



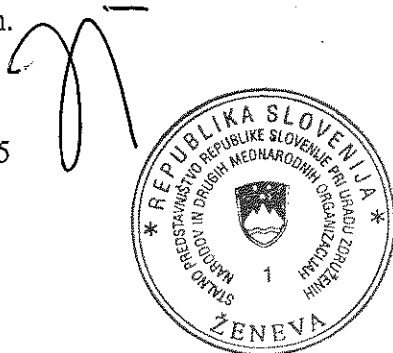
PERMANENT MISSION OF THE RÉPUBLIC OF SLOVENIA

No. MGE-162/2015

The Permanent Mission of the Republic of Slovenia to the United Nations Office and Other International Organisations in Geneva presents its compliments to the Office of the United Nations High Commissioner for Human Rights and has, with reference to the questionnaire on discrimination against women with regard to the right to health and safety, developed by the Working Group on discrimination against women in law and in practice, the honour to enclose herewith Slovenian responses.

The Permanent Mission of the Republic of Slovenia to the United Nations Office and other International Organisations in Geneva avails itself of this opportunity to renew to the Office of the United Nations High Commissioner for Human Rights the assurances of its highest consideration.

Geneva, 13 August 2015



Office of the United Nations High Commissioner for Human Rights

GENEVA

Primary reproductive health teams operate in the framework of public health-care institutions (community health centres, hospitals) or as private practitioners that are part of the public health network on the basis of concessions. In 2014, there were 140 primary reproductive health teams which are on average responsible for 4,815 women aged 13 and older.

The reproductive health programme includes:

- Family planning, contraception, counselling and prescription
- STI prevention and treatment
- National cervical cancer screening programme (since 2003)
- Preventive medical examinations in pregnancy (10 preventive antenatal visits and 2 US examinations) and one preventive examination after delivery or abortion
- Health promotion and education (antenatal classes)
- Home care nurse visits

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.

- Health Care and Health Insurance Act
- Health Measures in Exercising Freedom of Choice in Childbearing Act
- Infertility Treatment and Procedures of Biomedically-Assisted Procreation Act

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:

(NO) 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);

(NO) Early abortion (in first trimester of pregnancy) at the pregnant woman's request

(NO) Medically assisted reproduction (e.g., in vitro fertilization)

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

- Health Measures in Exercising Freedom of Choice in Childbearing Act
- Infertility Treatment and Procedures of Biomedically-Assisted Procreation Act

4. Are the following acts criminalized?

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

(See explanation below) transmission of HIV or other venereal diseases by women only

(See explanation below) female genital mutilation

(YES) child marriage

(See explanation below) home births with an obstetrician or midwife

(NO) abortion

The above acts are criminalized in the Slovenian legislation; however, they appear under different names to the ones above.

Spreading of contagious diseases is criminalized in Article 177 of the Criminal Code (hereinafter referred to as KZ-1) and does not discriminate between the sexes. FGM is not a criminal offence in its own right; instead, it is criminalized as part of the following criminal offences: Enslavement under Article 112 of KZ-1, Trafficking in Human Beings under Article 113 of KZ-1, Aggravated Bodily Harm under Article 123 of KZ-1, Grievous Bodily Harm under Article 124 of the KZ-1, Violation of Right to Equality under Article 131 of KZ-1, Sexual Violence under Article 171 of KZ-1, to name a few of them. Marrying a child younger than 15 is not allowed, which is stipulated in the Marriage and Family Relations Act. Giving birth outside of regular hospital care is conditionally criminalized, especially when there are complications during pregnancy, which require a birth facilitated by an obstetrician in the sterile environment of a maternity hospital. Here the following criminal offences are possible: Failure to Render Medical Aid under Article 178 of KZ-1, Negligent Medical and Alternative Medical Treatment under Art. 179 of KZ-1, Quackery under Article 180 of KZ-1, Negligent Homicide under Art. 118 of KZ-1, Illegal Abortion under Article 121 of KZ-1, Aggravated Bodily Harm under Art. 123 of KZ-1, Grievous Bodily Harm under Art. 124 of KZ-1. Abortion as such is legal, what is not is coerced termination of pregnancy or a termination of pregnancy that represent a danger to the woman. This is defined in Article 121 of KZ-1 on

illegal abortion. If there are serious consequences (death, physical injuries, disability) the aforementioned criminal offences in connection with birth also apply.

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

Please give legal references and provisions.

Please see above.

