

EXECUTIVE SUMMARY

Women and adolescent girls in Slovakia face numerous barriers to accessing modern contraceptives and contraceptive information. Because contraceptives are not covered by public health insurance, their users must pay the full price out of pocket. Some women and adolescent girls—especially the most vulnerable ones, such as those with low incomes or in violent relationships—lack the means to do so. Others are forced by the high cost of hormonal contraceptives to resort to low-quality versions that may not be best suited for them or to unreliable traditional methods of family planning such as coitus interruptus (withdrawal). One month's supply of oral contraception ranges from 7 euros (€) to over €15; a one-time dose of emergency contraception costs about €22; and an intrauterine device costs about €158—prices that are out of reach for many women. The latest available figures, from 2009, put the median monthly income for women in Slovakia at €562.51. The poverty line for a one-person household was €283 per month, and up to 11.9% of women were at risk of poverty in 2009. For young women, the costs are also prohibitive. As one pharmacist noted, young women often cannot afford emergency contraception and instead opt to purchase a pregnancy test at less than one-fifth the cost.

The lack of accurate, unbiased, and comprehensive information on family planning methods further inhibits women's and adolescent girls' access to modern contraceptives. In many schools, sexuality education is either lacking altogether or inadequate, focusing only on reproductive organs and influenced by the religious views of teachers or administrators. The Catholic Church hierarchy, which plays an important role in Slovak politics and communities, actively advocates against the use of modern contraceptives and promotes traditional methods of family planning, such as periodic abstinence, which are often ineffective. Gynecologists frequently lack the time or will to appropriately discuss contraceptives with their patients. As a result, misinformation and myths about the side effects of contraceptives abound, undermining their use. It is not surprising, then, that use of hormonal contraceptives remains low, at 22.3%, while use of withdrawal as a family

planning method is at approximately 32%. These figures stand in stark contrast to those of other European Union countries, the majority of which subsidize contraceptives through public health insurance. In France, for example, 43.8% of women use the pill and only 3.1% rely on withdrawal; and in Germany, over 50% use the pill and only 0.5% rely on withdrawal.

The Slovak government's failure to address the multiple barriers that women and adolescent girls face in accessing contraception runs counter to its obligations under national, regional, and international law, and defies sound public policy considerations. At the national level, the Slovak Constitution guarantees the rights to health, to information, and to non-discrimination on the basis of sex. Domestic legislation further explicitly mandates the government to provide women with access to prescription contraceptives free of charge. However, these provisions are ignored.

Slovakia is also party to numerous regional and international human rights instruments that require states to ensure that women and adolescent girls have access to a full range of sexual and reproductive health services. This obligation entails making acceptable and affordable contraceptive methods available, as well as making accurate information on those methods available—including by requiring sexuality education in schools. At the regional level, the European Committee of Social Rights, for example, requires Member States to ensure that sexuality education is “provided throughout the entire period of schooling,” “forms part of the ordinary school curriculum,” that such education is “adequate in quantitative terms,” and that it is “objective, based on contemporary scientific evidence and does not involve censoring, withholding or intentionally misrepresenting information, for example as regards contraception and different means of maintaining sexual and reproductive health.” At the international level, binding human rights treaties such as the Convention on the Elimination of All Forms of Discrimination against Women require states to eliminate discrimination against women in all spheres of life, including access to healthcare.

In 2008, the Committee that monitors the Convention emphasized that family planning services in Slovakia, of which contraceptives form an integral part, fell short of what is required under international law. The Committee urged the government “to take measures to increase the access of women and adolescent girls to affordable . . . reproductive healthcare, and to increase access to information and affordable means of family planning. . . .” Slovakia is thus aware that human rights violations are occurring. Furthermore, the government may not use its own failure to collect adequate data on indicators such as the unmet need for family planning—which it is required to do under international law and which would enable it to develop effective policies—as a way to escape accountability.

Ensuring women's access to acceptable and affordable contraceptives is not only required by law but also sound policy from an economic and public health perspective. An increase in contraceptive use reduces the number of unintended pregnancies, which, in turn, leads to savings in healthcare costs. Moreover, fewer unintended pregnancies benefit women's health by lowering the number of induced abortions and reducing maternal morbidity and mortality. The World Health Organization recognized the health and cost benefits when it included contraceptives, including emergency contraception, in its list of essential drugs that states should make affordable to all. Also aware of these benefits, 18 of 27 European Union Member States agreed to fully or partially cover the cost of contraceptives through their public health insurance schemes. Yet, in Slovakia, with the exception of sterilization on health grounds, contraceptives for pregnancy prevention fall completely outside the scope of public health insurance.

Testimonies Collected*

The testimonies gathered during our fact finding highlighted the many barriers, described above, that women and adolescent girls in Slovakia face in accessing acceptable modern contraceptive methods. Our interviews with various stakeholders—women, healthcare providers, and others—revealed broad support for subsidizing contraceptives through public health insurance in order to enhance women's empowerment and choice and prevent unintended pregnancies. Improving sexuality education was also seen as a positive step that the government should take to increase women's access to contraceptives.

Recommendations

We urge the Slovak government to ensure that its national laws and policies comply with international human rights standards and World Health Organization recommendations calling on states to ensure access to a wide range of modern contraceptive methods by making them affordable to all. We call on the Slovak government to implement this recommendation through public health insurance coverage. In addition, we call on the government to address contraceptive information barriers by mandating comprehensive, evidence-based, non-discriminatory sexuality education in schools and developing policies that ensure that women and adolescent girls obtain comprehensive contraceptive information from their gynecologists. Finally, we call on regional and international human rights bodies to urge Slovakia to abide by its human rights obligations.