

Permanent Mission of Estonia
Geneva

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The Permanent Mission of the Republic of Estonia to the United Nations Office and other International Organisations in Geneva presents its compliments to the Office of the High Commissioner for Human Rights and in response to the letter of the Chairperson-Rapporteur of the Working Group on the issue of discrimination against women in law and in practice from 3 July 2015 has the honour to forward the reply of the Government of Estonia to the questionnaire "Non-discrimination and equality with regard to the right to health and safety".

The Permanent Mission of Estonia in Geneva avails itself of this opportunity to renew to the Office of the High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 14 August 2015



Enclosure: 22 pages

Office of the High Commissioner for Human Rights
GENEVA

Response of Estonia to the questionnaire “Non-discrimination and equality with regard to the right to health and safety”

I. Prevention of sex discrimination in the enjoyment of the right to health and safety

A. Health

1. Does your country have regulations (in the Constitution, legislation or in other legal codes) that guarantee:

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) the right to equal access for women and men to all forms of healthcare, at the highest available level, including access to alternative health provisions such as homeopathy, naturopathy, etc.

(Yes) access to sexual and reproductive health services

(Yes) women’s rights to make autonomous decisions regarding their sexual and reproductive lives

2. Are medical services related to women’s sexual and reproductive life and/or violence against women covered by universal health coverage?

Yes (X) No ()

If yes, what kind of medical services are free of charge?

(Please specify)

Basically all the medical services needed in these cases, including first aid, and treatment after violence; infertility treatment, midwifery services, contraception counselling, STD screening etc.

Are women’s rights to health, including sexual and reproductive health, autonomy and health insurance, applied also to girls under 18?

Yes (X) No ()

If “yes”, please indicate the legislation regulating these and indicate enforcement mechanisms.

Termination of Pregnancy and Sterilisation Act¹

§ 5. Voluntariness of termination of pregnancy

(1) A woman's pregnancy may only be terminated at her own request. Nobody is allowed to force or influence a woman to terminate her pregnancy. Consent for termination of pregnancy shall be in written form.

(2) Pregnancy of a woman with restricted active legal capacity may be terminated with her own consent or with the consent of her legal representative according to subsection 766 (4) of the Law of Obligations Act.

(3) If a woman with restricted active legal capacity does not agree to involve her legal representative with good reason in the case provided for in subsection 766 (4) of the Law of Obligations Act or if the decision of the legal representative is in conflict with the interests of the woman, the health care provided shall proceed from the person's own consent upon termination of pregnancy.

(4) A health care professional shall be required to inform a woman with restricted active legal capacity of the importance to involve a legal representative or another adult with active legal capacity whom she trusts.

According to § 8 (2) of the **General Part of the Civil Code Act²**, persons who are under 18 years of age (minors) have restricted active legal capacity.

Law of Obligations Act³

§ 766. Duty to inform patient and obtain his or her consent

(1) The provider of health care services shall inform the patient of the results of the examination of the patient and the state of his or her health, any possible illnesses and the development thereof, the availability, nature and purpose of the health care services required, the risks and consequences associated with the provision of such health care services and of other available health care services. At the request of the patient, the provider of health care services shall submit the specified information in a format which can be reproduced in writing.

(3) A patient may be examined and health care services may be provided to him or her only with his or her consent. A patient may withdraw his or her consent within a reasonable period of time after granting consent. At the request of a provider of health care services, such consent or an application to withdraw such consent shall be in a format which can be reproduced in writing.

(4) In the case of a patient with restricted active legal capacity, the legal representative of the patient has the rights specified in subsections (1) and (3) of this section in so far as the patient is unable to consider the pros and cons responsibly. If the decision of the legal representative appears to damage the interests of the patient, the provider of health care services shall not comply with the decision. The patient shall be informed of the circumstances and information specified in subsection (1) of this section to a reasonable extent.

¹ Termination of Pregnancy and Sterilisation Act RT I 1998, 107, 1766; RT I, 20.02.2015, 11. Available online: <https://www.riigiteataja.ee/en/eli/505032015003/consolide>.

² General Part of the Civil Code Act RT 2002, 35, 216; RT I, 12.03.2015, 105. Available online: <https://www.riigiteataja.ee/en/eli/517062015011/consolide>.

³ Law of Obligations Act RT I 2001, 81, 487; RT I, 23.03.2015, 74. Available online: <https://www.riigiteataja.ee/en/eli/516062015006/consolide>.

According to § 5 (4) of the **Health Insurance Act**⁴, persons under 19 years of age for whom social tax is not paid are considered to be equal to insured persons on the basis of the Act.

Also, there are special **Youth Counselling Cabinets** which are designed for young people of both sexes up to 24 years of age. Cabinets offer individual as well as couples counselling. The cabinets also offer reproductive health group work sessions and lectures. Services are offered by female doctors, male doctors, psychologists, social workers, and midwives. Service is free of charge for the target group.

