Submission to the U.N. Universal Periodic Review of

SLOVAKIA

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1. In accordance with Human Rights Council Resolution 5/1 of June 18, 2007, the Center for Reproductive Rights (the Center), an international non-governmental legal advocacy organization dedicated to promoting and defending women's reproductive rights worldwide, Citizen, Democracy and Accountability (CDA), and Freedom of Choice, both national non-governmental organizations based in Slovakia, present this submission as non-governmental stakeholders. This submission aims to supplement the report of the Government of Slovakia, scheduled for review by the Human Rights Council during its 18th session.

I. Introduction

2. International human rights law requires that states parties respect, protect and fulfill the reproductive and sexual health rights of women and girls. Slovakia is a party to multiple human rights treaties that guarantee these rights; however, it has failed to meet several of its treaty obligations with respect to them. The Center, CDA and Freedom of Choice urge the Human Rights Council to closely examine the following issues with respect to Slovakia: (1) the lack of a comprehensive state sexual and reproductive health and rights policy; (2) barriers in the access to contraceptive services and information; (3) the lack of access to comprehensive, safe and affordable abortion services; (4) the inadequately regulated practice of conscientious objection in the reproductive health field; (5) the absence of mandatory sexuality education in schools; and (6) the lack of comprehensive data on reproductive health.

II. Key Issues

A. Basic Legal Framework

3. The Constitution of the Slovak Republic guarantees fundamental human rights and freedoms including the rights to privacy, dignity, health and life.[1] Human rights and freedoms are guaranteed without discrimination and on the basis of equality on the grounds of sex and gender as well as other grounds.[2] Slovakia is a party to all major international human rights treaties, including the International Covenant on Economic, Social, and Cultural Rights (ICESCR), the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), the International Convention on the Elimination of All Forms of Racial Discrimination (CERD) and the Convention on the Rights of Persons with Disabilities (CRPD).[3] Under the Constitution these treaties are part of the Slovak legal order and have a priority over domestic laws.[4] The laws relevant to the reproductive rights issues addressed in this submission are described in the section below.

B. Rights to Reproductive Health Services and Information

1. Lack of a Comprehensive State Sexual and Reproductive Health and Rights Policy

4. Slovakia does not have a comprehensive state policy with respect to sexual and reproductive health and rights. Rather, various components are delegated to several ministries, mainly the Ministry of Health; the Ministry of Labor, Social Affairs and Family; and the Ministry of Education, Science, Research and Sport. This structure results in a limited and piecemeal

approach that fails to provide women and adolescent girls with access to a full range of affordable and acceptable reproductive health services and comprehensive information on their sexual and reproductive health and rights.

5. In 2007, the Ministry of Health introduced a long-awaited comprehensive draft program on sexual and reproductive health entitled "National Program on Protection of Sexual and Reproductive Health in the Slovak Republic".[5] The draft program was based, in part, on international human rights and medical standards. Among the program's goals were to ensure a decrease in unintended pregnancies and improve access to high-quality modern contraceptives by making them affordable for everyone, including marginalized women.[6] The Catholic Church hierarchy and anti-choice groups heavily criticized the program, claiming that it was "strongly liberal,"[7] against national interests,[8] and "anti-family," especially by aiming to improve access to contraception.[9] As a result, the government failed to adopt the program, despite having acknowledged its importance,[10] and instead decided that the Ministry of Health should draft a new policy, which, apparently to appease the Catholic Church hierarchy, was renamed the "National Program on Care for Women, Safe Motherhood and Reproductive Health". The Ministry of Health introduced a draft of this new program in 2009. The draft did not contain a set of measures to deal with sexual and reproductive health issues comprehensively; instead it incorporated proposals from conservative Catholic groups.[11] However, due to continuing opposition from the Catholic Church hierarchy, which considered even this draft to be in conflict with its convictions,[12] the new program was not adopted. Since 2009 the Ministry of Health has not introduced any new draft for a national policy on sexual and reproductive health and rights. It is also unknown whether the Ministry plans to introduce a comprehensive sexual and reproductive health and rights policy at all and whether it will be in line with international law and medical standards, without trying to appease the Catholic Church hierarchy.[13]

2. Barriers in the Access to Contraceptive Services and Information

6. Slovakia is a party to numerous regional and international human rights instruments that require states to ensure that women and adolescent girls have access to a full range of sexual and reproductive health services, including contraceptive services and information.[14] Several United Nations Human Rights Treaty Monitoring Bodies (UNTMBs) have interpreted the right to health to encompass the right to sexual and reproductive health. The Committee on Economic, Social and Cultural Rights (ESCR Committee) has emphasized that this right entails an obligation on the part of states to ensure that health facilities, goods, and services are available, accessible, and acceptable to all without discrimination.[15] Accessibility has an economic component, meaning that health care must be "affordable for all, including socially disadvantaged groups."[16] Furthermore, the ESCR Committee has explicitly stated that governments should ensure that all drugs on the World Health Organization (WHO) Model List of Essential Medicines, which includes a range of contraceptives, be made accessible to all.[17] The Committee on the Elimination of Discrimination against Women (CEDAW Committee) has also acknowledged that the right to access health care includes the right to affordable contraception.[18] Moreover, in its last concluding observations to Slovakia, the CEDAW Committee urged the state "to take measures to increase the access of women and adolescent girls to affordable … reproductive health care, and to increase access to information and affordable means of family planning ...."[19]

In 2012, the ESCR Committee expressed concern over the failure of the Slovak Government to facilitate access to subsidized contraceptives for women in Slovakia.[20]

a. Lack of contraceptive subsidization

7. Although **contraceptives** may be formally available to women in Slovakia, they **continue to be inaccessible for many women due to their prohibitively high cost**.[21] The use of hormonal contraceptives remains low, at 20.5% of women in reproductive age, while use of withdrawal as a family planning method is over 30%.[22] These figures stand in stark contrast to those of other European Union countries, the majority of which subsidize contraceptives through public health insurance.[23] The public health insurance scheme in Slovakia does not cover contraceptives (except for sterilization on health grounds). Therefore, women are left to cover the entire cost of these methods. The high price of contraceptives is prohibitive for some women and keeps others from using the method that would be most suitable based on their health, personal circumstances, or preferences.[24] Additionally, the Slovak Government does not regulate the price of contraceptives, and therefore their price is governed by the market, which keeps many of them relatively expensive.[25]

8. Instead of taking steps to improve the access to affordable contraceptives for all women, the Slovak Ministry of Health introduced **a new law** in 2011 **that explicitly prohibits coverage of contraceptives used solely for pregnancy prevention under public health insurance**.[26] Simultaneously, the law abolished §3 of the Slovak Abortion Act[27] that had guaranteed to women free access to prescription contraceptives but had never been implemented.[28] The new law was adopted by the Slovak Parliament in September 2011 and entered into force in December 2011. While this law does not change the existing *practice* of funding for contraceptives – since public health insurance coverage for contraceptives was never implemented – it codified a discriminatory practice into law and hence makes public funding for contraceptives much more difficult to achieve in the future. Moreover, by adopting this law the state re-affirmed its long-term approach to contraceptives as "life-style drugs" which contradicts WHO standards defining contraceptives as essential medicines.

