



April 2, 2012

Secretary, Committee on Economic, Social and Cultural Rights
UNOG-OHCHR
1211 Geneva
Switzerland

Re: Supplementary Information on Slovakia, Scheduled for Review by the Committee on Economic, Social and Cultural Rights during its 48th Session

Dear Committee Members:

This letter is intended to supplement the second periodic report submitted by Slovakia, which is scheduled to be reviewed by the Committee on Economic, Social and Cultural Rights (hereinafter the Committee) during its 48th session. The Center for Reproductive Rights (New York), Citizen, Democracy and Accountability (Slovakia) and Freedom of Choice (Slovakia) are independent non-governmental organizations, hoping to further the work of the Committee by providing independent information concerning the rights protected in the International Covenant on Economic, Social and Cultural Rights (hereinafter ICESCR).¹

Reproductive rights are fundamental to women's health and social equality, and an explicit part of the Committee's mandate under the ICESCR. The commitment of states parties to uphold and ensure these rights deserves serious attention. We hope that the Committee's review will cover several areas of concern related to the status of the reproductive health and rights of women and adolescents in the Slovak Republic. This letter is intended to provide a summary of the issues of greatest concern, as well as a list of questions that we hope the Committee will raise with the official delegation from Slovakia.

Rights to Reproductive Health Services and Family Planning (Articles 2(2), 3, 10(2), 12(1) of the ICESCR)

Reproductive health and rights receive broad protection under the ICESCR. Article 12(1) recognizes "the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."² In interpreting the right to health, this Committee, in General Comment 14, has explicitly defined this right to "include the right to control one's health and body, including sexual and reproductive freedom."³ The Committee defines "[r]eproductive health" to include "the freedom to decide if and when to reproduce and the right to be informed and to have access to safe, effective, affordable and acceptable methods of family planning...services that will, for example, enable women to go safely through pregnancy and childbirth."⁴ The right to health also contains entitlements, which include "the right to a system of health protection which provides equality of opportunity for people to enjoy the highest attainable level of health."⁵ Articles 2(2) and 3 guarantee all persons the rights set forth in the ICESCR without

discrimination, specifically as to “sex,...social origin...or other status.”⁶ The Committee has characterized the duty to prevent discrimination in access to health care as a “core obligation” of the state.⁷

The Committee has further asserted that states parties are required to take “measures to improve child and maternal health, sexual and reproductive health services, including access to family planning, pre- and post-natal care, emergency obstetric services and access to information, as well as to resources necessary to act on that information.”⁸ General Comment 14 also specifically states that “[t]he realization of women’s right to health requires the removal of all barriers interfering with access to health services, education and information, including in the area of sexual and reproductive health.”⁹

In its past Concluding Observations, the Committee has urged states parties to adopt and implement national sexual and reproductive health programs.¹⁰ It has repeatedly emphasized the need for knowledge of and access to affordable contraceptive methods and family planning information and services.¹¹ In case of at least one state party the Committee has recommended “to include the costs of modern contraceptive methods in the public health insurance scheme.”¹² The Committee has framed the lack of access to affordable contraceptives as a violation of the right to health and has noted that a state’s failure to ensure access to reproductive health care for women constitutes discrimination in that it deprives them of their ability to fully enjoy their economic, social and cultural rights on an equal basis with men.¹³

Moreover, several United Nations Human Rights Treaty Monitoring Bodies, including this Committee, have established an international obligation to provide sexuality education in schools, noting that a lack of such education is an obstacle to states’ compliance with their treaty obligations to ensure the right to life, health, non-discrimination, education and information.¹⁴ The Committee has also, on multiple occasions, urged states parties to “implement adequate programmes in sexual and reproductive education in national school curricula.”¹⁵

We would like to raise six issues of particular concern that reflect shortcomings in Slovakia’s compliance with the provisions of the ICESCR related to reproductive rights: (1) the lack of a comprehensive state sexual and reproductive health and rights policy; (2) the lack of 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.

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

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.

