2012 № 345-3), in which HIV is equated to socially dangerous diseases. Article 19 of the Law legitimates compulsory medical examination of a person in respect of whom there are reasonable grounds to think that he/she has HIV. Compulsory examination is required to be carried out by a health care institution with the authorization of the public prosecutor. This law constitutes arbitrary interference with one's privacy and can lead to the stigmatization of people living with HIV.

Background

3. The law, which regulates the provision of health care services, including sexual and reproductive health, is the Law on Health Care^x. This Law secures a woman's right to self-determination of the question of reproduction. Article 27 of the Law on Health Care states that: "A woman has the right to decide by herself the question of motherhood". In turn, the Law on Demographic Security states that "reproductive rights - is an opportunity for all couples and individuals to decide freely on the number of their children, periodicity of their birth, time of their birth and to have all necessary information and means for that" (Article 1).^{xi} Therefore, contraception and abortion are legal in Belarus.
4. According to the Article 27 of the Law on Health Care, women are free to access abortion until 12 weeks into the pregnancy, under certain conditions until 22 weeks of pregnancy, and at any point during the pregnancy when there is risk to the woman's health or some medical conditions. Women under the age of 18 can access an abortion with permission from the parent or guardian. Special normative documents on social and medical conditions for abortions on late stages of pregnancy are adopted in Belarus^{xii}.
 - a. According to the Bylaw of the Council of Ministers on January 11, 2013 № 23 in Belarus eight out of ten social conditions for a woman to get an abortion after 12 weeks of pregnancy were removed: if she or her husband is in prison; if she has a disabled husband or a child; in case of death of her husband or divorce during a pregnancy; if she already has three or more children; if she or her husband is recognized as unemployed during a woman's pregnancy; if she has a refugee status. The two conditions that remain are: rape, and a court decision on deprivation of parental rights (meaning that if women already had a child or children but she was deprived of parental rights toward these child or children, she is granted a right to get an abortion in case of new pregnancy). With the passing of the new Bylaw, women's abortion rights have been severely restricted.

- b. Medical conditions include pregnancy occurring at an age under 18 or older than 45, and 141 physiological and psychological illnesses, including tuberculosis, syphilis, hepatitis, HIV and mental disability.
5. In June 2014^{xiii}, some changes to the Law “On Health Care” were adopted, according to which the doctor has a right to refuse on the grounds of conscientious objection to do an abortion. In this case, the health care institution still has to provide the woman an opportunity to get an abortion; specifically, it is responsible for finding her another doctor to perform the procedure. Article 27: “Doctor has the right to refuse to perform abortion by written notice to the head of the health organization, if the refuse does not directly threaten the life and (or) health of a woman. After receiving written notice of a doctor, head of the organization should organize to the woman an abortion by other doctor”.
6. In order to create conditions for equal opportunities for both genders, the fourth national plan to secure gender equality is being implemented between 2011 and 2015^{xiv}. The Plan includes measures to strengthen the reproductive health and knowledge of women and men, and includes focus on family planning, maternity and childcare, including:
 - awareness raising and skills building on issues of women's and men's health (oncological diseases of the reproductive system, prevention of sexually transmitted infections, contraception);
 - developing a system of family planning through improving the work of advisory services "Marriage and Family" (these are special centers, which include the following offices: adolescent gynecology, infertile marriages, family planning and contraception, psychological support, genetic counseling, pregnancy loss, pathological menopause);
 - developing a network of youth-friendly centers focusing on encouraging healthy lifestyles and improving reproductive, psychological and physical health of young people;
 - developing and implementing measures to improve the reproductive health of women through the development of high-tech kinds of medical care;
 - increase coverage of women being observed by mammogram.

