



Committee on the Elimination of Discrimination Against Women's 61st session
Periodic review of Croatia
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Joint submission by the Center for Reproductive Rights, Centar za edukaciju, savjetovanje i istraživanje (Center for Education, Counselling and Research - CESI) and Roditelji u akciji (Parents in Action - RODA)

1. Introduction

The Center for Reproductive Rights (the Center), Centar za edukaciju, savjetovanje i istraživanje (Center for Education, Counselling and Research - CESI) and Roditelji u akciji (Parents in Action - RODA) present this submission to the Committee on the Elimination of Discrimination Against Women (the Committee) for its consideration in the context of its examination of Croatia's fourth and fifth periodic on its compliance with its obligations under the Convention on the Elimination of All forms of Discrimination Against Women (the Convention).

This submission highlights concerns regarding Croatia's compliance with its obligations under Articles 2, 3, 5, 11, 12, and 16 of the Convention as a result of policies and practices regarding: i) women's access to safe and legal abortion services; ii) access to modern contraceptives; iii) access to quality maternal health care services and abuses of women's rights during childbirth; iv) provision of comprehensive sexuality education; v) access to assisted reproductive technologies; and vi) discrimination against pregnant women in the field of employment. Each of these issues is further discussed in the following sections. In several sections we note that a growing number of church affiliated civil society organizations continue to oppose established protections of women's sexual and reproductive rights in Croatia. In this regard we recall that in its 1998 concluding observations the Committee expressed, "concern that there is evidence that church-related organizations adversely influence the Government's policies concerning women and thereby impede full implementation of the Convention."¹

2. Access to abortion services

Abortion in Croatia is regulated by the Act on Health Care Measures for Exercising the Right to a Free Decision on Giving Birth. According to its Article 15(2), a woman may legally terminate a pregnancy up to the 10th week of pregnancy. After that period a commission, which is generally composed of medical experts, may approve a woman's written request for an abortion if the pregnancy is a result of a crime, in case it is necessary to prevent damage to the health of the woman or to save her life, or if the fetus has serious congenital impairments.² Under the Act, an adolescent girl under the age of 16 requires the consent of her parent or legal guardian to obtain an abortion.³ However, in practice gynecologists request parental consent for girls under 18.

Although abortion is legal on broad grounds, for many women it is not accessible in practice. Increasingly, women face difficulties identifying a provider willing to perform legal abortion services due to extensive conscience-based refusals of care by health professionals. Abortion services are also unaffordable for many women since abortion is not covered by the Health Insurance Fund. In the last ten years, the price of the procedure has increased by 36 percent and now varies between 115 and 530 euros. In five hospitals the price of obtaining an abortion exceeds the net monthly minimum wage in Croatia.

Conscience-based refusals of abortion services

Women's access to legal sexual and reproductive health services in Croatia is hampered by widespread conscience-based refusals by doctors and other health care professionals. This practice is increasing and particularly affects women's access to legal abortion services, but also access to contraception and assisted reproductive treatment.⁴

Conscience-based refusals of abortion care are regulated by the Law on Medical Practice.⁵ Under the law a doctor may refuse to provide diagnostic, treatment and rehabilitation services to a patient based on personal ethical, religious or moral beliefs as long as the refusal of care does not conflict with the rules of the medical profession and does not cause permanent damage to the patient's health or life. A doctor is required to promptly inform a patient of their refusal and to make a referral to another appropriate medical professional.⁶

However, in practice, for the following reasons, the regulation and oversight of conscience-based refusals of care fails to ensure that women can access legal reproductive health services in a timely manner:

- **Contradictory refusals by doctors:** According to research carried out by the Gender Equality Ombudsperson in 2014, more than half of gynecologists in Croatia do not provide legal abortion services due to claims of personal conscience.⁷ Some reports suggest that the proportion of health care providers refusing to perform legal abortions may be as high as 70 percent.⁸ However in fact a range of doctors that have refused, on grounds of conscience, to provide legal abortion services as part of their public employment, nevertheless offer this service privately after hours for a fee and in contravention of the law.⁹
- **Institutional refusals of care:** In Croatia legislation only allows refusals of care by individual doctors. It does not permit institutional refusals of care. However, six out of approximately 30 hospitals in Croatia now refuse to provide legal abortion services for reasons of institutional policy. Institutional refusals of care are the result of lack of sanctions for not implementing the law and lack of monitoring mechanisms. Furthermore, the Ordinance on the Accreditation Standards for Hospital Health Care Institutions appears to envisage that health care institutions may refuse to provide certain services, even though legislation only permits individual conscience-based refusals of care.¹⁰
- **Oversight and monitoring deficits:** Official statistics on the prevalence of conscience-based refusals of care do not exist. The Croatian National Institute of Public Health (CNIPH) does not collect such data. The absence of adequate monitoring undermines the state's ability to devise effective measures to address the serious obstacles to reproductive health services that women face as a result of conscience-based refusals.¹¹

