

SLOVAKIA: SAFEGUARDING THE FUTURE – LEGAL AND POLICY SOLUTIONS TO DEMOGRAPHIC TRENDS



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Abstract

Europe is experiencing a complex set of demographic challenges characterised by declining birth rates, an ageing population, and evolving family structures. These demographic trends have the potential to impact various facets of society, including labour markets, social welfare systems, and intergenerational relationships. To address these challenges, European nations have devised legal solutions, primarily through family policy and family law instruments, aimed at supporting families, parents, and children. Some of these nations have developed strong legal tools in response to this demographic change, while others are struggling. These demographic challenges necessitate comprehensive legal responses that incorporate family policy and family law instruments. By promoting family well-being, supporting parents, and safeguarding the rights of children, these legal mechanisms contribute to addressing the complex demographic issues confronting Europe. Policy-makers must continue to adapt and refine these legal solutions to ensure the sustainability of European societies in the face of demographic change. This country report provides insight into the demographic challenges and their solutions specific to Slovakia.

Keywords: protection of families, marriage, matrimony, family law, demographic challenges, family policy

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1. Introduction

According to the European Values Study, 95.3% of Slovaks think that a child needs a home where both parents are present in order to be happy, which is well above the European average.¹ Family is highly valued in and important to Slovak society.

Broadly speaking, family is considered important for society itself and the life and destiny of humanity. Consequently, scientific and non-scientific disciplines are interested in the concept, essence, and content of the family, and how it has changed in the twenty-first century. The law is no exception. However, each field of study devotes a different space to the family and provides a different perspective. Dictionaries provide a number of general definitions of ‘family’, which is typically defined as ‘a group consisting of two parents and their children living together as a whole’, ‘a group of persons connected by blood or marriage’, or ‘all descendants of the same ancestor’. From a sociological perspective, family is a group of persons connected by marriage, blood, or adoption, who form one household and interact with one another; families usually comprise spouses, parents, children, and siblings. Psychology understands the family as a social group connected by marriage or blood, responsibility, and mutual assistance. Of course, as the family is subject to regulation and the legal order, it is also of considerable interest to legal science. However, legal theory does not define the family, it only describes it through rights and responsibilities. In respect to the Slovak Republic, it is important to note the absence of a legal definition of the family, despite the fact that this term is used in a number of legal regulations of both private and public law, and Act No 36/2005 Coll. on the Family (hereinafter, the Family Act). The Family Act provides closest approximation to a definition insofar as it states that ‘family founded by marriage is the basic cell of society. Society comprehensively protects all forms of the family’. Of course, this cannot be considered a definition of the family, just as it cannot be stated from the first sentence in the context of the second sentence that the family arises only by marriage. In fact, there is no definition of the family, legal or otherwise, anywhere in the Slovak legal order.

Among the various definitions of the family, the most comprehensive and popular describes the family as the basic unit of society, which helps its members create their own identity while shaping the conditions for their integration into society. The family is the environment where the child most easily and reliably becomes a social and creative person. It is the place where the necessary conditions for the growth of human capital are created, where societal wealth is rooted. Over the course of historical

1 The European Values Study (EVS) is a comprehensive cross-national survey that aims to understand the beliefs, values, and attitudes of people across Europe. It provides valuable insights into various aspects of society, including family values. It is important to note that these findings may vary over time and be influenced by various factors such as cultural, economic, and political changes. Established in 1983, the EVS is the oldest comparative survey on value orientations in Europe. It is conducted in nine-year cycles and examines continuity and change in values relating to the most important areas of human life. In Slovakia, the Slovak Academy of Sciences conducts the survey periodically and the data used in this country report are based on the data provided by the Slovak Academy of Sciences.