Contraception

7. On March 7, 2012, the Ordinance of the Ministry of Health Care No. 15 amending the list of the medical products sold without prescription was adopted. In accordance with the ordinance, oral contraceptives are now a part of the list of the medications that are to be sold on prescription only. Therefore, women have to visit the doctor every 3 months to obtain such a prescription. Introduction of such restrictions does not go hand in hand with the health care system reform. For example, services in the antenatal clinics (where women get free gynecological help, information and services related to contraception and family planning) are often of low quality and many women face barriers to access, such as queues, limited access to trained health-care professionals, offensive behavior of health personnel etc.^{xv} These services are inaccessible and unaffordable for women in small towns and villages. For example, at the end of 2013 the number of practicing physicians per 10 000 population in Minsk and big cities as Brest, Vitebsk, Gomel, Grodno, Mogilev was on average 50 doctors. In other regions, it was on average 20 physicians. In 39 regions (out of 118), the number of doctors was less than 20.^{xvi} Regarding the availability of nurses, the same situation is observed. In Minsk and big cities there were on average 140 nurses per 10 000 population. However, in the 33 other regions there was less than 100 nurses per 10 000 population.^{xvii} As a result, depending on geographic location, it is sometimes difficult to obtain a consultation with a nurse or a prescription from a doctor regarding contraceptive options and services.
8. In June 2014, some changes to the Law on Health Care were adopted, placing restrictions on voluntary sterilization^{xviii}. Previously, the only requirement to conduct voluntary sterilization was a will of the individual, that is, the law provided the right to use this method of contraception to all people that wanted it. New changes

in the Law imposed additional restrictions: voluntary sterilization is only available to individuals older than 35 years old or individuals with at least two children. An individual can avoid these restrictions only if he or she has medical indications requiring sterilization. Adoption of restrictions on sterilization, in fact, intended to uphold the institution of "motherhood" where childbearing is perceived as a duty and obligation for women and not as a matter of free choice.

9. Social and economic barriers often prevent women and girls from obtaining contraception. According to the 2012 Multiple Indicator Cluster Survey to assess the situation of children and women in the Republic of Belarus^{xi}, 7% of women have an unmet need for contraception. This figure is higher for young women: 15-19 years - 15.1%; 20-24 years - 14.2%; in rural areas - 4.1%, compared to 2.9% in urban areas; and among women living in poverty – 10.6%, compared to lower middle class – 6.6%, middle class – 7.7%, upper middle class – 7%, upper class/ rich – 4.8%. Accordingly, the most disadvantaged group in terms of access to contraception are young women from rural areas, who cannot afford to buy contraceptives.
10. The cost of oral contraception (pills) is a minimum of 10 euros per pack (1.5-2 packs are needed per month). The average wage in the country in July 2014 was about 470 euros, in agriculture - 390 euros.^{xx} In 58 regions (out of 118), the nominal gross average wage is less than 290 euro.^{xxi} According to official statistics on household expenditure from 2013, 28.7 % of gross income was available for non-food goods (including minimum 3.2 % for contraception).^{xxii} For a salary of 470 euros, contraception costs (minimum 15 euros) would account for 11% of the available 135 euros. For a salary of 300 euros, contraception costs would account for 17% of the available 86 euros. There are no state subsidies for contraception and women have to pay full price for hormonal pills. They are not included in the minimal social standard in the system of health care. Insertion and removal of an intrauterine device (approx. 10 euro), except for 'social reasons'^{xxiii}, and voluntary surgical sterilization (approx. 30 euro) are included in the list of paid services.^{xxiv}

Abortion

11. Abortion is also provided in Belarus for a fee. Prices for just a procedure, excluding observations and consultations, are: vacuum aspiration – 10 euro, medical abortion – 60-100 euro, surgical abortion – 30-60 euro. Only three categories of women can access abortion services for free – young women under the age of 18, women who meet the medical or social conditions outlined in Bylaw of the Council of Ministers on January 11, 2013 № 23 and Bylaw of the Ministry of Health Care of the Republic of Belarus on February 7, 2007 № 15 for abortion.
12. In Belarus, abortion has always been legally permitted, but official rhetoric frames it in extremely negative terms. In spite of the vested right of the woman to the free and independent reproductive choice as per this Law, the government uses traditionalistic and pro-natalist rhetoric to promote the idea that each woman's body is perceived implicitly as the 'mother's body.' Motherhood appears as the 'natural' destination of the woman and ultimate expression of her femininity, the only 'normal' version of her life target. The latest demographic program for 2011-2015 in the part about its technical justification states: *"Reduction of a need in children, loss of families with many children as a national tradition have resulted in the fact that today a Belarussian family is usually a family with one child... In this situation one of the priority tasks of the demographic [programme] is to revive the importance of the family, family values"*. Accordingly, further this program states that in order to strengthen the health of the population and increase life expectancy, it is planned to carry out *"prevention of abortions, based on the cooperation between the government, religious confessions, civil society organizations and the media"*. This attitude increases stigma associated with women's access to and use of abortion services, and also resulted in concrete policies that were adopted for the last years as previous mentioned in this report, which include reduction of social indications for free abortion, inclusion in the list of paid services, safeguarding doctors' ability to conscientiously object to provision of abortion services. Women may feel shame and guilt because they perceive themselves to be defying familial expectations, cultural norms or ideas of motherhood.
13. In recent years, debates about abortions intensified also because of the proposal of religious organizations to include changes in the Law on Health Care to ban abortions. These propositions were not adopted, but this

