

Women sometimes pay more than **400 €** for an abortion



On the accessibility of abortions in Slovakia

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As a divorced mother of two children who I love above all else, and with a mortgage in the capital city, I could not afford having another child on my own. We would have fallen into poverty. We would have lost our flat.

A Freedom of Choice survey
respondent, 2021

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I tried to induce a miscarriage... hot baths, alcohol consumption and other internet nonsense.

A Freedom of Choice survey
respondent, 2021

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I was 16 and I did not have a gynaecologist. I could not have my parents learn of this. I underwent abortion in secret and in "my own way" (...)

A Freedom of Choice survey
respondent, 2021

The right to health requires that women have timely access to safe, affordable and high-quality abortion services. **Any limitations of the access to abortion care:**



PUT WOMEN'S HEALTH AND
LIVES AT RISK



REINFORCE INEQUALITY,
DISCRIMINATION AND POVERTY
OF WOMEN



VIOLATE A WHOLE RANGE OF
WOMEN'S HUMAN RIGHTS

Limiting access to abortion may result in delayed in abortion care or to abortions being performed in dangerous conditions, using unsafe methods.

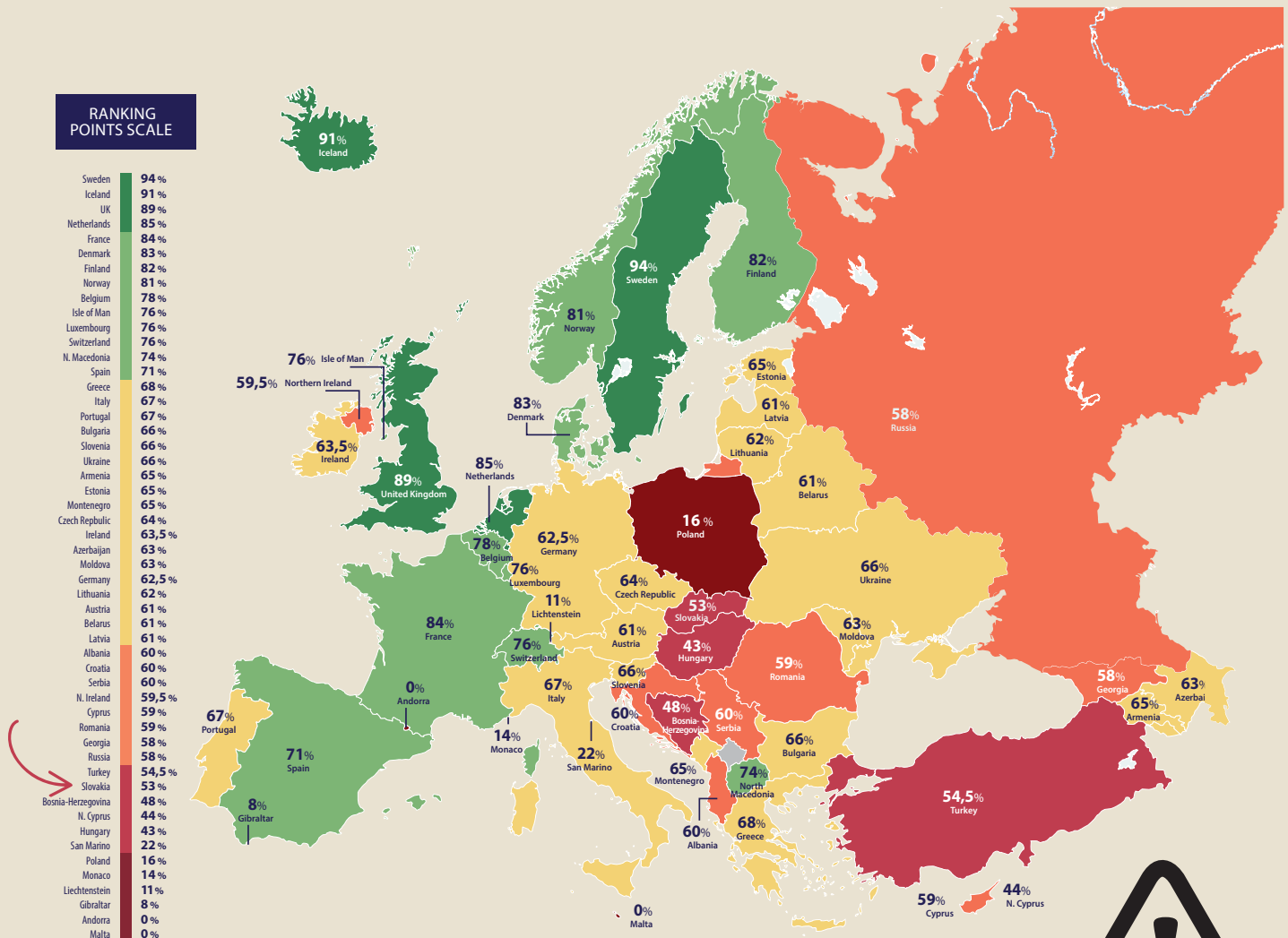
Slovakia has declared its commitment to the protection of reproductive rights in its Constitution and laws, as well as by ratifying international conventions. It has also demonstrated its willingness to implement them in practice by voluntarily becoming a member of the United Nations, the Council of Europe and the European Union. Besides human rights authorities, reproductive rights are also protected by medical authorities such as the World Health Organisation which has summarised the human rights and health standards in the Abortion Care Guideline (WHO, 2022).



