

**Report on Slovakia –  
5th Round of the Universal Periodic Review – May 2009**

This report is submitted the **Sexual Rights Initiative** (a coalition including Mulabi – Latin American Space for Sexualities and Rights; Action Canada for Population and Development; the Polish Federation for Women and Family Planning and Creating Resources for Empowerment and Action-India among others) and was written by **Shaimaa Andrassy**, researcher from Slovakia. It focuses on **sexuality education; disabled people's sexuality; older people's sexuality; homosexual and homoerotic behaviors; transsexualism; sexual abuse, incest and rape; contraception, abortion and population planning; sexually transmitted diseases and HIV/AIDS**. It includes recommendations to the Slovakian State after each section.

**Sexuality education**

1. Sexologists in Slovakia are not completely satisfied with the present situation in sex education. The state supports some sexual education programs. Basic knowledge about sexual anatomy and physiology are provided as a part of the basic school curriculum. However, information about contraception, sexual hygiene, and safer sex practices are only rarely and inconsistently covered. Almost universally ignored are topics like homosexuality, paraphilias, and sexual assaults (exhibitionism, rape, incest, and sexually motivated murder). The sexological societies and Slovak Family Planning Associations (SPRSV [*Spolecnost pro Planovani Rodiny a Sexualni Vychovu*] and SPR [*Spolecnost Planovaneho Rodicovstva*]) also sponsor activities including education programs aimed at improving contraceptive use, lowering the number of legally induced abortions for non-health reasons, HIV/AIDS and STDs prevention, etc. The involvement of the mass media, radio, and television, is growing in this area.

2. The main factor in the primary prevention of STDs is responsible sexual behavior. Sexual education should be started at a very young age and should include information of the health risks of sexual behavior, on preventing sexual abuse/violence, effective evidence-based prevention of STIs and contraception. Besides, it should include the simplest ways to keep the female's hygiene and the problems that could emerge in case of low-safe intercourse or multi-relations between the young girls.

3. Recommendation: In consultation with relevant civil society actors (academia, NGOs, teachers, parents and students, etc.), the Education Ministry must develop and implement a comprehensive and culturally sensitive sexuality education program, including workshops and publications, adjusted to the different levels of formal education to be shared with schools, churches, Roman women NGOs, youth groups, etc. Media should also be invited to play a role in this program, by promoting safe sex and the benefits of visiting specialized physicians from an early age.

**Sexuality and the Physically Disabled**

4. Sexual behavior and sexual problems of mentally and physically handicapped persons are only rarely mentioned in public. The same is true for medical sexologists and marriage counselors. Since the dissolution of communist control in the "velvet revolution" of 1989, there has been a growing activity of different non-governmental organizations seeking to promote the care and well being of

the physically handicapped. In fact, health providers as well as NGOs working on this area are trying to develop and raise awareness about the situation faced by this marginalized category, especially by those disabled people who are homeless. The Media has also played a good role in highlighting the problems faced by disabled people. In terms of sexual rights, some of the concerns include inadequate protection from sexual violence, denial of sexuality education and/or sexual health services and forced/coercive sterilization. There are also shortcomings in the health sector itself, especially in some deprived areas, such as East Slovakia, where many Romani women –particularly those who are disabled- lack access to health services.

5. Recommendation: In consultation with relevant civil society actors (academics, NGO created by disabled people, professional associations, media organizations etc.) to undertake a survey of disabled people's needs in terms of realization/fulfillment of their sexual rights and use that survey as basis for a plan of action in this regard. Upon this survey, a questionnaire could be conducted to check the best plans which can be adopted for this category to fulfill their needs; hence we will have a plan designed by the needy citizens in this regard.

### ***Sexuality and the Aged***

6. "Elderly houses" have spread all over Slovakia. The living standard of those state facilities for older persons is not convenient to accommodate couples' maintaining intimate relationships, as it is based on a collectivist model and does not allow them enough privacy.

7. Recommendation: Consult with experts in the area of older people's sexuality and with older people themselves to reformulate the "Elderly Houses" in such a way that elderly couples can engage in intimate relationships there. On the basis of that consultation, produce a plan to train and sensitize the staff working in "Elderly Houses" on the sexual rights of older people. Taking the ideas of the elder people themselves in regards of how these houses could improve their services in terms of privacy and respect for couples should be a task for the Ministry of Employment, Social Affairs and Family.