situation caused a wave of negative media discussions about abortions.^{xxv} Moreover, religious organizations and conservative groups intensified their activity against abortions. Because of their activity and the State's own "traditionalistic rhetoric", the Ministry of Health Care decided to conduct preventive action "In defense of life", according to which during the whole year 2014 "weeks of silence" will be conducted in different towns, i.e., no abortions will be conducted.^{xxvi}

Comprehensive sexuality education; Services for youth; and LGBT health

14. Elements of comprehensive sexuality education in Belarus appear within the family and gender education or education on healthy lifestyle. Sexuality education is not represented as an autonomous component of education. Textbooks on reproductive health of youth, which can be used in schools, exist in Belarus. They include information about anatomy and physiology, family planning and contraception, sexually transmitted infections, and psychosexual development.^{xxvii} However, there is no standard curriculum for adolescents about sexual and reproductive health. Courses on reproductive health, gender and family education can be conducted only optionally, as elective courses, and this depends on the will of teachers and administration of the school.
15. Some experts note that a function of comprehensive sexual education is carried out mostly by doctors, and concerning education institutions, "*courses on sex education are not included in the school curriculum, that is why the formation of the sexual culture of pupils depends on the degree of involvement, enthusiasm and professionalism of socio-pedagogical staff of educational institutions*".^{xxviii} Data from a survey of adolescents (15-18 years) in 2010 also shows that the main sources of information on reproductive health for them are: printed and visual information of medical services, books - 40.6%, peers - 34.9%, TV and press - 33.2%, the family - 32.3%, physicians - 20%, teachers - 19.9%, personal experience - 17.5%.^{xxix} However, only 49.6% of adolescents said that the school organized for them consultations with doctors (gynecologist, urologist, and surgeon). For the majority (29.5%) conversations touched the issues of personal hygiene or sexually transmitted diseases (28.2%). Quarter of adolescents noted that they received from the doctor information about prevention of pregnancy (24.9%), one-fifth of adolescents (22.8%) - about sexual life. Seldom did consultations touch issues of the structure and functions of the reproductive system (13.2%) or the consequences of abortion (12.6%). Consultations were organized for the majority of adolescents only during 9-11 grades.^{xxx}
16. Moreover, analysis of textbooks that include some elements of sexual education shows that they are rather traditionalistic.^{xxxi} These textbooks strongly stereotype women and promote traditional model of family with differentiated gender roles for men and women. Women are perceived as a 'reproductive potential' and 'demographic reserve'. In the official rhetoric, care for reproductive health is mostly perceived in the framework of care for the demographic situation and the gene pool of the nation. For example in one textbook devoted to the issue of reproductive health can be found the following statements: "*Teenage girls are the key potential of the country that provides for the stability of demography, gene pool of the nation, and ultimately the future of the state*"; "*The biggest value of the woman is her health. It gives her a possibility to give birth and rear children, to maintain the marital relations, to keep the house, to work, to participate in the social life actively*".^{xxxii}
17. Knowledge about reproductive health does not include content on sexual or gender diversity. Analysis of 46 textbooks for schools and 12 textbooks on psychology, psychiatry and sexology for higher education (all editions are published between 2002-2011 years) shows that heterosexuality is seen as the only way of psychosexual development. Information about other types of sexuality, - homosexuality, bisexuality, asexuality - is located only in a few textbooks and often in separate sections or just in dictionaries at the back of the book. In addition, in many textbooks, homosexuality and bisexuality are presented as pathology, perversion or anomalies.^{xxxiii} The manual on counseling of adolescents and youth on reproductive health, published by the Ministry of Health Care and UNFPA in 2011, reinforces "traditional" sexual and gender identities and expression: "*Girls play boys' games, fight at the equally level with them, wear men's clothes, prefer male roles in amateur performances, choose male kinds of sport and profession. Boys grow "homey", help with housekeeping, care for younger*

children, with enjoy visit dance, music lessons and figure skating. These children in the period of development of psycho-sexual orientation are at high danger of formation of homosexual attraction”.^{xxxiv}