Difficulties in accessing legal abortion services as a result of conscience-based refusals of care mean that many women in Croatia still seek clandestine abortion services, which may pose serious risks to their health. The situation also has particularly detrimental effects on women from economically deprived rural areas, poor women, and socially disadvantaged women for whom the cost of travel to a hospital offering abortion services, which will often be located in a different county, may be prohibitive.

These failures undermine Croatia's compliance with its obligations under the Convention to enable women's access to reproductive health services they need as women. As this Committee and other international and regional human rights bodies have affirmed, states must ensure that health care professionals' refusals to provide care on grounds of conscience do not impede women's access to reproductive health services.¹² The European Court of Human Rights has found that states have a duty to organize health services in such a way as to ensure that such refusals do not prevent women from obtaining reproductive health services to which they are legally entitled.¹³

Recommendations

- Amend legal provisions regulating conscience-based refusals of health care to ensure that the practice does not continue to impede women's access to reproductive health care services, including by introducing provisions that would: i) guarantee that women are promptly referred to alternative and easily accessible health care providers; ii) explicitly prohibit institutions from adopting institutional refusal policies or practices; and iii) establish a registry of health care providers who are refusing to perform reproductive health care services for reasons of personal conscience.
- Establish monitoring systems and mechanisms to comprehensively assess the extent of conscience-based refusals of care and the impact on women's access to legal reproductive health services.

3. Access to modern contraceptives

There is no reliable and updated data available on the use of modern contraception in Croatia.¹⁴ However, in 2012 the estimated use of modern contraceptive methods by women of fertile age (15–49 years of age) was very low at 8 percent.¹⁵ Research from 2010 among women aged 18–35 found that 35 percent of respondents did not use contraceptives at all, 30 percent used condoms, 16 percent hormonal pills and 12 percent withdrawal methods.¹⁶ Appropriate and effective policy responses to ensure women's access to modern contraceptives are hampered by the lack of systematic and regular data collection on the use of contraception and on the unmet need for modern contraceptives.

The relatively limited use of modern contraceptives in Croatia results from a range of barriers faced by women in access to contraception and evidence-based information about contraception. These include: i) a widespread lack of knowledge and misperceptions about modern contraceptive methods;¹⁷ ii) the relatively high cost of contraceptives and general lack of subsidization, which regularly makes them unaffordable, in particular for adolescent girls, young women and women from socially disadvantaged groups; and iii) the limited availability of different types of contraceptives, including as a result of the limited registration of oral contraceptives by the Agency for Medicinal Products and Medical Devices.¹⁸

Access to emergency contraception

Emergency contraception only became available in Croatia in mid-2010 and two brands have now been approved for sale. Up until recently these were available on prescription only. However, in early 2015, the European Commission approved one of these products for sale over the counter without prescription within the European Union, and as a result Croatia recently authorized the sale of this brand over the counter. However, in order to purchase the pill in a pharmacy women must fill out a questionnaire, disclosing their medical insurance number, information about their sexual activities and other private information to the pharmacist. If pharmacists consider that some of the answers are unsatisfactory they can refuse to sell the pill. Pharmacists must also report the purchase of the pill to the woman's gynecologist. Adolescent girls under the age of 18 will not be able to buy the pill without the presence of a parent or legal guardian.¹⁹

Croatia's Gender Equality Ombudsperson has criticized these requirements for "directly discriminating against women of childbearing age, contrary to the Council Directive 2004/113/EC and the Act on Gender Equality."²⁰

The Committee and other treaty bodies have previously called on states parties to make emergency contraception available without prescription, including to adolescent girls who should not be required to bear high costs of emergency contraception.²¹

Recommendations

- Expand women's access in practice to modern contraceptive methods and take measures to ensure the cost of modern contraceptives is covered by the public health insurance, at a minimum for young women and low-income women.
- Ensure access to emergency contraception for women and adolescent girls, including by eliminating prescription requirements.

