

## Annual Report 2009

### Political Environment

The development in Slovakia in 2009 followed the previous political debate on SRHR as one of the most controversial topics in the public debate. This controversy around reproductive health shaped the battle for adoption of a new policy. A comprehensive strategy related to the sexual and reproductive health is still lacking in Slovakia. In December 2007, the Ministry of Health of the Slovak Republic introduced the draft *National Program on Protection of Sexual and Reproductive Health in the Slovak Republic*, which the Government has not adopted yet mainly due to protests of religious groups and representatives of the Catholic Church. The proposed program draws mainly upon the World Health Organization's principles and the Program of Action of the UN International Conference on Population and Development (Cairo, 1994). However, because of the pressure of the Catholic Church the program has not been adopted and later on changed into *National Program on Protection of Women, Safe Motherhood and Reproductive Health (2009)*. Once again, because the program is referring to areas as access to contraception and safe abortion, the Catholic Church opposes it very strongly and it can be assumed that the program will not be adopted in the near future.

### Sexuality Education

In Slovakia, sexuality education is not a separate subject, but included in other subjects as the ethics, religious education and biology. More than ten years after the Ministry of Education approved a new curricula for sexuality education at the basic and primary schools, the level and quality of the education is still very low. The way and the scope of sexuality education in fact depend on the particular teacher and the nature of the school subject. It is common practice that adolescents do not receive relevant information on prevention of STIs including HIV/AIDS and unwanted pregnancy, let alone issues like sexual orientation and sexual and reproductive health rights. Textbooks on sexuality education, officially called *Education towards Marriage and Parenthood*, reflect the structure of gender stereotypes and it seems to be discriminatory in many ways.

### Abortion and Contraception

Since 1990, the number of abortion upon request has decreased from nearly 48 thousand to around 10 thousand in 2009. Despite such a decrease, the proportion of the number of abortions in adolescent girls remains almost unchanged. The primary reason for this is limited access of young people to modern contraceptive methods and low quality of sexuality education at elementary and secondary schools.

In accordance with the current practice, contraception is fully covered by the patient. The cheapest hormonal contraception costs approx. 3% of the parental allowance that a parent on parental leave is granted. The consequence of this rather high price of contraception is that especially adolescent girls, young women and women from socially disadvantaged groups cannot freely choose the most adequate contraceptive method as their choice is limited by the price. In such way, contraception becomes unaffordable for many women particularly from the above mentioned groups.

Similarly, other reproductive health services such as abortion and sterilization are at the price level slightly higher as the minimum wage (apx. 250 EUR). If the performance of an abortion or sterilization is not conditioned by health reasons, these services are fully covered by the patient. High fees for these medical interventions make the access to these health care services particularly difficult for young women and women from socially disadvantaged groups.

### **Changes in the abortion law**

In 2009, a group of conservative anti-choice members of parliament introduced an amendment to the law on provision of help services. The proposal has been prepared by the anti-choice movement whose representants were attending the meetings in parliament. The proposal has been adopted after some improvements. However, it still represents an unacceptable interference with women's rights and privacy.

According to the current legal changes happening in 2009, an adolescent girl under 18 needs the consent of the parent or other legal guardian for an abortion. Before, the age of 16 was considered as limit for having an abortion without parental consent. However, there was an obligation for the hospital to inform the parents of young women in age 16 to 18 about having an abortion.

Further changes happening in 2009 on abortion law oblige the gynaecologist to inform the women considering an abortion about alternative possibilities as adoption and anonym childbirth. Furthermore, the doctor is obliged to inform about the stage of the foetus development as well as about the possible side effects as post-abortion syndrome. After providing this information a woman has to sign a formal consent stating that she has been informed about all the issues required by the law. From the moment of signing the consent form, a 48 hours waiting period is required until the abortion can be performed. The signed consent with all the personal data has to be send by the physician to a state agency which will collect of the formulary with data of women regardless of their final decision to undergo an abortion or not.

Last change in the law is about the publishing a list of charity organisations providing help - material, psychical or moral - for women considering an abortion. The list has to be accessible on the web page of the Ministry of Health. However, the quality of services offered and the approach of those organizations to women rights to decide free is not being monitored. Since many of those NGOs are based on religion and anti-choice principles, the possibility that they will try to talk out the women of having an abortion and push them to use other alternatives as adoption is very high. While SFPA does respect the effort of church based NGOs to help women in a difficult situation, the restriction of women's free choice and final decision is not acceptable for us. Therefore we will keep monitoring the situation and if necessary to organise an advocacy activity toward more control on abortion related counselling.

This controversial legislation has been adopted in the parliament despite of the strong outcry of women and SRHR advocates and NGOs and despite of the fact that MoH protested against it. SFPA has been involved in the advocacy and lobbying process to reject the proposal. After there was a clear majority supporting it, we have tried at least to avoid harm to women by making the proposal as acceptable as possible. Thanks to the effort of prochoice NGOs the waiting period has been shortened from initially proposed 72 hours to 48 hours. The initial language used in the proposal taking about “unborn child” has been changed to use correct medical and legal terms of “foetus”. Experts of SFPA helped to formulate the standards for informed consent to be signed by women, which in final stage could prevent the formulation about the exaggeration of the post-abortion syndrome proposed by the law.

MoH prepared shortly after the legislation passed an amendment changing the major controversies. However, it has not been introduced yet probably because of the political controversy and lobbying of the church. SFPA will continue to lobby for the adoption of a new law amendment correcting the major violation of women’s right to choose.