9. This retrogressive step expressed in the legislative ban of contraceptive coverage is in conflict with the ICESCR. Under Article 12 of the ICESCR, Slovakia has an obligation to respect, protect, and fulfill the right to the highest attainable standard of health for all. As the ESCR Committee has recognized the states parties "have a specific and continuing obligation to move as expeditiously and effectively as possible towards the full realization of [the right to health]"[29] and to avoid taking retrogressive measures in relation to this right. Moreover, in 2012, the ESCR Committee expressed concern over the 2011 contraceptive coverage ban and urged Slovakia to expand public health insurance coverage to include modern contraceptives.[30]

10. Slovakia also has an obligation, under several human rights treaties, to promote gender equality and remove practices and norms that constitute or result in discrimination.[31] The contraceptive coverage ban and the state's failure to subsidize contraceptives discriminate against women and adolescent girls on the grounds of sex and gender because they relate to health care services that, due to biological, social and cultural factors, primarily affect women

and whose absence have a far greater impact on women's lives than on men's lives. Insofar as only women and adolescent girls need unconditional and direct access to contraceptive methods to prevent unintended pregnancies and births, because only they can get pregnant, carry pregnancies and give birth, the legislative ban and the state's failure to ensure contraceptive coverage impact upon women in a discriminatory manner.

b. Lack of accurate, unbiased, and comprehensive information on contraceptives

11. The **lack of accurate, unbiased, and comprehensive information** on contraceptive methods further inhibits women's and adolescent girls' access to modern contraceptives. In many schools, sexuality education is either absent altogether or is inadequate, focusing primarily on reproductive organs and anatomy.[32] At the same time, the teenage birth rate continues to be high in Slovakia with 18 births per 1000.[33] The Catholic Church hierarchy, which plays an important role in Slovak politics and communities, actively advocates against the use of modern contraceptives and promotes traditional methods of family planning, such as periodic abstinence, which are often ineffective.[34] Many gynecologists do not provide women with adequate information to make informed choices, expect that women seeking contraceptive methods should already know everything, and frequently do not take the initiative to inform women of their contraceptive options.[35] Moreover, due to lack of communication with physicians and inadequate sexuality education in schools, women are often misinformed on the impact and side effects of hormonal contraceptives to their health.[36] This misinformation should be dispelled through meaningful conversations between women and informed physicians as well as through comprehensive sexuality education.

3. Lack of Access to Comprehensive, Safe and Affordable Abortion Services

12. Regional and international human rights mechanisms support access to safe and legal abortion services. For instance, the Parliamentary Assembly of the Council of Europe has called upon the member states to "guarantee women's effective exercise of their right of access to a safe and legal abortion" and to "lift restrictions which hinder, *de jure* or de facto, access to safe abortion, and, in particular, take the necessary steps to create the appropriate conditions for health, medical and psychological care and offer suitable financial cover."[37] The European Court of Human Rights has emphasized that legislation for lawful termination of a pregnancy must not be structured in a way "which would limit real possibilities to obtain [legal abortion]."[38] In addition, the European Parliament has recommended to member states "that, in order to safeguard women's reproductive health and rights, abortion should be made legal, safe and accessible to all."[39]

13. The UNTMBs have consistently advised states parties to ensure access to reproductive health care services by removing barriers to legal abortion, including consent requirements and ensuring that women and girls do not have to undergo life-threatening clandestine abortions.[40] The CEDAW Committee has specifically urged a state party to "[e]nsure access to safe abortion without subjecting women to mandatory counselling and a medically unnecessary waiting period as recommended by the World Health Organization."[41] In addition, international human rights standards support the right to confidentiality of medical information.[42] For example, in the case of *MS v. Sweden*, the European Court of Human Rights stated that the release of medical records

containing "highly personal and sensitive data … including information relating to an abortion" is an interference with an individual's private life.[43]

14. The access to abortion services in Slovakia is regulated in the Abortion Law and in an implementing regulation.[44] The law permits abortion on request without a need to specify a reason up to 12 weeks of pregnancy, and thereafter, if the woman's life is in danger or in cases of fetal impairment.[45] However, although the Slovak abortion law allows abortion, including abortion on request, Slovakia restricts women's *de facto* access to abortions in several ways, as outlined below.

a. Unavailability of Medical Abortion

15. Slovakia curbs the availability of medical abortions. The WHO has established that "[m]edical methods of abortion have been proved to be safe and effective,"[46] and highlights that "[r]egistration and distribution of adequate supplies of drugs for medical abortion […] are essential for improving the quality of abortion services, for any legal indication"[47] – a suggestion that also reflects women's right to the enjoyment of the benefits of scientific progress.[48] Medical abortion has proven acceptable in low-resource settings[49] since it is relatively inexpensive; in comparison to surgical abortions, it is often safer for the woman; and it can reduce costs for the health care system overall.[50]

16. Currently only the surgical method of abortion is legal in Slovakia. In 2012, Slovakia registered drugs, Mifegyne and Medabon,[51] for medical abortions, due to its obligations under EU law related to the decentralized procedure of drug administration.[52] Distribution of the drugs cannot start, however, before permission of their distribution at the national level. Such permission has not been issued yet, primarily due to the attacks from anti-abortion politicians and the Catholic Church hierarchy, who have called upon the Minister of Health and the Prime Minister to ensure that medical abortion will not become available in the country.[53] In addition, making medical abortion available in the country would also help to lower the currently high cost of abortion since a drug costs about 80 Euros (€) (for the prices of the surgical method of abortion in Slovakia see section c) below).

b. 2009 Abortion Restrictions

17. In 2009 the Slovak Parliament adopted an amendment to the Act on Healthcare[54] which introduced several barriers to the access to abortion services. These barriers include a 48-hour mandatory waiting period for abortion on request, a duty of a health professional to report on women requesting abortions, and extension of the parental consent requirement to include all minors. **The 48-hour mandatory waiting period**, which does not have a clear starting point, applies to abortions on requests that are permitted during the first 12 weeks of pregnancy.[55] The 2012 WHO Guidelines on Safe Abortion call on states to ensure that women's decision to seek an abortion "should be respected without subjecting a woman to mandatory counselling."[56] According to the WHO, medically unnecessary waiting periods constitute a form of administrative and regulatory barrier to accessing legal abortions.[57] In addition to the unnecessary delay of the waiting period, requiring two medical visits often creates an undue

personal and financial burden on the woman, as well as, according to the WHO, "demeans women as competent decision-makers."[58] The WHO recommends that waiting periods that are not medically indicated should be eliminated and all services should be received promptly.[59] Moreover, submitting women to medically unnecessary waiting periods exacerbates gender stereotypes about their inability to make responsible decisions about their reproductive health care. This runs counter to the Slovak Republic's obligation under international human rights standards[60] under which the state should take steps towards achieving gender equality and eliminating sex and gender stereotypes.