3. Are there any provisions which restrict women's access to health services? In particular which:

(Please specify in the space provided for this purpose "yes" or "no")

(No) require the consent of a male relative/husband for a married woman's medical examination or treatment or access to contraceptives or abortion,

(No) require parental consent in case of adolescents' access to contraceptives or abortion;

(Yes) allow medical practitioners to refuse provision of a legal medical service on grounds of conscientious objection

(Yes) prohibit certain medical services, or require that they be authorized by a physician, even where no medical procedure is required; in particular:

(Yes) IUDs (intrauterine devices) or hormonal contraceptives

(No) Emergency contraceptives, including the morning-after pill

(Yes) Sterilization on request (please also include information regarding whether non-therapeutically indicated sterilization is allowed for men);

(Yes) Early abortion (in first trimester of pregnancy) at the pregnant woman's request

(Yes) Medically assisted reproduction (e.g., in vitro fertilization)

If yes, please indicate the relevant legal regulations and indicate the sources.

Use of IUD or hormonal contraceptives

Medicinal Product Act⁵

⁴ Health Insurance Act RT I 2002, 62, 377; RT I, 23.03.2015, 19. Available online: <https://www.riigiteataja.ee/en/eli/530062015007/consolide>.

⁵ Medicinal Product Act RT I 2005, 2, 4; RT I, 10.03.2015, 23. Available online: <https://www.riigiteataja.ee/en/eli/525032015011/consolide>.

§ 33. Issue of prescriptions for medicinal products and dispensing of medicinal products from pharmacies

(1) Medicinal products subject to medical prescription must be dispensed by general pharmacies and veterinary pharmacies to consumers only on the basis of a complying medical or veterinary prescription.

(1³) The issue of prescription medicinal products by way of distance selling is permitted only on the basis of a prescription issued electronically and recorded in the Prescriptions Centre.

(5) Upon dispensing of a medicinal product from a pharmacy, the recipient of the medicinal product will be informed of the correct and safe use and storage of the medicinal product.

The regulation of the Minister of Social Affairs ‘The conditions and procedure for the issue of prescriptions for medicinal products and for the dispensation of medicinal products by pharmacies and the format of the prescription’⁶

§ 2. Issue of prescriptions for medicinal products

(1) Prescriptions and order forms may be issued in respect of medicinal products that have a valid marketing authorisation in Estonia, for the preparation of medicinal products as magistral formulae in pharmacies and, in the cases described in subsections 1 and 7 of section 21 of the Medicinal Products Act, for unauthorised medicinal products. If a person qualified to prescribe medicinal products prescribes an unauthorised medicinal product under section 21(1) of the Medicinal Products Act, he/she must submit an application for the use of the unauthorised medicinal product to the State Agency of Medicines.

(2) Medicinal products may be prescribed for medical purposes and for the purposes of treatment of other persons only by the physicians, dentists and midwives who are authorised to provide health services in the Republic of Estonia in relation to the out-patient treatment of the persons treated by them.

(3¹) Midwives, stating their position title on the prescription, are authorised to prescribe only the following medicinal products and substances:

- 1) ATC code A02B – medicinal products blocking the secretion of gastric acid, except for initial prescriptions;
- 2) ATC code A03A – antispasmodic and carminative preparations;
- 3) ATC code B03A – antianemic preparations;
- 4) ATC code C05A – topical use agents for the treatment of haemorrhoids, except for medicinal products containing glucocorticoids;
- 5) ATC code G01A – anti-infectives for topical use;
- 6) ATC code G02B – contraceptives for topical use;
- 7) ATC code G03A – hormonal contraceptives;
- 8) ATC code G03DA02 – medroxyprogesterone in cases in which the prevention of pregnancy is indicated, except for initial prescriptions;
- 9) ATC code H01BB – oxytocin and analogues for oral administration after the delivery of the infant;
- 10) ATC code J01XE – antibacterials.

⁶ Regulation of the Minister of Social Affairs ‘The conditions and procedure for the issue of prescriptions for medicinal products and for the dispensation of medicinal products by pharmacies and the format of the prescription’ RTL 2005, 23, 315; RT I, 11.12.2014, 22. Available online: <https://www.riigiteataja.ee/en/eli/505022015009/consolide>.

Termination of Pregnancy and Sterilisation Act⁷

Sterilisation

§ 19. Voluntariness of sterilisation

(1) A person may only be sterilised at his or her own request. A request for sterilisation shall be in written form.

(2) The sterilisation of a person with restricted active legal capacity shall be decided by a county court in proceedings on petition of the guardian of a person. Minors may not be sterilised.

§ 20. Admissibility of sterilisation

(1) An adult may be sterilised if at least one of the following circumstances exists:

- 1) the person has at least three children;
- 2) the person is older than 35;
- 3) pregnancy endangers the woman's health;
- 4) other contraceptive devices are contraindicated;
- 5) the person is in danger of having a child with severe mental or physical damage to health;
- 6) the person's illness or health problem hinders the raising of a child.

