

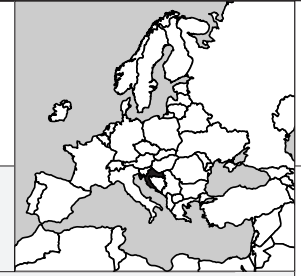


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3. Croatia



Statistics

GENERAL

Population

- The total population of Croatia is 4.5 million.¹
- The proportion of the population residing in urban areas is estimated to be 64%.²
- Between 1995 and 2000, the annual population growth rate is estimated at -0.1%.³
- In 1999, the gender ratio was estimated to be 107 women to 100 men.⁴

Territory

- The territory of Croatia is 21,359 square miles.⁵

Economy

- In 1997, the gross national product (GNP) was USD \$20.7 billion.⁶
- In 1997, the gross domestic product (GDP) was USD \$19,081 million.⁷
- The average annual growth between 1990 and 1997 was -1.0%.⁸
- From 1990 to 1995, public expenditure on health was 8.5% of GDP.⁹

Employment

- Women comprised 44% of the labor force in 1997, compared to 40% in 1990.¹⁰

WOMEN'S STATUS

- In 1999, the life expectancy for women was 76.5 years, compared with 68.8 years for men.¹¹
- In 1991, the illiteracy rate among youth between the ages of 15-24 was 5% for females and 1% for males.¹²
- In 1998, gross primary school enrollment was 86% for boys and 85% for girls; gross secondary school enrollment was 73% for boys and 81% for girls.¹³

ADOLESCENTS

- 17% of the population is under 15 years of age.¹⁴

MATERNAL HEALTH

- Between 1995 and 2000 the total fertility rate is estimated at 1.56.¹⁵
- In 1999, there were 19 births per 1,000 women aged 15-19.¹⁶
- In 1999, the maternal mortality ratio was 12:100,000.¹⁷
- Infant mortality was at 10 per 1,000 live births.¹⁸
- There are no statistics available on the number of births attended by trained attendants.¹⁹

CONTRACEPTION AND ABORTION

- There are no statistics available on the prevalence of any method of contraception.²⁰

HIV/AIDS AND STIs

- In 1999, the estimated number of people living with HIV/AIDS was 350.²¹
- In 1999, the estimated number of women aged 15-49 living with HIV/AIDS was <100.²²
- In 1999, the estimated number of children aged 0-14 living with HIV/AIDS was <100.²³
- In 1999, the estimated cumulative number of AIDS deaths among adults and children was <100.²⁴

ENDNOTES

1. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 1999 (visited July 12, 2000) <www.unfpa.org>.
2. *Id.*
3. *Id.*
4. THE WORLD'S WOMEN 2000. TRENDS AND STATISTICS, at 20.
5. UNITED NATIONS POPULATION FUND (UNFPA), THE STATE OF WORLD POPULATION 1998, at 757.
6. THE WORLD BANK, WORLD DEVELOPMENT REPORT 1998/9, at 190.
7. *Id.* at 212.
8. *Id.* at 210.
9. *Id.* at 202.
10. *Id.* at 194.
11. THE STATE OF WORLD POPULATION 1999, *supra* note 1.
12. CIA, CROATIA, WORLD FACTBOOK (visited Sept. 23, 1999) <<http://www.odci.gov/cia/publications/factbook/hr.html>>.
13. THE STATE OF WORLD POPULATION 1998, *supra* note 5, at 68.
14. WORLD FACTBOOK, *supra* note 12.
15. THE STATE OF WORLD POPULATION 1999, *supra* note 1.
16. *Id.*
17. *Id.*
18. *Id.*
19. *Id.*
20. *Id.*
21. UNAIDS & WHO, EPIDEMIOLOGICAL FACT SHEET ON HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES-CROATIA 3 (2000) (visited July 13, 2000) <www.unaids.org>.
22. *Id.*
23. *Id.*
24. *Id.*

The Republic of Croatia is located in Southeastern Europe. It borders Bosnia and Herzegovina, Yugoslavia, Hungary, Slovenia and the Adriatic Sea. The official language is Croatian. In 1991, Croatia (and Slovenia) proclaimed independence from Yugoslavia, leading to a costly and brutal war. Over the next few years, as one-third of the country became subject to Serbian control, scores of people were displaced and a significant portion of Croatian infrastructure was destroyed. In 1995, Croatia reclaimed its territory, which again caused a mass migration — this time of ethnic Serbs from Croatia into Bosnia and Serbia. According to the 1991 census, 78% of the population was Croatian, 12% was Serbian, and the remaining 10% was a combination of Hungarian, Slovenian, Muslim, and others. While there are no accurate measurements, it is widely accepted that the ratio has now changed and Croatia is overwhelmingly inhabited by ethnic Croatians due to the war and migration patterns of refugees. The predominant religion is Catholicism (76.5%), followed by Orthodox (11.1%), Muslim (1.2%), Protestant (0.4%), and other religions. In July 1999, the total population of Croatia was estimated at 4.67 million, including approximately 2.4 million women.¹

Croatia is still recovering from the effects of the war. Prior to the war, Croatia was, after Slovenia, the second most prosperous of the six Yugoslav Republics. The economic challenges now include a damaged and insufficient infrastructure, the integration of refugees and displaced persons, and a legacy of Communist mismanagement.² The political situation is also in a state of flux. On December 11, 1999, Croatia's first president, Franjo Tudjman, died. He had governed Croatia as an autocracy for nearly 10 years. Presidential elections were held on February 7, 2000, and Stipe Mesic, from a moderately conservative opposition party, was elected the new president of Croatia. New parliamentary elections held on January 3, 2000 resulted in victory for a center-left coalition government. The new government has pledged to reverse Tudjman's positions, to end Croatia's isolation from the rest of the Europe, to meddle less in Bosnian affairs and to cooperate with the International War Crimes Tribunal in The Hague.³ The new government has also declared health care reform as one of its priorities.

I. Setting the Stage: The Legal and Political Framework

A. THE STRUCTURE OF NATIONAL GOVERNMENT

The Constitution of the Republic of Croatia (hereafter the "Constitution") was adopted on December 22, 1990.⁴ The Constitution defines Croatia as "a unitary and indivisible

democratic and social state" in which power is derived from and belongs to the people, "as a community of free and equal citizens."⁵ It sets "freedom, equal rights, national equality, peace, social justice, respect for human rights, inviolability of ownership, conservation of nature and the human environment, the rule of law, and a democratic multiparty system" as the republic's highest constitutional values.⁶ The Constitution organizes the government on the principle of separation of powers and divides it into the executive, legislative, and judicial branches.⁷

Executive branch

The president of the republic is the head of state. He represents Croatia at home and abroad and is also commander-in-chief of the armed forces. Directly elected for a term of five years,⁸ the president calls parliamentary elections, appoints and removes the prime minister, grants pardons, and confers decorations and awards.⁹ He also promulgates laws within eight days of their passage by the House of Representatives.¹⁰

The government of the Republic of Croatia, which consists of the prime minister, deputy prime ministers, ministers and other members,¹¹ "exercises executive powers in conformity with the Constitution and the law."¹² It is responsible to the president of the republic and the House of Representatives.¹³ Within 15 days of the prime minister's nomination by the president, the prime minister must present his or her cabinet to the House of Representatives and receive a vote of confidence from a majority of all representatives.¹⁴ The government's authority includes power to pass decrees in conformity to the Constitution and laws, to introduce bills, to propose the state budget, and to enforce laws and other regulations enacted by the Parliament.¹⁵ The president has the power to convene a session of the government and place items on its agenda. Representatives of both houses of Parliament have the right to question the government and individual ministers.¹⁶

Legislative branch

The Croatian Parliament, directly and independently, decides upon all economic, legal and political matters in Croatia.¹⁷ The bicameral Parliament or *Sabor* consists of the House of Representatives and the House of Counties.¹⁸

There are 127 members of the House of Representatives,¹⁹ elected by direct and equal suffrage, for terms of four years.²⁰ The House of Representatives enacts and amends the Constitution, passes laws, adopts the state budget, decides matters related to war and peace, decides on alterations of the borders of the republic, holds referenda, supervises the work of the government, and grants amnesty for penal offenses.²¹ Both houses make most decisions by majority vote, provided at least a majority of members are present.²² Exceptions include laws that regulate national or ethnic rights, which must be passed by

a two-thirds majority of all members, and laws that elaborate on constitutionally defined freedoms and rights, the electoral system, or local government, which must be passed by a majority of all representatives.²³

By direct and equal suffrage, citizens from each county also elect three members to four-year terms in the House of Counties.²⁴ Currently, there are a total of 68 members in the House of Counties, which includes representatives from 21 counties as well as five members appointed by the president of the republic.²⁵ The House of Counties has very few autonomous powers. It proposes bills and referenda and advises the House of Representatives on matters falling within its jurisdiction. The House of Counties must give its opinion before the House of Representatives passes laws that concern national (ethnic) rights; constitutionally defined freedoms and rights; the electoral system; the organization, responsibilities, and operation of governmental bodies; and the organization of local self-government and administration. The House of Counties can request that legislation passed by the House of Representatives be reconsidered within 15 days of its passage, but the House of Representatives retains the final word on whether or not the legislation is passed. It decides on re-passage of a law by a majority vote of all representatives.²⁶

Judicial branch

The Constitution states that judicial power is “autonomous and independent” and that courts administer justice according to the Constitution and law.²⁷ The judicial system, inherited from the former Yugoslavia, includes the Supreme Court and lower courts, as well as a separate and independent Constitutional Court.²⁸ The Supreme Court is the highest court and “ensures uniform application of laws and equality of citizens.”²⁹ A Judicial Council, elected by the House of Representatives, has the power to appoint and discipline judges.³⁰ Judges are appointed for eight-year terms.³¹ Lower courts include: municipal courts (for the territory of one or more cities or municipalities), county courts (for the territory of each county), courts of commerce, the High Court of Commerce of the Republic of Croatia, the Administrative Court of the Republic of Croatia, misdemeanor courts, and the High Misdemeanor Court.³²

The Constitutional Court, which is separate and independent of all three branches, decides the constitutionality of laws, the conformity of regulations with the Constitution and the law, jurisdictional disputes among the legislative, executive, and judicial branches, the impeachment of the president of the republic, and constitutional freedoms and rights. It also supervises the constitutionality and legality of programs and activities of political parties and can ban their work.³³ The Constitutional Court consists of 11 justices selected “from

among outstanding jurists, especially judges, public prosecutors, lawyers and university law professors.” They serve for terms of eight years.³⁴ The Constitutional Court may institute proceedings to determine whether individual laws comply with the Constitution,³⁵ and can repeal any law or annul any regulation it finds to be unconstitutional or illegal.³⁶ In addition, any individual can ask the Constitutional Court to review the constitutionality of any law or regulation.³⁷ After all available administrative and judicial remedies are exhausted, citizens of Croatia have a right to file a constitutional complaint against any judicial judgment or decision, administrative ruling or act of a body vested with public authority that may violate constitutional rights.