18. The 2009 amendment further requires health professionals to send **a report on the provision of the mandated information about pregnancy termination to the National Health Information Center**.[61] The report shall contain personal data of a woman whose pregnancy shall be terminated or who filed a request for an abortion.[62] This report must be filed before an abortion is performed; creating the possibility of using this data for illegitimate purposes such as intimidating women seeking abortion services. Moreover, the most sensitive personal identifiers are collected, which may serve as a deterrent to seeking care.[63] This is in clear violation of the right to privacy guaranteed to all women through both the international human rights law[64] and the Slovak Constitution.[65] In 2012, the ESCR Committee urged Slovakia to "ensure that the personal data of patients undergoing abortion remain confidential."[66]

19. Furthermore, the 2009 amendment requires **parental consent for all minors seeking abortion services**.[67] Prior to this amendment the parental consent requirement applied to adolescent girls under 16 years of age.[68] Young women who do not involve their parents in the decision to obtain an abortion often do so out of fear of repercussions.[69] This frequently results in either a delay of care, which decreases safety, or adolescent girls seeking clandestine services.[70] The parental consent and notification requirements create barriers to access to health care for minors, and thus raise questions as regards their compatibility with the international human rights treaties guaranteeing a right to health. The ESCR Committee has stated in General Comment 14 that "[t]he realization of the right to health of adolescents is dependent on...confidentiality and privacy and includes appropriate sexual and reproductive health services."[71] In addition, the parental consent requirement does not take into account the *evolving capacities* standard set forth by the Convention on the Rights of the Child.[72] Rather than require parental consent, the Slovak Government should require physicians to be trained to work with adolescents[73] and respect their right to informed decision making[74] and confidentiality.[75]

c. Lack of Affordable Abortion Services

20. In addition to above-mentioned barriers, **abortion on request is financially inaccessible for many women**. In a public hospital abortion on request costs about €250, and in private clinics it costs approximately €400, which represents about 41% to 66% of the median monthly income for women in Slovakia earned in 2011.[76] Abortion on request is not covered by public health insurance, meaning women must pay for it in full, which results in many women not being able to afford it.[77] In its concluding observations from 2012, the ESCR Committee expressed concern over the increasing cost of abortion services and called upon Slovakia to lower it.[78]

4. Inadequately Regulated Practice of Conscientious Objection in the Reproductive Health Field

21. The increasingly widespread practice of conscientious objection in Slovak reproductive health care settings has resulted in considerable restrictions in the access to sexual and reproductive health services, primarily abortion and contraception. This has also been recognized by the CEDAW Committee in its last concluding observations to Slovakia, in which the Committee expressed a deep concern over "the insufficient regulation of the exercise of conscientious objection by health professionals with regard to sexual and reproductive health…" and called upon the state to "adequately regulate the invocation of conscientious objection by health professionals so as to ensure that women's access to health and reproductive health is not limited."[79]

22. Under the Slovak Code of Ethics of a Health Practitioner, health professionals are permitted to refuse to provide any medical service if performing the service "contradicts [their] conscience," except in situations posing an immediate threat to the life or health of a person.[80] The existing regulation of conscientious objection is inadequate, as it does not properly balance practitioners' option to refuse the provision of certain medical services with the duties of the profession and the rights of the patient to lawful and timely medical care.[81] For example, while objecting practitioners are required to inform their employer as well as their patients that they are exercising conscientious objection to a particular service, the state has failed to enact regulations setting forth other essential duties such as referral of a patient to an appropriate non-objecting health care provider and provision of information on the procedure being objected to.[82] Effective oversight and control mechanisms of the practice are also lacking, making the precise numbers of objectors unknown. The lack of oversight mechanism also prevents the state from adopting efficient policies to ensure that there is a sufficient number of non-objecting practitioners in place within a reasonable distance from a patient's residence or work. The state is responsible for ensuring that patients' right to access lawful and timely health care is respected, protected, and fulfilled, and that health care providers comply with the responsibilities of their profession.[83]

23. Conscientious objection has been used primarily in the context of abortion; however it is also used to deny women access to contraception by either refusing to provide or to fill prescriptions.[84] Moreover, it is often used as an excuse by the hospitals and their managements who tend to decide not to perform abortions in their hospitals at all. For instance, **in 2011 only two public hospitals in the capital city Bratislava performed abortions, the public hospital in the regional town Trnava (Faculty Hospital Trnava) did not provide abortion on request, and public hospitals in the Orava region (Northern Slovakia) also did not provide abortion.**[85] Moreover, hostile and judgemental treatment from some health personnel towards a woman undergoing abortion on request has been reported.[86] In addition, it is not unusual that non-objecting practitioners who provide this medical service face contempt and judgemental behaviour from their colleagues who object to performing abortions.[87]

5. Absence of Mandatory Sexuality Education in Schools

24. Sexuality education is not provided in schools on a systematic basis. It is not a mandatory classroom subject, and if it is provided, it is not a separate subject in school; rather, it is taught

during biology, ethics, or religious classes. The quality and comprehensiveness of such education depends to a high degree on individual teachers and the course subject.[88] Moreover, discussions on sexual and reproductive health and rights and on contraception are rare.[89] In 2007, in an attempt to help remedy this, a new textbook was prepared by a multidisciplinary team of experts in cooperation with the Slovak Family Planning Association and submitted to the Ministry of Education for accreditation.[90] In an open letter sent to the Minister of Education, the Slovak Bishops' Conference successfully called for rejection of the textbook, accusing it of being "a technical propagation of sex."[91] After this intervention, the Ministry, without explanation, refused to accredit the book.[92] Current official textbooks on sexuality education, called "Education for Marriage and Parenthood," promote gender stereotypes and lack comprehensive information on sexual and reproductive health.[93] This lack of information leaves the majority of students at risk of sexual violence, sexual abuse, unintended pregnancies and sexually transmitted infections. The ESCR Committee urged the Slovak Government to "take all appropriate steps to ensure that students receive sexual and reproductive health education at school in order to avert the risks associated with early pregnancy and sexually transmitted diseases."[94]

