

**UPR SUBMISSION ON REPRODUCTIVE RIGHTS  
IN THE RUSSIAN FEDERATION  
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**Joint submission by:**

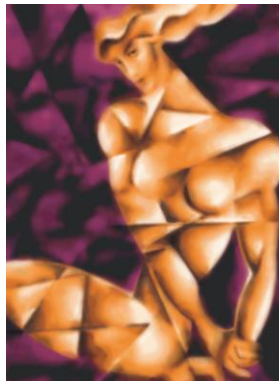
*The Federation for Women and Family Planning*

[www.federa.org.pl](http://www.federa.org.pl)

*and*

*The Sexual Rights Initiative*

[www.sexualrightsinitiative.com](http://www.sexualrightsinitiative.com)



**Federation  
for Women  
and Family  
Planning**

**sri**  
SEXUAL RIGHTS INITIATIVE

## **I. Introduction**

1. Article 41 of the Constitution establishes that everyone has the right to health protection and medical aid<sup>1</sup>. Article 19 reinforces this guarantee by outlawing discrimination in the provision of health services and assuring that women and men have equal rights, liberties and opportunities<sup>2</sup>.

2. The Federal Law on Protection of Citizens' Health in the Russian Federation guarantees every woman the right to free family planning consultation and provides pregnant women with state support through health care insurance and other guaranteed social services<sup>3</sup>. However, currently there is no comprehensive sexual and reproductive health strategy in the Russian Federation. Consequently, women and adolescent girls face numerous barriers in their access to sexual and reproductive health information and services, including contraception.

3. The regional NGOs' experience shows that major violations of sexual and reproductive rights occur in the following areas:

- access to modern contraceptives;
- access to legal and safe abortion;
- forced abortion and sterilization;
- violence against women and victim's access to health services

## **II. Contraception**

3. In Russia no contraceptives are included in the List of Medicines financed by the State Health Insurance. All contraceptives have to be purchased for a full price. The only exception is condoms that are distributed to youth in the so-called "Youth Centers". Resources for that come from local budgets and are not regular. At gynecological clinics there is contraceptive counseling available but most people do not use it and buy medicines (Combined Oral Contraceptives - COC) directly in drugstores, usually without necessary knowledge and with no individual counseling. One of the main reasons for that is the fact that counseling programs are not accessible outside big cities and the situation is especially difficult in that matter in rural areas and small cities.

4. There are some good practices, especially regarding contraception counseling and distribution of contraceptives among youth. For example, in several regions, like the region of Novgorod there is a Youth Medical Centre (with a municipal financial support) that provides youth with free contraception and information about methods of contraception. Centers of such kind are located in the Northern and Western regions of Russia. In other regions of Russia there is a network of so called "Youth Reception" operating that provides youths with information about methods of contraception. These are good examples but there is no system that operates in all the regions, is properly established, financed from the state budget and accessible for all.

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1 Constitution of the Russian Federation, art. 41.

2 Constitution of the Russian Federation, art. 19.

3 The Federal Law of the Russian Federation of November 21, 2011, N 323-FZ, on Protection of Citizens' Health in the Russian Federation, arts. 48-49.

5. The high cost of modern contraception, which is not covered by public health insurance, makes it unaffordable for most women, adolescents, and especially women living in rural areas who have lower income.

6. Gynecologists often lack comprehensive knowledge and training in the area of reproductive health. The widespread belief that contraceptives are ineffective and dangerous puts women in a very difficult situation. Moreover, the Russian Orthodox Church Hierarchy is an outspoken opponent of any type of contraception. For instance, the 2008 Social Concept of the Russian Orthodox Church denounces the “deliberate refusal of childbirth on egotistic grounds” as “a definite sin” and fuels the myth that some contraceptive methods cause abortion.<sup>4</sup>

### Emergency contraception (EC)

7. WHO includes EC in its list of essential drugs, meaning that they should be accessible and affordable for all.<sup>5</sup> The Committee on Economic, Social and Cultural Rights (CESCR) recognizes that providing access to drugs on this list is a core state obligation under the right to health.<sup>6</sup> If made available over-the-counter, EC has enormous potential to protect the health, preserve the dignity, and reduce the trauma of victims of sexual violence.