HOW DOES SLOVAKIA PROTECT WOMEN'S RIGHT TO HEALTH?

Abortion policies ranking scale:

Slovakia ranks among the worst countries in Europe



Source: *European Abortion Policies Atlas 2021*. Available at: <https://www.ippfen.org/resource/european-abortion-policies-atlas>

According to the European Abortion Policies Atlas, Slovakia is ranked as the 43rd in providing abortion care. In total, the ranking evaluates policies in 52 countries.



A Freedom of Choice survey has confirmed that women in Slovakia face multiple barriers when accessing safe abortions. These obstacles include a lack of information, mandatory waiting periods, limited availability of services near their homes, high costs, the inability to access medical abortion, and reproductive health services being denied based on religious convictions (the so-called conscientious objection).

This forces women to seek reproductive health care abroad, take up debts or endanger themselves by attempting to induce spontaneous miscarriages. These obstacles make women feel helpless and desperate.

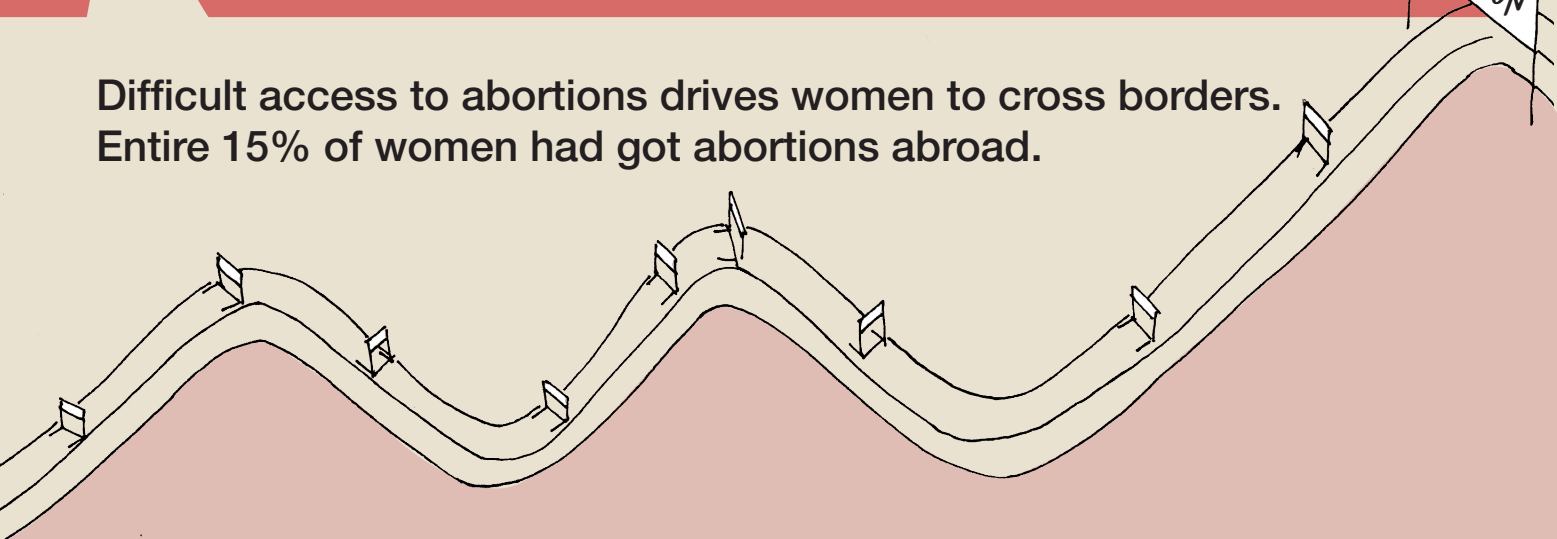
Women's voices

I was already thinking of jumping out of a window. I was thinking about dying or about hurting myself in such a way that I would lose the child and survive, so that I would be able to take care of the child I already have. Because actually I would like to look after the child that I already have. Really, I was having thoughts of killing myself, just to not have that child.

Timea, 33