(2) An adult with restricted active legal capacity may be sterilised if at least one of the conditions specified in clauses (1) 3), 4), 5) or 6) of this section exists.

§ 21. Sole right of doctor to perform sterilisation

A person can be sterilised by a gynaecologist, general surgeon or urologist.

§ 23. Deciding on admissibility of sterilisation

(1) The conditions specified in clauses 20 (1) 1) and 2) of this Act shall be ascertained by a doctor performing the sterilisation on the basis of a person's passport.

(2) The admissibility of sterilisation in the cases specified in clauses 20 (1) 3), 4) and 5) shall be decided with the decision of at least three doctors. If necessary, a social worker shall also be involved in the making of decision in addition to the doctors in the case specified in clause 20 (1) 6) of this Act. The decision on admissibility of sterilisation shall be in written form and certified by all the persons making the decision with their signatures.

§ 24. Counselling obligation

(1) Before and after deciding on the admissibility of sterilisation, the doctor must explain to the person who wishes to be sterilised and, if necessary, to the guardian of the person the biological and medical nature of sterilisation and the involved risks, including the potential complications.

(2) An act shall be prepared on the counselling specified in subsection (1) of this section which shall be signed by the counselled person and the doctor having

⁷ *Supra* note 3.

conducted the counselling. The requirements for the format of the act of counselling shall be established by a regulation of the minister responsible for the area.

(3) A person shall not be sterilised before one month has passed since the counselling specified in this section.

Termination of pregnancy

§ 5. Voluntariness of termination of pregnancy

(1) A woman's pregnancy may only be terminated at her own request. Nobody is allowed to force or influence a woman to terminate her pregnancy. Consent for termination of pregnancy shall be in written form.

(2) Pregnancy of a woman with restricted active legal capacity may be terminated with her own consent or with the consent of her legal representative according to subsection 766 (4) of the Law of Obligations Act.

(3) If a woman with restricted active legal capacity does not agree to involve her legal representative with good reason in the case provided for in subsection 766 (4) of the Law of Obligations Act or if the decision of the legal representative is in conflict with the interests of the woman, the health care provided shall proceed from the person's own consent upon termination of pregnancy.

(4) A health care professional shall be required to inform a woman with restricted active legal capacity of the importance to involve a legal representative or another adult with active legal capacity whom she trusts.

§ 6. Term of termination of pregnancy

(1) Pregnancy may be terminated if it has lasted less than 12 weeks.

(2) Pregnancy which has lasted for more than 12 and less than 22 weeks may be terminated if:

- 1) the pregnancy endangers the pregnant woman's health;
- 2) the unborn child may have a severe mental or physical damage to health;
- 3) the illness or health problem of a pregnant woman hinders the raising of a child;
- 4) the pregnant woman is below the age of 15;
- 5) the pregnant woman is over the age of 45.

§ 8. Voluntariness of act of termination of pregnancy

Gynaecologists or other health care professionals cannot be required to terminate pregnancy or participate in the process of termination of pregnancy.

§ 11. Deciding on admissibility of termination of pregnancy

(1) A doctor who terminates pregnancy shall decide on the admissibility of termination of pregnancy based on the requirements specified in sections 5 and 6 of this Act.

(2) The admissibility of termination of pregnancy in the cases described in clauses 6 (2) 1), 2) and 3) of this Act shall be ascertained with the decision of at least three doctors – two or more gynaecologists and a medical specialist or specialists resulting from the woman's illness or health problems. If necessary, a social worker shall be

involved in the making of a decision in addition to doctors in the cases specified in clause 6 (2) 3) of this Act. A decision on admissibility of termination of pregnancy shall be in written form and certified by all the persons making the decision with their signatures.

(3) The existence of conditions specified in clauses 6 (2) 4) and 5) of this Act shall be ascertained on the basis of a pregnant woman's passport, birth certificate or other identity document.

Medically assisted reproduction

Artificial Insemination and Embryo Protection Act⁸

§ 4. Voluntary nature of artificial insemination

(1) Only adult women of up to 50 years of age who have active legal capacity are, at their own request, permitted to undergo artificial insemination. No-one shall compel or persuade a woman to undergo artificial insemination.

(2) A woman's consent to artificial insemination shall be recorded pursuant to the procedure provided for in § 16 of this Act.

(3) A woman has the right to refuse to undergo artificial insemination until it is carried out and declare her consent void.

4. Are the following acts criminalized?

(Please specify in the space provided for this purpose "yes" or "no")

(No) transmission of HIV or other venereal diseases by women only

(Yes) female genital mutilation

(No) child marriage

(No) home births with an obstetrician or midwife

(Yes) abortion – *(generally permitted, some exceptions are criminalised - see below)*

If yes, are there any exceptions to these prohibitions and under what circumstances do exceptions apply?

Please give legal references and provisions.

Penal Code⁹

Female genital mutilation

⁸ Artificial Insemination and Embryo Protection Act RT I 1997, 51, 824; RT I, 26.02.2015, 4. Available online: <https://www.riigiteataja.ee/en/eli/505032015001/consolide>.