### **Homoerotic and homosexual behaviors**

8. Attitudes towards homosexuality among the greater part of the population are hostile or ambivalent. The pandemic of AIDS has brought some changes, mostly in the attitudes towards gays. Slovakian people believe in freedom but at the same time, they think that the gays\lesbians are subject to many diseases and it is better not to relate to them so much. Speaking about this issue is still taboo, due to the negative image that many people have about these populations. Many gays and lesbian try to hide their sexual preferences to avoid being discriminated or judged by the community, especially in East Slovakia and the other religious or patriarchal areas, because Slovakia is one of the (most) patriarchal countries in the EU. In the new penal law code, which went into effect in the republic in 1990, no distinction is made between same-sex and opposite-sex sexual acts-behaviors. The ages of majority and of legal consent to sexual intercourse, 18 and 15 years respectively, are the same for both. At present, there is a movement to reduce the intolerance and inequities homosexual persons experience socially. This involves paying more attention to the situation of homosexual men and women in the workplace, in schools (both students and teachers), and in the army.

9. Most gay and lesbian associations are engaged in a movement to legalize the unions or marriages of same-sex couples. Important politicians support some kind of legalization of long-term same-sex partnerships. The attitudes of the

Catholic Church on homosexuality are at present still fundamentally rigid and hostile. Some Protestant Christian churches, on the other hand, are traditionally more liberal and less rigid.

10.Recommendations:

- In consultation with relevant civil society actors (particularly lesbian and gay NGOs), to develop and implement a plan of action aimed at lowering society's negative attitudes towards lesbian and gays, including sensitivity campaigns, workshops at community level, and other measures.
- Promulgate legislation to protect the civil rights of same-sex couples.
- Media could play good role in addressing the rights of this category, which still suffers from oppression and marginalization, by prevailing the idea that "All people are equal".

**Transgender Rights**

11. There is no specific law dealing with transgender rights in Slovakia. All current regulations are only administrative in nature. Gender-reassignment surgery is legal in Slovakia, but the process through which transgender people can change the name and sex in their identification papers is extremely long and includes requirements that restrict transgender people's reproductive rights. The common step-by-step practice used in gender clinics around the world is also followed in Slovakia: initial counseling and screening is followed by months of psychotherapy and socio-therapy. During that period, and to allow the client to adapt better to a reversal in gender role, it is possible to change her/his name to a gender neutral one. Following months of hormone treatment, the decision for anatomical sex-transition surgery can be made. Sex-reassignment surgery, which involves plastic surgery and gonad removal with consequent infertility, is required for an official and complete sex-reversal procedure. This requirement –already eliminated in some countries like Spain or the United Kingdom- is problematic as it infringes upon the reproductive rights of the transgender/transsexual person. Sex-reassignment surgery is available for both female-to-male and male-to-female transsexuals as part of the health insurance system. In the Slovak republic, about five patients a year request official sex-change surgery.

12.Recommendation:

- In consultation with civil society working on this issue – including transgender organizations, the health sector and the academia- draft and promulgate a comprehensive law that regulates the procedures making them simpler and faster, and eliminating all requirements that infringe upon individual rights, such as forced sterilization.
- Also in consultation with civil society working on this issue – including transgender organizations, the health sector and the academia- draft and implement workshops and other activities to raise awareness about transgender rights in key sectors like health, education, justice and labor, as well as for the general public.

***Sexual Abuse, Incest, and Rape***

13. The statistics on criminal sexual delinquencies are low when compared with most west European countries: according to a 2003 survey, six percent of adult Slovak reported an experience with rape and approximately 8 percent of women

stated that they had been the object of sexual abuse as a child. But these low numbers might be linked to the nature of the legal procedures currently implemented in Slovakia that will be detailed in the next paragraph, as women or girls who have suffered sexual abuse might be afraid to inform the authorities and have to go through all those procedures.