Difficult access to abortions drives women to cross borders. Entire 15% of women had got abortions abroad.



WHAT KIND OF OBSTACLES DO WOMEN HAVE TO OVERCOME?

ACCESSIBILITY OF INFORMATION

Entire 67% of women who had an abortion reported a lack of information: especially, information about facilities that provide abortions, about the abortion methods used and the associated costs.

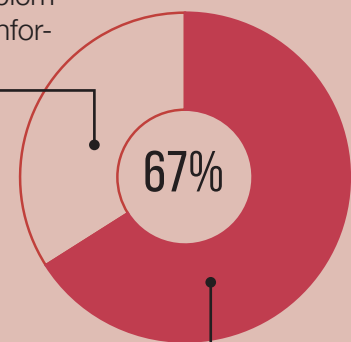


It is a taboo. No hospital website shows information on abortions. Only the private ones do, but even there some information is missing.

While planning to get an abortion, did you have a problem accessing some information? (in percentage terms)

I did not have a problem getting any kind of information

I lacked some types of information



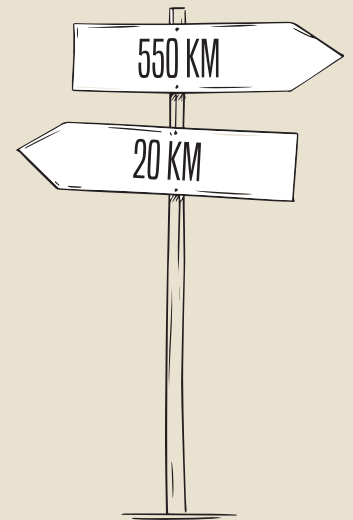
RECOMMENDATIONS

Make information accessible by creating a publicly available register of healthcare facilities that provide abortions and other types of reproductive health care. Including providing respectful and science-based support for women who decide to use these services.

ACCESSIBILITY OF SERVICES

Up to 38% of women experienced obstacles and barriers accessing abortion:

They had to travel between 20 and 550 kilometres, because abortions were not being provided in the area where they lived. Some were denied abortions or abortion-related medical examinations or they had to contact healthcare facilities repeatedly, because they had not been able to reach them. Some have experienced even more barriers.



