

CONCLUSION

Access to a full range of affordable and acceptable contraceptive methods and information is essential to women's and adolescent girls' equality, autonomy, health, and well-being. As such, it is recognized as a component of human rights at the national, regional, and international levels.

However, despite legal obligations and strong public policy justifications to protect this right, Slovakia continues to deny women and girls access to contraceptive services and information. Although the state's failure to collect ample, disaggregated data on relevant indicators stands in the way of determining the precise scope of the problem, this does not absolve the state from responsibility. It is evident from the interviews conducted for this report that action is needed.

The testimonies that we collected show that the absence of coverage for modern contraceptives through public health insurance forces some women to resort to contraceptives that are not well suited for them based on their health or personal circumstances. For the most vulnerable groups, any female-controlled method is out of reach.

By allowing this situation to persist, Slovakia has failed to implement national laws and policies and is violating numerous human rights, including women's rights to equality and non-discrimination, the right to decide freely and responsibly on the number and spacing of their children, and the right to health, which have been interpreted by the international and regional human rights bodies as requiring states to provide women with access to a full range of family planning methods, including contraceptives.

The testimonies further reveal that women's access to contraceptives is also impeded by the lack of available reliable information on family planning methods. Participants noted that in many schools, sexuality education is inadequate or absent, focusing only on reproductive

organs and influenced by religious views. It is clear that in neglecting to fulfill its obligations in this regard, the state is swayed by the Catholic Church hierarchy, which has had a growing impact on law and policy since the fall of communism and whose strong influence was revealed during our interviews. The hierarchy not only promotes ineffective traditional family planning methods but also actively advocates against the use of modern contraceptives. In addition, gynecologists frequently lack the time or will to appropriately discuss contraceptives with their patients. Consequently, misinformation and myths about the side effects of contraceptives abound.

By failing to provide women and girls with sound and comprehensive information on family planning, including contraceptives, Slovakia is violating their right to information on family planning guaranteed under CEDAW. It is also violating their right to sexuality education, which has been recognized by the Special Rapporteur on the Right to Education and several treaty monitoring bodies as vital to and grounded in the rights to health, life, information, and non-discrimination.

Our interviewees voiced broad support for subsidizing contraceptives through public health insurance in order to enhance women's empowerment and prevent them from having to deal with the consequences of unintended pregnancies. Improving sexuality education was also seen as a positive step that the government could take to increase women's access to contraceptives. The state should give heed to these views and address the public's health needs more seriously.

In times of economic crises, which often have a greater impact on women than men, it is especially important that governments do not shortchange human rights in the name of economic prudence or necessity. Slovakia must correct its failure to provide women and girls with access to the contraceptive services and information they are entitled to receive.