B. THE STRUCTURE OF TERRITORIAL DIVISIONS

Regional and local governments

Croatia is divided into counties, municipalities, and towns.³⁸ These units of local government enjoy considerable autonomy under the constitutional right to local self-government, which includes “the right to decide on needs and interests of local significance, particularly on regional development and town planning, organization of localities and housing, public utilities, child care, social welfare, culture, physical culture, sports and technical culture, and the protection and promotion of the environment.”³⁹ The units of local self-government are independent in the conduct of local affairs and only subjected to oversight by the competent bodies of the republic as specified by law.⁴⁰ Their funding comes from a combination of the national budget and from local taxes.⁴¹

Each unit of local government has a representative body and an executive body. The municipal councils, town councils, and county assemblies pass acts within the framework of the rights and obligations of local self-government and perform other duties prescribed by law.⁴² Municipal prefects, mayors and county prefects⁴³ are the executive officials and are elected by the representative bodies, to which they answer.⁴⁴ County prefects must be confirmed by the president of the republic.⁴⁵ Local executives prepare proposals of general acts and execute and supervise acts of the representative assemblies. They also manage real estate and other assets of the local administration, its income and expenditures.⁴⁶ The municipal prefect, the mayor, and the county prefect are further responsible for checking the legality of general acts of the representative bodies.⁴⁷

Separately from the units of local self-government and administration, the law provides for the existence of local committees, “established as the means of direct participation of citizens in decision-making on local tasks with direct and

substantial influence on the citizens' everyday life and work."⁴⁸ The committees are funded by the municipal or city budgets.⁴⁹

C. SOURCES OF LAW

Domestic sources of law

Croatia has a civil law system. The codified laws must conform to the Constitution, and all rules and regulations must conform to both the Constitution and the law. Everyone must abide by the Constitution and the laws of the Republic.⁵⁰ Anyone who violates the provisions of the Constitution concerning basic freedoms and rights is "held personally responsible."⁵¹

The Constitution also establishes a number of human rights as "fundamental freedoms and rights of man and citizen."⁵² All citizens of Croatia have a right to enjoy these rights and freedoms without regard to "race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, education, social status, or other characteristics."⁵³ These rights can only be limited by law "to protect the freedoms and rights of other people and the public order, morality, and health."⁵⁴ The Constitution also provides that "all are equal before the law"⁵⁵ but does not specifically define equality as prohibiting discrimination.⁵⁶ Without a clear definition and provision against discrimination, the Constitutional Court has been criticized for holding discrimination unconstitutional only when the discrimination is part of a particular law.⁵⁷

The Constitution also includes the right to "respect for and legal protection of personal and family life, dignity, reputation and honor."⁵⁸ Family, maternity, and children enjoy special protection, and the state is charged with creating "social, cultural, educational, material and other conditions conducive to the realization of the right to a decent life."⁵⁹ Mothers are entitled to special protection at work.⁶⁰ The Constitution also guarantees the right to health care.⁶¹

Other human rights enumerated in the Constitution include the right to life (which bans capital punishment), the right to peaceful assembly and public protest, the right to free association, the right of employed people to a weekly rest and annual holiday with pay (which may not be renounced), the right to free and compulsory primary education, and the right to a healthy life and environment.⁶² The Constitution also provides for freedom of religion and conscience⁶³ and freedom of thought and expression (although it prohibits and punishes any call for or incitement to war or violence; national, racial or religious hatred; or any form of intolerance). In addition, the Constitution states that members of ethnic minorities have equal rights and retain the "freedom to express their national identity, freedom to use their language and script, and cultural autonomy."⁶⁴

International sources of law

International agreements that are ratified are part of Croatia's internal legal order and have effect "above law."⁶⁵ Courts in Croatia, therefore, have a legal basis for applying international treaties. The Constitution also allows direct application of rules of international law, which has been confirmed in practice by the Supreme Court.⁶⁶ On October 8, 1991, Croatia ratified the Convention on the Elimination of All Forms of Discrimination Against Women,⁶⁷ the Convention on the Political Rights of Women,⁶⁸ the International Covenant on Civil and Political Rights⁶⁹ and its First Protocol,⁷⁰ the International Covenant on Economic, Social and Cultural Rights,⁷¹ the International Convention for the Elimination of All Forms of Racial Discrimination,⁷² the Convention on the Rights of the Child,⁷³ and the European Convention for the Protection of Human Rights and Fundamental Freedoms.⁷⁴

II. Examining Health and Reproductive Rights

A. HEALTH LAWS AND POLICIES

The Constitution of the Republic of Croatia guarantees health care to all citizens.⁷⁵ The Health Care Act (HCA)⁷⁶ and Health Insurance Act (HIA)⁷⁷ are the two principal legal instruments that implement the right to health care and regulate the provision of services and insurance. The HCA sets forth the principles, organization, and modalities of health care service provision, while the HIA defines the rights of the insured. Discussed below are numerous subsidiary laws and documents that govern health care rights. There is legislative silence, however, regarding cost control of health care expenditures and public influence over health care policy.

Article 5 of the HIA states that health care insurance is mandatory for all persons. The Croatian Health Insurance Institute (HII) has developed a package of services covered by HIA at fixed prices. Individuals may purchase additional health insurance for services beyond those provided under the mandatory insurance.⁷⁸ In other words, there is voluntary health insurance available according to market principles and provided by insurers other than the HII.⁷⁹ The Ministry of Health requires independent insurance audits of these private companies.⁸⁰ This additional private health insurance is a contract between the insurer and the insured.⁸¹ In the case of comprehensive private insurance, the insured is no longer covered by mandatory insurance. The HIA covers all Croatian citizens who are employed, retired, disabled, unemployed, and registered under specific conditions⁸² at the State Employment Bureau, and their dependent family members. Dependents

may include spouses, common law partners, children, parents, grandchildren, brothers, sisters, and grandparents. Farmers whose main income derives from agricultural activities and veterans of the National War (1991–95) are also covered.⁸³

Objectives of the health policies

The principal objectives of Croatia's health care policy are the prevention and treatment of diseases. Other objectives include protection against environmental harm, preventative health education; detection, elimination, treatment and rehabilitation of illnesses and diseases; monitoring the health of citizens over 65 years of age and of war victims; providing health care for children, adolescents and women (necessary prenatal, maternity, and postnatal care); and performing autopsies.⁸⁴ Some other objectives of the country's health policy are to pass laws and promote strategies to improve public health; to promote healthy habits through taxation and economic measures; to ensure a basis for health through scientific research; and to support the economically and demographically challenged territories. The HCA also mandates measures to protect water, food, and air quality.⁸⁵

Counties and the city of Zagreb are empowered to organize epidemiological, health and statistical services should the Republic of Croatia fail to provide them. These local entities also must contribute financially to build and equip health care institutions. Mortuary and mortician services are a local government responsibility.⁸⁶

Implementing agencies

The provision of health services is regulated by state health institutions — principally the Ministry of Health, the Croatian Health Insurance Institute, and the National Health Board. There is a growing private health care sector.

Infrastructure of health services

State, county, and municipal health institutions, which range from specialized hospitals to community health centers and dispensaries, provide the bulk of health services. Health care institutions can be owned by the government of the Republic of Croatia, counties, the city of Zagreb, or national or foreign private or legal persons.⁸⁷ According to the latest official statistics, there are 21 institutes of public health, 37 general hospitals and clinics, 33 specialized hospitals, 120 health care centers, 94 pharmacies, and 142 other health care institutions in Croatia.⁸⁸

Croatian citizens covered by state health insurance can use the services of private physicians provided the physician signs an agreement with the Croatian Health Insurance Institute, and the amount paid for health care services provided by a contracting private health practitioner is determined by the National Health Board.⁸⁹ Women may choose their

gynecologists, and the services are covered by mandatory insurance.⁹⁰ Despite the predominant role the state plays in health care, the number of private doctors' practices has increased considerably. In 1994, there was a total of 1,531 private doctors' practices, 66 of which were for gynecology. By 1997, the number increased to 3,005, 124 of which were for gynecology. The majority of private doctors, however, are dentists (1,325), with the remaining physicians primarily general medicine practitioners (515) and specialists (492).⁹¹ Health care institutions that are privately or foreign-government-owned do exist, but are subject to additional regulations and licensing procedures.⁹² All health institutions, except for those covering emergency medicine, public health, or blood transfusion, may be privately or jointly owned.⁹³

The health care sector is organized into three sectors — primary, secondary and tertiary care. Primary health care consists of general medical practice, including school medical services, public health services, dentistry, emergency medical services, women's health care, pediatric medicine, occupational medicine, sports medicine, geriatrics, the care of the physically and developmentally disabled, and pharmaceuticals. This care is provided at health centers, emergency medical institutions, and at home. Pharmacies distribute medication, but also sell baby foods, cosmetics, diet products, homeopathic products and veterinary medicines. Gynecological health units at the primary level offer counseling and medical treatment for pregnancy (pre- and postnatal), delivery, family planning and early detection of cancer.⁹⁴

Secondary health care services consist of specialized medical services, counseling, and hospital treatment. Secondary-level health care institutions include polyclinics, that is, multi-specialty clinics, facilities for diagnostic and medical rehabilitation, general and specialized hospitals, and health spas. There has been a noticeable decline in secondary health care institutions. In 1988, the total number of these health care institutions was 108, compared to 78 about 10 years later.⁹⁵ The tertiary level of care includes the most specialized medical and health care fields, scientific research, and teaching programs.⁹⁶ All health care institutions at the tertiary level are owned and run by the state. There were 21 tertiary level health care institutes in 1997.⁹⁷

In 1996, there was one gynecologist for every 7,338 women of fertile age,⁹⁸ but there is an uneven distribution of such providers. Gynecological health units tend to be part of larger health centers, and these are found only in larger urban areas. Women living in rural areas often have no gynecological practices nearby. Travel and other impediments, therefore, prevent many women from consulting gynecologists for their reproductive health needs. Nearly half of all rural women live in

poverty, and the majority of rural women come in contact with a gynecologist only during pregnancy.