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”.¹⁶ 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.¹⁷ The Catholic Church hierarchy and anti-choice groups heavily criticized the

program, claiming that it was “strongly liberal,”¹⁸ against national interests,¹⁹ and “anti-family,” especially by aiming to improve access to contraception.²⁰ As a result, the government failed to adopt the program, despite having acknowledged its importance,²¹ 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.²² However, due to continuing opposition from the Catholic Church hierarchy, which considered even this draft to be in conflict with its convictions,²³ 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 new Minister of Health (Slovakia has a new government due to parliamentary elections in March this year) 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.²⁴

2. Lack of Access to Contraceptive Services and Information

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.²⁵ This Committee has interpreted the right to health to encompass the right to sexual and reproductive health. It 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.²⁶ Accessibility has an economic component, meaning that health care must be “affordable for all, including socially disadvantaged groups.”²⁷ Furthermore, the 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.²⁸ 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.²⁹ 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”³⁰

Although **contraceptives** may be available to women in Slovakia they **continue to be inaccessible for many women due to their prohibitively high cost**.³¹ 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 at approximately 32%.³² These figures stand in stark contrast to those of other European Union countries, the majority of which subsidize contraceptives through public health insurance.³³ 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.³⁴ 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.³⁵

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 from public health insurance**.³⁶ Simultaneously, the law abolished §3 of the Slovak Abortion Act³⁷ that guaranteed to women free access to prescription contraceptives, which however had never been implemented.³⁸ 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 will hence make 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.

This retrogressive step expressed in the 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 this 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]”³⁹ and to avoid taking retrogressive measures in relation to this right. 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.⁴⁰

The lack of accurate, unbiased, and comprehensive information on family planning 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.⁴¹ 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.⁴² 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.⁴³ 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. For example, some women believe that hormonal contraceptives will increase a risk for breast cancer and inability to conceive in the future.⁴⁴ 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

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.”⁴⁵ 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].”⁴⁶ 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.”⁴⁷

The United Nations Human Rights Treaty Monitoring Bodies 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.⁴⁸ In addition, international human rights standards support the right to confidentiality of medical information. General Comment 14 on the right to the highest attainable standard of health, article 12 of the ICESCR, acknowledges that accessibility to information should not impair the right to have medical information handled confidentially⁴⁹ and that all health facilities, goods

and services must respect confidentiality⁵⁰. Furthermore, 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.⁵¹

In 2009 the Slovak Parliament adopted an amendment to the Act on Healthcare⁵² 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.⁵³ According to the WHO, medically unnecessary waiting periods are a form of administrative and regulatory barriers that result in unnecessary delays of care and decreased safety of care.⁵⁴ Not only does the waiting period frequently result in a longer time delay than that indicated by the law, but requiring a woman to seek two medical visits often causes inhibitive personal and financial costs – resulting in further delays and exacerbated circumstances.⁵⁵ Therefore, according to the WHO, waiting periods that are not medically indicated should be eliminated and all services should be received promptly.⁵⁶ Moreover, submitting women to medically unnecessary waiting periods exacerbates gender stereotypes about their inability to make responsible decisions about their reproductive health care without a third party interference. This runs counter to the Slovak Republic’s obligation under international human rights standards including the ICESCR⁵⁷ under which the state should take steps towards achieving gender equality and eliminating sex and gender stereotypes.

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**.⁵⁸ The report shall contain personal data of a woman whose pregnancy shall be terminated or who filed a request for an abortion.⁵⁹ 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.⁶⁰ This is in clear violation of the right to privacy guaranteed to all women through both the international human rights law⁶¹ and the Slovak Constitution.⁶²

Furthermore, the 2009 amendment requires **parental consent for all minors seeking abortion services**.⁶³ Prior to this amendment the parental consent requirement applied to adolescent girls under 16 years of age.⁶⁴ Young women who do not involve their parents in the decision to obtain an abortion often do so out of fear of repercussions.⁶⁵ This frequently results in either a delay of care, which decreases safety, or adolescent girls seeking clandestine services.⁶⁶ The parental consent and notification requirements create barriers to access to health care for minors, and thus raise questions as regards their compatibility with Article 12 of the ICESCR. This 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.”⁶⁷ 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.⁶⁸ Rather than require parental consent, the Slovak Government should require physicians to be trained to work with adolescents⁶⁹ and respect their right to informed decision making⁷⁰ and confidentiality.⁷¹

In addition to above mentioned barriers, **abortion is financially inaccessible for many women**. Abortion on request in a public hospital costs about 250 euros, and in private clinics it costs approximately 400 euros, which represents about 42% to 68% of the median monthly income for women in Slovakia earned in 2010.⁷² 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.⁷³