6. Lack of Comprehensive Data on Reproductive Health

25. The Slovak Government does not collect comprehensive data on reproductive health, such as indicators on unintended pregnancies, contraceptive use, and the unmet need for contraception. The limited data that the state gathers on the prevalence of just a few contraceptive methods—namely, hormonal contraception and intrauterine devices—is insufficient for understanding the reasons behind low usage rates in Slovakia.[95] As a result, it is difficult to effectively identify measures that should be taken to meet the contraceptive needs of women and adolescent girls. Furthermore, public officials are able to remain unaccountable for neglecting to adequately address the health needs of the public due to their own failure to collect adequate and reliable data.

III. Recommendations

We respectfully suggest the Human Rights Council consider making the following recommendations to the Slovak Government:

1. Adopt a comprehensive program on sexual and reproductive health and rights. The program should be based on international human rights and WHO standards. Allocate sufficient financial and human resources for its implementation and involve women's and reproductive rights non-governmental organizations in the preparation and implementation of this program.
2. Increase access to affordable contraceptive methods for all women as called for by the ESCR Committee in the concluding observations to Slovakia from 2012. This should be done by abolishing the legislative ban on coverage of contraceptives under public health insurance (sec. 16(4)(e)(1) and sec. 37(5)(c)(6) of the Act No. 363/2011 Coll. of Laws) and by including the costs of modern contraceptive methods in the public health insurance scheme.

3. Improve knowledge of contraceptive methods by organizing and supporting awareness-raising campaigns on contraception that provide sufficient, accurate and non-judgmental information on use and effectiveness, and by ensuring that all health care providers in the field of reproductive health provide this information to their clients.
4. Remove legislative barriers in the access to abortion services such as the mandatory waiting period, the duty of health professionals to report on women requesting abortions to a state institution, and the parental consent requirement. Ensure that the personal data of women undergoing abortion remain confidential as specifically recommended to Slovakia by the ESCR Committee.
5. Improve access to affordable abortion services by lowering their cost as highlighted in the ESCR Committee concluding observations to Slovakia. This should be done by covering the cost of abortion on request under the public health insurance scheme, and by ensuring availability of medical abortion.
6. Ensure that access to reproductive health services is not limited by health professionals' exercise of conscientious objection as recommended by the CEDAW Committee in the concluding observations to Slovakia from 2008. Amend existing regulations, including adopting effective oversight and monitoring mechanisms, in order to appropriately balance the exercise of conscientious objection with professional responsibility and the patient's right to access lawful healthcare services in a timely manner. Ensure that conscientious objection is invoked only by individuals, not institutions, and that the institutions do not use conscientious objection as an excuse for not providing abortion at all.
7. Establish sexuality education as a mandatory subject in primary and secondary schools and revise teaching materials to ensure comprehensive, evidence-based sexuality education free of stereotypes. Sexuality education must be taught by teachers properly trained in this area.
8. Collect, on a systematic basis, comprehensive data related to sexual and reproductive health and rights, including data on contraceptive use and unmet need for contraceptives. Ensure that all collected data are disaggregated by sex, age, social status and other characteristics as necessary.
9. Undertake comprehensive research on access to contraception in Slovakia, which should result in the adoption of measures that would lead to the elimination of existing barriers. Such research should be undertaken on a regular basis to ensure that individuals' contraceptive needs, especially those of women and adolescents, are fully met.

[1] CONSTITUTION, 460/1992 Coll. *as amended*, art. 15(1) (the right to life), arts. 16(1), 19(2) (the rights to privacy), art. 19(1) (the right to maintain his or her dignity), art. 40 (the right to health) (Slovk.).
[2] *Id.* art. 12(1-2).
[3] International Covenant on Economic, Social and Cultural Rights, *adopted* Dec. 16, 1966, G.A. Res. 2200A (XXI), U.N. GAOR, Supp. No. 16, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 3 (*entered into force* Jan. 3, 1976) (succeeded to by Slovakia May 28, 1993) [hereinafter ICESCR]; Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, G.A. Res. 34/189, U.N. GAOR, 34th Sess., Supp. No. 46, at 193, U.N. Doc. A/34/46, U.N.T.S. 13 (*entered into force* Sept. 3, 1981) (succeeded to by Slovakia May 28, 1993) [hereinafter

CEDAW]; Convention on the Rights of the Child, *adopted* Nov. 20, 1989, G.A. Res. 44/25, annex, U.N. GAOR, 44th Sess., Supp. No. 49, at 166, U.N. Doc. A/44/49 (1989) (*entered into force* Sept. 2, 1990) (succeeded to by Slovakia May 28, 1993) [hereinafter CRC]; Convention on the Elimination of All Forms of Racial Discrimination, *adopted* Dec. 21, 1965, G.A. Res. 2106 (XX), Annex, 20 U.N. GAOR Supp. (No. 14) at 47, U.N. Doc. A/6014 (1966), 660 U.N.T.S. 195 (*entered into force* Jan. 4, 1969) (succeeded to by Slovakia May 28, 1993) [hereinafter CERD]; Convention on the Rights of Persons with Disabilities, *adopted* Dec. 13, 2006, G.A. Res. A/RES/61/106, U.N. GAOR, 61st Sess., U.N. Doc. A/61/611, (*entered into force* May, 3 2008) (ratified by Slovakia May 26, 2010) [hereinafter CRPD].

[4] CONSTITUTION, 460/1992 Coll. *as amended*, arts. 7(5), 154c (1) (Slovk.). Under art. 7(5) "[i]nternational treaties on human rights and fundamental freedoms …which were ratified and promulgated in the way laid down by a law shall have precedence over laws." *Id.* Art. 7(5). This provision applies to CRPD. Under art. 154c(1) "[i]nternational treaties on human rights and fundamental freedoms which the Slovak Republic has ratified and were promulgated in the manner laid down by a law before taking effect of this constitutional act [i.e. before 2001], shall be a part of its legal order and shall have precedence over laws if they provide a greater scope of constitutional rights and freedoms." CONSTITUTION, art. 154c(1). This provision applies to CEDAW, International Covenant on Civil and Political Rights (ICCPR), ICESCR, CERD and CRC.