Cost of health services

Before 1990, health care was free and accessible to nearly 98% of population in Croatia. Today, health service expenses are covered by health insurance, but only partially. Citizens are obliged to contribute a partial payment for each medical check-up.⁹⁹ They also share in the cost of prescribed medicines, house calls, diagnostic, therapeutic and rehabilitative procedures, orthopedic, dental and prosthetic devices, primary level physical exams, room and board in hospitals and spas, and medical transportation.¹⁰⁰

These fundamental changes, since the days of universal health care coverage, are due to the significant decrease in the country's budget dedicated to health care. Mandatory state health care insurance is financed, in part, by a compulsory deduction from all monthly salaries, official incomes, and pension income. Additional revenue comes from interest and dividend payments.¹⁰¹ Employers also contribute to the state health care budget.¹⁰² Social care insurance supplements the budget for those dependent on medical assistance and rehabilitation.¹⁰³ In particular, the social security budget of the Republic of Croatia finances the salaries and health insurance premiums of women on maternity or sick leave, or those caring intensively for the elderly. The state also underwrites allowances for children less than 15 years of age and pays for health care education, emergency roadside medical assistance, scientific research, and environmental protection.¹⁰⁴

The overall trend in health care service provision since 1989 is regressive. There are fewer primary health care physicians and fewer consultations take place with medical doctors. Certain specialized services, such as occupational health care and school physicians, have been abolished. Referrals from primary health care physicians to specialists are strictly controlled, and sometimes rationed. And most significantly for women, there have been no preventive efforts related to women's reproductive health. This is especially true in the area of breast cancer detection and treatment, where there is a lack of knowledge and equipment.¹⁰⁵

As already noted, all insured individuals pay some of their primary health care costs. They also pay a portion of the costs of accommodation and food in hospitals and health spas, for prescribed medicine approved by the National Health Board, for home visits, diagnostics, therapeutic and rehabilitative procedures, orthopedic devices, dental treatments, dental reconstruction services, and transport by ambulance. The National Health Board, with the consent of the Minister of Health, determines the level of the insured persons' financial participa-

tion, taking into account the socioeconomic status of the health care beneficiary. There are exceptions to the co-payment rule, for example, when an injury occurs in the workplace. Likewise, preventive health care measures, maternity health care, pediatric care (until the age of 18), and mental illness are covered in full by insurance. Mammograms and pap smears are covered once yearly.¹⁰⁶ Finally, war veterans never co-pay.¹⁰⁷

Regulation of health care providers

Health care workers who study state-prescribed curricula are regulated by the state and by their professional associations.¹⁰⁸ Health care professionals are graduates of colleges or high schools that specialize in health care disciplines, or they are graduates of the Faculty of Medical Sciences or the Faculty of Dentistry or the Faculty of Pharmacy and Biochemistry.¹⁰⁹ Upon graduation from these institutions, health care professionals are required to complete an internship,¹¹⁰ the exact content and form of which are prescribed by the Minister of Health.¹¹¹ After completion of the internship, a health care professional is required to pass a state exam before he or she may practice independently.¹¹² Healthcare workers have the right and the duty to continue their professional development. All healthcare professionals with university degrees are required to take professional exams every six years to renew their licenses to practice.¹¹³

There is a growing preference among physicians to set up independent practices and clinics, rather than to affiliate with state-run ones. In 1993, there was a total of 42,271 health professionals, and the number of private health practitioners increased from 1,579 in 1994 to 4,402 in 1997.¹¹⁴ To open a private practice and participate in the government's subsidized health care network, a provider must obtain a certificate of confirmation from the Ministry of Health. That certificate is issued based on the opinion of the National Health Board and the provider's professional association, known as a Chamber. In addition to the Croatian Medical Chamber, there is a Croatian Dentists Chamber, the Croatian Pharmacists Chamber, and the Croatian Chamber of Medical Biochemists.¹¹⁵

The Ministry of Health's health inspection division is responsible for the control, implementation and execution of laws affecting health care institutions and workers.¹¹⁶ The director of each health institution is responsible for the professional work of its workers.¹¹⁷

Patients' rights

Every citizen covered by the HCA has an equal right to all treatments covered by health insurance. He or she can freely choose any approved medical doctor or dentist. Should care fall below professional standards, the insured is entitled to

monetary compensation for any damages.¹¹⁸ Citizens also have the right to emergency care, choice of medical treatment (except during a life-threatening emergency), receipt of health care information, refusal of medical exams performed by medical students and other unlicensed persons, refusal to be a subject of medical study without consent, confidentiality regarding one's health status, refusal of medical exams and treatments, the ability to change a medical provider without explanation, refusal of surgery if one is competent,¹¹⁹ and observance or refusal of religious obligations while in the hospital.¹²⁰ Neither the HCA nor HIA provide penalties for healthcare workers who receive bribes. Responsibility in such cases is generally covered by the Criminal Code.¹²¹

A patient has a right to request, in writing, that the director of a medical institution or a private practitioner answer for the violation of any of these rights. If the patient is not satisfied with the answer received, he or she can request a hearing before the Croatian Medical Chamber, Ministry of Health or a court.¹²² Court proceedings are rare, and, given the prevailing solidarity among medical professionals, there are very few successful cases against physicians for inadequate medical treatment, negligence or misconduct. One alarming trend recently is that, upon the recommendations of the State Health Care Fund, the financing agency for health insurance, health care institutes have issued regulations which limit patient rights.

Medical and ethical guidelines

Codes of medical ethics and health care professional responsibilities are known to exist but were unavailable for consultation.¹²³

B. POPULATION POLICY

The Croatian Ministry of Development and Renewal released the National Program for Demographic Development for the Republic of Croatia (NPDD) in May 1995. Its two goals were the demographic renewal of Croatia and the liberation of the territories comprising the former United Nations Protected Zones. The main purpose of the NPDD has been to increase the number of newborns, decrease the number of emigrants, increase the number of the returning Croatian diaspora, and better distribute the Croatian population over the entire state territory. The Program expresses concern about "depopulation" and the "failure" of women to sufficiently reproduce.¹²⁴ Two simultaneous processes are at issue — a decline in the number of children and adolescents and a corresponding increase in the number of elderly. In the last 10 years, the birth rate decreased from 14.6% (in 1981) to 11.6% (in 1990).¹²⁵ In the period from 1991 to 1994, more people died in Croatia than were born.¹²⁶ Likewise, there has been a "depopulation" of rural parts of Croatia. Lured by work opportunities and a better standard

of living, the rural population has been moving to urban areas. In 1953, 57% of total population in Croatia was rural, while in 1991 only 9.1% of the total population was still registered as rural.¹²⁷ As in the more economically developed countries, agriculture can no longer sustain family farms.

According to the NPDD, the restoration of family is essential for the restoration of the entire nation and the country. The NPDD defines family traditionally — acknowledging and respecting women primarily as wives and mothers — stating: "The renewal of family values is at the core of the renewal of the entire nation and the country."¹²⁸ The educational policies of the NPDD, meanwhile, "promote the beauty of family life,"¹²⁹ and the NPDD recommends the legal encouragement of "demographic renewal of Croatian people and the entire population of the Republic of Croatia."¹³⁰ The NPDD thus gives license to those who attack abortion rights and divorce. It is worth noting that a special Division for Demographic Renewal (DDR) was established in the spring of 1992 by the Ministry of Reconstruction and Development. Its first head was don Ante Bakovič, a Catholic priest, known for his extreme nationalism, and radical conservatism, especially in connection with women's roles and family issues. There was much public opposition to his appointment, and the DDR was effectively shut down. However, Bakovič established the Croatian Population Movement, an NGO which had the financial support of many leading national politicians including former President Tudjman. Women's rights advocates hope the recent change of government will direct Croatian policy more towards respecting women's rights in their entirety.

C. FAMILY PLANNING

The 1978 Family Planning Law regulates contraception, sterilization, abortion and infertility. It also sets prices for these services and penalties for violating its terms.¹³¹ Funding for health care services foreseen by this law comes from the National Health Board and Ministry of Health. While the government, through state health care institutions, provides Croatian women with reproductive health care, including contraception and abortion, there is a pronatalist tilt to its policies. As spelled out in the country's HCA, the country's objective is to provide "complete preventive, curative and recovering health care ... for women in relation to family planning, pregnancy, delivery and maternity."¹³² Protection of women's health in general, apart from their reproductive function, and of older women's health problems is defined in the law as "other medical needs of women."¹³³ The law pays little attention to older women's health, is silent on hormone replacement, and gives inconsistent guidance regarding breast cancer.¹³⁴ In 1998, Croatia established a National Program for Fighting Breast

Cancer. However, the state has made no commitment to funding this program. No NGOs provide family planning or reproductive health services in Croatia.

D. CONTRACEPTION

Prevalence of contraceptives

The 1978 Family Planning Law defines contraception as temporary prevention of unwanted pregnancy for the purpose of family planning.¹³⁵ Despite the fact that the citizens are guaranteed “the right of free use and choice of medical aids for temporary prevention of conception,”¹³⁶ a full range of contraceptive products are not available in pharmacies.¹³⁷ With the doctor’s prescription, the state partially covers the costs of only one kind of contraceptive pill known as Trinovum. All other contraceptive products are paid for in full by the individual. Condoms are available in pharmacies as well as in shops, grocery stores and at newsstands, and, in contrast to pills, are affordable. Other types of contraceptives sold include spermicidal foam, hormonal pills, vaginal diaphragms and IUDs.¹³⁸ Although emergency contraception is available and legal, it is not widely publicized, and its expense is borne by the consumer. The Catholic Church influences attitudes relating to contraception. The Church endorses only natural family planning methods, such as the rhythm method.

Legal status of contraceptives

The 1978 Law does not specifically forbid any form of contraceptive. However, the National Health Board, which approves all new pharmaceutical, medical and surgical technologies, publishes an officially approved list of products. The National Health Board list of contraceptives does not include contraceptive hormonal implants such as Norplant; it is therefore widely assumed by providers that such methods are not approved. No official sources contradict this assumption.