Finally, we would like to point out that the information related to the constitutionality of the Slovak abortion law provided in the state periodic report (paragraph 259) is inaccurate. In this paragraph the periodic report states that “[u]nder a finding of the Constitutional Court of the Slovak Republic, applicable Act No. 73/1986 Coll. on Artificial Termination of Pregnancy and Decree No. 74/1986 Coll. implementing the respective act do not comply with the Constitution of the Slovak Republic.” On the contrary, in this finding, which was issued in 2007, the Constitutional Court found the Act on Artificial Termination of Pregnancy (No. 73/1986 Coll.) in compliance with the Constitution. At the same time, the Court concluded that a provision of the Decree (No. 74/1986 Coll.) stipulating a time period for abortion on genetic grounds was unconstitutional.⁷⁴

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

The increasingly widespread practice of conscientious objection in 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.”⁷⁵

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.⁷⁶ 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.⁷⁷ 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 providers and provision of information on the procedure being objected to.⁷⁸ 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.⁷⁹

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.⁸⁰ 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.⁸¹ Moreover, hostile and judgemental treatment from some health personnel towards a woman undergoing abortion on request has been reported.⁸² 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.⁸³

5. Absence of Mandatory Sexuality Education in Schools

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.⁸⁴ The quality and comprehensiveness of such education depends to a high degree on individual teachers and the course subject.⁸⁵ Moreover, discussions on sexual and reproductive health and rights and on contraception are rare.⁸⁶ 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.⁸⁷ 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."⁸⁸ After this intervention, the Ministry, without explanation, refused to accredit the book.⁸⁹ Current official textbooks on sexuality education, called "Education for Marriage and Parenthood," promote gender stereotypes and lack comprehensive information on sexual and reproductive health.⁹⁰ This lack of information leaves the majority of students at risk of sexual violence, sexual abuse, unintended pregnancies and sexually transmitted infections.

6. Lack of Comprehensive Data on Reproductive Health

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.⁹¹ 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.

In light of the above, we hope that the Committee will consider addressing the following questions to the Government of Slovakia:

1. What legislation and policies have been adopted to address the barriers that women and adolescent girls face in accessing comprehensive reproductive health and family planning services as well as information about these services, and what has been the impact of such legislation and policies on women's real access to these services? What further measures does the state plan to adopt in this regard?
2. Does the government plan to adopt a National Program on the Protection of Sexual and Reproductive Health and Rights that would be in line with the international human rights norms and medical standards? If so, what is the timeline for its preparation and adoption? Will non-governmental organizations working in the area of sexual and reproductive health and women's rights be invited to participate in the drafting process?
3. What is the unmet need for contraception among women in Slovakia? What governmental efforts are being made to increase access to a wide range of modern contraceptive methods by making them affordable for all and ensuring that they are covered by public health insurance? What specific measures have been taken to improve access to accurate and comprehensive contraceptive information, and what is the impact of these measures on women's access to modern contraceptives?

4. What measures is the state taking to ensure that women have access to safe and legal abortion and are not forced to resort to illegal and unsafe abortions or to carrying pregnancies to term against their will?
5. What measures have been adopted to ensure that women's access to reproductive health services is not hampered by health care providers' invocation of conscientious objections and by health facilities' policies of refusing to carry out certain reproductive health services? What oversight and monitoring of the practice of conscientious objection, including an effective complaint mechanism, is in place that would ensure that everyone, but particularly women, have access to an effective and timely remedy? What measures are being taken to ensure that a sufficient number of non-objecting practitioners is available in all health facilities providing reproductive health care, as well as within reasonable distance?
6. Comprehensive, unbiased, and scientifically accurate sexuality education is still not systematically offered in the schools. Given this reality, what specific measures have been taken to institute government-sponsored programs such as public awareness campaigns and sexuality education in schools, and what is the status of the implementation of such measures?
7. What measures have been adopted to ensure collection, on a systematic basis, of comprehensive data on reproductive health, using reproductive health indicators such as number of unintended pregnancies, rate of contraceptive use, and the unmet need for contraception?
8. What measures have been adopted to ensure systematic training of health professionals on sexual and reproductive rights?