⁹ Penal Code RT I 2001, 61, 364; RT I, 12.03.2015, 21. Available online: <https://www.riigiteataja.ee/en/eli/519032015003/consolide>.

§ 118. Causing serious health damage

- (1) Causing health damage which results in:
- 1) danger to life;
 - 2) a health disorder which persists for at least four weeks or which results in permanent loss of capacity for work to the extent of at least 40 per cent of total capacity for work;
 - 3) severe mental disorder;
 - 4) miscarriage;
 - 5) permanent mutilating facial injury;
 - 6) loss or cessation of functioning of an organ; or
 - 7) death

is punishable by four to twelve years' imprisonment.

(2) An act provided for in this subsection, if committed by a legal person, is punishable by a pecuniary punishment.

(3) For the criminal offence provided for in this section, the court shall impose extended confiscation of assets or property acquired by the criminal offence pursuant to the provisions of § 83² of this Code.

§ 119. Causing serious health damage through negligence

(1) Causing serious health damage through negligence is punishable by a pecuniary punishment or up to one year of imprisonment.

(2) The same act, if it causes serious damage to the health of two or more people, is punishable by up to three years' imprisonment.

(3) An act provided for in subsection (1) or (2) of this section, if committed by a legal person, is punishable by a pecuniary punishment.

Abortion

§ 125. Termination of pregnancy against will

Termination of a pregnancy against the will of the pregnant woman is punishable by three to twelve years' imprisonment.

§ 126. Unauthorised termination of pregnancy

(1) Termination of a pregnancy at the request of the pregnant woman by a person without the right arising from law to terminate pregnancy is punishable by a pecuniary punishment or up to three years' imprisonment.

(2) The same act, if the pregnancy has lasted for more than twenty-one weeks, is punishable by up to five years' imprisonment.

§ 127. Termination of pregnancy later than permitted by law

Termination of the pregnancy of a woman by a person with the right to terminate pregnancy at the request of the pregnant woman later than permitted by law is punishable by a pecuniary punishment or up to one year of imprisonment.

§ 128. Consent to termination of pregnancy

A woman who consents to termination of her pregnancy by a person without the right arising from law to terminate pregnancy or termination of pregnancy later than permitted by law is punishable by a pecuniary punishment.

And who is criminally responsible? *(Please circle the appropriate answer)*

The woman, the doctor, other persons directly or indirectly related with the pregnancy and/or the abortion.

Please give legal references.

Please see the Penal Code regulation above.

B. Safety

5. Does your country have regulations (in the constitution, legislation or in other legal codes) that guarantee:

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) Special protection against gender based violence

(Yes) Equal access for women to criminal justice

6. Are the following acts criminalized?

(Please specify in the space provided for this purpose "yes" or "no")

(No) adultery

(Yes) prostitution

(If yes, who is criminally responsible – please circle the appropriate answer: the sex worker, **the procurer** and/or the customer)

(No) sexual orientation and gender identity (homosexuality, lesbianism, transgender, etc.)

(No) violations of modesty or indecent assault (e.g. not following dress code)

Please give legal references and provisions.

Penal Code¹⁰

Prostitution

§ 133². Pimping

(1) Organisation of a meeting of a person engaged in prostitution with a client, owning, managing of a brothel, aiding of prostitution or renting of premises for keeping a brothel, or influencing of a person to cause him or her to commence or continue prostitution, if the act does not contain the necessary elements of an offence provided for §§ 133 or 133¹ of this Code, is punishable by a pecuniary punishment or up to five years' imprisonment.

(2) The same act if:

1) committed by a person who has previously committed an offence provided for in this section or §§ 133, 133¹, 133³ or 175;

2) committed for the purpose of large proprietary gain, is punishable by one to five years' imprisonment.

(3) The same act, if committed by a legal person, is punishable by a pecuniary punishment.

(4) For the criminal offence provided for in this section, the court shall impose extended confiscation of assets or property acquired by the criminal offence pursuant to the provisions of § 83² of this Code.

(5) For the purposes of this section, a brothel denotes any premises or limited area where a third party mediates the engagement of two or more people in prostitution or aids engagement of two or more people in prostitution.

§ 133³. Aiding prostitution

(1) Knowing aiding of prostitution if the act does not contain the necessary elements of an offence provided for §§ 133, 133¹ or 133² of this Code, is punishable by a pecuniary punishment or up to three years' imprisonment.

(2) The same act, if committed by a legal person, is punishable by a pecuniary punishment.

§ 133. Trafficking in human beings

(1) Placing a person in a situation where he or she is forced to work under unusual conditions, engage in prostitution, beg, commit a criminal offence or perform other disagreeable duties, or keeping a person in such situation, if such act is performed through deprivation of liberty, violence, deceit, threatening to cause damage, by taking advantage of dependence on another person, helpless or vulnerable situation of the person,

is punishable by one to seven years' imprisonment.