8. Although EC is legal in Russia, most Russian women are unable to access it. They cannot purchase EC over-the-counter because all drugs containing hormones are available by prescription only.<sup>7</sup> At the same time, EC is not widely known among medical professionals; in practice, only OB/GYNs tend to prescribe it. Each of these factors causes delays that exceed the short time frame for effective EC use.<sup>8</sup>

9. Furthermore, as it was already mentioned, no contraceptives are covered by public insurance. This means that low-income women and adolescents are unable to afford EC. It is particularly difficult to obtain EC in rural areas because clinics and pharmacies are sparse, women face long waiting periods to even get a medical appointment and pharmacies tend not to keep EC on stock.

10. Barriers to EC access increase the incidence of unwanted pregnancy, contribute to high abortion rates, raise public medical costs, and compound the distress of women recovering from sexual violence.<sup>9</sup> These factors are therefore additional reasons for a necessity to improve access to EC that the State of Russia needs to acknowledge.

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4 Russian Orthodox Church: Official Website of the Department for External Church Relations, The Basis of the Social Concept (2012), available at <http://www.mospat.ru/en/documents/social-concepts/xii/>.

5 See WHO, Model List of Essential Medicines (17th ed., updated) (Mar. 2011), [http://whqlibdoc.who.int/hq/2011/a95053\\_eng.pdf](http://whqlibdoc.who.int/hq/2011/a95053_eng.pdf).

6 Committee on Economic, Social and Cultural Rights, General Comment 14: The right to the highest attainable standard of health (22nd Sess., 2000), para. 43, U.N. Doc. E/C.12/2000/4 (2000).

7 State Register of Drugs, Available in Russian at: <http://grls.rosminzdrav.ru/default.aspx> (accessed: 11/04/12).

8 WHO, Sexual Violence (2003), *supra* note 38, at 64.

9 Elizabeth G. Raymond & James Trussell, Emergency Contraception: A Last Chance to Prevent Unintended Pregnancy 14 (2012), available at <http://ec.princeton.edu/questions/ec-review.pdf>. Rebecca Tolson and Olga Rychkova, No Woman Left Behind? The Limits of Reproductive Health and Rights for Women Who Use Drugs in Russia, Center for Women Policy Studies 3 (2012), available at [http://www.centerwomenpolicy.org/programs/health/statepolicy/documents/REPRO\\_NoWomanLeftBehind\\_RebeccaTolsonandOlgaRychkova\\_000.pdf](http://www.centerwomenpolicy.org/programs/health/statepolicy/documents/REPRO_NoWomanLeftBehind_RebeccaTolsonandOlgaRychkova_000.pdf) [hereinafter No Woman Left Behind? 2012].

11. ESCR Committee, in its 2011 Concluding Observations to Russian Federation, remained “concerned that, in spite of the efforts undertaken by the State party, a large number of women especially in rural areas have limited access to reproductive and sexual health services and at the lack of reproductive and sexual health education in the State party (art. 12).” CESCR called on Russia to continue its efforts to increase knowledge of and access to affordable contraceptive methods and to ensure that family-planning information and services are available to everyone including in the rural areas. “The Committee also encourages the State party to include the costs of modern contraceptive methods in the public health insurance scheme.”<sup>10</sup>

## **Abortion**

12. In 2010, the Ministry of Health and Social Development of the Russian Federation issued guidelines that include an instruction on psychological counseling of pregnant women seeking abortion.<sup>11</sup> These provisions are not formally binding but have been disseminated to gynecological clinics throughout the country, with the expressed support of the head of the Department for Mother and Child Health of the Ministry of Health and Social Development. The guidelines seek to discourage women from opting for abortion and do not include complete information on their lawful choices. They treat abortion as “a murder of a living child” and consider women with unwanted pregnancies irresponsible<sup>12</sup>. Counselors are instructed to “awaken the woman’s maternal instinct,” convince her of “the immorality and cruelty of abortion,” and “lead the woman to an independent conclusion that, ‘if a baby is born, then the means to raise it can be found.’”<sup>13</sup>