There remains a significant gap between the provisions of the International Covenant on Economic, Social and Cultural Rights and the reality of women's reproductive health and lives in Slovakia. We appreciate the active interest that the Committee has taken in the reproductive health and rights of women in the past, stressing the need for governments to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Slovak Government's compliance with the ICESCR. If you have any questions, or would like further information, please do not hesitate to contact us.

Sincerely,

Johanna Westeson
Regional Director for Europe
Center for Reproductive Rights
jwesteson@reprorights.org
Tel: +46 8 642 20 11

Janka Debrecéniová
Deputy Director
Citizen, Democracy
and Accountability
debreceniova@oad.sk
Tel.: +421 48 611 3461

Adriana Mesochoritsová
Chairperson
Freedom of Choice
adriana@moznostvolby.sk
Tel: + 421 2 5443 0889

Adriana Lamačková
Legal Adviser for Europe
Center for Reproductive Rights
alamackova@reprorights.org
Tel: +44 20 08 249 8372

¹ 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) (entered into force Jan. 3, 1976) (succeeded to by Slovakia May 28, 1993) [hereinafter ICESCR].

² *Id.* art. 12(1).

³ 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 by Human Rights Treaty Bodies*, at 78, para. 8, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. I) (2008) [hereinafter ESCR Committee, *Gen. Comment No. 14*].

⁴ *Id.* note 12 (defining reproductive health in the context of Art. 12.2 (a), para. 14).

⁵ *Id.* para. 8.

⁶ ICESCR, *supra* note 1, art. 2(2).

⁷ ESCR Committee, *Gen. Comment No. 14*, *supra* note 3, para. 19.

⁸ *Id.* art. 12.2 (a), para. 14.

⁹ *Id.* para. 21.

¹⁰ CENTER FOR REPRODUCTIVE RIGHTS, *Family Planning is a Human Right: Government Duties to Ensure Access to Contraceptive Services and Information*, in BRINGING RIGHTS TO BEAR 9 (2008) [hereinafter BRB, *Family Planning is a Human Right*]. *See, e.g.*, ESCR Committee, *Concluding Observations: Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); *People's Republic of China (including Hong Kong and Macao)*, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Guatemala*, para. 43, U.N. Doc. E/C.12/1/Add.93 (2003); *Kuwait*, para. 43, U.N. Doc. E/C.12/1/Add.98 (2004); *Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001); *Yemen*, para. 34, U.N. Doc. E/C.12/1/Add.92 (2003).

¹¹ BRB, *Family Planning is a Human Right*, *supra* note 10, at 8-9. *See e.g.*, ESCR Committee, *Concluding Observations: Armenia*, para. 15, U.N. Doc. E/C.12/1/Add.39 (1999); *Cameroon*, para. 45, U.N. Doc. E/C.12/1/Add.40 (1999); *Chile*, para. 54, U.N. Doc. E/C.12/1/Add.105 (2004); *Honduras*, para. 27, U.N. Doc. E/C.12/1/Add.57 (2001); *Lithuania*, para. 50, U.N. Doc. E/C.12/1/Add.96 (2004); *Poland*, para. 12, U.N. Doc. E/C.12/1/Add.26 (1998); *Russian Federation*, para. 30, U.N. Doc. E/C.12/RUS/CO/5, (2011).

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

¹³ CENTER FOR REPRODUCTIVE RIGHTS, *Preventing Maternal Mortality and Ensuring Safe Pregnancy: Government Duties to Ensure Pregnant Women's Survival and Health*, in BRINGING RIGHTS TO BEAR 11 (2008).

¹⁴ *See, e.g.*, Human Rights Committee, *Concluding Observations: Poland*, para. 9, U.N. Doc. CCPR/CO/82/POL (2004); *see also*, Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Concluding Observations: Burundi*, para. 62, U.N. Doc. A/56/38 (2001); *Jamaica*, para. 224, U.N. Doc. A/56/38 (2001); *Kazakhstan*, para. 106, U.N. Doc. A/56/38 (2001); *Lithuania*, para. 25, CEDAW/C/LTU/CO/4 (2008); *Slovakia*, paras. 32-33, CEDAW/C/SVK/CO/4 (2008); *see also*, Committee on the Rights of the Child, *Concluding Observations: Bhutan*, para. 45(a-b), U.N. Doc. CRC/C/15/Add.157 (2001); *Cambodia*, para. 53, U.N. Doc. CRC/C/15/Add.128 (2000); *Comoros*, para. 36, U.N. Doc. CRC/C/15/Add.141 (2000); *Egypt*, para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); *see also*, ESCR Committee, *Concluding Observations: Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); *People's Republic of China (including Hong Kong and Macao)*, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Poland*, paras. 28, 50, U.N. Doc. E/C.12/1/Add.82 (2002); *Senegal*, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001); *Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001).