(2) The same act if:

1) committed against two or more persons;

2) committed against a person of less than eighteen years of age;

3) committed against a person in a helpless situation;

4) committed in a torturous or cruel manner;

5) serious health damage is caused thereby;

6) danger to life is caused thereby;

7) committed by a group;

¹⁰ *Ibid.*

- 8) committed by taking advantage of official position,
9) serious consequences are caused thereby;
10) committed by a person who has previously committed a criminal offence provided for in this section or §§ 133¹, 133², 133³ or 175;
is punishable by three to fifteen years' imprisonment.
- (3) An act provided for in subsection (1) or (2) of this section, if committed by a legal person,
is punishable by a pecuniary punishment.
- (4) For the criminal offence provided for in this section, the court shall impose extended confiscation of assets or property acquired by the criminal offence pursuant to the provisions of § 83² of this Code.
- (5) For the purposes of this section, vulnerable situation is a situation where a person lacks an actual or acceptable opportunity not to commit any of the acts specified in subsection (1) of this section.

§ 133¹. Support to human trafficking

- (1) Transportation, delivery, escorting, acceptance, concealment or accommodation without prior authorisation of a person placed in a situation specified in subsection 133 (1) of this Code, or aiding without prior authorisation his or her forced acts in any other way,
is punishable by up to five years' imprisonment.
- (2) The same act if:
- 1) committed against two or more persons;
 - 2) committed against a person of less than eighteen years of age;
 - 3) committed against a person in a helpless situation;
 - 4) committed by taking advantage of official position,
- is punishable by two to ten years' imprisonment.
- (3) An act provided for in subsection (1) or (2) of this section, if committed by a legal person,
is punishable by a pecuniary punishment.
- (4) For the criminal offence provided for in this section, the court shall impose extended confiscation of assets or property acquired by the criminal offence pursuant to the provisions of § 83² of this Code.

§ 175. Human trafficking in order to take advantage of minors

- (1) Influencing of a person of less than eighteen years of age in order to cause him or her to commence or continue commission of a criminal offence, begging, engagement in prostitution or working under unusual conditions or to appear as a model or actor in the manufacture of a pornographic or erotic performance or work, but it does not contain the necessary elements of an offence provided for in § 133 of this Code, and a person aiding in other manner in the activities specified in this section of a person of less than eighteen years of age,
is punishable by two to ten years' imprisonment.
- (11) The same act if committed by a person who has previously committed a criminal offence provided for in this section or §§ 133 to 133³, § 175¹ or §§ 178 to 179,
is punishable by three to ten years' imprisonment.
- (2) The same act, if committed by a legal person,
is punishable by a pecuniary punishment.

(3) For the criminal offence provided for in this section, the court shall impose extended confiscation of assets or property acquired by the criminal offence pursuant to the provisions of § 83² of this Code.

7. Are there any provision in criminal law that treat women and men unequally with regard to:

(Please specify in the space provided for this purpose "yes" or "no")

(No) Procedure for collecting evidence

(No) Sentencing for the same offence, especially capital punishment, stoning, lashing, imprisonment, etc.

(No) So called "honor crimes" (are they tolerated in order for the perpetrator to avoid prosecution or to be less severely punished if the woman is killed?)

II. Diagnosing and counteracting possible sex discrimination in practice in the area of health and safety

A. Health

8. Are there legal obligations to provide health education in school?

Yes (X) No ()

If yes, does it cover: *(Please specify in the space provided for this purpose "yes" or "no")*

(Yes) prevention of sexually transmitted diseases

(Yes) prevention of unwanted pregnancies

(Yes) promotion of a healthy lifestyle, including prevention of dietary disorders of teenage girls, including anorexia and bulimia

(Yes, but not explicitly regarding sexual aggression) psychological/psychiatric training on self-control of aggression, including sexual aggression

Please indicate any relevant legal regulation or programs regarding to the above mentions.

General provisions of national curriculum for basic schools¹¹

¹¹ Regulation of the Government of the Republic 'National curriculum for basic schools' RT I, 14.01.2011, 1; RT I, 29.08.2014, 20. Available online: https://www.hm.ee/sites/default/files/est_basic_school_nat_cur_2014_general_part_0.pdf.

§ 4. Competences

(1) In the sense of the national curriculum, competence is the aggregate relevant knowledge, skills and attitudes that ensure the ability to operate creatively, in an enterprising way and flexibly in a particular area of activity or field. Competence can be categorized as general competences or subject field competences.

(2) The national curriculum differentiates between general competences, subject field competences and competences expected in stages of study. The development of competences is described in the school's curriculum.

(3) General competences are cross subject field and subject competences that are important in the development of a person into a human and citizen. General competences are developed through all subjects as well as in extracurricular and out-of school activities. The development of general competences is monitored and directed by teachers in mutual cooperation as well as in cooperation between school and home.

(3) The general competences developed in pupils are:

3) self-management competence – the ability to understand and evaluate oneself, one's weaknesses and strengths; to analyse one's behaviour in different situations; to behave safely and adhere to healthful lifestyles; to solve communication problems.

