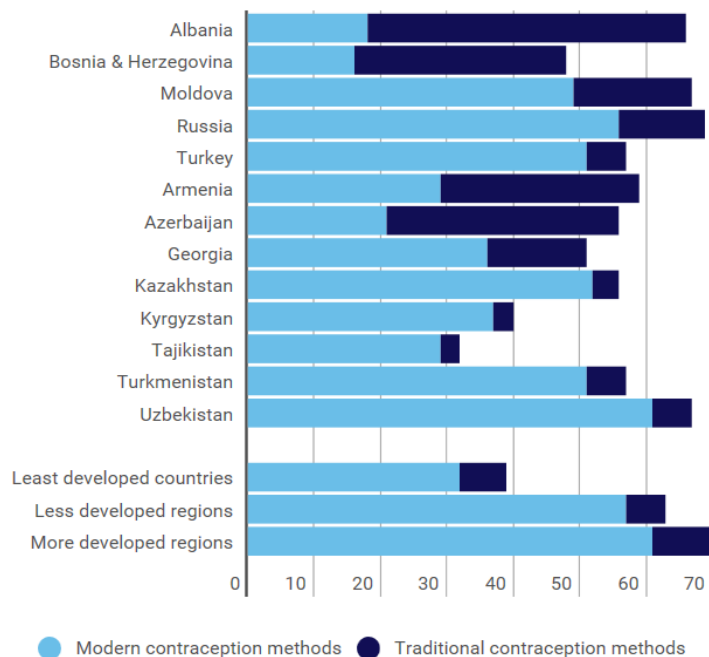


# ACCESS TO MODERN CONTRACEPTIVE CHOICE IN EASTERN EUROPE AND CENTRAL ASIA



Photo: Chloe Hall/IPPF

The level of modern contraceptive use in Eastern European and Central Asian (EECA) countries is alarmingly low. Whilst all countries throughout Eastern Europe and Central Asia are classified as middle-income<sup>1</sup>, in many cases the levels of modern contraceptive usage is so low, it places them in the same league as some of the world's least developed countries<sup>2</sup>, and in other cases below the average of less developed regions.



This unmet need for modern contraception means that in five EECA countries in particular - Albania, Armenia, Azerbaijan, Bosnia & Herzegovina, and Tajikistan - the use of modern contraception is even lower than the average rate of 32% for the least developed countries worldwide. Across the remaining EECA countries, with the exception of Uzbekistan, modern contraceptive use is again lower than the average rate of 57% for the world's less developed regions.

However, if traditional methods of contraception are included in the calculations of contraceptive prevalence, the figures change quite dramatically: in many countries a large proportion of women are trying to avoid pregnancy using traditional methods. For example in Albania, 48% of women rely on ineffective traditional methods, in comparison to 18% using modern methods (see figure 1).

The overall low use of modern contraceptive methods in several EECA countries means that women who wish to prevent or delay pregnancy are unable to do so (see figure 1). In Tajikistan and in Kyrgyzstan, despite the higher proportion of modern contraceptive methods used, overall contraceptive prevalence - including traditional methods - is relatively low. This would indicate predominantly poor access, which has been limited due to a range of economic, social and geographic reasons.

**Figure 1: Contraceptive Prevalence**, percentage of women aged 15-49 in a relationship using Modern and Traditional Methods (selected countries of Eastern Europe and Central Asia).

Source: UNFPA State of World Population Report, 2014

**More developed regions** comprise Europe, Northern America, Australia, New Zealand and Japan.

**Less developed regions** comprise all regions of Africa, Asia (except Japan), Latin America and the Caribbean plus Melanesia, Micronesia and Polynesia.

**Least developed countries**, as defined by the United Nations General Assembly, consist of 48 countries. See the full list:

[http://www.un.org/en/development/desa/policy/cdp/ldc/ldc\\_list.pdf](http://www.un.org/en/development/desa/policy/cdp/ldc/ldc_list.pdf)



Figure 2: Adolescent fertility rates by country\*

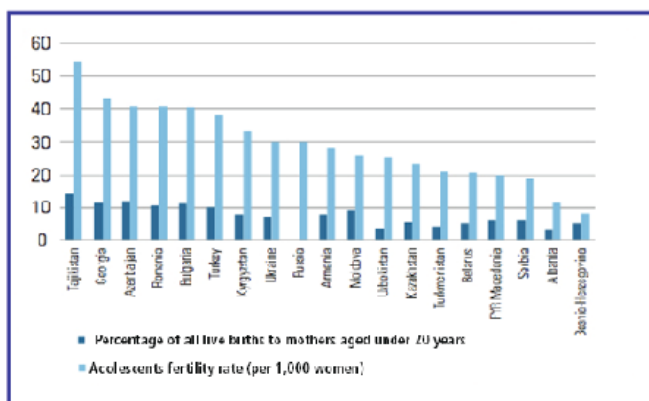
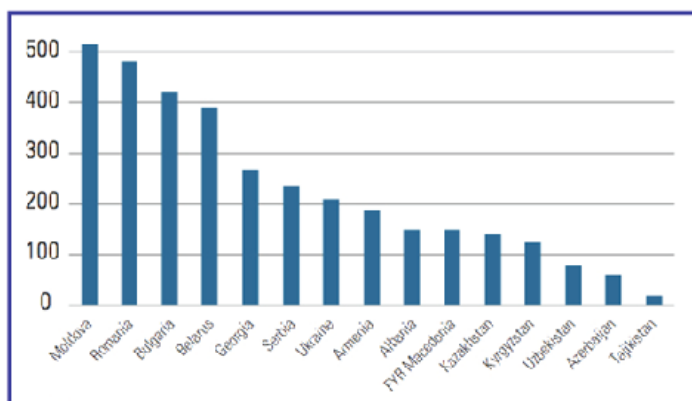