18. In addition, physicians` education does not include issues of sexual and gender diversity.^{xxxv} As a result, they are not equipped to serve LGBT persons. Therefore, LGBT persons, for fear of disclosing their sexual orientation or transgender status, may find contact with doctors difficult, which may result in negative health outcomes. Unfortunately, no research has been conducted in Belarus on the situation of LGBT persons within the health care system and hence, there is no data regarding discrimination faced by LGBT persons in health care institutions.
19. Currently, the information on sexual and reproductive health is delivered through campaigns for youth by NGOs, volunteer organizations, and youth health centers. Such information is provided in an unsystematic manner, differs from region to region, and is dependent upon regional administration annual plans and budgets. Regarding "Youth Friendly Services" experts state that the centers are understaffed with specialists, there is a lack of paediatric gynecologists, negative attitudes towards adolescents in centers are wide spread, which leads to a reluctance of teenagers to go to doctors for advice about a healthy lifestyle.^{xxxvi} According to data from a survey of adolescents (15-18 years) in 2010, only 31.07% of boys and 46.2% of girls are informed about the possibility to receive medical care at the youth health centers. Among them only 1.6% of boys and 4.8% of girls visited such centers.^{xxxvii}
20. Absence of comprehensive sexuality education and the existence of the norms in laws, according to which health care services are provided to patients under the age of 18 only with the consent of a parent or legal guardian, create a situation in which young people are not prepared for sexual life and well-being. Young people who already are engaged in sexual activity are legally unable to make autonomous decision regarding their sexual and reproductive health, as they require parental consent when accessing information and services. This contributes to increase risk of unwanted pregnancies, transmission of STIs and HIV, and might lead to young women seeking out unsafe abortions. According to the Multiple Indicator Cluster Survey to assess the situation of children and women in the Republic of Belarus^{xxxviii}, which was done in 2012, in the age group 15-19 years, 42% of sexually active girls do not use any kinds of contraception. As a result, teenage girls are a dominating population in the structure of STI morbidity. In 2013, there were 61.5% of girls among those who have been diagnosed with syphilis in the age group under 18 years. As for gonococcal infections, girls totaled to 62.2%. In the overall structure within people who were diagnosed with syphilis and gonococcal infection in 2013, young people aged 0-19 years were, respectively, 5.8% and 12% of all cases.^{xxxix} As for new HIV cases, in 2013 there were 41 cases among the age group under 19 years; 61% of these were girls.^{xl}

Recommendations for action:

21. Ensure equity in service access, by providing adequate availability in both urban and rural areas, and by making sexual and reproductive health services free or affordable.
22. Eliminate existing restrictions on access to oral contraception and voluntary sterilization. Special attention should be paid to the issue of access to contraception for marginalized groups such as young women from rural areas.
23. Develop and introduce mechanisms to provide contraceptives and medical abortion for free or affordable cost to the most marginalized populations, including adolescents. Expand the list of social conditions permitting free abortion and contraception to include all women. Include the widest possible range of methods of contraception and abortion to the minimal social standards in health care, which include a list of services that are provided for the population for free.
24. Raise awareness to eliminate abortion stigma and moral judgments toward women who undergo abortions.