4. Access to quality maternal health care and abuses of women's rights during childbirth

Since 2010 Croatia has moved towards centralizing birth and postpartum care in 30 maternity hospitals throughout the country. Small out of hospital (ambulatory) units have been closed.²² Although there is no official data on the number of women of reproductive age who live more than 50 km away from a maternity hospital,²³ on the basis of 2011 census data it is estimated that 361,100 women of fertile age, representing 52 percent of women in Croatia (out of 698,675 in total), live outside of cities with maternity hospitals.²⁴

The lack of available data and research impedes assessment of the impact and effectiveness of this process of centralization. However, there are regular media reports of births taking place at roadsides and in military hospitals. Not least as women living on the Croatian islands need to be transported to mainland hospitals to give birth. These reports are indicative of the challenges many rural women face in accessing maternal health care in Croatia.²⁵

The majority of births in Croatia (99 percent) take place in hospitals and are most often attended by doctors with midwives assisting. Croatian legislation does not recognize the possibility for midwives to work independently outside of hospital settings and as a result does not enable women to choose where to give birth.

Discrimination and abusive treatment of women during facility-based childbirth

Since 2001, RODA has monitored the treatment of pregnant women in hospitals, including through interviews and surveys. Women's stories reflect serious concerns about the treatment of pregnant women during childbirth in hospitals and indicate that there may be serious deficits in ensuring women give their full and informed consent to medical interventions during childbirth and contain reports of frequent disrespectful and abusive, and even violent, treatment of women by medical professionals.

RODA's 2015 Survey on Experiences in Maternity Services found that large numbers of women report being subjected to procedures that may not always be supported by medical evidence and may be harmful to women's physical and mental health.²⁶ These included the Kristeller Maneuver (fundal pressure), extensive use of episiotomy, and routine use of enemas often accompanied by forced shaving of pubic hair.

The Kristeller Maneuver involves applying heavy pressure on a pregnant woman's abdomen supposedly with the purpose of speeding up the delivery.²⁷ There is no evidence of the procedure's

usefulness²⁸ and emerging evidence indicates that it can cause mediolateral episiotomies, dyspareunia and perineal pain, and at times has been reported as resulting in broken ribs.²⁹ RODA's 2015 Survey found that 54 percent of women report being subjected to the Kristeller Maneuver.³⁰ The use of the Maneuver was not recorded in patient medical records in nine out of 30 maternity hospitals.³¹

Prior to 2008, episiotomy was performed during nearly 70 percent of childbirths and while the official rates are declining they remain very high, at 49 percent in 2010.³² However, RODA's 2015 survey revealed that episiotomy rates may be severely underreported (the Croatian Institute for Public Health reports a rate of 30 percent, while women's reports to RODA indicate a rate of 56 percent).³³ There is no medical evidence that the liberal or routine use of episiotomy is beneficial, but there is clear evidence that it may cause harm to women's health.³⁴ Finally, 78 percent of women surveyed reported having been given an enema, the performance of which during childbirth is not supported by scientific research.³⁵

RODA's survey also raises concern as to whether medical professionals are sometimes failing to adhere to the principle of full and informed consent when treating pregnant women. Many women reported that they were asked to sign informed consent forms upon arriving at maternity hospitals without being provided with information about what they were signing and what procedures the forms covered. They reported that medical interventions were sometimes carried out contrary to their wishes. RODA's survey found that in 68 percent of cases women believed they were not provided with sufficient information to meet informed consent requirements, calling into question compliance with the Patients' Rights Act.³⁶

Pregnant women also reported facing forms of persuasion, manipulation and coercion from health professionals and a lack of respect for their birth preferences and wishes. For example, RODA's 2015 survey found that 62 percent of women did not participate in decisions about how they would give birth and 40 percent of women did not have privacy during birth. RODA's survey found that 70 percent of women were not allowed to move around during labor and birth, and 76 percent of women were made to lie down for the duration of their labor and birth.

The experiences described above raise serious concern's regarding respect for women's human rights during childbirth in Croatia. Often women may suffer physical and mental trauma and harm as a result of such practices and their autonomy and decision-making capacity is heavily undermined.