(4) Subject with similar objectives and content make up a subject field. The primary objective of teaching the subjects in a subject field is to shape the corresponding subject field competences, which are supported by the objectives and learning outcomes of subjects. The development of subject field competences is also supported by integration with the subjects in other subject fields and extracurricular and out-of-school activities. The descriptions of subject field competences have been presented in the subject field syllabuses.

(5) The competences expected in stages of study describe in summary the development of a pupil through age-appropriate general competences and subject field competences and acquired learning outcomes.

(6) Subject syllabuses present the expected learning outcomes that support the development of the learning and teaching outcomes and the development of subject field competences according to subskills or learning topics. Descriptive feedback shall be given to the pupil about the achievement of values.

General provisions of national curriculum for upper secondary schools¹²

§ 4. Competences

¹² Regulation of the Government of the Republic 'National curriculum for upper secondary schools' RT I, 14.01.2011, 2; RT I, 29.08.2014, 21. Available online;; https://www.hm.ee/sites/default/files/est_upper_secondary_nat_cur_2014_general_part_0.pdf.

(1) In the sense of the national curriculum, competence is the aggregate relevant knowledge, skills and attitudes that ensure the ability to operate creatively, in an enterprising way and flexibly in a particular area of activity or field and is important in developing as a person and a citizen. Competence can be categorized as general competences or subject field competences.

(2) General competences are subject field and subject specific competences. General competences are shaped through learning outcomes expected in all subjects, but also through discussing cross curricular subjects at lessons, extracurricular and out-of school activities. The development of general competences is monitored and directed by teachers in mutual cooperation as well as in cooperation between school, home and the community. The development of competences is described in the school's curriculum.

(3) The general competences developed in students are:

3) self-management competence – the ability to understand and evaluate one's weaknesses and strengths in an adequate manner, to consider ones abilities and options; to analyse one's behaviour in different situations; to behave safely and adhere to healthful lifestyles; to solve problems related to one's mental and physical health; to behave in an independent manner in human relationships; to acquire information about the options for continuing one's education and finding work, to plan one's career;

(5) The main objective of teaching the subjects in a subject field is to develop the corresponding subject field competence. The learning outcomes set in the subject syllabuses, integration with subjects in other subject fields and extracurricular and out-of-school activities support the development of subject field competences and the achievement of learning and educational outcomes of upper secondary school. Descriptive feedback is given to the student about achieving value attitudes in the way specified by the school.

9. Are there any statistical data disaggregated by age and/or sex (collected over the last 5 years) regarding :

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) malnutrition

(Yes) maternal mortality

(Yes) maternal morbidity, including obstetric fistula

(Yes) adolescent childbearing

(No) health consequences of physical, psychological, sexual and economical gender-based violence

(Yes) incidence of HIV/AIDS and sexually transmitted diseases

(Yes) drug abuse

(Yes) alcohol addiction

(Yes) legal abortions

(Yes) death resulting from legal abortions

(No) illegal abortions

(No) death resulting from illegal abortions

(Yes) use of contraceptives, including mechanical and hormonal (including emergency contraceptives)

(Yes) sterilization on request

If "yes", please provide for data and sources.

Please find the statistical data of Estonian Medical Birth Registry (EMBR) and Estonian Abortion Registry (EAR) at the homepage of the National Institute for Health Development¹³.

Additional statistics can be found in the Health Statistics and Health Research Database¹⁴.

10. Are there any statistical data and/or estimations regarding the number of reported and/or unreported cases and convictions for:

(Please specify in the space provided for this purpose "yes" or "no")

(No) female genital mutilation

(No) illegal voluntary abortion

(No) forced abortions

(No) forced sterilizations

(No) malpractices in cosmetic medicine

(No) obstetric violence

¹³ Available online: <http://www.tai.ee/en/r-and-d/registers/estonian-medical-birth-registry-and-estonian-abortion-registry/statistics>.

¹⁴ Available online: <http://pxweb.tai.ee/esf/pxweb2008/dialog/statfile1.asp>.

If “yes”, please give references and the outcomes of such research polls.

Please see the report of the EU Fundamental Rights Agency’s EU-wide violence against women survey¹⁶, especially Chapter 8.

Also, the Ministry of Justice organizes Victim Surveys annually.¹⁷

14. Are there any measures and programs undertaken in order to increase women’s safety e.g. in public urban spaces, in public transportation, etc.?

Yes (X) No ()

If “yes”, please give references.

Estonia has a comprehensive **Development Strategy for Reducing Violence** (2015–2020), which foresees concrete activities to reduce and prevent violence in its various forms, including domestic violence, sexual violence, violence against minors, and trafficking in human beings (including prostitution). The development strategy foresees a number of actions, including raising individuals’ awareness of their rights, regular mapping of the nature and scope of violence, development of services for victims, and training specialists working with both victims and abusers. The development strategy brings together national network of officials and experts both from governmental and non-governmental sector, enabling coordinated approach to violence prevention. The development strategy does not specifically target the issues of women’s public safety.