DENIAL OF REPRODUCTIVE HEALTH CARE SERVICES BASED ON RELIGIOUS CONVICTIONS (“CONSCIENTIOUS OBJECTION”)

One in four women (25%) has encountered the so-called conscientious objection to abortion by providers of reproductive health care services. They were denied information, preoperative examinations or abortions or were refused to fill-in application forms. Some women encountered entire healthcare facilities unwilling to perform abortions. Women then had to seek the service abroad, find a different gynaecologist or a different facility that would provide abortions. They experienced stress, humiliation, fear and emotional distress.

“

The chief physician was very unpleasant and firmly opposed my decision. I had an abortion on medical grounds. He did not consider it to be a sufficient reason. It was extremely uncomfortable.

“

The gynaecologist was very reserved. It does not surprise me that young girls take their lives or end up in psychiatric wards. The gynaecologist did not provide me with any information at all. She only gave me accusatory and hateful looks.

1 IN 4
WOMEN



has encountered the so-called conscientious objection



RECOMMENDATIONS

Ensure that facilities that provide abortions at a woman’s own request are available in all regions. Their geographical distribution must be adequate.

In case that individual health care workers refuse to provide the service, measures must be adopted to ensure that the healthcare facility will be required to have a doctor who provides the service.

MEDICAL ABORTION (THE ABORTION PILL)

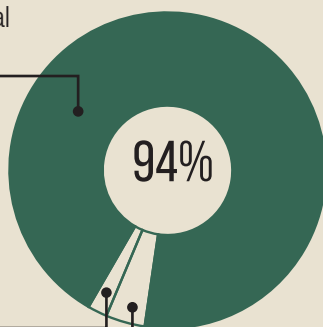
Up to 94% of women in our research on the accessibility of contraception would welcome being allowed the choice between medical and surgical abortions.

“In Slovakia, only surgical abortions are currently available. The medical termination of pregnancy using a pill is not possible. What do you think of it?” (The results are in percentage terms.)

Women should be given a choice between medical and surgical abortion (94%)

In my opinion, it is OK that medical abortion is not allowed in Slovakia (2%)

I cannot assess this (4%)



“

At the same time, the pill should be available, just as it is available in Austria and in other normal democratic countries. Anything else is unacceptable to me.
Darina

3 OF 4
WOMEN



who have had an abortion would prefer medical abortion.



RECOMMENDATIONS

Make the most up-to-date abortion methods available, including medical abortion.

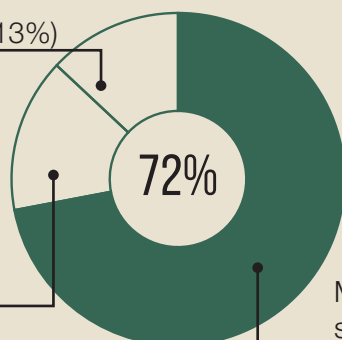
MANDATORY WAITING PERIODS AND OTHER DELAYS IN THE ACCESS TO ABORTIONS

The mandatory waiting period before abortion has affected 65% of women. They mostly considered it to be an useless delay, as they had already made up their minds firmly. Some women were stressed by the waiting, because they wished for the surgery to be over as soon as possible. Other women were pressed for time approaching the 12-week statutory time limit for abortions at a woman's request and some had extra expenses, because they had to travel repeatedly.

After a mandatory counselling by the doctor and after the report is submitted, women have to wait for at least 48 hours to have the procedure. What do you think of this? (The results are in percentage terms.)

I cannot assess this (13%)

The mandatory waiting period of 48 hours should be retained (15%)



Mandatory waiting periods should be abolished (72%)

72% of women who have had abortions wish for the mandatory waiting periods to be abolished.



I was not aware of the waiting period. They just gave me an appointment two days later. I wanted to get it over with. It was awfully difficult. I had the feeling of just wasting time, because I had already made a firm decision.

It is very hard, that waiting period. Then they called me and postponed it by one more day. At that moment, I nearly broke down, to wait for one more day, for God's sake – how could I manage that? I almost fainted at that moment.