The Committee has previously addressed interferences with women's reproductive health choices in hospitals and failures to obtain women's free, prior and informed consent.³⁷ It has recommended that in respect of pregnancy and childbirth states should: "avoid unnecessary medical interventions; ensure that all interventions are performed only with the woman's free, prior and informed consent; monitor the quality of care in maternity hospitals; provide mandatory training for all health professionals on patients' rights and related ethical standards; continue raising patients' awareness of their rights, including by disseminating information; and consider taking steps to make midwife-assisted childbirth outside hospitals a safe and affordable option for women."³⁸ More generally, the Committee has emphasized that states have an obligation to ensure that health services are, "delivered in a way that ensures that a woman gives her fully informed consent, respects her dignity, guarantees her confidentiality and is sensitive to her needs and perspectives."³⁹ The WHO considers that, "[a]buse, neglect or disrespect during childbirth can amount to violation of a woman's fundamental human rights,"⁴⁰ and that such treatment includes "outright physical abuse, profound humiliation and verbal abuse, coercive or unconsented medical procedures,... lack of confidentiality, failure to get fully informed consent."⁴¹

Recommendations

- Monitor the quality of care in maternity hospitals and begin implementing the ten steps of “Mother-Friendly Hospital Initiative”⁴² developed by the International Federation of Gynecology and Obstetrics and others, first at pilot-sites, and then nationally, with emphasis on ensuring compliance with the informed consent principle.
- Ensure that all interventions during pregnancy and childbirth are performed only with a woman’s free, prior and informed consent.
- Take effective measures to end health care professionals’ reliance on unnecessary medical procedures during pregnancy and childbirth and to ensure that outdated and harmful procedures are no longer used but are replaced by evidence-based care.
- Provide out of hospital and ambulatory antenatal and birth services in hard-to-reach areas.
- Provide mandatory training for all health professionals on women’s rights in pregnancy and childbirth and continue raising women’s awareness of their rights.

5. Comprehensive sexuality education

In 2009, the European Committee of Social Rights (ECSR) found that Croatia had violated its obligation to protect the right to health free from discrimination as a result of its failure to provide comprehensive and inclusive sexual and reproductive health education in its schools.⁴³ The ECSR found that elements of the educational material used in Croatian schools was “manifestly biased, discriminatory and demeaning.”⁴⁴ It noted that statements found in the curriculum “...stigmatize homosexuals and are based upon negative, distorted, reprehensible and degrading stereotypes.”⁴⁵ The ECSR concluded that Croatia must provide sexuality education to young people on a scientific and non-discriminatory basis without censoring, withholding or intentionally misrepresenting information.⁴⁶

Following the ECSR decision sexuality education was introduced in Croatian schools in 2012 as part of the new Health Education program, but was suspended following a May 2013 Constitutional Court ruling on a complaint against the curriculum filed by faith-based civil society organizations, one minor right-wing political party and individual citizens.⁴⁷ The Constitutional Court did not assess the contents of the curriculum, but instead found that the Ministry of Science, Education and Sport had failed to comply with the procedural requirements when adopting the program.⁴⁸

These procedural shortcomings have since been addressed and sexual and reproductive health and rights are now taught as part of the curriculum for Health Education in elementary and secondary schools.⁴⁹ However, only two school hours per year have been allocated to the module on sexual and gender equality and responsible sexual behavior. Furthermore, the module has not been implemented in some schools due to teachers’ refusals to teach students about responsible sexual behavior, the use of contraceptives, and gender equality. An evaluation of the program by the National Center for the Evaluation of Education was conducted in school year 2012/2013 and 2013/2014, but the findings have not been released to the public. Following a right to information request, CESI obtained the evaluation report. It identifies several obstacles to the effectiveness of the program, including a lack of training of teachers and poor quality of teaching materials.⁵⁰

Church-affiliated civil society organizations⁵¹ continue to challenge the delivery of comprehensive sexuality education arguing that it promotes “homosexual propaganda,” that “gender ideology” is contrary to science and that it destroys the sexual identity of adolescents.⁵²

This Committee has previously expressed concern about the persistence of sex stereotyping in educational curricula and called for intensified efforts to eliminate them.⁵³ The Committee and other treaty bodies have also repeatedly called on states to make comprehensive sexuality education available within school curricula.⁵⁴

Recommendation

- Take effective measures to ensure implementation of comprehensive and dedicated sexual and reproductive health education as a core element of the national curriculum that meets international standards and provides young people with the information necessary to make informed choices about their sexual and reproductive health without perpetuating outdated and discriminatory stereotypes, including by training and educating teachers on sexuality education; ensuring the curricula is objective evidence-based, non-discriminatory and non-judgmental; and making the program compulsory and mandatory in all schools.