12. By depriving women of objective and factual information, biased and incomplete pre-abortion counseling coerces women into enduring the physical pain, health risks, and psychological stress associated with unwanted pregnancy and childbirth instead of giving them a chance to make the best decision for themselves and their families. For this reason, the 2012 World Health Organization (WHO) Guidelines on Safe Abortion counsel states to provide women with complete, accurate, and easy-to-understand information that will help them choose a course of treatment.<sup>14</sup> Attention should be given in particular to the special needs of poor, adolescents, and other vulnerable and marginalized women.<sup>15</sup> At the same time, the Guidelines recognize that, “[m]any women have made a decision to have an abortion before seeking care” and that “this decision should be respected without subjecting a woman to mandatory counseling.”<sup>16</sup> Indeed, studies from Russia indicate that in regions where the biased counseling has been implemented, this has had little to now effect on abortion rates:

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10 ESCR Committee, Concluding Observations: Russian Federation, para. 30, E/C.12/RUS/CO/5 (2011).

11 Ministry of Health and Social Development of the Russian Federation, Guidelines on Psychological Pre-Abortion Counseling, 2010, No. 15-0/10/2-9162, available in Russian at: [www.coi.su/docs/metod\\_consult.pdf](http://www.coi.su/docs/metod_consult.pdf).

12 Id.

13 Id.

14 World Health Organization (WHO) Safe Abortion: Technical and Policy Guidance for Health Systems, pp 31 (2nd ed. 2012), available at [http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf) [hereinafter WHO, Safe Abortion (2012)].

15 Id at 64.

16 Id at 36.

“according to the statistics, women do not change their decision even under the pressure of psychologists.”<sup>17</sup>

13. According to the former Special Rapporteur on Violence against Women (SRVAW) mandate holder’s report, “[a]cts deliberately restraining women from using contraception or from having an abortion constitute violence against women by subjecting women to excessive pregnancies and childbearing against their will, resulting in increased and preventable risks of maternal mortality and morbidity.”<sup>18</sup> Barriers to reproductive health services can trap women in cycles of violence as denial of access to contraceptives places women at risk for unplanned and unwanted pregnancies, which in turn expose them to risks of unsafe abortion and pregnancy-related deaths.<sup>19</sup>

14. New restrictions for the access to abortion services have been adopted in the new Basic Law on Health Care Services for the Russian Citizens which came into power in early 2012. So called waiting periods for abortion on request were established. It means that a woman who decides to undergo abortion has to wait for a required period of time before she announces her decision and can have a procedure performed. These periods are: 48 hours between 4<sup>th</sup> and 8<sup>th</sup> week of pregnancy, 7 days between 8<sup>th</sup> and 11<sup>th</sup> week and once again 48 hours at 11<sup>th</sup> and 12<sup>th</sup> week of pregnancy.

15. Mandatory waiting periods affect women’s timely access to abortion and as a consequence make abortion more dangerous.<sup>20</sup> While abortion (if performed properly) is one of the safest medical procedures, risks of complications increase as the pregnancy progresses. Mandatory waiting periods increase the gestational age at which the induced pregnancy termination occurs, thereby also increasing the risk associated with the procedure.<sup>21</sup>

16. Waiting periods place an even greater burden on women who live in geographically remote areas or are required to travel significant distances in order to return to their administrative territory to obtain an abortion. The reason for which women are required to travel to their administrative territory is the fact that the health care system follows the administrative-territorial division and health services can be paid from the public resources only if they are performed in accordance with a person’s permanent residence.<sup>22</sup> Therefore, women might have to travel significant distances in a short period of time in order to legally access an abortion for free and/or for the financial burden to be covered.

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17 GENDERPAGE. RU, Restriction of Reproductive Rights in Russia, 2011–2012: Populist Politics at the Expense of Women’s Health and Welfare, <http://genderpage.ru/?p=588> (2012).

18 Report of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44, Integration of the Human Rights of Women and the Gender Perspective, Addendum: Policies and practices that impact women’s reproductive rights and contribute to, cause or constitute violence against women, para. 57, U.N. Doc. E/CN.4/1999/68/Add.4 (Jan. 21, 1999).