¹⁵ ESCR Committee, *Concluding Observations: Poland*, para. 31, U.N. Doc. E/C.12/POL/CO/5 (2009). *See also, e.g.*, ESCR Committee, *Concluding Observations: Bolivia*, para. 43, U.N. Doc. E/C.12/1/Add.60 (2001); *People's Republic of China (including Hong Kong and Macao)*, para. 100, U.N. Doc. E/C.12/1/Add.107 (2005); *Poland*, paras. 28, 50, U.N. Doc. E/C.12/1/Add.82 (2002); *Senegal*, para. 47, U.N. Doc. E/C.12/1/Add.62 (2001); *Ukraine*, para. 31, U.N. Doc. E/C.12/1/Add.65 (2001).

¹⁶ 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].

¹⁷ Draft Nat'l Program on Protection of Sexual & Repro. Hlth. in the SR (2008), *supra* note 16.

¹⁸ 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)].

¹⁹ *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] (2007), <http://www.tkkbs.sk/view.php?cislocianku=20071213029> (last visited Jul. 23, 2010).

²⁰ *Mobily vyzváňali na protest proti programu sexuálneho a reprodukčného zdravia* [Mobs rang on the protest against the program on sexual and reproductive health] (2008), http://spravy.pravda.sk/mobily-vyzvanali-na-protest-proti-programu-sexualneho-a-reprodukcnego-zdravia-gdz-sk_domace.asp?c=A080402_105743_sk_domace_p29 (last visited Mar. 28, 2012); *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> (last visited Feb. 2011). *See also* Civic Assoc., Forum of Life (2007), *supra* note 18; *Program sexuálneho zdravia mobilizuje aktivistov* [Program on sexual health mobilizes the activists] (2008), <http://aktualne.centrum.sk/domov/zdravie-skolstvo-spolocnost/clanek.phtml?id=1155478> (last visited Jul. 10, 2010).

²¹ Resolution No. 278/2003, *supra* note 16, 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.

²² 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.

²³ *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 18.

²⁴ 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.).

²⁵ *See e.g.*, Convention on the Elimination of All Forms of Discrimination against Women, *adopted* Dec. 18, 1979, arts. 5, 12.1, G.A. Res. 34/189, UN 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) (*ratified by Slovakia* Nov. 17, 2000) [hereinafter CEDAW]; *see, e.g.*, CEDAW Committee, *Concluding Observations: Mexico*, paras. 32–33, U.N. Doc. CEDAW/C/MEX/CO/6 (2006); ESCR Committee, *Gen. Comment No. 14*, *supra* note 3, para. 11; *see* Committee on the Rights of the Child, *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 *Committee on the Rights of the Child, Gen. Comment No. 4*].

²⁶ ESCR Committee, *Gen. Comment No. 14*, *supra* note 3, para. 12.

²⁷ *Id.* para. 12(b)(iii).

²⁸ *Id.* paras. 12(a), 43(d), 44(a).