development, the family has undergone several forms, from blood kinship through to polygamous forms and the monogamous type (matriarchy, patriarchy). In developed countries, the period up to the early 1960s is referred to as the ‘golden age of the family’. Families were formed by marriage and rarely ended by divorce. The main focus of family life was the birth and upbringing of children. Until the 1960s, the family in Slovakia had essentially the same form. The 1970s marked the end of the uniform family model in northern and western European countries. New marriages became less frequent, old marriages broke up more often, and unmarried partnerships began to grow in importance. In Slovakia, as in other former Eastern bloc countries, a different model emerged—one characterised by high reproduction and marriage rates on the one hand, and high mortality and divorce rates on the other. Change did not come until the late 1980s and early 1990s. The fundamental social changes after the Velvet Revolution of November 1989 were also reflected in the family behaviour of the Slovak population, which began to resemble the Western European reproductive model. The question is whether these changes are indicative of a crisis or a renaissance of the family in Slovakia. Answering this question is not simple and requires the detailed and comprehensive examination of the issue by experts of several disciplines. In this respect, demography often provides the only relevant and measurable data documenting changes in families and family behaviour, while law and legal policies provide the only relevant and reliable tool with which to tackle these challenges.

2. The Slovak population in numbers

The Population and Housing Census is one of the most important sources of data on the family in Slovakia. Traditionally, this census has been conducted in Europe and elsewhere in the world in 10-year intervals. In the territory of Slovakia, censuses have been conducted since the Middle Ages. With the development of society, the objectives, range, and methods of statistical surveys have changed and the first modern organised statistical survey based on the principles of international statistical congresses was held in the territory of a present-day Slovakia in 1869.² The first Czechoslovak Population Census was carried out in 1921. The population census in 1950 was linked with the census on houses and dwellings. At this time, agricultural, industrial, and trade establishments were also listed. The first integrated census, akin to that conducted today, was carried out in 1961 and collected data on the population, housing, and dwellings. The first Population, Housing, and Dwelling census in independent Slovakia was conducted in 2001. This marked the first time that a full census was conducted in the country, with the organisation, collection, processing, publication, and presentation of data undertaken by the Statistical Office

² Information provided by the Statistical Office of the Slovak Republic.

of the Slovak Republic.³ Historically, the 2011 Population and Housing Census is noteworthy for two reasons. First, pursuant to Regulation (EC) No 763/2008 of the European Parliament and of the Council of 9 July 2008 on population and housing censuses, population censuses were held in all European Union Member States at the same time. The 2011 census marked the first time in history that the residents of the Slovak Republic were allowed to choose whether to fill out the Census Sheets in paper or electronic form. Second, in addition to the official language, paper and electronic Census Sheets were also available in minority languages in Slovakia, namely, Hungarian, Romany, Ruthenian, and Ukrainian languages. The most recent census was conducted in 2021.

The 2021 Housing and Population Census was co-ordinated by the European Union and the United Nations as part of the global programme of population and housing censuses. The Slovak Republic carried out the 2021 census in accordance with European Parliament and Council Regulation (EC) No 763/2008 on population and housing censuses. Both EU regulations and national requirements were taken into consideration in conducting the census. The 2021 census was novel insofar as it was the first integrated and fully electronic census in Slovakia. The 2021 census was conducted in two stages: the housing census and the population census. The housing census was carried out by the municipalities from 1 June 2020 to 12 February 2021, without population participation via an electronic system. The population census consisted of the self-enumeration of the population (15 February–31 March 2021) and the assisted census of the population (3 May–13 June 2021). Given the unfavourable epidemic situation, the assisted census of the population was not carried out at the same time as the self-enumeration.⁴

In general, the census is a comprehensive survey that provides detailed information not only on the family as a basic social unit, but also on the members comprising the family. In particular, data on census households provide statistical data on the family, which have been defined in terms of kinship relations within the family. A household may also be made up of persons living together in the same dwelling and household without family ties. As such, it is necessary to distinguish between family and other households. The core of family households is the family, which may be complete or incomplete. A complete family comprises a married or unmarried couple, with children (irrespective of their age) or without children. An incomplete family consists of one parent with at least one child (irrespective of the age of the

3 The Statistical Office of the Slovak Republic is a central body of state administration of the Slovak Republic for the field of statistics, governed by Act No. 575/2001 Code of Acts on Organisational Activity of Government and the Organisation of Central State Administration as amended. The Office carries out tasks pursuant to Act No. 540/2001 Code of Acts on State Statistics as amended and tasks determined by other generally binding legal regulations. The Statistical Office of the Slovak Republic has operated as an independent institution since 1 January 1993, that is, the day of the formation of the independent Slovak Republic.