19 SRVAW Report, paras. 57-58.

20 WHO, Safe Abortion: Technical and Policy Guidance for Health Systems, (2003) Ch. 2 Clinical Care for Women Undergoing Abortions, p. 91.

21 Id.

22 Ministry of Health and Social Development of the Russian Federation and the World Health Organization Abortions and Contraception in the Russian Federation Strategic Evaluation of Policy, Programs, and Research (Report and Recommendations), working version provided by RAPD in Jan. 2011.

17. The burden particularly impacts low-income women who might have to take time off from work or forego earnings for the day in order to travel to a health care facility twice within 7 days. Consider also women who are in abusive relationships that might have to conceal these doctors' visits from their partner in order to obtain an abortion without negative repercussions.

18. Already Russian women face limited access to reproductive health care services, limited information about contraception, and difficult obstacles in access health care given that they must return to their home territory to obtain it.<sup>23</sup> In 2010, CEDAW's Concluding Observations on Russia noted that it was "concerned at the limited access to reproductive and sexual health services, especially in rural areas, that only 27 % of women of childbearing age make use of modern methods of contraception."<sup>24</sup>

19. Moreover, the amendment establishing mandatory waiting periods for abortion may infringe upon women's decision-making, perpetuate gender stereotypes about women's ability to make reasonable decisions about reproduction, and thus, discriminate women. Already the CEDAW Committee has expressed its concern at the State's emphasis on the role of women as mothers and caregivers and has urged Russia to take steps to eliminate gender stereotypes.<sup>25</sup>

### Conscientious objection

20. Within the same Law (Basic Law on Health Care Services for the Russian Citizens) the right for conscientious objection and refusal to provide abortion services for medical doctors was introduced. There are facts that the whole medical institutions are refusing in providing abortion services in all Russian Regions and due to the lack of normative documents there is no guarantee that the woman seeking for an abortion would be referred to another doctor or institution in that case.

21. Another restricting Governmental Bill of 2012 seeks to limit the number of "social reasons" that allow women to have an abortion in a second trimester, for example, by eliminating the right to abortion if a pregnant woman's husband dies during her pregnancy or partners are disabled persons, if a woman is imprisoned during her pregnancy, etc. The only remaining "social reason" now is a pregnancy as the result of rape.

### **III. Forced abortion and sterilization**

22. Forced and coerced sterilizations may occur as a result of formal or informal government policies, improper incentive programs, or a lack of procedural safeguards to ensure informed consent. The Special Rapporteur on Violence against Women (SRVAW) has characterized forced sterilization as "a method of medical control of a woman's fertility without the consent of a woman. Essentially involving the battery of a woman - violating her physical integrity

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23 Id.

24 CEDAW Committee, Concluding Observations: Russian Federation, para. 38, U.N. Doc. CEDAW/C/USR/CO/7 (2010).

25 CEDAW Committee, Concluding Observations: Russian Federation, CEDAW/C/USR/CO/7 (2010).

and security - forced sterilization constitutes violence against women.”<sup>26</sup> Involuntary sterilization carries serious and lasting consequences for a person’s health, including permanently robbing him or her of his or her reproductive capabilities and inflicting severe physical and mental suffering. World Medical Association (WMA) and International Federation of Health and Human Rights Organizations (IFHHRO) have noted that “[i]nvoluntary sterilization is a clear infringement of a persons’ [sic] reproductive autonomy and human rights.”<sup>27</sup> Therefore, consent to sterilization should be “free from material or social incentives and should not be a condition of other medical care, social, insurance or institutional benefits.”<sup>28</sup>

23. Russia has recently ratified the Convention on the Rights of Persons with Disabilities.<sup>29</sup> Nevertheless, Russian law allows sterilization or induced the abortion of a legally incompetent woman, as long as there is a court order and the consent of her legal representative.<sup>30</sup> Recent reports suggest that this practice occurs regularly and that state authorities fail to respect even the legal safeguards that are in place. As a result, women with mental disabilities have been subjected to forced and coerced sterilizations and abortions.<sup>31</sup> A local human rights commission found that fourteen female patients at psychiatric institutions in Perm were sterilized against their will, in the absence of a court order, and without the permission of their legal representatives.<sup>32</sup> One staff member stated that the institutions had sterilized the women so that “they would not give birth to lunatics.”<sup>33</sup>