6. Access to assisted reproductive technologies

Although a new Law on Medically Assisted Reproduction entered into force in July 2012 bringing some improvements in women's ability to access assisted reproduction technology (ART), shortcomings in the legislation persist and it fails to ensure non-discriminatory access to ART.⁵⁵

For example, the new law provides that women who are not married or in a common law relationship are entitled to assisted reproduction only if they can prove that they are infertile, which can be difficult in practice. Furthermore, the law provides that ART are only available to heterosexual women and couples and women living in same-sex registered partnerships are explicitly excluded.⁵⁶ The cost of ART remains very high and only a certain number of treatments will be reimbursed by health insurance coverage. Assisted reproductive treatments are the only medical treatments in Croatia where the consent form is not signed in hospitals but must be authorized by a public notary adding to the financial impact on patients.⁵⁷

Recommendation

- Provide access for all women to assisted reproductive technologies regardless of their marital and family status, sexual orientation, age or other status.

7. Employment discrimination against women on the grounds of pregnancy or motherhood

Croatia's Labor Act prohibits employers from asking questions about a woman's plans to become pregnant and from denying employment, terminating employment contracts or reassigning women because of pregnancy.⁵⁸ However, a 2012 study by the Ombudswoman for Gender Equality found that in practice 32 percent of women did not have their employment contracts extended due to pregnancy or other parental obligations,⁵⁹ and that 55 percent of women had been asked about their plans to have children at job interviews.⁶⁰ Furthermore, 40 percent of women reported that they felt they had been overlooked for promotions at work as a result of being mothers.⁶¹ In the same study, 32 percent of women reported that at some point in their career or job search, they experienced discrimination due to their parental obligations towards toddlers or older children.⁶²

Maternity benefits depend on a woman's employment status and women in part time employment are disadvantaged. If a pregnant woman's part time work contract expires while she is on sick leave (up to six weeks before her estimated due date), maternity leave (from six weeks before her due date to when the child is six months old) or parental leave (from when the child is six months to 12 months of age), her employment status changes and she will no longer qualify for full benefits as an employed person for the next form of benefit but will instead will be treated as an unemployed person and will accordingly receive lower maternity or parental benefits despite having worked before her maternity leave.

The Ombudswoman for Gender Equality has warned that women's participation in the workplace is undermined by the lack of adequate daycare for preschool and school aged children.⁶³ Costs, which vary considerably by region and parents' income, are another significant barrier.⁶⁴

¹ Committee on the Elimination of Discrimination against Women (CEDAW Committee), *Concluding Observations: Croatia*, para. 108, U.N. Doc. A/53/38 (1998).

² Act on Health Care Measures for Exercising the Right to a Free Decision on Giving Birth, Act No. 1252-1978 of 21 April 1978, art. 22.

³ *Id.* art. 18.

⁴ Law on Medically Assisted Reproduction, NN 86/12, art 44, available at <http://www.zakon.hr/z/248/Zakon-o-medicinski-pomognutoj-oplodnji>. Under the law anyone involved in any part of assisted reproduction (medical personnel, administrative staff, cleaners, etc.) may refuse to carry out their functions based on claims of conscience. The objection can be based on “ethical, religious and moral beliefs or convictions” and individual in question can subsequently refuse any participation in assisted reproduction. See also Code of ethics and deontology in pharmacy, art. 12, para. 3, Croatian Chamber of Pharmacists, available at <http://www.hljik.hr/Okomori/Općiaktivomore/Kodeks/tabid/234/Default.aspx>. Under this code pharmacists may refuse to sell medications for stimulation of ovarian function.

⁵ Law on Medical Practice, Official Gazette 121/03, 117/08.

⁶ *Id.* art. 20. The Nursing Act similarly allows nurses to refuse to provide care based on their personal conscience, see OG121/03, 117/08, 57/11, art. 3.

⁷ Abortion is legal upon request if the pregnancy does not exceed ten weeks from the date of conception. After that period abortion is allowed only if approved by a designated Commission of First Instance. See Official Gazette 614/78.

⁸ CESI, GREY AREA: ABORTION ISSUE IN CROATIA, 11 (2014), available at http://www.cesi.hr/attach/_p/prijelom_pitanje_abortusa_eng.pdf.