Figure 3: Abortions/1000 live births, women aged under 20 years, 2008-2011\*\*



Research consistently highlights the correlation between high abortion rates and maternal deaths with a lack of access to modern contraceptive choice. The EECA region has some of the highest abortion rates in the world. When comparing abortion rates with contraceptive prevalence, the figures show that in most countries with high abortion rates, a large percentage of women who are trying to delay or prevent pregnancy are not using a reliable method of contraception.

This low use of modern contraception additionally goes hand-in-hand with relatively high levels of adolescent fertility rates, and in some countries, high adolescent abortion rates (see figures 2 and 3). These trends are also indicative of a substantial lack of comprehensive sexuality education and information.

The consistent barriers to accessing modern contraceptive methods, in most of the EECA countries reviewed, signifies that European countries are still struggling with women's empowerment as a perceived threat to traditional cultures and patriarchal values. Enabling access to affordable and quality contraception can meaningfully contribute to women's their sexual and reproductive health and rights.

## Factors Influencing Contraceptive Behaviour, Demand And Access

A qualitative study\* conducted by the IPPF European Network in seven countries across Eastern Europe and Central Asia (Armenia, Bulgaria, Azerbaijan, Bosnia & Herzegovina, Kazakhstan, Republic of Macedonia, and Serbia ) identified seven cross-country factors influencing contraceptive behaviour, demand and access:

- 1 **The (lack of) COMMITMENT BY POLICYMAKERS AND GOVERNMENT actors to contraceptive security.** Even where policies exist, they are generally not accompanied by implementation plans and/or adequate funding.
- 2 **Widespread misinformation and DISTRUST towards modern (hormonal) methods of contraception,** fuelled by misinformation and myths. This distrust cuts across geographic, economic, and ethnic lines.
- 3 **YOUNG PEOPLE face particular barriers limiting their access to family planning.** These include lack of information, the cost of services, and particularly the lack of confidentiality and 'youth friendly' services.
- 4 **SERVICE PROVIDERS,** viewed by (potential) clients as a trustworthy source of information and service for family planning, do not always pass on correct, up-to-date information on FP and are thus a major source of misinformation, often confirming myths.
- 5 **A limited RANGE OF MODERN CONTRACEPTION METHODS is available on the market** in the countries studied, with choice restricted mainly to condoms, pills and intrauterine devices. Supply chain issues resulting in frequent stock-outs exacerbate this situation.
- 6 **AFFORDABILITY** is a top-factor for pockets of populations and segments of society. There are also factors adding to the cost, such as unnecessary tests and services.
- 7 **EXPECTATIONS with regards to sex and sexuality and gender power dynamics** are another key factor influencing contraceptive choice in the countries analysed.

### Sources:

I Lower income: Tajikistan; Lower middle income: Armenia, Georgia, Kosovo, Kyrgyzstan, Moldova, Ukraine, Uzbekistan; Upper middle income: Albania, Azerbaijan, Belarus, Bosnia & Herzegovina, Republic of Macedonia, Kazakhstan, Serbia, Turkmenistan

II As defined by UNFPA in the State of the World Population reports

III UNFPA Adolescent Pregnancy in Eastern Europe and Central Asia, UNFPA Eastern Europe and Central Asia Regional Office. Figure shows percentage of all live births to mothers aged <20 and adolescent birth rate, 2009-2011. Source: World Bank (<http://data.worldbank.org/indicator>) and Official MDG's website (<http://mdgs.un.org/unsd/mdg/Data.aspx>).

IV UNFPA Adolescent Pregnancy in Eastern Europe and Central Asia, UNFPA Eastern Europe and Central Asia Regional Office. Figure shows adolescent birth rates per sub-region and for Turkey and Russia, 2006-2011. Source: Official MDG's website.

V <http://www.ippfen.org/resources/key-factors-influencing-contraceptive-use-eastern-europe-and-central-asia-0>

VI <http://www.ippfen.org/resources/barometer-2015-womens-access-modern-contraceptive-choice>



The IPPF European Network's "Barometer of Women's Access to Modern Contraceptive Choice in 16 EU Countries"<sup>vi</sup> 2015 edition reviews access to contraception through eight policy areas (see figure 4) that correspond remarkably with the seven key issue areas identified as barriers in the qualitative study described above.

The Barometer report provides a framework for comparing policies and measuring progress across countries, as well as a tool for advocating for improved access to modern contraception.