#### **IV. Medical support for victims of sexual violence**

24. As evidenced by NGOs working in the field of domestic violence prevention and the assistance for survivors, there is no state-supported system of providing timely professional medical and psychological help to victims of sexual violence in Russia.<sup>34</sup>

25. State policies have failed to treat sexual violence as a serious hurdle to implementing national, regional, and international women’s rights protections. The government lacks both a large-scale system and local programmes for preventing, prosecuting, and alleviating the

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26 Report of the Special Rapporteur on Violence against Women, its causes and consequences, Rep. of the Special Rapporteur on violence against women, its causes and consequences, Ms. Radhika Coomaraswamy, in accordance with Commission on Human Rights resolution 1997/44 – Addendum – Policies and practices that impact women’s reproductive rights and contribute to, cause or constitute violence against women, para. 51, U.N. Doc. E/CN.4/1999/68/Add.4 (1999).

27 See Global Bodies Call for End to Forced Sterilization, available at: [http://www.wma.net/en/40news/20archives/2011/2011\\_17/index.html](http://www.wma.net/en/40news/20archives/2011/2011_17/index.html).

28 Id.

29 Convention on the Rights of Persons with Disabilities, UN Treaty Series XXX. Ratification on 25 Sept, 2012, see United Nations Treaty Collection, at [http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtsg\\_no=IV-15&chapter=4&lang=en](http://treaties.un.org/Pages/ViewDetails.aspx?src=TREATY&mtsg_no=IV-15&chapter=4&lang=en).

30 Federal Law of the Russian Federation of November 21, 2011, N 323-FZ, on Protection of Citizens' Health in the Russian Federation, Art. 56, para. 7.

31 See, for example, Anna Bogdanova, Psychiatric patients sterilised and mistreated, RT (Apr. 1, 2009, 13:12), <http://rt.com/news/psychiatric-patients-sterilised-and-mistreated/>, and You’re Disabled, You Can’t Fly!” Or Can You?, HRW (Aug. 23, 2012), <http://www.hrw.org/news/2012/08/23/you-re-disabled-you-can-t-fly-or-can-you>

32 Anna Bogdanova, Psychiatric patients sterilised and mistreated, RT (Apr. 1, 2009, 13:12), <http://rt.com/news/psychiatric-patients-sterilised-and-mistreated/>.

33 Id.

34 Id., p. 21.

effects of sexual violence, which leaves the task of assisting survivors to largely underfunded NGOs.<sup>35</sup>

26. Thus, many women who have experienced or live with sexual violence lack access to gynecological care. The following case from the ANNA Center, a Russian NGO working with female survivors of violence, illustrates the ways in which the state neglects vulnerable women by denying them sexual and reproductive health care: *Irina, the victim, was beaten, mugged and raped (anally and vaginally, without a condom) in the yard of her house on her way back from the shops. She went to the police immediately, where five law enforcement officers (...) tried for three and a half hours to dissuade her from filing a complaint. (...) Only after three hours she was finally taken to a hospital. Tests were done and the results given to the police officer who accompanied her. She was not offered hospitalization, even though her nose was broken, and no emergency measures were taken against STD, HIV and pregnancy. She was simply told to use potassium permanganate for vaginal irrigation.*<sup>36</sup>

27. Art. 20(3) of the Code of Penal Procedure states that rape and similar instances of sexual violence fall under the category of private-public prosecution – proceedings are instigated only if the victim or her legal representative (at her request) reports the crime.<sup>37</sup> By treating rape and other forms of sexual violence differently from every other violent crime, the Russian Federation undermines the gravity of such violence. Survivors of sexual violence are extremely unlikely to report the crime due to the stigma surrounding rape<sup>38</sup>, cultural and religious traditions that look to women to uphold certain sexual norms<sup>39</sup>, and a lack of sex education (including instruction on healthy sexual relationships).<sup>40</sup>

28. Many police officers compromise valuable evidence by failing to refer victims for forensic medical assessments, as courts generally refuse to consider reports that are not issued by forensic doctors.<sup>41</sup> Officers who know to refer victims struggle to find facilities that are equipped to make assessments<sup>42</sup>. To make matters worse, there are no medical guidelines for documenting injuries—some doctors refuse to examine victims because they do not wish to testify in court<sup>43</sup>.