14. A woman who reports a rape is subjected to a very careful and long investigation by the police. Hearings and questioning of the woman can last up to five hours or more. Once a charge is made, the woman cannot withdraw it. Nor can she discuss the accusation with anyone other than the police. If she does, she can be prosecuted for false accusation. At the court hearing, the woman has to answer questions from the court, the defense attorney, and the accused male, in what can be a very traumatizing experience. Similar procedures are followed in cases of child abuse.

15. At present, there are no special centers for counseling and support of the victims of rape and sexual abuse, although establishment of such centers is being considered.

16. Recommendations:

- To review the procedures in rape court hearings so it would be the less traumatic as possible for the victims (i.e. shortening the time of the raping trials and decreasing the time of the investigation for the victim as she is already suffering from the physiological impact of this severe experience). In turn, this will help increasing the number of reported incidents and preventing impunity for sexual violence.
- Establish special centers for counseling and support for victims of rape and sexual abuse – including some that offer emergency shelter to victims and their children as well- and make sensitization about these crimes one of the priority areas of work for the centers.
- Work together with civil society organizations to develop and implement an awareness-raising campaign aimed at women to encourage them to report cases of abuse, and to develop and implement sensitivity and awareness training for health and justice system staff involved in dealing with victims of sexual violence so they would deal with these cases in a more appropriate way.
- **Enforcing** the penalties for the sexual assault crimes.

**Comment [J1]:** Enforcing is better than increasing, as the punishments are there, but it need to be stronger.

### ***Contraception, Abortion, and Population Planning***

17. Data on the use of contraceptives demonstrates a major problem, in that almost 20 percent of all pregnancies are unwanted. Withdrawal, coitus interruptus, is by far the most common contraceptive method, being relied on by 15 percent of Slovak women at risk (2005 data), especially in Roman communities. Barrier methods, particularly the condom, are used by 31 percent of Slovak women. The hormonal contraceptive pill is used by 30 percent; sterilization by 6 percent. 70 percent of young Slovak males reported condom use with a non-stable partner and 50 percent with a casual partner. Women reported condom use in 50 percent of coitus with a non-stable partner and only 30 percent with a casual partner.

18. Slovak teenage women have very little access to contraception. Contraceptive pills can only be obtained from a gynecologist, and the attitude of many gynecologists toward hormonal contraception for young women is inappropriately

negative. Contraception counseling centers for teenagers promote abstinence in place of other contraceptive methods. Some counseling centers for teenagers, however, work under the supervision of British family planning organizations and provide contraceptive without charge. In a representative sample of Slovak adults over age 15 years, the average age reported for first coitus was 18.1 years for men and 18 years for women. More than 40 percent of these first experiences occurred in a cottage or outdoors; without contraceptives for 57 percent of the men and 64 percent of the women; and with an "occasional partner" for 34 percent of the men and 12 percent of the women

19. From 1987 on, pregnant women could obtain an abortion simply by requesting it. Induced abortion is legal until the twelfth week of gestation. Abortion for medical reasons or to protect the woman's health is legal up to the twenty-fourth week of gestation. Illegal abortions are rare. In a 2005 survey, 60 percent of women and 58 percent of the men were fully "pro-choice." 2 percent of both men and women believed induced abortion should be prohibited by law.

20. In recent decades, the government has made some efforts to promote population growth. All of these efforts utilized economic incentives. Families with three or four children received increased support and benefits. In 2008, the State confirmed the law that assigns almost 800 Euros at the birth of first, second and third child of the family, plus covering all health and social insurance for the mother and the child. Because of these new initiatives to encourage birth on the part of the government, and of the fact that Slovakia is still a religious and patriarchal community, some political parties and the church object to the use of contraception. That creates difficulties in access, particularly when doctors –due to their religious believes- fail to encourage women to resort to contraceptive methods.

#### 21. Recommendations

- In consultation with relevant civil society actors (academia, NGOs, professional associations) develop and implement a plan of action to increase awareness and utilization of contraceptive methods, including public campaigns for sensitization, workshops tailored to specific communities/sectors (teenage women and men in particular), an assessment of the performance of health practitioners/counseling centers and of the availability of the different methods in public health institutions, etc.
- Work with the Roma community, and particularly with Roma women, to: a) assess their needs in terms of sexual and reproductive health and rights; b) train Roma women leaders of different ages and civil status to work among their peers promoting knowledge and use of contraceptive methods and sexual/reproductive health and rights as a whole; and c) implement a program for safe-motherhood aimed at Roma women including pre and post-natal care.
- Continue and strengthen the measures aimed at encouraging and supporting "satisfaction births".