Jarmila, abortion at the age of 24, Slovakia



RECOMMENDATIONS

Abolish the mandatory waiting periods before abortion.

FINANCIAL (IN)ACCESSIBILITY OF ABORTION CARE

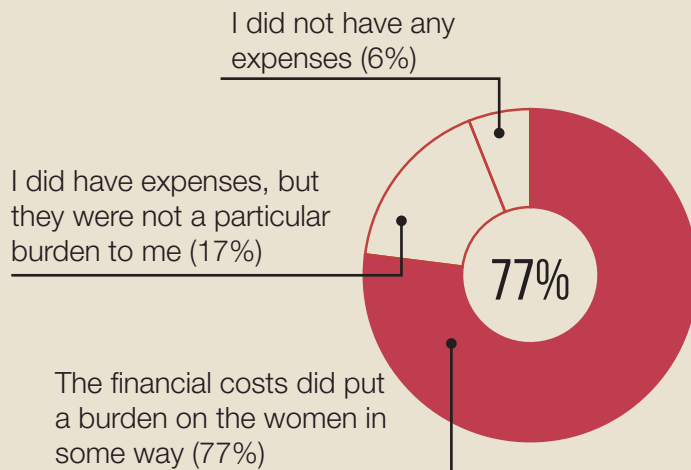
Abortion financially burdens 77% of women.

27% of women had to use their savings,

26% of women could not afford the medical procedure and someone close to them (their partner, family or a friend) had to pay for it,

12% of women ended up with debt and 10% of women had to cut other family expenses.

How did the abortion expenses burden you?
(The responses are in percentage terms.)



A clinic told me it would cost 500–600€. So I quickly reconsidered it and found a different clinic. In the end, I paid around 300€. But my boyfriend gave me the money. Otherwise I would not have been able to do it.

Jarmila, abortion at the age of 24, Slovakia

An overwhelming majority of women (85%) believe that abortion should be partially or fully covered by health insurance.

95% of women agree to this in case the pregnancy is a result of rape.



RECOMMENDATIONS

Ensure free access to both surgical and medical abortions and to medical examinations related to abortion.

SERVICE QUALITY AND RESPECT

Nearly half of women (49%) who had abortion have experienced a negative attitude in the healthcare facility. Women faced unpleasant remarks about themselves, health care workers tried to talk them out of having an abortion or they were forced to see an ultrasound of the fetus or to listen to the fetus' heartbeat. Some gynaecologists refused to provide women with further care following abortions.

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Before the procedure, they gave me an ultrasound. The doctor asked me to look at the screen to see how the baby's heart was beating and such things. I was totally taken aback by that, because she was trying to make me feel guilty. She also made remarks - like, you are already a mother, why, aren't you sorry for the little child. She wanted to talk me out of it, she expected I would break and decide not to have an abortion.

Iveta, abortion at the age of 38

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The doctor started asking me if I cheated on my husband, if I had this child with a lover or whether my husband was addicted to alcohol or abusive, and so on. I thought to myself: I am extremely vulnerable at this moment and this is what you are going to tell me? I left the place in tears and completely upset.