Figure 4. **Essential policy areas** for improving access to modern contraception. Closely linked policy areas appear in the same colour.

## What Can You Do?

Donors can play a key role in enabling women in Eastern Europe and Central Asia to access modern contraceptive methods. Possible types of action:

**ENGAGE WITH GOVERNMENTS** in negotiations to improve policies and policy implementation, in particular for the adoption of a comprehensive national Sexual and Reproductive Health and Rights (SRHR) strategy that incorporates all of the elements outlined in figure 4, and that takes into consideration the needs of specific vulnerable groups.

**PROVIDE FINANCIAL SUPPORT FOR PROGRAMMES** and initiatives aiming to enable access to high quality contraceptive information and services for all women, young people and vulnerable groups (see 'Theory of Change').

**INCLUDE SRHR AND ACCESS TO MODERN CONTRACEPTIVES IN COUNTRY ASSISTANCE PROGRAMMES**, particularly those targeting young women, minorities and other vulnerable groups.

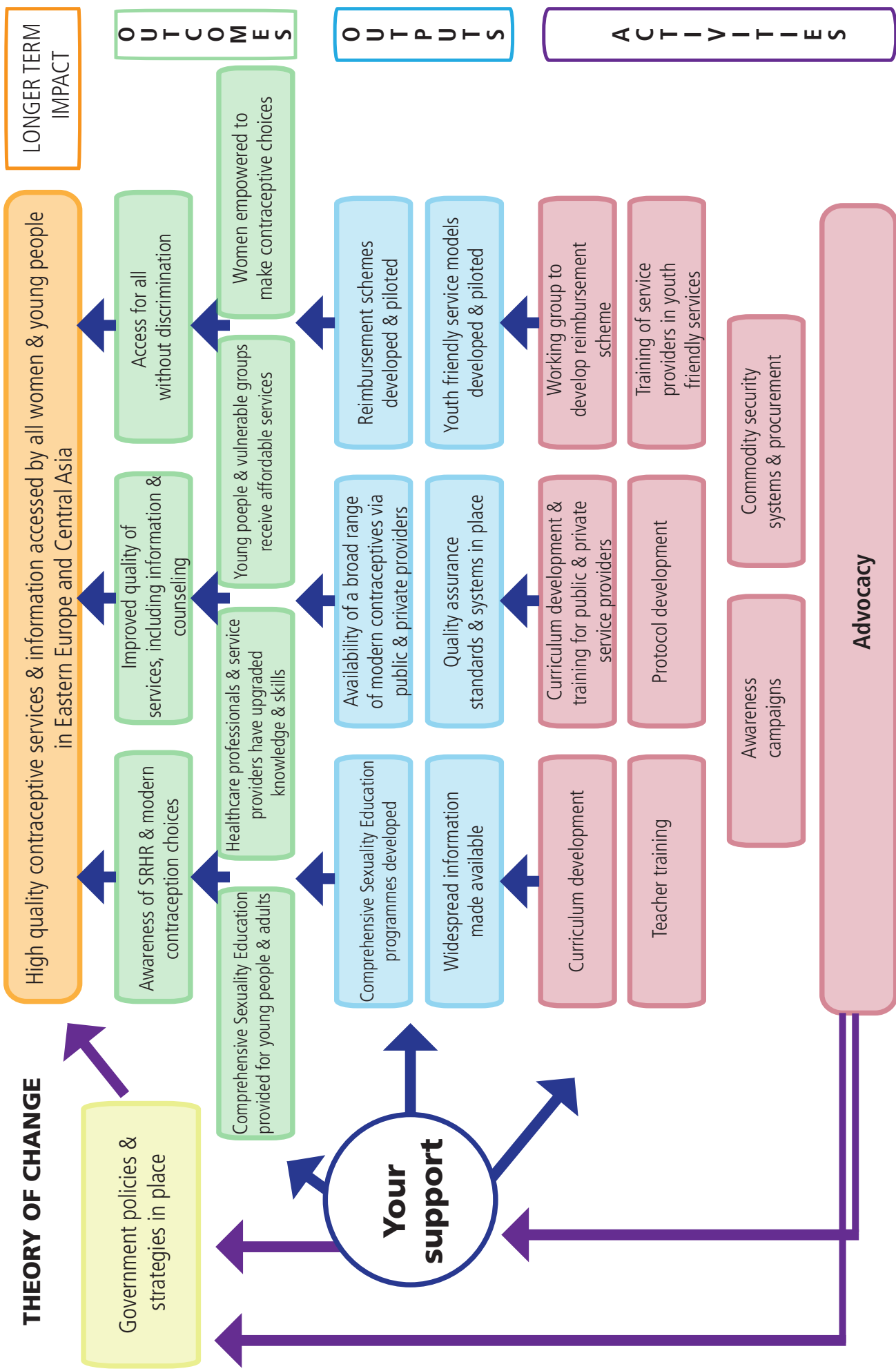
**PROVIDE FINANCIAL SUPPORT FOR THE DEVELOPMENT OF A BAROMETER** of women's access to modern contraceptive choice for non-EU countries in Eastern Europe, the Caucasus and Central Asia as a comparative policy tracking and advocacy tool.

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