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35 ANNA National Centre for the Prevention of Violence, Violence against Women in The Russian Federation, Alternative Report to the United Nations Committee on the Elimination of Discrimination against Women, 46th session pp 21-22 (2010), available at [http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/ANNANCPV\\_RussianFederation46.pdf](http://www2.ohchr.org/english/bodies/cedaw/docs/ngos/ANNANCPV_RussianFederation46.pdf) [hereinafter ANNA National Centre for the Prevention of Violence (2010)].

36 Id. at 26.

37 Code of Penal Procedure of the Russian Federation of 18/12/2001 no. 174-FZ: [http://www.consultant.ru/popular/upkrf/11\\_3.html#p291](http://www.consultant.ru/popular/upkrf/11_3.html#p291)

38 The Advocates for Human Rights, Stop Violence Against Women: A project of the Advocates for Human Rights, (2009), available at [http://www.stopvaw.org/russian\\_federation](http://www.stopvaw.org/russian_federation) [hereinafter Advocates for Human Rights (2009)].

39 Amie Ferris-Rotman, Orthodox Church asks Russian women to dress modestly, Reuters (Jan. 19, 2011), available at <http://www.reuters.com/article/2011/01/19/us-russia-church-women-idUSTRE70I5P620110119>.

40 Alissa de Carbonnel, Church-backed abortion bill sparks protest in Russia, Reuters (Nov. 8, 2011), available at <http://www.reuters.com/article/2011/11/08/russia-abortion-idUSL5E7M323R20111108>.

41 ANNA National Centre for the Prevention of Violence (2010), supra note 28, at pp 28. CEDAW Assessment Tool for the Russian Federation, American Bar Association Central European and Eurasia Law Initiative 99 (2006), available at <http://apps.americanbar.org/rol/publications/russia-cedaw-eng.pdf>.

42 Id.

43 Id.



29. Another case that was conducted by the ANNA Center gives a glimpse into the ways in which ignorance and indifference among state personnel jeopardize victims' chances of obtaining justice: *Elena was subjected to a forced sexual act, and sperm was found on her chest and hair. She was waiting for a car at the police station for four hours. She was then taken to a maternity hospital. The doctor categorically refused to collect the sperm from her chest and hair. The victim then cut off her hair but was unable to present it as evidence as there was no procedure enabling her to do so. For this reason the police refused to prosecute*<sup>44</sup>.

### **30. Recommendations for the State:**

- *Devise a comprehensive sexual and reproductive health strategy. The strategy should include:*
  - *amending public health insurance schemes to cover hormonal contraception, including EC;*
  - *training gynecologists to: counsel patients about and administer a wide-range of modern contraceptives as well as pre- and post-abortion counseling and safe abortion, provide services to which sexual violence victims are entitled under international law (e.g. free EC, the timely administration of forensic medical exams, free HIV prophylaxis, free STI and pregnancy testing, abortion services, etc.), and use WHO-approved methods for counseling and treatment of pregnant drug users, by employing a non-judgmental, user-friendly, and evidence-based approach;*
  - *allocating resources for and launching a public health campaign to dispel persistent myths about contraception;*
  - *making EC available over-the-counter in pharmacies and free of charge in emergency rooms, police stations, local clinics, and other places where victims of sexual violence are likely to seek help;*
  - *ensuring that all pre- and post-abortion counseling is non-biased, scientifically accurate, and voluntary.*
  
- *Reform the law that allows for sterilization and induced abortion of women with disabilities without their full and free consent, in accordance with standards set forth in the Convention on the Rights of Persons with Disabilities, and meanwhile monitor the implementation of the existing law to ensure that no woman with disabilities is subjected to sterilization or abortion against her will.*
  
- *Include needs of women living in rural areas in terms of realization of their reproductive health and rights in health policies and strategies in order to improve rural women's access to contraception, legal abortion and other services.*

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44 Id.