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 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

In the Slovenian constitution there are a number of provisions protecting human rights and fundamental freedoms in this context. These are: Article 14 – Equality before the Law, Article 22 – Equal Protection of Rights, Article 23 – Right to Judicial Protection, Article 24 – Public Nature of Court Proceedings, Article 25 – Right to Legal Remedies, Article 26 – Right to Compensation, Article 27 – Presumption of Innocence, Article 28 – Principle of Legality in Criminal Law, Article 29 – Legal Guarantees in Criminal Proceedings, Article 30 – Right to Rehabilitation and Compensation, Article 31 – Prohibition of Double Jeopardy, Article 34 – Right to Persona Dignity and Safety, Article 35 – Protection of the Rights to Privacy and Personality Rights, Article 38 – Protection of Personal Data, Article 39 – Freedom of Expression. Children, therefore also girls, are additionally protected by Article 56 of the Constitution, which focuses on rights of children. The legislation that governs equal access to criminal justice is as follows: Criminal Procedure Act, Criminal Code, Liability of Legal Persons for Criminal Offences Act, Cooperation in Criminal Matters with the Member States of the European Union Act.

6. Are the following acts criminalized?

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

(NO) adultery

(NO) prostitution

While prostitution in Slovenia is not criminalized, certain types of its exploitation may be. This is defined particularly in Article 175 of KZ-1, as seen below.

Exploitation through Prostitution

Article 175

(1) Whoever participates for exploitative purposes in the prostitution of another or instructs, obtains or encourages another to engage in prostitution with force, threats or deception shall be given a prison sentence of between three months and five years.

(2) If an offence from the preceding paragraph is committed against a minor, against more than one person or as part of a criminal organisation, the perpetrator shall be given a prison sentence of between one and ten years.

*(3) If an offence from the first or second paragraph of the present Article is committed against several persons or by a criminal organisation, the perpetrator shall be given a prison sentence of between one and twelve years. (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.

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) psychological/psychiatric training on self-control of aggression, including sexual aggression

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

- Rules on Carrying out Preventive Health Care at the Primary Level
- Health Measures in Exercising Freedom of Choice in Childbearing Act

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")

(NO) malnutrition

(YES) maternal mortality

(YES) maternal morbidity, including obstetric fistula

(YES) adolescent childbearing

(YES) 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.

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")

() female genital mutilation

() illegal voluntary abortion

() forced abortions

() forced sterilizations

() malpractices in cosmetic medicine

() obstetric violence

If "yes", please give further references.

11. Is the gender perspective included in national health-related policies:

Yes (X) No ()

In particular: *(Please specify in the space provided for this purpose "yes" or "no")*

(YES) in planning the distribution of resources for health care

(YES) in medical research on general diseases, with proper and necessary adaptations to the different biological make-up of women and men

(YES) in geriatric service provision

(NO - children between 0-3 years are not institutionalized) in state custodial decisions to institutionalize children between 0-3 years old

Explanation: *The need for a gender-based approach to public health is connected with the necessity to identify ways in which health risks, experiences, and outcomes are different for women and men and to act accordingly in all health related policies.*

B. Safety

12. Are there any national policies regarding women's safety in public spaces?

Yes () No ()

If "yes", please give references.

13. Have there been any public opinion research polls on the fear of crime among women and men (over the last 5 years)?

Yes (YES) No ()

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

In early 2013 there was a public opinion survey on views and assessments on the part of the inhabitants of the RS Police. On the question that was related to feeling threatened people in the place of residence, 65% of respondents answered that they feel safe or very safe.

The analysis showed that there were no statistically significant differences between the answers of men and women, which means that women in the RS feel as safe as men.

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 () No ()

If "yes", please give references.

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

Yes (YES) No ()

If "yes", please give references.

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

Yes () No ()

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 () No ()

If "yes", please give references.

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")

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

(YES) police detention cells

() psychiatric hospitals,

() pre-deportation centers,

() camps for displaced women and families (if relevant),

() nunneries

() women's shelters

Please see above the Q19.

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

Association For Nonviolent Communication, a non governmental, non profit and humanitarian organization, which has been working for over 15 years in the field of violence prevention.

Programes for people experiencing violence:

- Helpline for information and counselling in the field of violence
- Information and counseling support through electronic and regular mail
- Individual help for victims of violence
- Social advocacy for individuals that have experienced or are experiencing violence
- Accompaniment to institutions for victims of violence
- Safe House for women and children, victims of violence
- Individual help for children and young people who have experienced violence

Programmes for perpetrators of violence:

- Social Skills Training for male perpetrators
- Individual counselling for perpetrators
- I have a choice – guided help group for young male who behave violently