Regulation of information on contraception

There is no explicit legal provision in the Ministry of Health’s regulations prohibiting the advertising of contraceptives.¹³⁹

E. ABORTION

Legal status of abortion

Abortion is legal in Croatia. The 1978 Family Planning Law makes it legal to terminate a pregnancy up to 10 weeks from the presumed date of conception. After that, termination of pregnancy is allowed only with the approval of a special commission,¹⁴⁰ established by the 1978 Law on Family Planning. While the 1978 Law on Family Planning allows women to choose to terminate a pregnancy before 10 weeks, there is an emerging trend to restrict that choice. An extreme case illustrates the state’s growing anti-choice climate. In 1998, a woman

who was carrying seven fetuses due to artificially assisted reproduction, elected to reduce four fetuses so as to better ensure the survival of the remaining three. Even though by law this was her right, the hospital convened a committee, which took five weeks to decide that she could not selectively terminate some of the pregnancies. At that point, 14 weeks into the pregnancy, the committee cited ethical and moral grounds for refusing to terminate the pregnancy at a “late term.” In her 16th week of pregnancy, she lost all seven fetuses in a spontaneous miscarriage.¹⁴¹

Over the last five years there have been periodic attempts to change the current abortion law. Recently, for instance, the Ministry of Health issued a Proposition of the Law on Termination of Pregnancy, which would require a woman requesting a legal abortion to undergo mandatory counseling,¹⁴² either by an authorized health care professional, a social welfare representative, or a member of a religious community.¹⁴³ That proposition has not yet been submitted to the legislature.

Requirements for obtaining legal abortion

Abortion is permitted upon the woman’s request before 10 weeks of pregnancy, dated from conception.¹⁴⁴ There is no waiting period and the termination of pregnancy can be carried out immediately, but not later than seven days after a woman first contacts her doctor.¹⁴⁵ All abortions must be performed at approved health care institutions.¹⁴⁶

If a woman is more than 10 weeks pregnant, or if the abortion would endanger her life, she must obtain approval from an ad hoc commission formed by the health care institution.¹⁴⁷ The “first-degree commission,” which consists of a gynecologist and a social worker or medical nurse employed by the health care institution, decides all cases related to abortion and sterilization.¹⁴⁸ The commission may approve abortion when the pregnancy presents risks to the woman’s life or health, in cases of fetal impairment, or when the pregnancy resulted from a crime, such as rape. Additional reasons for termination include when the pregnancy resulted from an abuse of power, intercourse with a child, or incest.¹⁴⁹ A woman who is dissatisfied with the first-degree commission’s decision can appeal to a second-degree commission within three days.¹⁵⁰ The second-degree commission consists of two gynecologists (one of whom is a specialist who can address the particulars related to the woman’s case), a social worker, and at the request of the health care institution, a county court judge.¹⁵¹ The second-degree commission’s decision is final.¹⁵² If the case concerns an unmarried adolescent younger than 16, her parents or guardians will be notified.¹⁵³

In principal, abortion expenses are covered partially by the Health Insurance Fund with the cost of anesthesia paid by the

patient. In practice, however, women usually have to pay the full cost of an abortion.¹⁵⁴ Before 1990, legal abortion expenses were covered by the Health Insurance Fund (excluding anesthesia). Today, the price of an abortion in Zagreb's hospitals amounts to approximately USD \$180 (including anesthesia).¹⁵⁵ Since the average monthly salary of most employed women is USD \$390, the procedure is often prohibitively expensive. Therefore, despite the fact that abortion is legal and safe, it is inaccessible to a large number of women, especially the unemployed. In addition, due to the strong influence of the Catholic Church, gynecologists in many public hospitals in Croatia have refused to perform abortions, citing a conscientious objection. At the same time, there is a growing number of gynecologists who perform abortions in their private gynecological offices for extra money.

Statistics

All health institutions that carry out abortions are required to report the procedure within 30 days.¹⁵⁶ In the last 15 years, the number of legally induced and registered spontaneous abortions has been decreasing. Statistics show that, in 1979, 40% of women of fertile age had abortions, 92.6% of which were legally induced. In 1990, 82.7% of all abortions were non-spontaneous, that is, legally induced, and in 1996 that figure fell to 62.8%.¹⁵⁷

Penalties for abortion

The 1978 Law on Family Planning imposes monetary fines on health institutions if they perform unauthorized abortions, sterilizations, or violate patient confidentiality.¹⁵⁸ In addition, medical doctors, midwives, and nurses who perform an abortion without the consent of the pregnant woman, or perform an abortion after the 10th week without a commission's approval, are liable to incur criminal penalties.¹⁵⁹ The pregnant woman is not subject to criminal liability.

Restrictions on abortion information and advertisement

According to the Ministry of Health, no regulations address the advertisement of abortion services.¹⁶⁰ It is neither prohibited nor encouraged, and there are very few printed or educational materials on abortion generally available. On the other hand, anti-choice groups are very visible and disseminate their message in all forms of print media, often supported with grants from the state budget.¹⁶¹

F. STERILIZATION

The 1978 Law on Family Planning defines sterilization as a permanent method of preventing conception.¹⁶² To obtain a sterilization, a patient must submit a special application to a "first degree commission," as described in the section regarding abortion. The same procedures are followed. Application for steril-

ization can be submitted by anyone who fits specified criteria: a woman of any age whose life would be endangered by becoming pregnant; a woman whose children would be born with severe physical or mental disabilities; or a person at least 35 years old.¹⁶³ If a person seeking sterilization is permanently mentally incompetent, the application for sterilization may be submitted by the person's parents or legal guardians.¹⁶⁴ When sterilization is performed by itself, the costs are borne by the applicant.¹⁶⁵ However, when a sterilization is performed in tandem with another operation such as a caesarian section delivery, the expenses are borne by the Croatian Health Insurance Institute, as long as the person is covered by health insurance.

A revision of the Law on Voluntary Sterilization that seeks to introduce mandatory counseling, similar to the proposition regarding abortion, is under discussion.¹⁶⁶ According to this proposal, the application for sterilization would be submitted in writing to a health care institution,¹⁶⁷ and a person who wishes to be sterilized would be directed to counseling at a state-run Family Planning Counseling Center.¹⁶⁸ The law does not specify the content of such counseling. Medical sterilization by insertion of quinacrine pellets appears to be legal.¹⁶⁹

G. HIV/AIDS AND SEXUALLY TRANSMISSIBLE INFECTIONS (STIs)

According to the statistics of the National Health Board, there were 16 registered AIDS cases in 1997.¹⁷⁰ On December 1, 1998, the Health Minister said that a total of 135 cases of AIDS had been registered since 1986.¹⁷¹ UNAIDS puts that number higher. It estimates that 300 adults and children were living with HIV/AIDS in Croatia at the end of 1997.¹⁷² The United Nations figures represent an infection rate of 0.01%. The estimated incidence of sexually transmissible infections for 1997 is also low, with 18 reported cases of syphilis (12 men and six women) and 27 cases of gonorrhea (25 men and two women).¹⁷³

Laws affecting HIV/AIDS and STIs

HIV and STIs are classified as "infectious diseases" and are addressed by two laws — the Regulations on Medical Examination Procedure for Carriers or Persons Suspected to be Carriers of Certain Infectious Diseases (Regulations on Infectious Diseases)¹⁷⁴ and the Law on Nationwide Protection Against Infectious Diseases (Law on Infectious Diseases).¹⁷⁵ In particular, the Regulations on Infectious Diseases set out the procedures for medical examination and treatment of persons who carry the HIV virus.¹⁷⁶ If medical examination shows that a person has HIV, the health institution must report the findings, and the individual is subject to regular medical supervision.¹⁷⁷ Patients with HIV are classified as "chronic" carriers and are subjected to further health controls.¹⁷⁸ The HIV-positive

individuals are entitled to information about how to prevent the transmission of their infection to others.¹⁷⁹ The law does not permit anonymous HIV screening.

Policies on prevention and treatment of HIV/AIDS and STIs

The Ministry of Health established an AIDS Committee in 1996 to inform the public about prevention and self-protection measures. The AIDS Committee has undertaken a few mass media campaigns and has established an AIDS Commemoration Day to raise awareness.¹⁸⁰ The AIDS Committee, in collaboration with the Ministry of Education and Sport, published a widely distributed booklet entitled “AIDS — Do Not Die Because of Ignorance.” Similar booklets are now being prepared for health workers and AIDS patients.

III. Understanding the Exercise of Reproductive Rights: Women’s Legal Status

A. LEGAL GUARANTEES OF GENDER EQUALITY/NON-DISCRIMINATION

The Constitution of the Republic of Croatia guarantees, to every citizen of Croatia, “all rights and freedoms regardless of race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, education, social status or other characteristics.”¹⁸¹ This basic constitutional principle of gender equality is reflected in virtually every law, regulation and sub-legal document in Croatia.

B. CIVIL RIGHTS WITHIN MARRIAGE

Marriage laws

The 1998 Family Law¹⁸² regulates marriage and its dissolution, relationships between parents and children, adoption, guardianship, and common law partnerships between a man and a woman.¹⁸³ The law is uniformly applied in the entire territory of Croatia. Marriage is legal only between individuals of the opposite sex and when both individuals give consent.¹⁸⁴ A person under 18 years of age may not contract a marriage. However, a court may permit marriage for a person between 16 and 18, provided she or he is mentally and physically mature and that marriage is in the interest of the minor.¹⁸⁵

An important change under the new Family Law is that a religious marriage has gained the same validity as civil marriage. A religious marriage, however, must be requested with the civil authorities.¹⁸⁶ A properly concluded and registered religious marriage has the same legal status as a civil marriage.¹⁸⁷ A divorce in a religious marriage has only civil effects

and does not interfere with the obligations imposed by the governing religious community on either spouse.¹⁸⁸

Regulation of domestic partnerships

According to legal experts, there is no distinction between domestic partnerships and marriage. If they are of a heterosexual nature, they are treated as if they are marriages,¹⁸⁹ and provisions of the Family Law apply equally to them. A domestic partnership of long duration, for instance, gives rise to the same rights upon dissolution as a marriage, so that either partner may apply for financial support.¹⁹⁰ The request for support can be presented within six months after dissolution of the relationship.¹⁹¹ A domestic partnership does not need to be registered.¹⁹² Gay and lesbian relationships are not legal.¹⁹³

According to Family Law, marital status of parents is of no consequence when awarding custody; the crucial issue in determining custody is parenting skills.¹⁹⁴ Both parents have an obligation to take care of their minor children.¹⁹⁵ In addition, the father of a child born outside of marriage is required to support the child’s mother for a year after the child was born, if the mother cannot support herself.¹⁹⁶

Divorce and custody laws

Divorce is also governed by the Family Law. Either spouse may file for divorce, and a court will legally terminate the marriage either if marital relations are seriously and irrevocably damaged or if spouses have been living apart for a year. If both spouses have filed a joint petition and are in agreement on all significant matters, a judge will dissolve the marriage by mutual consent.¹⁹⁷ A husband, however, cannot unilaterally file for divorce during his wife’s pregnancy and until the child is one year old.¹⁹⁸ But, if under such circumstances both spouses jointly file for divorce, a divorce will be granted.