⁹ Luka Špac, *Slučaj Ordinacija: Trojici ginekologa zatvorske kazne i zabrane bavljenja liječništvom!*, JUTARNJI, Nov. 11, 2011, <http://www.jutarnji.hr/slucuj-ordinacija--davor-fara--oskar-kirchbaum-i-zoran-pitner-dobili-zatvorske-kazne-i-zabrane-bavljenja-lijecnistvom-/986508/>.

¹⁰ Pravilnik o akreditacijskim standardima za bolničke zdravstvene ustanove, available at http://narodne-novine.nn.hr/clanci/sluzbeni/2011_03_31_704.html.

¹¹ CESI, Gray area – Abortion issue in Croatia (2014), available at http://www.cesi.hr/attach/_p/prijelom_pitanje_abortusa_eng.pdf.

¹² CEDAW Committee, *General Recommendation No. 24: Article 12 of the Convention (women and health)*, (20th Sess., 1999), in *Compilation of General Comments and General Recommendations Adopted by Human Rights Treaty Bodies*, U.N. Doc. HRI/GEN/1/Rev.9 (Vol. II) (2008) [hereinafter CEDAW Committee, *Gen. Recommendation No. 24*]; CEDAW Committee, *Concluding Observations: Poland*, para. 25, U.N. Doc. CEDAW/C/POL/CO/6 (2007); *Slovakia*, para. 29, U.N. Doc. CEDAW/C/SVK/CO/4 (2008); *Hungary*, paras. 30- 31, U.N. Doc. CEDAW/C/HUN/CO/7-8 (2013); *Peru*, para. 36, U.N. Doc. CEDAW/C/PER/CO/7-8 (2014); *R.R. v. Poland*, No. 27617/04 Eur. Ct. H.R. (2011); *P & S v. Poland*, No. 57375/08 Eur. Ct. H.R. (2013); Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, *Interim report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*, para. 65m, UN Doc. No. a/66/254 (2011); *IPPF v. Italy*, Decision on the Merits, Eur. Committee on Social Rights, paras. 165-169 (Mar. 10, 2014) paras. 165-169; Committee on Economic, Social and Cultural Rights (ESCR Committee), *Concluding Observations: Poland*, para. 28, U.N.Doc. E/C.12/POL/CO/5 (2009); see also INTERNATIONAL FEDERATION OF GYNECOLOGY & OBSTETRICS: ETHICAL GUIDELINES ON CONSCIENTIOUS OBJECTION (2005), available at <http://www.figo.org/sites/default/files/uploads/wg-publications/ethics/English%20Ethical%20Issues%20in%20Obstetrics%20and%20Gynecology.pdf>.

¹³ *R.R. v. Poland*, No. 27617/04 Eur. Ct. H.R. (2011), para. 206.

¹⁴ CROATIAN NATIONAL INSTITUTE OF PUBLIC HEALTH, CROATIAN HEALTH SERVICE YEARBOOK 2013, available at http://hzjz.hr/wp-content/uploads/2014/04/ljetopis_2013_.pdf.

¹⁵ See Sve manje Hrvatica koristi hormonske kontraceptive, available at http://www.cybermed.hr/vijesti/sve_manje_hrvatica_koristi_hormonske_kontraceptive; Znete li koji su najpopularniji oblici kontracepcije u Hrvatskoj?, available at <http://www.tportal.hr/lifestyle/sexfiles/227043/Znete-li-koji-su-najpopularniji-oblici-kontracepcije-u-Hrvatskoj.html>.

¹⁶ See Prosječna Hrvatica je imala 3,5 partnera do 35. godine, available at <http://www.ordinacija.hr/zdravlje/seksualno-zdravlje/prosjecna-hrvatica-je-imala-35-partnera-do-35-godine/>.

¹⁷ Pavlovc, R., Hajdinjak Trstenjak, V., Babic, I., Bencic, M., Srcek, I., *Trends in Family Planning and Contraception Carried out in Primary Health Care in Croatia: 1995–2012: Study Based on Routinely Collected Data*. COLL. ANTROPOL. 38: 2 (2014).