- ²⁹ 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*].
- ³⁰ CEDAW Committee, *Concluding Observations: Slovakia*, para. 43, U.N. Doc. CEDAW/C/SVK/CO/4 (2008).
- ³¹ See CENTER FOR REPRODUCTIVE RIGHTS ET AL., *CALCULATED INJUSTICE, THE SLOVAK REPUBLIC'S FAILURE TO ENSURE ACCESS TO CONTRACEPTIVES 21* (2011) [hereinafter *CALCULATED INJUSTICE*].
- ³² NATIONAL HEALTH INFORMATION CENTER, *ZDRAVOTNÍKA ROČENKA SLOVENSKEJ REPUBLIKY 2010 [HEALTH STATISTICS YEARBOOK OF THE SLOVAK REPUBLIC 2010]* 57 (2011), available at <http://www.nczisk.sk/Documents/rocenky/2010/2kap.pdf>; Akbar Aghajanian et al, *Continuing Use of Withdrawal as a Contraceptive Method in Iran*, 34 *CANADIAN STUDIES IN POPULATION* 179, 182 (2007).
- ³³ See *CALCULATED INJUSTICE*, *supra* note 31, at 8.
- ³⁴ See *id.* at 27.
- ³⁵ See *Opatrenie Ministerstva zdravotníctva č. 07045-33/2010-OL, ktorým sa mení opatrenie Ministerstva zdravotníctva č. 07045/2003-OAP, ktorým sa ustanovuje rozsah regulácie cien v oblasti zdravotníctva v znení neskorších predpisov [Measure of the Ministry of Health No. 07045-33/2010-OL (Sept. 8, 2010), amending Measure of the Ministry of Health No. 07045/2003-OAP (Dec. 30, 2003), establishing the Scope of Price Regulation in the Healthcare Sector as amended]* (Slovk.).
- ³⁶ *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]*, secs. 16(4)(e)(1) & 37(5)(c)(6) (Slovk.) [hereinafter *Act No. 363/2011*].
- ³⁷ *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.).
- ³⁸ *Act No. 363/2011, supra* note 36, art. II.
- ³⁹ *ESCR Committee, Gen. Comment No. 14, supra* note 3, para. 31.
- ⁴⁰ See e.g. *International Covenant on Civil and Political Rights*, 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) [hereinafter *ICCPR*]; *ICESCR, supra* note 1, art. 3; *CEDAW, supra* note 25, arts. 1, 2, 10(h), 12(1), 16.
- ⁴¹ See *CALCULATED INJUSTICE, supra* note 31, at 36.
- ⁴² *Id.* at 8.
- ⁴³ *Id.* at 38.
- ⁴⁴ *Id.*
- ⁴⁵ 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>.
- ⁴⁶ *Tysiäc 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).
- ⁴⁷ 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>.
- ⁴⁸ 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 29, paras. 14, 27; *ESCR Committee, Gen. Comment No. 14, supra* note 3, para. 21.
- ⁴⁹ See *ESCR Committee, Gen. Comment No. 14, supra* note 3, art. 12.b.iv.
- ⁵⁰ See *id.* art. 12(c).
- ⁵¹ *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.
- ⁵² *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].

⁵³ 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.], sec. 4 (1986) (Slovk.) [hereinafter Abortion Act].

⁵⁴ See WORLD HEALTH ORGANIZATION, SAFE ABORTION: TECHNICAL AND POLICY GUIDANCE FOR HEALTH SYSTEMS 91(2003) [hereinafter WHO, SAFE ABORTION].

⁵⁵ Joyce T, Kaestner R., *The impact of Mississippi's mandatory delay law on the timing of abortion*, 32(1) FAMILY PLANNING PERSPECTIVES 4-13 (2000).

⁵⁶ WHO, SAFE ABORTION, *supra* note 54, at 91.

⁵⁷ See e.g. ICESCR, *supra* note 1; see also ESCR Committee, *Gen. Comment No. 14*, *supra* note 3; 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 40, arts. 3, 36; CEDAW, *supra* note 25, art. 5.

⁵⁸ Healthcare Act, No. 576/2004, *supra* note 52, 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].

⁵⁹ Healthcare Act, No. 576/2004, *supra* note 52, Annex 2, point 5a; Regulation No. 417/2009 Coll. of Laws, *supra* note 58.

⁶⁰ See WHO, SAFE ABORTION, *supra* note 54, at 94.

⁶¹ See ICCPR, *supra* note 40, art 17.

⁶² CONST., arts. 16(1), 19 (Slovk.).

⁶³ Healthcare Act, No. 576/2004, *supra* note 52, sec. 6b(4).

⁶⁴ Abortion Act, *supra* note 53, sec. 6(1).

⁶⁵ See Center for Reproductive Rights, *Adolescents Need Safe and Legal Abortion*, Briefing Paper (2005), available at <http://reproductiverights.org/en/document/adolescents-need-safe-and-legal-abortion-0> [hereinafter *Adolescents Need Safe and Legal Abortion*].

⁶⁶ See WHO, SAFE ABORTION, *supra* note 54, at 92.