In 2014-2015, a domestic violence awareness-raising campaign ‘Open Eyes’ took place.¹⁸ Also, the measure of Restraining Order is available to victims.

15. Are there any statistics on crimes amounting to violence against women in public spaces and/or domestic violence?

Yes (X) No ()

If “yes”, please give references.

Statistics on domestic violence is available in the publication Crime in Estonia.¹⁹

¹⁶ European Union Agency for Fundamental Rights. Violence against women: an EU-wide survey. 2014. Available online: http://fra.europa.eu/sites/default/files/fra-2014-vaw-survey-main-results-apr14_en.pdf

¹⁷ Further information on the surveys is available here: <http://www.kriminaalpoliitika.ee/et/uuringud-ja-analuusid/ohvriuurid>.

¹⁸ The campaign web site: <http://www.kriminaalpoliitika.ee/perevagivald/noortele>.

¹⁹ Ministry of Justice. *Kuritegevus Eestis*, 2014, pp 38-41. Available online: <http://www.kriminaalpoliitika.ee/et/statistika-ja-uuringud/kuritegevus-eestis>.

16. Is the sex of the victim reflected in the police, prosecutors and courts records?

Yes () No (X)

If "yes", please give references.

C. Health and Safety

17. Are there any data and/or results of research on the detrimental influence of the feeling of insecurity and unsafety on women's mental health?

Yes (X) No ()

If "yes", please give references.

Research results regarding the consequences of physical and sexual violence are available in Chapter 3 (pp 55-70) of the EU-wide study on violence against women carried out by the European Union Fundamental Rights Agency in 2014.²⁰ The fear of victimisation and its impact is also explained in Chapter 8 (pp 139-150).

18. Are there specific health and safety protective measures for women , and/or with special provisions for mothers with young children, in "closed" institutions including in:

(Please specify in the space provided for this purpose "yes" or "no")

(Yes) prisons (e.g. measures similar to the Bangkok Rules),

(Yes) police detention cells,

(No) psychiatric hospitals,

(Yes) pre-deportation centers,

(N/A) camps for displaced women and families (if relevant),

(No) nunneries

(No) women's shelters

If "yes", please provide any information about the protective measures established.

Provisions regarding women in prison and in police detention cells

²⁰ *Supra* note 18.

Imprisonment Act²¹

§ 12. Requirement of segregation

(1) The following shall be segregated in prisons:

- 1) men and women;
- 2) minors and adults;
- 3) imprisoned persons and persons in custody;
- 4) persons who due to their previous professional activities are in risk of revenge.

§ 54. Special conditions for women prisoners

(1) Prisons shall provide separate premises fitted out for women prisoners who are pregnant and organise care for children. A mother and her child of up three years of age (inclusive) shall be allowed to live together at the request of the mother if the guardianship authority grants consent.

(2) The prison service shall ensure that the ties of a mother with her child over three years of age are sustained unless this disturbs the normal raising of the child or has a negative influence on the child.

§ 71. Use of special equipment and service weapons in prisons

(4) It is prohibited to use firearms against women and minors, except in the case where a woman or minor escapes, uses firearms to initiate resistance against a prison service officer or attacks a prison service officer or other people.

Provisions regarding women in pre-deportation centres

Obligation to Leave and Prohibition on Entry Act²²

§ 26⁵. Accommodation of persons to be expelled

(1) An expulsion centre has a residential building with rooms for the accommodation of persons to be expelled.

(2) Male and female persons to be expelled shall be accommodated in separate rooms.

(3) If possible, family members shall be accommodated together.

(4) A minor shall be accommodated separately from adult persons to be expelled except if this is evidently in conflict with the interests of the minor.

(5) According to an order of the head of an expulsion centre for reasons of security and in order to ensure compliance with the internal rules of the expulsion centre, a person to be expelled may be accommodated separately from the persons to be expelled specified in subsections (2)-(4) of this section.

(6) Rooms for the accommodation of persons to be expelled shall be in conformity with the requirements of construction technology, health and hygiene. The rooms of persons to be expelled shall have windows to ensure suitable lighting of the rooms.

§ 26¹⁷. Use of firearms and special equipment

²¹ Imprisonment Act RT I 2000, 58, 376; RT I, 23.03.2015, 141. Available online: <https://www.riigiteataja.ee/en/eli/516062015005/consolide>.

²² Obligation to Leave and Prohibition on Entry Act RT I 1998, 98, 1575; RT I, 29.06.2012, 48. Available online: <https://www.riigiteataja.ee/en/eli/527052014006/consolide>.

(2) It is prohibited to use firearms against women and minors, except in the case where a woman or minor uses firearms to initiate resistance or attacks a migration official of the expulsion centre or other people.

19. Are there specific training programs for medical and legal professionals on the issue of gender-based discrimination in the area of health and safety?

Yes (X – medical professionals) No ()

The curricula of the Faculty of Law of the University of Tartu include a new subject for academic year 2015/2016 on domestic violence in today's legal sphere.