¹⁸ Contraceptives are not subsidized unless they are prescribed for other medical purposes than to prevent pregnancy. See Priručnik za liječnike obiteljske medicine skraćena verzija, available at http://www.zzrom.org/userfiles/projekti/ordinacije_otvorenih_vrata/Kontracepcija-priru%C4%8Dnik-sa%C5%BEetak.pdf; Croatian Health Insurance Fund, *Published List of Drugs*, available at <http://www.hzzo.hr/zdravstveni-sustav-rh/trazilica-za-lijekove-s-vazecih-lista/>.

- ¹⁹ Smjernice za izdavanje ellaOne tablete 30 mg (ulipristalacetat) u ljekarnama, *available at* <http://www.hljk.hr/Portals/0/Danijela%20Web/ELLAONE/Novo/SOP-izdavanje%20ellaOne%2029.04.2015..pdf>.
- ²⁰ See Gender Equality Ombudsperson, STAJALIŠTE PRAVOBRANITELJICE VEZANO ZA DOSTUPNOST KONTRACEPTIVNOM SREDSTVU ELLAONE (2015), *available at* <http://www.prs.hr/index.php/priopcenja-prs/1577-stajaliste-pravobraniteljice-vezano-za-dostupnost-kontraceptivnom-sredstvu-ellaone>.
- ²¹ CEDAW Committee, *Concluding Observations: Hungary*, para. 31(b), U.N. Doc CEDAW/C/HUN/CO/7-8 (2013); *Peru*, paras. 35-36, U.N.Doc. CEDAW/C/PER/CO/7-8 (2014); CRC, *Concluding Observations: Costa Rica*, para. 64(e), CRC/C/CRI/CO/4 (2011).
- ²² Comment by the Croatian Chamber of Midwives Regarding the Closure of Ambulatory Birthing Units (2010) (last visited Jun. 11, 2015) *available at* <http://www.komora-primalja.hr/sluzbeni-dopisi/279-priopcenje-hrvatske-komore-primalja-vezano-za-zatvaranje-manjih-rodilista>.
- ²³ RODA contacted the Croatian Institute for Public Health and the Croatian Institute for Health Insurance (that refunds travel expenses for all healthcare users who travel more than 50 km to obtain care), and neither body collects statistics on the number of women who travelled more than 50 km to receive health care during birth.
- ²⁴ Calculated using data from the 2011 census, *available at* http://www.dzs.hr/Hrv/censuses/census2011/results/htm/h01_01_13/h01_01_13_RH.html.
- ²⁵ See for example, U helikopteru HRZ i PZO još jedna Korčulanka rodila bebu, *available at* <http://www.morh.hr/hr/vijesti-najave-i-priopcenja/priopcenja/11279-u-helikopteru-hrz-i-pzo-jo%C5%A1-jedna-kor%C4%8Dulanka-rodila-bebu.html>; Korčulanka rodila u helikopteru HV-a iznad bračkog kanala, *available at* <http://bljesak.info/rubrika/vijesti/clanak/korculanka-rodila-u-helikopteru-hva-iznad-brackog-kanala/4371>; Uranila na ovaj svijet: Rodila na cesti u Zadru!, *available at* <http://www.vijesti.rtl.hr/novosti/1287995/uranila-na-ovaj-svijet-rodila-na-cesti-u-zadru/>; 24 SATA TV, Žena rađala curicu dok ju je suprug vozio kroz Učku, *available at* <http://www.24sata.hr/dobre-vijesti/zena-raala-curicu-dok-ju-je-suprug-vozio-kroz-ucku-155284>.
- ²⁶ RODA, *Survey on Maternity Practices in Croatia* (2015), *available at* <http://roda.hr/article/read/roda-survey-on-maternity-practices-in-croatia-march-2015>.
- ²⁷ Habek, Bobić, Hrgović, *Possible Feto-Maternal Risk of Kristeller Expression*, JOURNAL OF CENTRAL EUROPEAN MEDICINE 3:2 (2008).
- ²⁸ WORLD HEALTH ORGANIZATION (WHO), CARE IN NORMAL BIRTH: A PRACTICAL GUIDE, 25-26 (1996), *available at* http://whqlibdoc.who.int/hq/1996/WHO_FRH_MSM_96.24.pdf?ua=1.
- ²⁹ *Id.* See also Sartore A1, De Seta F, Maso G, Ricci G, Alberico S, Borelli M, Guaschino S, *The effects of uterine fundal pressure (Kristeller maneuver) on pelvic floor function after vaginal delivery*, ARCH GYNECOL OBSTET Nov;286(5) (2012).
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