⁶⁷ ESCR Committee, *Gen. Comment No. 14*, *supra* note 3, para. 23.

⁶⁸ See Convention on the Rights of the Child, *adopted* Nov. 20, 1989, arts. 5, 14(2), 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) (*ratified by Slovakia* May 28, 1993); *Committee on the Rights of the Child, Gen. Comment No. 4*, *supra* note 25.

⁶⁹ See *Adolescents Need Safe and Legal Abortion*, *supra* note 65, at 4.

⁷⁰ See *Committee on the Rights of the Child, Gen. Comment No. 4*, *supra* note 25, para. 32.

⁷¹ *Id.* para. 33.

⁷² *Interrupcie nerobíme. Z technických príčin... [We do not perform abortions...For technical reasons]*, Pravda 22 (2011), http://spravy.pravda.sk/interrupcie-nerobime-z-technickyh-pricin-fju-sk_domace.asp?c=A110122_173602_sk_domace_p29 (last visited Jan. 23, 2011). See also MOŽNOSŤ VOEBY,

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); STATISTICAL OFFICE OF THE SLOVAK REPUBLIC, STRUCTURE OF EARNINGS IN THE SR 2010 (2011), available at

http://portal.statistics.sk/files/Sekcie/sek_600/Socialne_statistiky/Trh_prace/structure_of_earnings_in_the_sr_2010.pdf.

⁷³ 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.).

⁷⁴ Finding of the Constitutional Court of the Slovak Republic, PL. ÚS 12/01-297, Dec. 4, 2007, part III, para. 6, 7.

⁷⁵ CEDAW Committee, *Concluding Observations: Slovakia*, paras. 42, 43, U.N. Doc. CEDAW/C/SVK/CO/4 (2008).

⁷⁶ 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.).

⁷⁷ 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*].

⁷⁸ 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"*].

⁷⁹ Draft resolution, *Women's access to lawful medical care*, *supra* note 77. 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 78.

⁸⁰ See CALCULATED INJUSTICE, *supra* note 31 at 39.

⁸¹ *Štátne kliniky majú výhradu svedomia. Uhliarik mlčí*, [State clinics apply conscientious objection. Uhliarik is silent.] (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); *Mnoho štátnych nemocníc interrupcie nerobí, univerzitná v Bratislave bude* [Many state hospitals do not perform abortions, the University hospital in Bratislava will do it], Pravda (2011), http://spravy.pravda.sk/mnoho-statnych-nemocnic-interrupcie-nerobi-univerzitna-v-bratislave-bude-1tn-sk_domace.asp?c=A110126_193530_sk_domace_p12 (last visited Feb. 2011); *Interrupcie nerobíme. Z technických príčin...* [We do not perform abortions...For technical reasons] Pravda (2011), http://spravy.pravda.sk/interrupcie-nerobime-z-technicky-pricin-fju-sk_domace.asp?c=A110122_173602_sk_domace_p29. (last visit Jan. 29, 2011).

⁸² *Potrat? Nerobíme! Choďte inam, hovoria lekári Slovenkám* [Abortion? We do not perform! Go somewhere else, the doctors say to Slovak women] (2010), available at: <http://tvnoviny.sk/zeny/top-tema/potrat-nerobime-chodte-inam-hovoria-lekari-slovenkam.html> (last visited Aug. 27, 2010).

⁸³ See, e.g., *id.*

⁸⁴ Under the current school reform, even the limited sexuality education (officially called "Education for Marriage and Parenting") that existed has ceased to be a part of the mandatory subjects. Its incorporation into the teaching curricula is now at the discretion of each school. Email from Olga Pietruchová, Slovak Family Planning Association (Nov. 29, 2010).

⁸⁵ 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>.

⁸⁶ 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).

⁸⁷ 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).

⁸⁸ Letter of Mons. František Tondra, chair of the Slovak Bishops' Conference, *Otvorený list predsedu KBS ministrom školstva SR* [Open Letter of the Chair of SBC to the Minister of Education of the SR] (Aug. 31, 2007), <http://www.tkkbs.sk/view.php?cislocianku=20070831016> (last visited Jul. 12, 2010).

⁸⁹ 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> (last visited Jul. 23, 2010).

⁹⁰ 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 87, paras. 28-29, 107.

⁹¹ 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.