The right to alimony is not absolute but depends on a spouse’s ability to earn an income.¹⁹⁹ The same alimony rights extend to domestic partnerships as well, provided that such relationships have endured for a long period of time.²⁰⁰ The disposition of property upon divorce also is covered by the Family Law, and both spouses have equal rights to their marital property,²⁰¹ which is defined as all the property the spouses acquired through their work during the marriage. Individual property — gifts and property brought into the marriage — belongs to each individual.

Under the Family Law, divorcing parents are urged to decide between themselves with whom their children will live. Before filing for a divorce, spouses are obliged to submit an application for mediation to the Center for Social Welfare to help facilitate this determination. During the procedure, the Center’s representatives investigate the causes that led to the dissolution of the marriage and determine if the spouses can be

reconciled. If the spouses refuse to be reconciled, the Center for Social Welfare helps them decide on the disposition of the child or children. If the spouses cannot find a mutually agreeable solution, the Center for Social Welfare has the authority to decide the issue of child custody and visitation rights.²⁰²

C. ECONOMIC AND SOCIAL RIGHTS

Property rights

In Croatia, the Property Law, which establishes property rights, applies equally to women and men. Women and men have equal rights to own real estate or other property, to make wills, and to inherit.²⁰³ Property inheritance, in the absence of a will, is regulated by the Inheritance Law,²⁰⁴ which does not discriminate on the basis of gender. Despite legal equality, property ownership is concentrated in the hands of men, the result of traditional gender role expectations. For example, in 1992, all adult citizens of Croatia were given the right to buy their apartments from the state. In general, women waived their legal right to be named as a co-owner, instead ceding the entire property interest to their husbands. A consequence has been that many women during divorce procedures have encountered difficulties establishing ownership of apartments.²⁰⁵

Labor rights

The 1995 Labor Act, which regulates all matters relating to the workplace, explicitly forbids discrimination based on gender and prescribes equal wages for working men and women.²⁰⁶ It does, however, contain special provisions for the protection of maternity and prohibits women from entering certain professions.²⁰⁷ In general, in the interest of protecting women's lives and health, the law prohibits women from taking a job requiring physical strength and from working underground, underwater, or under high atmospheric pressure.²⁰⁸ Pregnant and breast-feeding women are further prohibited from jobs involving various chemical substances.²⁰⁹

The prevailing atmosphere in Croatia during the past decade has been conservative and, in keeping with this spirit, the Labor Act created a special legal status of "mother-nurturer" for mothers of four or more children.²¹⁰ An employed or an unemployed woman with a status of "mother-nurturer" "is entitled to financial reimbursement, pension and disability insurance, health insurance and other rights in accordance with special regulations."²¹¹ This stipulation thus grants women a professional status for bearing children. Four years after the Labor Act came into force, however, women with four or more children have neither received any of the promised financial support, nor seen their status in society raised to the level the law prescribed. Women who believed the NPDD and Labor Act's guarantees and had four or more children are now testifying about the terrible situation — financial and social —

in which they have found themselves, without a job or any hope to get one.²¹²

In more subtle ways, the principles of non-discrimination and of freedom to choose an occupation are often neglected. Official statistics do not reflect the pervasive effects of invidious gender discrimination and there is no effective state machinery in place to rectify the situation.²¹³ A woman's age is also a limiting factor in the job market. Women over 40 are less likely than men or younger women to find a new job regardless of professional skills, qualifications, or work experience. Job advertisements in newspapers often call for "young, attractive women, not over 30 years of age." And women of childbearing age also find themselves at a disadvantage in hiring because employers suspect they will leave work to have children. Although the Act forbids such inquiries about personal life, they are still frequently asked.²¹⁴

The Labor Act protects maternity and offers special rights for pregnant employed women.²¹⁵ An employer cannot refuse to hire a pregnant woman, fire her, or discriminate against her in any way.²¹⁶ In practice, however, it is common in small private enterprises that women are fired as soon as their employer finds out about their pregnancy. Although women do have legal recourse, the legal procedures are slow and deter many from taking action. Under the Labor Act, an employed woman must go on mandatory maternity leave 28 days prior to giving birth until her child is six months old. She may, however, leave work 45 days prior to giving birth and stay off until her child is one. If she has twins, or gives birth to additional children, an employed woman can take maternity leave until the child or children are three years old. A woman may return to start working earlier, but not before 42 days after the birth.²¹⁷ Obligatory maternity leave is paid, and the amount is defined by HIA.²¹⁸ After the obligatory maternity leave period, a working woman can return to work part-time until her child reaches one year of age. The rights to maternity leave, after the mandatory maternity leave period, can be shared with the father of the child.²¹⁹

Access to credit

There are no laws or regulations relating to credit which discriminate on the basis of gender.²²⁰

Access to education

Elementary schooling, lasting eight years, is compulsory, and access to secondary and higher education is guaranteed to every citizen of Croatia.²²¹ Constitutional rights to education are implemented through the 1990 Law on Primary School System²²² and the 1992 Law on Secondary School System.²²³ These guarantees are respected in practice, and there is no overt discrimination against female adolescents in access to educa-

tion. The gross enrollment rate for girls is still slightly behind that of the boys: 87% for girls as opposed to 88% for boys in primary school, and 83% for girls and 86% for boys in secondary school.²²⁴ Nevertheless, as many as 38.1% of women have not finished elementary school education compared to 23.9% of men.²²⁵ The portion of highly educated women is 4.2% compared to 6.4% of highly educated men.²²⁶

National machinery for the promotion of women's equality

Since May 9, 1996, a Commission for Women's Equality,²²⁷ created in response to the Platform of the Fourth World Conference on Women held in Beijing in 1995, has been meeting to set policy and work towards the improvement of women's situations. It is made up of representatives from various Ministries, and its secretariat is in the Ministry of Labor and Social Welfare.²²⁸ The Commission's work is divided into the following areas: Women's Human Rights; Institutional Mechanisms for the Improvement of the Status of Women; Women in Positions of Power; Women and Health; Education of Women; Violence Against Women; Women and Agriculture; and Women and War.²²⁹ In all these areas, the Commission seeks to set policy and work towards improvement of the status of women.²³⁰

D. RIGHT TO PHYSICAL INTEGRITY

Rape

The 1998 Criminal Code sanctions various sexual offenses. Legal regulations of these criminal offenses are gender-neutral, and perpetrators and victims can be either men or women. The Criminal Code defines all crimes and punishments in the case of rape,²³¹ sexual intercourse with a disabled person,²³² forced sexual intercourse "under threat,"²³³ sexual intercourse accomplished by abuse of position,²³⁴ sexual intercourse with a child,²³⁵ "obscene acts,"²³⁶ "satisfying lust" in front of a child or a minor,²³⁷ prostitution,²³⁸ exploitation of children or minors for pornographic purposes,²³⁹ incest,²⁴⁰ and common law marriage with a minor.²⁴¹

Rape occurs when "a person forces another person to [perform] sexual intercourse or an equivalent sexual activity, by means of force or by threatening to inflict serious bodily injury or death to the person or someone close to that person."²⁴² The punishment is one to ten years in prison.²⁴³ In rape cases committed by a person unrelated to the survivor, the state is responsible for the prosecution of the alleged perpetrator. However, if the perpetrator of rape is married to, or cohabits with the survivor, the penal proceedings will only be initiated upon the survivor's petition.²⁴⁴ This means that unless a woman initiates the criminal proceedings against her partner, he will not be prosecuted for rape. The 1998 Criminal Code also classifies rape as a war crime.²⁴⁵

Domestic violence

There are no specific laws regulating domestic violence. Instead, domestic violence is covered in the Criminal Code as any criminal offense which results in bodily harm: "Anyone who commits physical harm or harms another person or that person's health will be punished with a fine, or up to one year in prison."²⁴⁶ For grievous bodily harm, the punishment is more severe.

Current regulations do not address police intervention in cases of domestic violence. It provides no training of police officers, lawyers or prosecutors. Police usually treat domestic violence as a less serious crime, or a private matter, and reluctantly respond to any complaint unless there is severe body injury.²⁴⁷ In fact, there are repeated instances where women have sought police intervention, and as a result were, along with the abusive man, fined by the Court for Minor Offences, for disturbing the public peace and order. For all of these reasons, women rarely report domestic violence to the authorities.²⁴⁸ A further deterrent to women who may desire to report domestic violence is the exceptionally long and complex nature of the court proceedings. In those rare cases where a woman does initiate a criminal proceeding, the statute of limitations often expires prior to the completion of the case. Courts of first instance are often overburdened with other criminal cases, and there is no separate court to deal with domestic violence. The result is a systematic failure of the judicial system to effectively address the issue of domestic violence.²⁴⁹

Sexual harassment

Sexual harassment in the workplace is not recognized as an offense by any laws or by the National Policy of Croatia for the Promotion of Equality. The extent of sexual harassment is considered to be so overwhelming that it has become standard behavior — expected and passed without comment.²⁵⁰ There is, however, a growing civil society movement to make this issue visible. The Woman's Group "Transitions to Democracy" initiated a public education campaign and published a booklet "How to say 'NO' to Your Boss." Representatives of the Women's Labor union called for mandatory stipulations on sexual harassment in all collective labor contracts. The only company to do so is the pharmaceutical company Pliva.²⁵¹

Trafficking in women

Trafficking in women occurs in Croatia, and women are usually the citizens of other countries in East Central Europe who have been brought illegally to the country. Unfortunately, there are no available official statistics or other data regarding the age or number of these women. Trafficking in women is defined as the criminal offense of "procuring," that is,

“anyone who receives money for organizing or enabling other person to engage in the provision of sexual services.” Punishment for such a crime ranges from three months to three years imprisonment.²⁵² The Criminal Code sanctions international prostitution as well.²⁵³

IV. Focusing on the Rights of a Special Group: Adolescents

Croatia gives special attention to the rights of children and young people. International standards of Convention on the Rights of the Child are incorporated into Croatian law.