[5] Ministry of Health, Návrh Národného programu ochrany sexuálneho a reprodukčného zdravia v SR [Draft National Program on Protection of Sexual and Reproductive Health in the Slovak Republic], point 8.1, Doc. No. UV-5302/2008 (*submitted* Mar. 26, 2008) (Slovk.) [hereinafter Draft Nat'l Program on Protection of Sexual & Repro. Hlth. in the SR (2008)]. *See also* Ministry of Health, Draft National Program on Protection of Sexual and Reproductive Health in the Slovak Republic, Doc. No. 22346-1/2007-OZSO (*submitted* Nov. 29, 2007) (Slovk.). The importance of adopting a National Program on the Protection of Reproductive Health was recognized by the Slovak Government as early as 2003. *See also* Resolution No. 278/2003 (Apr. 23, 2003) (Slovk.) [hereinafter Resolution No. 278/2003].

[6] Draft Nat'l Program on Protection of Sexual & Repro. Hlth. in the SR (2008), *supra* note 5.

[7] Civic Association, Fórum života: *Zásadné pripomienky k Národnému programu sexuálneho a reprodukčného zdravia v SR* [Forum of Life: *Substantial comments on the National Program of Sexual and Reproductive Health in the SR*] (2007), http://www.forumzivota.sk/index.php?page=32&type=news&id=34&method=main&art=124 (last visited Jul. 10, 2010) [hereinafter Civic Assoc., Forum of Life (2007)].

[8] *Konferencia vyšších rehoľných predstavených na Slovensku nesúhlasí s programom ochrany sexuálneho a reprodukčného zdravia* [*Conference of senior religious order superiors in Slovakia does not agree with the program on protection of sexual and reproductive health*] (Dec. 2007, 13:20), http://www.tkkbs.sk/view.php?cisloclanku=20071213029.

[9] *Mobily vyzváňali na protest proti programu sexuálneho a reprodukčného zdravia* [*Mobiles rang on the protest against the program on sexual and reproductive health*] (Apr. 2, 2008, 10:57), http://spravy.pravda.sk/mobily-vyzvanali-na-protest-proti-programu-sexualneho-a-reprodukcneho-zdravia-gdz-/sk_domace.asp?c=A080402_105743_sk_domace_p29; *MZ SR trvá na Národnom programe ochrany sexuálneho zdravia* [*Ministry of Health of the SR continues the National program on the protection of sexual health*] (Mar. 31, 2008), http://www.24hod.sk/mz-sr-trva-na-narodnom-programe-ochrany-sexualneho-zdravia-cl50675.html. *See also* Civic Assoc., Forum of Life (2007), *supra* note 7; Ladislav Bariak, ml., *Program sexuálneho zdravia mobilizuje aktivistov* [*Program on sexual health mobilizes the activists*] (Apr. 2, 2008, 00:14), http://aktualne.centrum.sk/domov/zdravie-skolstvo-spolocnost/clanek.phtml?id=1155478.

[10] Resolution No. 278/2003, *supra* note 5, task C.22. In this resolution, the government mandated the Ministry of Health to create and submit a National Program on the Protection of Reproductive Health for governmental discussion. The resolution was adopted by the Slovak Government (2002–2006), but it failed to adopt the program. The following government (2006–2010) continued in the preparation of the program until it eventually cancelled the task in January 2009.

[11] Ministry of Health, Návrh Národného programu starostlivosti o ženy, bezpečné materstvo a reprodukčné zdravie [National Program on Care for Women, Safe Motherhood and Reproductive Health], Doc. No. 12568/2009 - OZS (May 14, 2009) (Slovk.); Resolution No. 56/2009 (Jan. 21, 2009) (Slovk.). For comments to the draft program by a group of human rights and feminist NGOs, *see* Center for Civil and Human Rights et al., *Hromadná pripomienka skupiny mimovládnych organizácií k návrhu Národného programu starostlivosti o ženy, bezpečné materstvo a reprodukčné zdravie, predloženého Ministerstvom zdravotníctva Slovenskej republiky (číslo materiálu 12568/2009 -*

OZS) [Collective comment of the group of non-governmental organizations on the draft of the National Program on Care for Women, Safe Motherhood and Reproductive Health submitted by the Ministry of Health of the Slovak Republic (doc. no. 12568/2009 – OZS)] (2009), *available at* http://www.poradna-prava.sk/dok/HP%20MVO%20Nar%20program%20reprozdravie_MV_OaD_Poradna_QLF_270509.pdf.

[12] *Biskupi sa s Ficom nezhodli na programe starostlivosti o ženy* [*Bishops disagreed with Fico on the program on care for women*] (Jul. 23, 2009), http://www.fmg.sk/clanky/biskupi-sa-s-ficom-nezhodli-na-programe-starostlivosti-o-zeny-10182.html (last visited Feb. 2011). *See also*, Civic Assoc., Forum of Life (2007), *supra* note 7.

[13] According to the Slovak Constitution, "[t]he Slovak Republic . . . is not bound to any ideology or religion." CONSTITUTION, 460/1992 Coll. *as amended*, art. 1(1) (Slovk.).

[14] *See e.g.*, CEDAW, *supra* note 3, arts. 5, 12.1; *see, e.g.*, Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Concluding Observations: Mexico*, paras. 32–33, U.N. Doc. CEDAW/C/MEX/CO/6 (2006); Committee on Economic, Social and Cultural Rights (ESCR Committee), *General Comment No. 14: The right to the highest attainable standard of health (Art. 12)*, (22nd Sess., 2000), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 78, para. 11, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter ESCR Committee, *Gen. Comment No. 14*]; *see* Committee on the Rights of the Child (CRC Committee), *General Comment No. 4: Adolescent health and development in the context of the Convention on the Rights of the Child*, (33rd Sess., 2003), *in* Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 410, paras. 31-32, U.N. Doc. HIR/GEN/1/Rev.9 (Vol. 2) (2008) [hereinafter CRC Committee, *Gen. Comment No. 4*].

[15] ESCR Committee, *Gen. Comment No. 14*, *supra* note 14, para. 12.

[16] *Id.* para. 12(b)(iii).

[17] *Id*. paras. 12(a), 43(d), 44(a).

[18] *See* CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), *in* Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies, at 358, paras. 1, 17, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*].

[19] CEDAW Committee, *Concluding Observations: Slovakia*, para. 43, U.N. Doc. CEDAW/C/SVK/CO/4 (2008).

[20] ESCR Committee, *Concluding Observations*: *Slovakia*, para. 24, U.N. Doc. E/C.12/SVK/CO/2 (2012).

