

**Coalition of NGOs for UPR-Bulgaria: NNHM, BFPA, EMHPF – joint UPR submission – Bulgaria –  
September 2014**

**ASSURING ACCESS TO HEALTHCARE SERVICES AND INFORMATION IN THE FIELD OF SEXUAL AND  
REPRODUCTIVE HEALTH FOR MARGINALIZED COMMUNITIES AND YOUNG PEOPLE IN BULGARIA**

## **Executive Summary**

The percentage of sexual transmitted infections, unwanted pregnancies and abortions among teenagers and young people (up to 29 years) in Bulgaria is very high. Sexually transmitted infections and problems connected with the reproductive health of young people, later on tend to lead to high infertility rates. At the same time there are many early births among difference groups of minorities in the country. According to data of Eurostat the birth-rate in adolescence in Bulgaria are significantly above the normal levels for Europe.

The demographic and health characteristics of the Bulgarian population indicate the strong need for adoption of systematic measures in the field of sexual and reproductive health. The reproductive health behavior is determined by lack of state actions for improving the knowledge and forming responsible sexuality behavior as well as limited access to commodities and services related to family planning. This results in poor data related to delivery and abortion rates that influence the social development of the country and impedes the personal wellbeing as the ability of the women and couples to decide the time and size of the family are limited.

The groups most affected are teenagers, young people – men and women, minority groups, and it is the responsibility of the Ministry of Health; Government; Parliament to address this situation.

Key words: population, development, family planning, health, sexuality, education

## **Human rights principles engaged**

*Concerns human rights to:*

- *Education*
- *Highest standard of health*

## **Information on the situation**

Demographic development is closely related to improving sexual and reproductive health of the population. The measures in this field have impact on various other fields such economy, social welfare, public health, but also to full enjoyment of the human rights. This refers specifically to the decision for time, spacing and number when it comes to having children.

The assessment of the status and the tendencies related to reproductive health is based on the analysis of the health and demographic processes, accessibility and quality of the health services, created conditions for prevention of sexual and reproductive health and forming healthy sexual behavior as well as existing risks related to human behavior. There are several health related indicators that have to be taken into consideration such as such as deliveries, number and frequency of abortions, infertility rate, general and child mortality, maternal mortality and life expectancy as well as the reproductive behavior of the population.

- 1) **Deliveries.** According to the national statistics in Bulgaria (National Statistics Institute, 2013) the number of the newborns in 2012 is 69 678; 69 121 are live born. In comparison to the previous year the number of newborns decreased by 1 725 children. The fertility coefficient for 2012 is 9.5‰ and the tendency for decreasing is the same as in previous years (in 2009 it was 10.7‰, in 2010 - 10.0‰, and in 2011 – 9.6‰). The leading reason for this is the emigration rate as it results in decreasing number of women in reproductive age.

- 2) **Abortions.** Despite the tendency for decreasing the abortion rate (144 644 in 1990 and 61 378 in 2000) , in 2012 the abortions were half the number of the deliveries in the country (NSI, 2013). It means that for 1000 women aged 15-49 there are 43 deliveries and 18.3 abortions. The highest portion of the abortions is in the age group 25-29 followed by the age group 30-34. The abortions for the age group up to 19 consist 9.52%, i.e. 1 of 10 abortions are accessed by young girls. There are 3 main reasons for this situation: abortion is perceived as contraceptive method; the knowledge related to family planning is very low and the access to modern contraceptive methods is limited.
- 3) **Reproductive behavior.** There are observed several negative tendencies in the reproductive behavior of the population in Bulgaria. This includes:
  - Low frequency of modern contraceptive methods (“Reproductive attitudes and behavior – national representative research”, UNFPA and BFPA, 2012). On average just 19% of the population were using any contraceptive method during their last sexual intercourse.
  - Contraceptives are used more often during occasional sexual contacts. (ibid.)
  - There are significant differences in the attitudes and behavior about contraceptive usage in urban and rural areas, especially amongst marginalized communities (“Family planning, reproductive health and behavior. Analyses of practices in 7 East European and Central Asian states. UNFPA and IPPF, 2012 ”)
  - In many cases (especially in marginalized communities) the males control the decision and the abilities of women to access contraceptive services. (ibid.)
  - The abortion is perceived as family planning method (common result from both quoted researches).

Other obstacles impede the contraceptive usage such as geographical distance and the price. In many cases (usually in distant areas) the pharmacies do not distribute contraceptives due to the prices. Meanwhile the National Health Insurance Fund does not cover or reimburse contraceptives and this creates additional obstacle for the women to access contraceptive commodities. In the same time the demand for contraceptives is low as there are no systematic programmers promoting its use in the field. Meanwhile health and sexuality education exist only in 9% of the schools in Bulgaria and usually as elective discipline (BFPA, 2012). This is due to insufficient number of certified teachers and lack of health education as topic in the pedagogical university disciplines.

These circumstances result in denying women’s ability to decide the size and spacing of their family. This has an impact on the standard of living of the children, their access to services (such as education and health care). It restricts women’s ability to participate in the work force, especially for marginalised groups. The lack of systematic family planning information and service provision and health and sexuality education is also amongst the main reasons for child abandonment (UNICEF/ASA, 2011).

## Recommendations

- To Adopt National Program on Sexual and Reproductive Health in response to the National Demography Strategy, the National Strategy on Roma Inclusion, including:
  - Measures for decreasing the unplanned pregnancies amongst young people up to 19 such as introduction of health and sexuality education in the school curricula and development of national structures for work with adolescents;
  - Actions for support and development of family planning services, assuring modern contraceptives for the most marginalized communities (good practices currently carried out by the health mediators) and social marketing of contraceptives.
- To amend National Health Insurance Fund and the Law for Health to ensure reimbursement of contraceptive commodities.
- To include health and sexuality education in the university curricula for students in pedagogic and other related disciplines.
- To support ongoing trainings for teachers on health and sexuality education, including the staff in institutions for young people with offensive behavior and disabilities.

- To assure state support for local municipalities working on family planning and health and sexuality education.
- To increase investments from structural funds for the development of rural areas, investing in proceeding industries in order to increase job opportunities for the most marginalised groups.

### Further data:

- According to data of **National Programme for Prevention and Control of HIV/AIDS** of Ministry of Healthcare the total number of registered HIV positive in the country is 1889 persons (May 2014). This year about 21% of new registered is young people aged under 29. Over 65 000 people are examined for HIV during the first three months of 2014 in the centers of the Programme KABKIS and in all laboratories and medical and health institutions of the country.
- Data of **National Center of Public Health and Analyses** of Ministry of Healthcare about **registered abortions by wish for age under 15 – 29**: 2399 cases for the first three months of 2014. Information detailed (in Bulgarian): [http://ncphp.government.bg/files/nczi/opinf/aborti\\_I\\_2014.pdf](http://ncphp.government.bg/files/nczi/opinf/aborti_I_2014.pdf)
- Data of **National Center of Public Health and Analyses** of Ministry of Healthcare about **registered diseases of viral hepatitis** for the country from the beginning of 2014: January 112 cases; February 76 cases; March 91 cases; April 80 cases.
- Information by months and towns: <http://ncphp.government.bg/operativnainf/182-%D0%B2%D0%B8%D1%80-%D1%85%D0%B5%D0%BF%D0%B0%D1%82%D0%B8%D1%82.html>