Silvia, in the end, she had an abortion in Austria

LIMITED ACCESS TO CONTRACEPTION LEADS TO A HIGHER NUMBER OF ABORTIONS

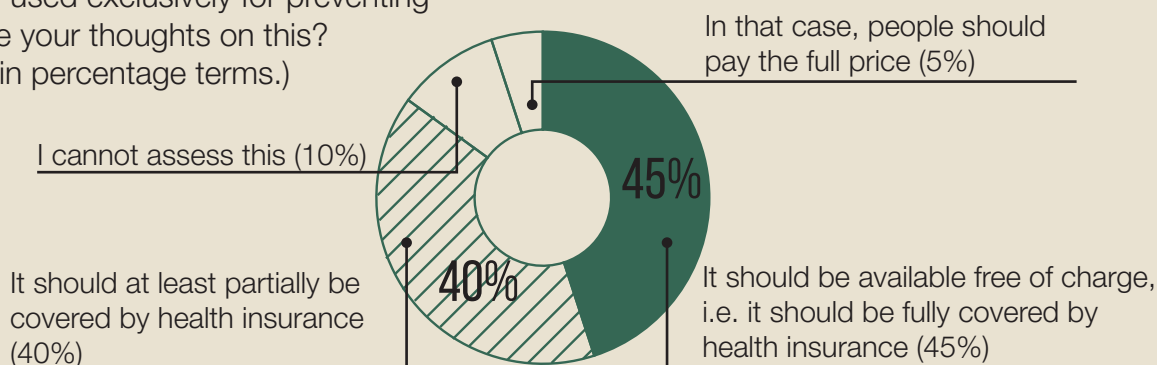
53% of women have faced obstacles when using contraception. In some cases, close relatives or friends tried to talk them out of it. Some women had to choose a cheaper form of contraception due to a lack of money and others were not able to afford any kind of contraception at all.

22% of women encountered the so-called conscientious objection in relation to access to contraception. Sometimes pharmacists refused to hand them out contraception or to provide information on it. Other women were denied information and prescriptions for contraception at gynaecological surgeries.

Women who had to stop or limit using contraception due to a lack of financial means, tend to have more experience with abortion than other women. This suggests that the inaccessibility of contraception leads to unintended pregnancies and abortions serve as a replacement for contraception.

Most women (85%) support the idea that health insurance companies should participate in covering the financial costs of contraception - including in cases without medical indications.

In Slovakia, individuals must bear the full cost of contraception when used exclusively for preventing pregnancy. What are your thoughts on this? (The responses are in percentage terms.)





I asked my gynaecologist for contraception to treat problems caused by myomas. He refused to prescribe it, telling me to think of pregnancy, because I was already 37 years old and had no children.

I was 18 and I had told my doctor that I had been going out with a boy for around a year. I expected to have sex in summer, so I wanted pills. She told me not to "whore around".



RECOMMENDATIONS

Ensure access to free contraception of one's own choice, including sterilisation and vasectomy.

Make sure that quality standards are met when providing unbiased, science-based, factual and accurate information about contraception, different contraceptive methods, their use and more.

BASIC INFORMATION ABOUT THE RESEARCH

The research on women's experiences with access to abortion and contraception consisted of three parts. In the first part, we conducted in-depth interviews with 15 women who had abortion. In the second part, we conducted an anonymous online questionnaire survey about the experiences with access to abortion. We received replies from 173 women from Slovakia who had had abortions after 2009.

In the third survey using an online questionnaire, we asked 621 women about their experiences with accessing contraception and selected reproductive health care services.

Source: Jójárt P., Mesochoritsová A., Filadelfiová J., Faragulová Z., Holubová B.: Women's Experiences with Accessing Abortion and Contraception in Slovakia - Hurdles on the way to respectful and safe reproductive health care services. Freedom of Choice 2021. Available at: <http://moznostvolby.sk/skusenosti-zien-s-pristupom-k-interrupciam-a-antikoncepcii-na-slovensku/>

Freedom of Choice (Možnosť voľby, 2001) has since its beginning systematically devoted itself to the improvement of reproductive rights and health in Slovakia. Freedom of Choice belongs to the most active organisations in the field of human rights and gender equality. Besides reproductive health, it also deals with the prevention of gender-based violence and with the application of gender perspectives in public policies. The organisation's members comment on legislative materials, monitor the current situation, conduct research and propose improvements. They are active in participatory bodies (e.g. The Slovak Council for Human Rights, National Minorities and Gender Equality). They collaborate with human rights organisations, public institutions or the media and raise awareness about these issues. For a long time, they have been offering experiential gender training sessions for various target groups, including politicians. It is their dream and goal that Slovakia becomes a just and caring country where everyone can live a dignified life.

You can also support our work by a financial donation. We greatly appreciate all your support.

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