[21] *See* CENTER FOR REPRODUCTIVE RIGHTS ET AL., CALCULATED INJUSTICE, THE SLOVAK REPUBLIC'S FAILURE TO ENSURE ACCESS TO CONTRACEPTIVES 21 (2011) [hereinafter CALCULATED INJUSTICE].

[22] NATIONAL HEALTH INFORMATION CENTER, ZDRAVOTNÍCKA ROČENKA SLOVENSKEJ REPUBLIKY 2011 [HEALTH STATISTICS YEARBOOK OF THE SLOVAK REPUBLIC 2011] 96 (2012), *available at* http://www.nczisk.sk/Documents/rocenky/rocenka_2011.pdf; Akbar Aghajanian et al, *Continuing Use of Withdrawal as a Contraceptive Method in Iran*, 34 CANADIAN STUDIES IN POPULATION 179, 182 (2007).

[23] *See* CALCULATED INJUSTICE, *supra* note 21, at 8.

[24] *See id.* at 27.

[25] Zákon č. 363/2011 Z. z. o rozsahu a podmienkach úhrady liekov, zdravotníckych pomôcok a dietetických potravín na základe verejného zdravotného poistenia a o zmene a doplnení niektorých zákonov [Act No. 363/2011 Coll. of Laws on the Scope and Conditions of Drugs, Medical Devices and Dietetic Foods Coverage by Public Health Insurance and on Amending and Supplementing Certain Acts], sec. 22(3)(b) (Slovk.) [hereinafter Act No. 363/2011].

[26] *Id.* secs. 16(4)(e)(1) & 37(5)(c)(6).

[27] Zákon č. 73/1986 Zb. o umelom prerušení tehotenstva v znení neskorších právnych predpisov [Act No. 73/1986 Coll. on Artificial Termination of Pregnancy as amended] (1986) (Slovk.).

[28] Act No. 363/2011, *supra* note 25, art. II.

[29] ESCR Committee, *Gen. Comment No. 14*, *supra* note 14, para. 31.

[30] ESCR Committee, *Concluding Observations*: *Slovakia*, para. 24, U.N. Doc. E/C.12/SVK/CO/2 (2012).

[31] *See, e.g.*, ICCPR, adopted Dec. 16, 1966, art. 26, G.A. Res. 2200A (XXI), U.N. GAOR, 21st Sess., Supp. No. 16, at 52, U.N. Doc. A/6316 (1966), 999 U.N.T.S. 171 (entered into force Mar. 23, 1976) (succeeded to by Slovakia May 28, 1993); ICESCR, *supra* note 3, art. 3; CEDAW, *supra* note 3, arts. 1, 2, 10(h), 12(1), 16.

[32] *See* CALCULATED INJUSTICE, *supra* note 21, at 36.

[33] UNITED NATIONS CHILDREN'S FUND (UNICEF) OFFICE OF RESEARCH, CHILD WELL-BEING IN RICH COUNTRIES: A COMPARATIVE OVERVIEW 25 (UNICEF, *Innocenti Report Card 11*, 2013), *available at* http://www.unicef-irc.org/publications/pdf/rc11_eng.pdf.
[34] CALCULATED INJUSTICE, *supra* note 21, at 8.
[35] *Id*. at 38.
[36] *Id*.
[37] *See* EUR. PARL. ASSEMB., *Access to safe and legal abortion in Europe*, paras. 7.2, 7.4, Resolution 1607 (2008), *available at* http://assembly.coe.int/Main.asp?link=/Documents/AdoptedText/ta08/ERES1607.htm.
[38] Tysiąc v. Poland, No. 5410/03 Eur. Ct. H. R., para. 116 (2007). *See also* R.R. v. Poland, No. 27617/04 Eur. Ct. H. R. para. 200 (2011).
[39] *See* European Parliament resolution on sexual and reproductive health and rights, (2001/2128 (INI)), 2003 O.J. (C 271) 12, *available at* http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=OJ:C:2003:271E:0369:0374:EN:PDF.
[40] *See* Human Rights Committee, *General Comment No. 28: Article 3 (The equality of rights between men and women)*, (68th Sess., 2000), *in* Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 228, para. 10, U.N. Doc. HIR/GEN/1/Rev.9 (Vol. 1) (2008); CEDAW Committee, *Gen. Recommendation No. 24*, *supra* note 18, paras. 14, 27; ESCR Committee, *Gen. Comment No. 14*, *supra* note 14, para. 21.
[41] CEDAW Committee, *Concluding Observation: Hungary*, para. 31(c), U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013).
[42] *See* ESCR Committee, *Gen. Comment No. 14*, *supra* note 14, art. 12.b.iv., 12(c).
[43] M.S. v. Sweden, 1997-IV Eur. Ct. H.R., paras. 35, 41 (1997). Although the Court recognized an interference, it did not find a violation, based in part, on Sweden's strong legislative protections against breach of confidentiality.
[44] Zákon č. 73/1986 Zb. o umelom prerušení tehotenstva v znení zákona č. 419/1991 Zb. [Act No. 73/1986 Coll. on Artificial Termination of Pregnancy as amended by the Act No. 419/1991 Coll.] (1986) [hereinafter Abortion Act]. Vyhláška Ministerstva zdravotníctva SSR č. 74/1986 Zb., ktorou sa vykonáva zákon Slovenskej národnej rady č. 73/1986 Zb. o umelom prerušení tehotenstva, v znení neskorších zmien [Ordinance of the Ministry of Health of the SSR No. 74/1986 Coll., which exercises Act No. 73/1986 Coll. on Artificial Termination of Pregnancy, as amended] [hereinafter Artificial Termination of Pregnancy Ordinance, No. 74/1986 Coll.].
[45] Abortion Act, *supra* note 44, secs. 4–5. *See also* Artificial Termination of Pregnancy Ordinance, No. 74/1986 Coll., *supra* note 44, sec. 2.
[46] WORLD HEALTH ORGANIZATION (WHO), SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 42 (2nd ed., 2012), *available at* http://apps.who.int/iris/bitstream/10665/70914/1/9789241548434_eng.pdf [hereinafter WHO, SAFE ABORTION (2012)].
[47] *Id.* at 96.
[48] ICESCR, *supra* note 3, art. 15.1(b).
[49] WHO, SAFE ABORTION (2012), *supra* note 46, at 44.
[50] *Id*. at 79.
[51] Mifegyne's active ingredient is mifepristone. NetDoctor, Mifegyne (mifepristone), http://www.netdoctor.co.uk/pregnancy/medicines/mifegyne.html (last visited Jun. 20, 2013). Medabon contains a combination of mifepristone and misoprostol as active ingredients. *See* Medabon for Medical Abortion, http://medabon.info/ (last visited Jan. 18, 2013). This combination is included in the WHO's Model List of Essential Medicines as the drug approved to induce medical abortions. *See* WORLD HEALTH ORGANIZATION, MODEL LIST OF ESSENTIAL MEDICINES 27 (17th ed.) (March 2011), *available at* http://www.who.int/selection_medicines/committees/expert/17/sixteenth_adult_list_en.pdf.
[52] Mutual Recognition and Decentralised Procedures as defined in Directive 2004/27/EC amending Directive 2001/83/EC. Council Directive 2004/27/EC, ch. 4, 2004 O.J. (L 136/34).
[53] *See, e.g., Kuffa: Potratové tabletky sa podieľajú na genocíde obyvateľstva*, SME (Jan. 22, 2013), http://www.sme.sk/c/6676102/kuffa-potratove-tabletky-sa-podielaju-na-genocide-obyvatelstva.html; *Potratové tabletky nateraz Zvolenská a Lajčák stopli*, SME (Apr. 15, 2013), http://www.sme.sk/c/6768907/potratove-tabletky-nateraz-zvolenska-a-lajcak-stopli.html (last visited Jun. 3, 2013).
[54] Zákon č. 576/2004 Z. z. o zdravotnej starostlivosti, službách súvisiacich s poskytovaním zdravotnej starostlivosti a o zmene a doplnení niektorých zákonov [Act No. 576/2004 Coll. of Laws on Healthcare, Healthcare-related