A. REPRODUCTIVE HEALTH AND ADOLESCENTS

According to the 1991 census, 6.5% of the female population can be considered adolescent.²⁵⁴ There were 159,381 women between ages 15 and 19 in 1991. HIA regulates health insurance for minors. Family members of each policy holder are covered until reaching the age of 15; if minors pursue secondary or university education, coverage is extended until the end of regular schooling,²⁵⁵ which is defined as education up to and including graduate studies.²⁵⁶ If schooling is discontinued during the eight years of elementary school, or if after elementary school, adolescents cannot get a job, they have a right to health insurance provided they register themselves with the Employment Bureau within 30 days of their 15th birthday or of finishing primary school.²⁵⁷ Family members of the students — spouses or children — have the right to health care on the basis of their status as family members.²⁵⁸

As health insurance beneficiaries, female adolescents have access to health services, contraception, and legal pregnancy termination under the same conditions as adult women. In cases when a termination of pregnancy is to be performed at the request of a minor under 16 years of age, the consent of parents or guardians is necessary, or in the alternative, the consent of the state’s guardianship authorities.²⁵⁹ There is no national program relating to reproductive health counseling. One children’s hospital in Zagreb, however, conducts a counseling program for male and female adolescents. Within this program, adolescents are entitled to information about sexual activities, reproductive health, and contraception. This program includes lectures twice a week. Secondary schools in cities are notified about this program.

B. MARRIAGE AND ADOLESCENTS

In exceptional circumstances, a person who is between 16 and 18 years old can enter into marriage. Such a marriage needs permission from a court. The court will permit such a

marriage providing the person has been found to be mentally and physically mature, or that the marriage is in that person’s best interest.²⁶⁰ According to the Criminal Code, “a person of age who lives in common law marriage with a minor over 14 but under 16 years of age, is punishable by imprisonment for a term not less than six months or not more than three years.”²⁶¹ Marriage of adolescents is not a frequent occurrence in Croatia. Men younger than 19 rarely marry. In 1997, there were a total of 24,517 marriages. Of that, 3,116 brides were younger than 19, while only 272 grooms were between 15 and 19.²⁶²

C. SEXUAL OFFENSES AGAINST ADOLESCENTS AND MINORS

The Criminal Code defines an adolescent as a minor between the ages of 14 and 18 years, and a child as a person under 14 years of age.²⁶³ Among other things, the Criminal Code prohibits various criminal offenses relating to the sexual abuse of children and adolescents.²⁶⁴ Legal regulations of these criminal offenses are gender-neutral.

If criminal offenses have been committed against minors or children, the sentences are heavier than those for the same crimes against adults.²⁶⁵ If female adolescents are victims of sexual criminal offenses, the criminal procedure against the perpetrators is held in a Juvenile Court.

D. SEX EDUCATION

There is no law requiring sex education in the schools, and elementary and secondary schools curricula do not include sex education. There is no government policy against sex education either. Basic knowledge about the human body and its reproductive functions is taught during biology classes. The National Institute for Maternity, Family and Youth conducted a survey among secondary school students, their teachers and parents which showed that only 20% of students, 10% of their parents and 50% of their teachers were familiar with the functioning of the human reproductive system. As a consequence, the National Institute for Maternity, Family and Youth has organized a two-day seminar, held four times per year, on parenthood, population politics, family and youth. These seminars enable women and men, especially adolescents, to gain some knowledge about their health, sexuality and reproductive systems. Likewise, the same institution monitors students’ knowledge about sexuality, sexual habits and attitudes of adolescents relevant to sexuality. Preliminary results of their surveys show that female adolescents are more familiar with the facts about sexuality than male adolescents.²⁶⁶

E. TRAFFICKING IN ADOLESCENTS

According to the Criminal Code of the Republic of Croatia, trafficking in women of all ages is covered by the criminal

offense of “procuring”²⁶⁷ Adolescents are defined as minors between 14 and 18 years of age. Anyone organizing or enabling minors to engage in providing sexual services will be punished by imprisonment from six months to five years.²⁶⁸ If an adolescent is used for international prostitution, the Criminal Code prescribes harsher punishment, from one to ten years imprisonment.²⁶⁹

NOTE ON SOURCES

The information in this chapter is drawn from primary sources of law in Croatian and secondary sources in English. All primary sources of national law are in Croatian, available online at <www.nn.hr> (official site of the Croatian People’s Journal). The chapter conforms to THE BLUEBOOK (16th ed. 1996). Blue book footnote style may show variations due to production incompatibilities with certain character fonts.

GLOSSARY OF ABBREVIATED TERMS

USTAV HR: Ustav Republike Hrvatske [Constitution of Croatia]

NARODNE NOVINE: PEOPLE’S JOURNAL

KAZNENI ZAKON: Criminal Code

OBITELJSKI ZAKON: Family Law

ENDNOTES

1. CIA, CROATIA, 1999 WORLD FACTBOOK (visited Sept. 23, 1999) <<http://www.odci.gov/cia/publications/factbook/hr.html>> [hereinafter WORLD FACTBOOK].
2. *Id.*
3. Gabriel Partos, *Croatia Votes for Change*, BBC NEWS (visited Jan. 2, 2000) <<http://news2.thls.bbc.co.uk/>>
4. Ustav Republike Hrvatske [Constitution of Croatia] [USTAV HR], art. 1, NARODNE NOVINE [PEOPLE’S JOURNAL] No. 56/Dec. 22, 1990, Pub. No. 1092, amended on Dec. 15, 1997, NARODNE NOVINE No. 8/Jan. 26, 1998, Pub. No. 121. The English translation can be found at <<http://www.uni-wuerzburg.de/law/>> (visited Nov. 10, 1999).
5. *Id.* art. 1.
6. *Id.* art. 3.
7. *Id.* art. 4.
8. *Id.* art. 95(1).
9. *Id.* art. 98.
10. *Id.* art. 89.
11. *Id.* art. 108.
12. *Id.* art. 107.
13. *Id.* art. 111(1).
14. *Id.* art. 112.
15. *Id.* art. 110.
16. *Id.* art. 86.
17. *Id.* art. 2(4).
18. *Id.* art. 70(2).
19. See WORLD FACTBOOK, *supra* note 1.
20. USTAV HR arts. 71(1), 72(1).
21. *Id.* art. 80.
22. *Id.* art. 82.
23. *Id.* art. 83.
24. *Id.* arts. 71(2), 72(1).
25. See WORLD FACTBOOK, *supra* note 1; USTAV HR art. 71(4).
26. USTAV HR art. 81.
27. *Id.* art. 115.
28. See Marseille Maras, *Discover Croatia: Croatian Politics* (visited Sept. 13, 1999)

<<http://www.hr/maras/politics.html>>.

29. USTAV HR art. 116(1).

30. *Id.* art. 121; see also *Core Document Forming Part of the Reports of States Parties: Croatia*. 01/10/98. HRI/CORE/1/Add.32/Rev.1, ¶ 41. (October 1, 1998), U.N. HIGH COMMISSIONER FOR HUMAN RIGHTS (visited Nov. 11, 1999) <<http://www.unhchr.ch>> [hereinafter CORE DOCUMENT].

31. See WORLD FACTBOOK, *supra* note 1.

32. CORE DOCUMENT, *supra* note 30, ¶ 42.

33. USTAV HR art. 125.

34. *Id.* art. 122(1).

35. CORE DOCUMENT, *supra* note 30, ¶ 43.

36. USTAV HR art. 126.

37. CORE DOCUMENT, *supra* note 30, ¶ 60.

38. Zakon o lokalnoj samoupravi i upravi [The Law on Local Self-Government and Administration], art. 1, NARODNE NOVINE No. 90/Dec. 30, 1992, Pub. No. 2334 (English translation on file with The Center for Reproductive Law & Policy); see also WORLD FACTBOOK, *supra* note 1.

39. USTAV HR art. 128(2).

40. *Id.* art. 130(1).

41. The Law on Local Self-Government and Administration, arts. 16(2), 68-73.

42. *Id.* art. 20.

43. *Id.* art. 28.

44. *Id.* arts. 29, 31(1), 39(1).

45. *Id.* arts. 31(2), 32, 33.

46. *Id.* art. 41(1), 41(2).

47. *Id.* arts. 47(3), 51(3), 55(3).

48. *Id.* art. 57.

49. *Id.* art. 60(2).

50. USTAV HR art. 5.

51. *Id.* art. 20.

52. *Id.* arts. 14-69.

53. *Id.* art. 14(1).

54. *Id.* art. 16.

55. *Id.* art. 14(2).

56. BUDI AKTIVNA, BUDI EMANCIPIRANA [BE ACTIVE, BE EMANCIPIATED] [B.a.B.e.], NGO REPORT ON THE STATUS OF WOMEN IN THE REPUBLIC OF CROATIA 2 (1997) (visited Nov. 12, 1999) <<http://www.interlog.com/~moyra/cedaw1&2.html>>.

57. *Id.* at 2-3.

58. USTAV HR art. 35.

59. *Id.* arts. 61, 62.

60. *Id.* art. 64(3).

61. *Id.* art. 58.

62. *Id.* arts. 21, 42, 43(1), 55(3), 65(1), 69.

63. *Id.* arts. 38-40.

64. *Id.* art. 15.

65. *Id.* art. 134.

66. CORE DOCUMENT, *supra* note 30, ¶ 56.

67. *Opened for signature* Mar. 1, 1980, 1249 U.N.T.S. 13 (*entry into force* Sept. 3, 1981).

68. *Opened for signature* Dec. 20, 1952, 193 U.N.T.S. 135 (*entry into force* July 7, 1954).

69. *Adopted* Dec. 16, 1966, 999 U.N.T.S. 171 (*entry into force* Mar. 23, 1976).

70. *Adopted* Dec. 16, 1966, 999 U.N.T.S. 171 (*entry into force* Mar. 23, 1976). The Protocol enables individuals to petition the Human Rights Committee set up by the Covenant about alleged violations of any of the rights set forth in the Covenant. The Protocol covers states party to both the Covenant and the Protocol.

71. *Adopted* Dec. 16, 1966, 993 U.N.T.S. 3 (*entry into force* Jan. 3, 1976).

72. *Opened for signature* Mar. 7, 1966, 660 U.N.T.S. 195 (*entry into force* Jan. 4, 1969).

73. *Opened for signature* Nov. 20, 1989, 1577 U.N.T.S. 3 (*entry into force* Sept. 2, 1990).

74. Convention for the Protection of Human Rights and Fundamental Freedoms, ETS No. 5 (*entry into force* Sept. 3, 1953). Last amended by Protocol No. 11, ETS No. 155 (*entry into force* Nov. 1, 1998).

75. USTAV HR art. 58.

76. Zakon o zdravstvenoj zaštiti [Health Care Act] (Jul. 30, 1993), NARODNE NOVINE No. 75/13 Aug., 1993, Pub. No. 1534, amended on Dec. 4, 1996, republished NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 1.

77. Zakon o zdravstvenom osiguranju [Health Insurance Act] (Jul. 30, 1993), NARODNE NOVINE No. 75/13 Aug., 1993, Pub. No. 1535, amended on Dec. 4, 1996, republished NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 2.