### **Abortion in presidential elections campaign**

The presidential election in spring 2009 has been the first election where abortion became one of the central issues of the political debate among the candidates. This happened particularly because a well known ultra conservative candidate was running and the church together with the Slovakian “prolife” movement supported him as “the only really Christian candidate” despite of the very low public support. Furthermore, one of the bishops addressed in his speech the prominent female – and prochoice – candidate as a “Hitler follower”. The negative impact of the massive church campaign was that even the prochoice female candidate addressed the abortion issue in a very carefully way not to provoke the church. The free choice and women rights issue has been dealt for the quite acceptance of the conservatives. The second candidate, in the time of the election the president in charge and supported by Social-democrats declared himself as “pro-life” opposing women’s rights to choose. He finally won the election.

The presidential election campaign has been a good example how the abortion debate is shaped in Slovakia. Although there is still an overwhelming majority of Slovak citizens supporting the current law, the number of people disapproving the abortion for reason different from health and rape cases, is growing.

### **Conscientious objections**

The access to sexual and reproductive health services in Slovakia for young people and the population in general is considerably restricted by exercising the conscientious objections to such services. The conscientious objections is exercised not only by the health care staff, but it is also often abused by the top management of hospitals, who frequently ban performance of some interventions (usually abortions or sterilizations) regardless of the opinion of the health care staff. These hospitals thus violate the very essence of the conscientious objection, which can be exercised only by a natural person. In the capital city Bratislava, for instance, out of five public hospitals only one performs abortions. In big regional capitals Trnava and Nitra there is no hospital performing abortions. Apart from that, cases when a gynaecologist, primarily for religious reasons, refuses to provide counselling in the field of family planning or prescribe contraception and pharmacies refusing to sell contraception including emergency contraception are occurring more frequently.

## **Organizational changes**

The major organizational changes in 2009 were associated with the ending of an Equal II Initiative project which offered SFPA sustainability. In the last year the organization became more dependent on voluntary work by its members. The work has been limited to advocacy and media activities which do not require substantial financial resources.

### **Volunteer development**

In 2009, most of the work done in the organization was based on voluntary basis. This includes first of all advocacy activities with politicians, public and media. Furthermore, a co-operation with the Association of Medical Students helped us to perform some voluntary activities as peer sexuality education and Worlds Aids Day promotion. The on-line counselling via the web page has been done free of charge by our president.

### **Resource Mobilization**

After Slovakia joined European Union, the sources for funding for SRHR became very rare. The government is not ensuring any funding line for SR health programs because the national strategy is not adopted and no other funding lines are available in the country.

The only source of funding within the EU structure fund we could use in last years was the call for proposal on gender equality in the Equal II Initiative which ended 2009 with the last payment. However, the common grants do not match with our strategic plan. The resources we could raise in 2009 were some private funding for small projects and actions, mainly in contributions of condoms but not financial resources. The financial sustainability of the organization remains a major challenge in the battle for SHRH in Slovakia, particularly taking into account the strong support and nearly unlimited means which the anti-choice movement led by the Catholic Church has in Slovakia.

### **Collaboration with other MAs**

Slovak FPA has a long tradition on collaboration with the Czech FPA particularly on the field of sexuality education. This includes exchange of experiences, participation in the conferences and events and expert's meetings. In 2009 is has been primary during the conference Sexuality III. and Sexuality teachers conference where the Czech colleagues participated in.

## Programmatic areas – case studies

### Adolescents: Campaign Teens Are No Kids



SFPA has been involved as an expert organisation in the campaign tour focusing on out-of-school sexuality education for young people in age of 15 to 18. The campaign has been performed by Bayer Sheering using a well known young female moderator. As a part of the tour a survey among young people on their values and sexual behaviour has been done. The final press conference has been

covered by several media.

### Advocacy: Conference Sexuality III.

SFPA has been involved in the preparation of the third expert's conference *Sexualities* which took part in September in Nitra. The main organisers of the conference were Constantine the Philosopher University in Nitra and the Department of Social and Biological Communication of the Slovak Academy of Science. The aim of the conference was to support an academical discussion about the sexuality related research. During the conference, the 7th *Seminar for Sexuality Education Teachers* has been hold aiming to inform the participants on the connection between human rights and sexuality. The presentations were focusing on the human rights legal framework ensuring SRHR, on introduction of the IPPF Declaration on reproductive rights and the needs, possibilities, approaches, barriers and alternatives of sexuality education. The main aim of the conference was to strengthen the advocacy capacity of teachers and advocates to lobby for comprehensive sexuality education and to widen the view of human rights aspects of sexuality.

## RC Discussion Topic

### Striving for the consensus – is there any possibility?

During the different advocacy activities of our MA several times we were challenged by politicians and MoH to “find a consensus with the church on the SRHR”. This was particularly happening around sexuality education case and the adoption of the strategy on reproductive health. From our experiences, there is a small but very limited possibility to find a consensus with a protestant church on some issues. However, since the quite liberal protestant church holds only a “small share on faith in Slovakia” their influence is more symbolical. (in the last census in 2001, 69% of population declared themselves to be Catholic), the main influence remains in hands of the Catholic Church.

We would like to hear and discuss about possible strategies and experiences from our colleagues in aiming for consensus with the church on SRHR.

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