Services, and Amending and Supplementing Certain Acts *as amended*] *by the* Act No. 345/2009 Coll. of Laws (Slovk.) [hereinafter Healthcare Act, No. 576/2004].
[55] Abortion Act, *supra* note 44, sec. 4.
[56] WHO, SAFE ABORTION (2012), *supra* note 46, at 36.
[57] *See* WHO, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 91(2003) [hereinafter WHO, SAFE ABORTION (2003)].
[58] WHO, SAFE ABORTION (2012), *supra* note 46, at 96.
[59] *See* WHO, SAFE ABORTION (2003), *supra* note 57, at 91.
[60] *See, e.g.*, ICESCR, *supra* note 3; *see also* ESCR Committee, *Gen. Comment No. 14, supra* note 14; ESCR Committee, *General Comment No. 16: The equal right of men and women to the enjoyment of all economic, social and cultural rights (art. 3)*, (34th Sess., 2005), *in* Compilation of General Comments and General Recommendations by Human Rights Treaty Bodies, at 113, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008). *See also*, ICCPR, *supra* note 31, arts. 3, 36; CEDAW, *supra* note 3, art. 5.
[61] Healthcare Act, No. 576/2004, *supra* note 54, sec. 6b(3), Annex 2, point 5a; Vyhláška MZ SR č. 417/2009 Z. z., ktorou sa ustanovujú podrobnosti o informáciách poskytovaných žene a hlásenia o poskytnutí informácií, vzor písomných informácií a určuje sa organizácia zodpovedná za prijímanie a vyhodnocovanie hlásenia [Regulation of the Ministry of Health of the Slovak Republic No. 417/2009 Coll. of Laws on establishing details about information provided to a woman and details about a report on the provision of the information, a sample of written information, and on determining an organization responsible for receiving and evaluating the report] (Slovk.) [hereinafter Regulation No. 417/2009 Coll. of Laws].
[62] Healthcare Act, No. 576/2004, *supra* note 54, Annex 2, point 5a; Regulation No. 417/2009 Coll. of Laws, *supra* note 61.
[63] *See* WHO, SAFE ABORTION (2003), *supra* note 57, at 94.
[64] *See* ICCPR, *supra* note 31, art 17.
[65] CONSTITUTION, 460/1992 Coll. *as amended*, arts. 16(1), 19(2) , (Slovk.).
[66] ESCR Committee, *Concluding Observations*: *Slovakia*, para. 24, U.N. Doc. E/C.12/SVK/CO/2 (2012).
[67] Healthcare Act, No. 576/2004, *supra* note 54, sec. 6b(4).
[68] Abortion Act, *supra* note 44, sec. 6(1).
[69] *See* CENTER FOR REPRODUCTIVE RIGHTS, ADOLESCENTS NEED SAFE AND LEGAL ABORTION (2005), *available at* http://reproductiverights.org/en/document/adolescents-need-safe-and-legal-abortion-0 [hereinafter ADOLESCENTS NEED SAFE AND LEGAL ABORTION].
[70] *See* WHO, SAFE ABORTION (2003), *supra* note 57, at 92.
[71] ESCR Committee, *Gen. Comment No. 14*, *supra* note 14, para. 23.
[72] *See* CRC, *supra* note 4, arts. 5, 14(2); CRC Committee, *Gen. Comment No. 4*, *supra* note 14.
[73] *See* ADOLESCENTS NEED SAFE AND LEGAL ABORTION, *supra* note 69, at 4.
[74] *See* CRC Committee, *Gen. Comment No. 4*, *supra* note 14, para. 32.
[75] *Id.* para. 33.
[76] *Interrupcie nerobíme. Z technických príčin... [We do not perform abortions...For technical reasons]*, Pravda (Jan. 22, 2011, 17:36), http://spravy.pravda.sk/interrupcie-nerobime-z-technickych-pricin-fju-/sk_domace.asp?c=A110122_173602_sk_domace_p29. *See also* MOŽNOSŤ VOĽBY, MONITOROVACIA SPRÁVA O PLNENÍ ZÁVEREČNÝCH ZISTENÍ VÝBORU PRE ODSTRÁNENIE DISKRIMINÁCIE ŽIEN V SR [MONITORING REPORT ON THE IMPLEMENTATION OF THE CEDAW COMMITTEE CONCLUDING OBSERVATIONS TO SLOVAKIA] 61 (2011); ŠTATISTICKÝ ÚRAD SR, ŠTRUKTÚRA MIEZD V SR 2011, 3 (2012), *available at* http://portal.statistics.sk/files/Sekcie/sek_600/Socialne_statistiky/Trh_prace/Struktura_miezd_v%20SR_2011.pdf.
[77] Nariadenie vlády SR č. 777/2004 Z.z., ktorým sa vydáva Zoznam chorôb, pri ktorých sa zdravotné výkony čiastočne uhrádzajú alebo sa neuhrádzajú na základe verejného zdravotného poistenia [Decree No. 777/2004 Coll. of Laws issuing the List of Diseases at which Medical Procedures Are Partially Covered or Not Covered Based on Public Health Insurance], Annex No. 2, point III (2004) (Slovk.).
[78] ESCR Committee, *Concluding Observations*: *Slovakia*, para. 24, U.N. Doc. E/C.12/SVK/CO/2 (2012).
[79] CEDAW Committee, *Concluding Observations: Slovakia*, paras. 42, 43, U.N. Doc. CEDAW/C/SVK/CO/4 (2008).
[80] Zákon č. 578/2004 Z.z. o poskytovateľoch zdravotnej starostlivosti, zdravotníckych pracovníkoch, stavovských organizáciách v zdravotníctve a o zmene a doplnení niektorých zákonov [Act No. 578/2004 Coll. of Laws on