78. *Id.* art. 2.
79. *Id.* art. 2(5), 61 - 64.
80. *Id.* art. 63.
81. *Id.* art. 61.
82. *Id.* art. 5(11).
83. *Id.* arts. 5, 6. More specifically, the Health Insurance Act covers: children who are 15 years old and have not finished primary school or after finishing primary school had not found a job and are registered at the Employment Bureau (art. 5(12)); persons who lose their student status retain the right to health insurance within one year period (art. 5(13)); persons who are sent by their employers to further their education, professional specialization or graduate studies (art. 5(19)); persons who are sent to further their qualifications and training before they start work (art. 5(20)); persons sent abroad under technical, educational, or cultural collaboration (art. 5(21)).
84. Zakon o zdravstvenoj zaštiti [Health Care Act] (Jul. 30, 1993), art. 15, NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 1.
86. *Id.* art. 7.
86. *Id.* art. 8.
87. *Id.* arts. 33, 34.
88. DRŽAVNI ZAVOD ZA STATISTIKU [CENTRAL BUREAU OF STATISTICS], 1998 STATISTIČKI LIJETOPIS [STATISTICAL YEARBOOK] 452 (1998).
89. Health Care Act, art. 141.
90. *Id.* art. 26.
91. 1998 STATISTICAL YEARBOOK, *supra* note 88, at 453.
92. Health Care Act, arts. 33(4), 40.
93. *Id.* art. 33(4).
94. *Id.* arts. 6, 20(3), 33, 63-72.
95. 1998 STATISTICAL YEARBOOK, *supra* note 88, at 454.
96. Health Care Act, art. 6.
97. 1998 STATISTICAL YEARBOOK, *supra* note 88, at 452.
98. There were 148 gynecologists registered in 1996. *Id.* at 461. See also B.a.B.e., ŽENSKO ZDRAVLJE UVID U STANJE [STATUS OF WOMEN'S HEALTH] 14 (Sept. 1998) (on file with The Center for Reproductive Law & Policy).
99. Zakon o zdravstvenom osiguranju [Health Insurance Act] (July 30, 1993), arts. 41, 50, NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 2.
100. *Id.* art. 50 (2).
101. *Id.* art. 41(i).
102. Zakon o zdravstvenoj zaštiti [Health Care Act] (Jul. 30, 1993), art. 23, NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 1.
103. *Id.* art. 65(3).
104. Zakon o zdravstvenom osiguranju [Health Insurance Act] (July 30, 1993), art. 47, NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 2.
105. Communication with Nena Sudar, B.a.B.e., *Pitanja za WOW [Questions for Women of the World] - Women & Health* (Nov. 26, 1999) (on file with The Center for Reproductive Law & Policy).
106. See NGO REPORT ON THE STATUS OF WOMEN IN THE REPUBLIC OF CROATIA, *supra* note 56, at 12 (visited Nov. 12, 1999) <<http://www.interlog.com/~moyra/cedawtr.html>>. While in theory women have the right to a yearly mammogram, as well as some other medical services, the expense and lack of equipment are real obstacles. Communication with Nena Sudar, B.a.B.e., *Pitanja za WOW [Questions for Women of the World]* (Nov. 26, 1999) (on file with The Center for Reproductive Law & Policy).
107. Health Insurance Act, art. 50.
108. Zakon o zdravstvenoj zaštiti [Health Care Act] (Jul. 30, 1993), art. 108, NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 1.
109. *Id.* art. 110.
110. *Id.* art. 112.
111. *Id.* art. 118.
112. *Id.* art. 115.
113. *Id.* art. 120.
114. 1998 STATISTICAL YEARBOOK, *supra* note 88, at 453.
115. Health Care Act, arts. 171-174.
116. *Id.* art. 145(1).
117. *Id.* 143(2).
118. *Id.* art. 26(1) ¶ 3.
119. Otherwise family members or guardians make decisions, except in a case of a medical intervention that can not be postponed.
120. *Id.* art. 26.
121. Kazneni Zakon [Criminal Code] [KAZNENI ZAKON] (Sept. 19, 1997), arts. 347, 348, NARODNE NOVINE No. 110/Oct. 21, 1997, Pub. No. 1668.
122. Health Care Act, art. 27.
123. Communication with Jerina Malesevic, Croatian lawyer (Jan. 31, 2000) (on file with The Center for Reproductive Law & Policy).
124. MINISTARSTVO RAZVITKA I OBNOVE REPUBLIKE HRVATSKE [CROATIAN MINISTRY OF DEVELOPMENT AND RECONSTRUCTION], NACIONALNI PROGRAM DEMOGRAFSKOG RAZVITKA REPUBLIKE HRVATSKE [NATIONAL PROGRAM FOR DEMOGRAPHIC DEVELOPMENT FOR THE REPUBLIC OF CROATIA] 3-4 (1995). The Program was adopted by the Parliament of the Republic of Croatia on January 18, 1996.
125. 1998 STATISTICAL YEARBOOK, *supra* note 88, at 93.
126. *Id.* at 92.
127. NATIONAL PROGRAM FOR DEMOGRAPHIC DEVELOPMENT, *supra* note 124, at 17.
128. *Id.* at 37.
129. *Id.* at 45-46.
130. *Id.*
131. Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodno odlučivanje o radanju djece [Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing] (Apr. 21, 1978), NARODNE NOVINE No. 18/May 4, 1978, Pub. No. 423. Art. 1 of the law states that "[i]n order to realize the right of a man/woman to decide freely on having children, this law governs rights and duties of the citizens which apply to prevention of unwanted pregnancy, interruption of unwanted pregnancy and medical aid to those who, due to health reasons, cannot have children of their own." Art. 2 provides that "[t]he right of a person to decide freely about having children can be limited in order to protect their health, under conditions set by this law." Art. 3 mandates that "[i]n order to achieve their right of citizens to be familiar with methods and advantages of family planning, different counseling centers are to be created within the sphere of health, education and social protection, to help citizens with family planning." Finally, art. 4 allows workers, "on the grounds of solidarity and togetherness, and in the sphere of their material capacities," to "create conditions to decide freely about having children."
132. Zakon o zdravstvenoj zaštiti [Health Care Act] (Jul. 30, 1993), art. 15(7), NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 1.
133. *Id.* art. 19(4).
134. As late as 1998 a Croatian Society for Breast Cancer had been established for the purpose of gathering experts in the field, as well as implementation of National Program for Fighting Breast Cancer. Currently, in all health institutions there are only 40,000 mammograph check-ups and 12,000 ultrasound examinations. Six Croatian counties do not have access to a mammograph machine. It has been estimated that in the next ten years 10,000 women will die in Croatia of breast cancer. The highest risk group (around 8%) are women between 50 and 60 years of age. More than 303,000 women in Croatia belong to this age group. *Svaka 14. žena oboljet će od raka dojke [Every Fourteenth Woman Will Get Breast Cancer]*, VECERNJI LIST, Nov. 15, 1998.
135. Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodno odlučivanje o radanju djece [Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing] (Apr. 21, 1978), art. 6(1), NARODNE NOVINE No. 18/May 4, 1978, Pub. No. 423.
136. *Id.* art. 6(2).
137. A survey from February 1997 showed that 80% pharmacies in Zagreb region had only two kinds of oral contraceptives, in 53% of pharmacies vaginal diaphragms were unavailable, and in 15% of the pharmacies not all sizes were available. See NGO REPORT ON THE STATUS OF WOMEN IN THE REPUBLIC OF CROATIA, *supra* note 56, at 12 (visited Nov. 12, 1999) <<http://www.interlog.com/~moyra/cedawtr.html>>.
138. STATUS OF WOMEN'S HEALTH, *supra* note 98, at 11n.18.
139. Communication with Nena Sudar, B.a.B.e. (Oct. 22, 1999) (on file with The Center for Reproductive Law & Policy).
140. Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodno odlučivanje o radanju djece [Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing] (Apr. 21, 1978), art. 15, NARODNE NOVINE No. 18/May 4, 1978, Pub. No. 423.
141. See *Pobačaj po Svetom Duhu [Abortion per Holy Spirit]*, FERAL TRIBUNE nos. 3 & 4, Oct. 12, 1998; *Osobna tragedija ne muči moćne demagoge [Personal Tragedy Does Not Bother Demagogues]*, NOVI LIST, Oct. 11, 1998, at 35; B.A.B.E., CROATIAN PRO-LIFERS ATTACKING WOMEN'S RIGHTS (visited Nov. 15, 1999) <<http://www.interlog.com/~moyra/prolifupd.html>>.
142. Zakon o prekidu trudnoće [Proposition of the Law on Termination of Pregnancy], art. 5(2) (on file with The Center for Reproductive Law & Policy).
143. *Id.* art. 9(1).

144. Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodno odlučivanje o rađanju djece [Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing] (Apr. 21, 1978), art. 18, NARODNE NOVINE No. 18/May 4, 1978, Pub. No. 423.
145. *Id.*
146. *Id.* art. 19.
147. *Id.* art. 21.
148. *Id.* art. 35.
149. *Id.* art. 22.
150. *Id.* art. 24(1).
151. *Id.* art. 36(1).
152. *Id.* art. 24(3).
153. *Id.* art. 20(1).
154. *Id.* art. 41.
155. See NGO REPORT ON THE STATUS OF WOMEN IN THE REPUBLIC OF CROATIA, *supra* note 56, at 12 (visited Nov. 12, 1999) <<http://www.interlog.com/~moyra/cedawtr.html>>.
156. Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing, art. 26.
157. HRVATSKI ZAVOD ZA JAVNO ZDRAVSTVO [CROATIAN NATIONAL INSTITUTE OF PUBLIC HEALTH], HRVATSKI ZDRAVSTVENO-STATISTIČKI LJETOPIS ZA 1996. GODINU [CROATIAN HEALTH SERVICE YEARBOOK 1996] 250, 251 (1997).
158. Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodno odlučivanje o rađanju djece [Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing] (Apr. 21, 1978), art. 42, NARODNE NOVINE No. 18/May 4, 1978, Pub. No. 423. Health care institutions must be approved to undertake different medical procedures.
159. *Id.* arts. 42-44; KAZNENI ZAKON art. 97.
160. Communication with Nena Sudar, B.a.B.e. (Oct. 22, 1999) (on file with The Center for Reproductive Law & Policy).
161. See generally B.a.B.e., CROATIAN PRO-LIFERS ATTACKING WOMEN'S RIGHTS (visited Nov. 15, 1999) <<http://www.interlog.com/~moyra/prolifers.html>>.
162. Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing, art. 5.
163. *Id.* arts. 8, 9.
164. *Id.* art. 10.
165. *Id.* art. 39.
166. Prijedlog zakona o dobrovoljnoj sterilizaciji [Draft Law on Voluntary Sterilization]. The draft has not yet been read in Parliament. Communication with Nena Sudar, B.a.B.e. (Nov. 26, 1999) (on file with The Center for Reproductive Law & Policy).
167. Draft Law on Voluntary Sterilization, art. 4.
168. *Id.* art. 6. The Family Planning center is state run, but it is not a counseling center. Its activities are sporadic and poorly advertised. Communication with Nena Sudar, B.a.B.e. (Nov. 26, 1999) (on file with the Center for Reproductive Law & Policy).
169. There also have been reports of the experimental use of quinacrine, in a clinic in Rijeka, to sterilize 170 women. Communication with Nena Sudar, B.a.B.e. (Nov. 15, 1999) (on file with The Center for Reproductive Law & Policy).
170. 1998 STATISTICAL YEARBOOK, *supra* note 88, at 463.
171. *Daily Bulletin*, FOREIGN PRESS BUREAU ZAGREB, Dec. 1, 1998 (visited Feb. 22, 2000) <<http://www.interaccess.com/intelweb/fpb/0423.html>>.
172. UNAIDS & WHO, EPIDEMIOLOGICAL FACT SHEET ON HIV/AIDS AND SEXUALLY TRANSMITTED DISEASES – CROATIA 3 (1998) (visited Feb. 22, 2000) <<http://www.unaids.org>>.
173. *Id.* at 7.
174. Pravilnik o načinu obavljanja zdravstvenih pregleda osoba koje su kliconoše ili se sumnja da su kliconoše određenih zaraznih bolesti [Regulations on Medical Examination Procedure for Carriers or Persons Suspected to be Carriers of Certain Infectious Diseases] (Mar. 1, 1994), NARODNE NOVINE No. 23/Mar. 25, 1994, Pub. No. 406.
175. Zakon o zaštiti pučanstva od zaraznih bolesti [Law on Nationwide Protection Against Infectious Diseases] (Sept. 25, 1992), NARODNE NOVINE No. 60/Oct. 1, 1992, Pub. No. 1582.
176. Regulations on Infectious Diseases, art. 1.
177. *Id.* art. 8.
178. *Id.* art. 16(1).
179. Law on Infectious Diseases, art. 36.
180. The AIDS Committee is not very active, however. Communication with Nena Sudar, B.a.B.e. (Dec. 3, 1999) (on file with The Center for Reproductive Law & Policy).
181. USTAV HR art. 14(1).
182. Obiteljski zakon [Family Law] [OBITELJSKI ZAKON] (Dec. 11, 1998), NARODNE NOVINE No. 162/Dec. 22, 1998, Pub. No. 1993.
183. *Id.* art. 1.
184. *Id.* art. 24(1).
185. *Id.* arts. 26(1), 26(2). See *infra* Marriage and Adolescents.
186. *Id.* art. 20.
187. *Id.* art. 8.
188. *Id.* art. 35.
189. Communication with Nena Sudar, B.a.B.e. (Dec. 3, 1999) (on file with The Center for Reproductive Law & Policy).
190. OBITELJSKI ZAKON art. 226(1).
191. *Id.* art. 226(2).
192. *Id.* art. 262.
193. *Id.* art. 5.
194. *Id.* art. 226(2).
195. *Id.* art. 213.
196. *Id.* art. 230.
197. *Id.* art. 43.
198. *Id.* art. 42(2).
199. *Id.* art. 221.
200. *Id.* art. 226(1).
201. *Id.* art. 253.
202. *Id.* art. 49.
203. Zakon o vlasništvu i drugim stvarnim pravima [Law on Property and Other Rights] (Oct. 2, 1996), art. (1), NARODNE NOVINE No. 91/Oct. 28, 1996, Pub. No. 1596.
204. Zakon o nasljeđivanju [Inheritance Law], first published in SFRJ OFFICIAL JOURNAL of May 11, 1955, *entry into force* July 11, 1955, amended and republished in NARODNE NOVINE No. 47/Nov. 28, 1978.
205. See B.a.B.e., LEGAL STATUS OF WOMEN IN CROATIA (visited Apr. 14, 2000) <<http://www.interlog.com/~moyra/legal.html>>.
206. Zakon o radu [Labor Act] (May 17, 1995), art. 82, NARODNE NOVINE No. 38/Jun. 8, 1995, Pub. No. 758. This discusses equal pay for men and women.
207. Arts. 52, 55, and 56 of the Labor Act specify that women may not perform strenuous physical jobs, underground work, underwater work, work that may endanger her life or health, as well as night work.
208. Pravilnik o poslovima nakonjima ne smije raditi žena [Regulations on Jobs that Cannot Be Occupied by Women] (Apr. 12, 1996), art. 1, NARODNE NOVINE No. 44/Jun. 5, 1996, Pub. No. 858.
209. *Id.* arts. 2, 3.
210. Labor Act art. 63(1).
211. *Id.* art. 63(2).
212. See Lj. Gatarič, *Mi majke petero djece, žrtve smo obećanja* [We mothers of five children], VECERNJI LIST, July 20, 1999.
213. See Ženske Stranice. Stranice za jednakost spolova [Women's Pages for Gender Equality] (visited Dec. 13, 1999) <www.zenskestranice.hr>.
214. NGO REPORT ON THE STATUS OF WOMEN IN THE REPUBLIC OF CROATIA, *supra* note 56 (visited Apr. 14, 2000) <<http://www.interlog.com/~moyra/cedaww.html>>.
215. Labor Act arts. 56, 57.
216. *Id.* art. 55.
217. *Id.* art. 58.
218. Compensation is 100% of the basic monthly salary. Zakon o zdravstvenom osiguranju [Health Insurance Act] (July 30, 1993), art. 34, NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 2, amended on Oct. 3, 1997, NARODNE NOVINE No. 109/Oct. 20, 1997, Pub. No. 1663.
219. Labor Act art. 61; Zakon o porodnom dopustu majki koje obavljaju samostalnu djelatnost i nezaposlenih majki [Act on Maternity Leave for Self-Employed and Unemployed Mothers] (Mar. 15, 1996), NARODNE NOVINE No. 24/Mar. 26, 1996, Pub. No. 429.
220. E.g. Zakon o bankama [Banking Law] (Dec. 4, 1998), NARODNE NOVINE No. 161/Dec. 18, 1998, Pub. No. 1983.
221. USTAV HR art. 65.
222. Zakon o osnovnom školstvu [Law on Primary School System] (Dec. 28, 1990), NARODNE NOVINE No. 59/Dec. 31, 1990, Pub. No. 1159.
223. Zakon o srednjem školstvu [Law on Secondary School System] (Mar. 28, 1992), NARODNE NOVINE No. 19/Apr. 2, 1992, Pub. No. 423.
224. WORLD BANK, EDUCATION – CROATIA (visited Apr. 13, 2000) <<http://genderstats.worldbank.org>>.
225. POPULATION CENSUS, 1991.
226. B.a.B.e., WOMEN'S ACCESS TO WAGED EMPLOYMENT IN CROATIA 3 (1997) (on file with

- The Center for Reproductive Law & Policy).
227. See *Ženske Stranice*. Stranice za jednakost spolova [Women's Pages for Gender Equality] (visited Dec.13, 1999) <www.zenskestranice.hr>.
228. *Id.*
229. *Id.*
230. *Id.*
231. KAZNENI ZAKON art. 188.
232. *Id.* art. 189.
233. *Id.* art. 190.
234. *Id.* art. 191.
235. *Id.* art. 192.
236. *Id.* art. 193.
237. *Id.* art. 194.
238. *Id.* art. 195.
239. *Id.* art. 196.
240. *Id.* art. 198.
241. *Id.* art. 214.
242. *Id.* art. 188(1).
243. *Id.*
244. *Id.* art. 188(5).
245. *Id.* art. 158(1).
246. *Id.* art. 98.
247. INTERNATIONAL WOMEN'S RIGHTS ACTION WATCH, COUNTRY REPORT: CROATIA (visited Apr. 14, 2000) <<http://www.igc.apc.org/iwraw/publications/countries/croatia.html>>.
248. LEGAL STATUS OF WOMEN IN CROATIA, *supra* note 205.
249. *Id.*; see also INTERNATIONAL CHILD DEVELOPMENT CENTRE, UNICEF, WOMEN IN TRANSITION 77-93 (1999) (visited Apr. 10, 2000) <<http://www.unicef-icdc.org/pdf/rmr6.shtml>>.
250. NGO REPORT ON THE STATUS OF WOMEN IN THE REPUBLIC OF CROATIA, *supra* note 56 (visited Apr. 14, 2000) <<http://www.interlog.com/~moyra/cedawwl.html>>.
251. *Radnice Plive zaštićene od seksualnog uznemiravanja* [Female Workers of Pliva Are Protected Against Sexual Harassment], JUTARNJI LIST, Jan. 1, 1999.
252. KAZNENI ZAKON art. 195(1).
253. *Id.* art. 178(1).
254. NATIONAL PROGRAM FOR DEMOGRAPHIC DEVELOPMENT, *supra* note 124, at 20-21. The anticipated female population trends for the 15-19 age group in 1991 was 161,956. Total female population in 1991 was 2,466,602, which translates into 6.5%.
255. Zakon o zdravstvenom osiguranju [Health Insurance Act] (July 30, 1993), art. 8(1), NARODNE NOVINE No. 1/Jan. 3, 1997, Pub. No. 2.
256. *Id.* art. 8(2).
257. *Id.* art. 5(12).
258. *Id.* art. 6.
259. Zakon o zdravstvenim mjerama za ostvarivanje prava na slobodno odlučivanje o rađanju djece [Law on Health Care Measures for the Purpose of Effectuating the Right to Free Decision on Child Bearing] (Apr. 21, 1978), art. 18, NARODNE NOVINE No. 18/May 4, 1978, Pub. No. 423.
260. OBITELJSKI ZAKON art. 26(2).
261. KAZNENI ZAKON art. 214.
262. 1998 STATISTICAL YEARBOOK, *supra* note 88, at 101.
263. KAZNENI ZAKON arts. 89 (9), (10).
264. *Id.* arts. 188-198.
265. *Id.* arts. 195(3), 196, 198(2), 198(3), 214.
266. Communication with Nena Sudar, B.A.B.E. (Dec. 3, 1999) (on file with The Center for Reproductive Law & Policy).
267. KAZNENI ZAKON art. 195.
268. *Id.* art. 195(3).
269. *Id.* art. 178.