#### ***Sexually Transmitted Diseases***

22. At present, the incidence of STDs and AIDS is relatively low. In the young Slovak survey, only 1.5 percent of males and 5 percent of females reported some

experience with a sexually transmitted disease. This is due to forty years of communist policy, which, in a substantial way, restricted the free movement of people. After the frontiers were opened in 1989, the movement of people into and out of the country increased. This mobility and migration is already increasing the number of STD cases in the larger cities and in regions near the western frontier. In 2003, no more than 2 case of syphilis were reported annually per 100 thousand inhabitants. Our own experience reveals a remarkable increase in the incidence of all other STDs, including genital warts, papilloma virus infections, genital herpes, non-specific arthritis, pelvic inflammatory disease (PID), Chlamydia, and cervical carcinoma.

23. The law requires that all new cases of classical venereal diseases be reported to the state Dermatological Department. Infected persons are also required by law to give health professionals information about all sexual partners. Diagnosis and treatment for STDs is easily available in all the larger cities, at dermatological departments, clinics, and gynecological and urological departments.

24. Recommendations:

- In cooperation with civil society – in particular, professional associations, the academia, organizations working on sexual rights, the media and pharmaceutical companies – develop and implement a campaign to raise awareness among the population about the need to treat STDs.
- Review the current legislation to make providing information about an STD's sexual partners voluntary and not compulsory, to encourage more people to look for treatment.

## **HIV/AIDS**

25. Thus far, the incidence of HIV infection in the republic is low. At the end of 2002, there were 50 cases of AIDS, most of them being homosexual or bisexual men; 5 cases involved heterosexual transmission and 3 cases had unknown sources. Social stigma causes many people to refuse testing in order to avoid being known as HIV positive. Those who do so only come to the health services at a very late stage, and miss the opportunity to receive ART treatment in the early stages of the infection. The low incidence of HIV infection in Slovakia is well demonstrated by the results of several preventive and anonymous screenings for HIV. In one study of 66,095 patients with an STD, only 23 persons were found to be HIV positive, In another anonymous testing of 2,554 persons, only nine persons were HIV positive.

26. There are centers for HIV/AIDS investigation and treatment in the biggest cities, Ternava and Bratislava. Anonymous testing for HIV is available in all larger cities free of charge. Government policy fully respects the international standards of the World Health Organization. National centers for HIV/AIDS have been operating in for several years. The respective Ministries of Health Care have been coordinating governmental activities with non-governmental organizations and institutions. An AIDS-Help society, SAP [*Spolecnost AIDS Pomoc*], was founded in 1991. Many hot lines and telephone counseling services are operating with varying professional standards.

27. Preliminary results of the survey of Slovak youth indicates that approximately half of the youth of Bratislava are at very low risk for the infection, because of their monogamous lifestyle, avoidance of risky sexual practices, regular use of condoms, or complete sexual abstinence. Approximately 2 percent of the men and women were at high risk because of a combination of a high number of sexual partners, risky sexual practices, coitus with IV drug users, and failure to use condoms.

Recommendations:

- To draft and promulgate a comprehensive law to guarantee the rights of HIV positive individuals in terms of non-discrimination at all levels.
- In cooperation with civil society organizations working on HIV/AIDS, networks of people living with HIV/AIDS and the media develop and implement a sensitivity campaign against discrimination based on HIV-status aimed at the general public.
- In cooperation with civil society – particularly organizations working on HIV/AIDS, people living with HIV/AIDS, youth groups, the academia, teachers' unions and parents' associations – develop and implement an awareness raising campaign on HIV/AIDS (and STIs) in high schools, colleges and Universities throughout the country.
- Work with sex workers to develop and implement a Sexual Health program for them that would include voluntary regular testing and training on HIV/ITS prevention for themselves and their clients