Healthcare Providers, Health Workers and Professional Medical Associations, and Amending and Supplementing Certain Acts, *as amended*], Annex No. 4. (Deontology or medical ethics codes, while not legally binding, are highly persuasive authorities since the development of deontology codes are mandated by public health laws.) (Slovk.).

[81] Draft resolution, *Women's access to lawful medical care: the problem of unregulated use of conscientious objection*, PARL. ASSEMB. EUR. Doc. 12347 (Jul. 20, 2010) [hereinafter Draft resolution, *Women's access to lawful medical care*].

[82] International Federation of Gynecology and Obstetrics (FIGO), *Resolution on "Conscientious Objection", adopted by* FIGO Gen. Assemb. (Nov. 7, 2006), *available at* http://www.figo.org/projects/conscientious [hereinafter FIGO, *Resolution on "Conscientious Objection"*].

[83] Draft resolution, *Women's access to lawful medical care*, *supra* note 81. *See also* FIGO, Committee for the Ethical Aspects of Human Reproduction & Women's Health, *Ethical Guidelines on Conscientious Objection* (2005); FIGO, *Resolution on "Conscientious Objection"*, *supra* note 82; R.R. v. Poland, No. 27617/04 Eur. Ct. H. R. para. 206 (2011); P and S v. Poland, No. 57375/08 Eur. Ct. H.R. para. 106 (2008).

[84] *See* CALCULATED INJUSTICE, *supra note* 21 at 39.

[85] *Štátne kliniky majú výhradu svedomia. Uhliarik mlčí, [State clinics apply conscientious objection.Uhliarik is silent.]* Pravda (Jan. 22, 2011), http://spravy.pravda.sk/statne-kliniky-maju-vyhradu-svedomia-uhliarik-mlci-fx7-/sk_domace.asp?c=A110121_194642_sk_domace_p29 (last visited Feb. 2011); Iris Kopcsayová, *Mnoho štátnych nemocníc interrupcie nerobí, univerzitná v Bratislave bude [Many state hospitals do not perfom abortions, the University hospital in Bratislava will do it]*, Pravda (Jan. 27, 2011, 12:46), http://spravy.pravda.sk/mnoho-statnych-nemocnic-interrupcie-nerobi-univerzitna-v-bratislave-bude-1tn-/sk_domace.asp?c=A110126_193530_sk_domace_p12; Iris Kopcsayová, *Interrupcie nerobíme. Z technických príčin.... [We do not perform abortions...For technical reasons]* Pravda (Jan. 22, 2011, 17:36), http://spravy.pravda.sk/interrupcie-nerobime-z-technickych-pricin-fju-sk_domace.asp?c=A110122_173602_sk_domace_p29.

[86] *Potrat? Nerobíme! Choďte inam, hovoria lekári Slovenkám [Abortion? We do not perform! Go somewhere else, the doctors say to Slovak women]* (2010), http://tvnoviny.sk/zeny/top-tema/potrat-nerobime-chodte-inam-hovoria-lekari-slovenkam.html (last visited Aug. 27, 2010).

[87] *See, e.g., id.*

[88] INTERNATIONAL PLANNED PARENTHOOD FOUNDATION EUROPEAN NETWORK, A REFERENCE GUIDE TO POLICIES AND PRACTICES: SEXUALITY EDUCATION IN EUROPE 74 (2006), *available at* http://www.ippfen.org/en/Resources/Publications/Sexuality+Education+in+Europe.htm.

[89] Slovak Family Planning Association, *Vedomostná úroveň v oblasti sexuálneho a reprodukčného zdravia na základných školách na Slovensku. Kvalitatívna a kvantitatívna analýza* [*Level of Knowledge on Sexual and Reproductive Health at Primary Schools in Slovakia. Qualitative and Quantitative Analysis*] (2005).

[90] Alliance of Women in Slovakia et al., *Shadow Report to the Committee on the Elimination of Discrimination against Women for the Slovak Republic*, para. 108 (2008).

[91] Letter of Mons. František Tondra, chair of the Slovak Bishops' Conference, Otvorený list predsedu KBS ministrovi školstva SR [Open Letter of the Chair of SBC to the Minister of Education of the SR] (Aug. 31, 2007, 12:09), http://www.tkkbs.sk/view.php?cisloclanku=20070831016.

[92] Olga Pietruchová, *Fakty o postojoch katolíckej cirkvi k sexualite* [*Facts on the Catholic Church's Stance on Sexuality*] (Nov. 23, 2007), http://rodicovstvo.wordpress.com/2007/12/23/fakty-o-postojoch-katolickej-cirkvi-k-sexualite.

[93] *See, e.g.*, Monika Bosá, Vzťah rodových stereotypov k zodpovednosti v sexuálnom živote [Relationship of gender stereotypes to responsibility in sexual life] *in* Upgrade pre sexuálnu výchovu; Zborník z konferencie „Alternatívy zodpovednej sexuálnej výchovy" [Upgrade for Sexuality Education, Volume from the conference, Alternatives of responsible sexuality education] 28–30 (Bianchi, G. ed., 2001), *available at* http://www.kvsbk.sav.sk/upgrade-sex-vychova/bosa.htm; Alliance of Women in Slovakia, et al., *supra* note 90, paras. 28-29, 107.

[94] ESCR Committee, *Concluding Observations*: *Slovakia*, para. 25, U.N. Doc. E/C.12/SVK/CO/2 (2012).

[95] The last comprehensive research on contraceptive use among women in Slovakia is from January 1997, conducted privately by FOCUS Agency for Slovak Family Planning Association. *See* SLOVAK FAMILY PLANNING ASSOCIATION & FOCUS–SOCIAL AND MARKETING ANALYSIS CENTRE, REPRODUCTIVE PRACTICES OF SLOVAK WOMEN (1997), *available at* http://www.rodicovstvo.sk/reproductive_practices.htm.