25. Support education projects and campaigns related to sexual and reproductive rights to foster understanding of human sexuality as a positive aspect of life; create cultures of acceptance, respect, non-discrimination and non-violence; eliminate gender discrimination and violence against women and girls.
26. Create mechanisms to monitor textbooks, devoted to the issues of sexual and reproductive rights, with the aim to free them from rigid stereotypes about gender roles and sexual behavior.
27. Develop and introduce a mandatory national comprehensive sexuality education curriculum in schools, accompanied by an awareness raising campaign for the general public. Include in it content on anatomy and biology, sexual and reproductive health, issues related to the situation of non-heterosexual persons in society, different family models, such as single parents, non-heterosexual parents and foster families, respectful relationships, decision-making, gender equality and human rights.
28. Amend the laws to eliminate age restrictions and parental consent requirements that limit young people and adolescents' ability to make free and informed decisions regarding their sexual and reproductive health.
29. Create mechanisms to monitor and support the operation of youth-friendly health centers that provide physical, psychological, sexual and reproductive health services.
30. Raise awareness about sexual and gender diversity and the specific health needs of LGBT persons among healthcare and social care personnel. Include content pertaining to the current medical and psychological knowledge on sexual orientations, gender identities and expression, social functioning and specific needs of and barriers faced by LGBT persons in the curricula of medical studies and teacher training.
31. Revise the norm about compulsory medical examination of a person in respect of whom there are reasonable grounds to think that he/she has HIV. Increase access to voluntary HIV testing and counseling.

ⁱ Zhenschiny i muzhchiny Respubliki Belarus (Women and Men in the Republic of Belarus). Minsk, 2013. P.193.

http://belstat.gov.by/bgd/public_compilation/index_113/

ⁱⁱ Edict of President of Republic of Belarus on May 15, 2006 № 318.

ⁱⁱⁱ Edict of President of Republic of Belarus on March 26, 2006 № 135.

^{iv} Bylaw of Council of Ministers of the Republic of Belarus on August 31, 2006 № 1116.

^v Edict of President of Republic of Belarus on August 11, 2011 № 357.

^{vi} Order of the Ministry of HealthCare of the Republic of Belarus "On approval of the multi-level system of perinatal care and the order of its functioning in the Republic of Belarus" January 23, 2010 № 52

Order of the Ministry of HealthCare of the Republic of Belarus "On improvement of organizational and methodological work of the pediatric and obstetric services in the Republic of Belarus" November 16, 2010 №1235

^{vii} Statisticheskiy ezhegodnik Respubliki Belarus, 2014 (Statistical Yearbook of the Republic of Belarus). Minsk, 2014. P.185.

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^{viii} Bylaw of Council of Ministers of the Republic of Belarus on March 4, 2011 № 269.

^{ix} Zdorovie naseleniia Respubliki Belarus (Health of the population in Republic of Belarus). Minsk, 2014. P.62.

http://www.belstat.gov.by/bgd/public_compilation/index_472/

^x Law of Republic of Belarus "On Health Care" June 18, 1993 №2435-XII (with amendments as for 16.06.2014).

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^{xi} Law of Republic of Belarus "On Demographic Security" January 4, 2002 № 80-3.

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^{xii} Bylaw of Council of Ministers of the Republic of Belarus "On making amendments and additions to the Decree of the Council of Ministers on October 23, 2008 №1580 "January 11, 2013 № 23, and the Bylaw of the Ministry of Health Care of the Republic of Belarus "On approval of the Instruction on the procedure of doing abortion and the Annulment of the bylaw of the Ministry of Health Care of the Republic of Belarus on August 1, 2002 N 60" February 7, 2007 № 15.

<http://pravo.levonevsky.org/bazaby11/republic21/text768.htm>

^{xiii} Law of the Republic of Belarus "On Making Amendments and Addenda to the Law of the Republic of Belarus "On Health Care"" June 16, 2014 № 164-3. <http://www.expert.by/EC/monitorings/208343.txt>

^{xiv} Bylaw of Council of Ministers of the Republic of Belarus "On approval of the National Plan of Actions on Gender Equality in the Republic of Belarus for 2011-2015" August 16, 2011 № 1101. <http://www.levonevski.net/pravo/norm2013/num08/d08148.html>

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- ^{xx} Gross wages and salaries in the Republic of Belarus in July 2014 // National Statistical Committee of the Republic of Belarus.
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- ^{xxii} Social conditions and standard of living in the Republic of Belarus. Minsk, 2014. P.119-120.
http://www.belstat.gov.by/en/bgd/katalog-publikatsii/public_compilation/index_155/
- ^{xxiii} 'Social reasons' are mentioned in the text of the Bylaw of the Council of Ministers "On the provision of paid medical services by public health agencies" (February 10, 2009 № 182), which at the same time does not contain any explanations about this "social reasons", what they mean and include. Moreover, no explanations was found in other normative documents.
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