Do they cover: *(Please specify in the space provided for this purpose "yes" or "no")* –

Remark: Answers below concern medical professionals

(No) the issues connected with specific women's needs in area of health

(Yes) specific women's vulnerability to be victims of gender-based violence or specific crimes, covering e.g. the issues of:

(Yes) the nature of gender-based violence,

(Yes) its occurrences and symptoms

(Yes) methods of detection

(No) medical protocols

(Yes) influence of gender based violence, in particular of sexual violence on the future behaviors of victims (post-traumatic stress symptoms etc.)

Estonian Association of Sexual Health has project-based training programs for different health professionals (emergency department physicians, midwives, family doctors etc.) to recognise intimate violence, to diagnose it and to give primary psychological support to overcome the trauma.

The Estonian Sexual Health Association is currently involved in a project 'Reorganization of web-based sexual health counselling service and developing the quality framework of web-based services in the field of mental- and sexual and reproductive health'²³ with the aim to ensure the access to good quality sexual health internet-counselling service for young people (14-24 years) living in Estonia, to ensure the good quality sexual health information and counselling web environments (amor.ee and estl.ee) and to develop the quality framework of web-based counselling

²³ Further information is available on web site: https://www.amor.ee/Project_in_english.

services in the field of mental- and sexual and reproductive health in cooperation with public sector and specialists in the field.

From 27.05.2014–30.04.2016 the Estonian Sexual Health Association is organizing a project on creating and empowering a cooperation network for helping sexual violence victims. The aim of the project is to reduce the impact and prevalence of sexual violence and human trafficking related sexual violence, to raise awareness among the public, to create services for victims through increased awareness and cooperation of specialists in various fields in Estonia.²⁴

III. Could you please indicate any legislative reform, policy or practice, that you consider “good practice” regarding health and safety for women in your country?

Protection measures such as restraining orders can be imposed, and from 01.01.2015 it is also possible to use restraining order with electronic monitoring.

The provision of public financial support to women’s shelters for women victims of violence and their children that provide information, support and assistance during times of emergency, help dealing with state agencies (such as the police, social services departments, etc.), legal and psychological counselling, temporary accommodation, etc. There are thirteen such shelters currently operating in Estonia.²⁵

The elaboration of development plans to reduce and prevent violence in its various forms. In Estonia, a new Development Strategy for Reducing Violence 2015-2020²⁶ was approved on 27 February 2015, as a continuation of the 2010-2014 strategy on the same issues. The strategy focuses on violence related to minors, domestic violence and human trafficking and covers all fields, including prevention, protection of victims, prosecution, and rehabilitation. The strategy is accompanied by an implementation plan for 2015-2018.²⁷

The implementation plan contains specific actions and targets for 2020 towards four main goals:

- 1) The improvement of the general public’s awareness of violence, ability to avoid violence and to be able to interfere with the perpetuation of violence. Specific actions to be taken to achieve this goal include the organisation of domestic violence awareness-raising campaigns among the general public in order to develop condemning attitudes towards violence; preventing violence by addressing risk behaviours in children and young people; the training of medical

²⁴ Further information about the project is available on the web site:

<https://www.estl.ee/projektid/t%C3%B6%C3%B6s-olevad-projektid/6/?m=459>.

²⁵ Estonian Women’s Shelters Union web site: <http://www.naisteliin.ee/index.php?keel=2>.

²⁶ *Supra* note 17.

²⁷ Implementation plan 2015-2018. Available online: <http://www.kriminaalpoliitika.ee/et/rakendusplaan-aastateks-2015-2018>.

professionals, teachers, specialists working with children with special needs, specialists working with victims of human trafficking, specialists working with older people to notice the signs of and react to violence; and the implementation of international recommendations on reduction and prevention of violence.

- 2) The improvement of protection and support based on the needs of the victims of violence. Specific actions to be taken to achieve this goal include the further development of support system and legal protection of victims of violence.
- 3) The improvement in violence related legal proceedings to make them more victim-friendly. Specific actions to be taken to achieve this goal include supporting the solution of occurrences of violent behaviour within the community; the training of law enforcement workers and advocates to avoid secondary victimisation; more effective investigation of cases involving violence; and better monitoring of the activities of employers and employment agencies.
- 4) The improvement of the treatment of perpetrators of violence to make it more effective and reduce their recidivism. Specific actions to be taken to achieve the fourth goal include more effective treatment of the perpetrators of violence within the community, in prison and during probation. This includes therapy and the implementation of targeted domestic violence reduction programmes.

If yes, please indicate on which criteria your definition of “good practices” is based.

Estonia adheres to the European Commission’s Code of Good Administrative Behaviour.²⁸ The criteria specified in the document are lawfulness, non-discrimination, proportionality of measures to the aim pursued, and consistency in administrative behaviour.

²⁸ European Commission. Code of Good Administrative Behaviour. Available online: http://ec.europa.eu/transparency/code/index_en.htm.