4 Statistical Office of the Slovak Republic. Population and Housing Census. Available at: <https://tinyurl.com/2p8h8rzz> (Accessed: 1 January 2024)

child). Simply put, for the purposes of demographic research, a family household consists of at least two persons in direct kinship. Other households are divided into multi-person non-family households and single-person households. A multi-person non-family household comprises two or more persons, related and unrelated, living together but not forming a family household. A single-person household consists of a single person who lives in the dwelling alone or as a lodger, or who lives with another person in a household but is self-sufficient. A disadvantage of the Housing and Population Census is its 10-year periodicity, which is insufficient for current requirements. In view of the purposes of this book and to examine the demographic challenges in Slovakia, this chapter primarily focuses on family households. This chapter also touches on other non-family household types, which represent an important type of contemporary forms of cohabitation or housing.

Since the family became the subject of statistical surveys in Slovakia over 60 years ago, there have been a number of changes in the structure of family households. Of these, the most significant were those related to the change in the reproductive model at the end of the twentieth century. Historically, the family unit was supposed to fulfil all basic functions (e.g. biological, educational, economic), but after the Velvet Revolution of 1989, it was necessary for families to adapt to the new political, economic, and social situation. Therefore, the early 1990s can be regarded as the start of a period of fundamental changes in the structure of the family and family behaviour.

Since the 1961 census, the number of households in Slovakia has increased steadily. Indeed, the number of registered households increased from 1,183,300 in the 1961 census, to 2,071,700 in 2001, to 2,376,103 as of 1 January 2021.⁵ In relative terms, this represents an increase of over 100%.

Table 1. Number of households in Slovakia⁶

Year	Number
1961	1,183,300
1970	1,344,687
1980	1,660,477
1991	1,832,484
2001	2,071,743
2011	2,064,635
2021	2,376,103

⁵ Statistical Office of the Slovak Republic, 2021, Census Results.

⁶ Table created based on historical statistical data provided by the Statistical Office of the Slovak Republic.

In terms of the structure of households, complete family households maintained a dominant position in each census year. Until the end of the 1980s, the intensity of complete family formation was still high, given the prevailing proportion of married persons.

While complete family households accounted for more than 80% of census households in the 1961 census, this figure fell to 70.6% in the 1980 census. The complete family household continued to decline, falling to 56.4% in 2001 and an all-time low of 45.3% in 2021. In the decades following the Second World War (1939–1945), the prevailing orientation towards the traditional family was reflected in the highest proportion of complete families with children in the total number of family households. The system of pro-natality measures and policies implemented in Slovak society had a strong motivating effect on family formation and childbearing. The birth of a child often increased parents' chances of obtaining independent housing. The number of complete families with children increased steadily from 1961 to 1991. Despite the fact that the 1991 census took place in a different socio-political situation, the traditional reproductive model—the so-called Eastern European reproductive model—remained influential in Slovakia.

Since the beginning of the 1990s, the demographic behaviour of the Slovak population has undergone radical changes, increasingly approaching the Western European reproductive model. The decline in marriage and fertility is reflected in the decrease in the absolute and relative number of complete families with children. The opposite development trend has been observed in complete family households without children, which has increased due to the aforementioned changes in the demographic behaviour of the population, with young spouses delaying the decision to have children in the family until a later time. This trend has also been influenced by the gradually improved mortality rate of older people in the population, as a complete family without children can be made up of a couple whose children no longer fall into the category of dependent children.

Another characteristic feature in the evolution of households from 1961 to the present is the relatively dynamic growth of single-parent families. This is primarily a manifestation or consequence of the unfavourable development of the divorce rate. In 1961, there were 99,600 incomplete families in Slovakia. This figure had more than doubled by 2001, with some 246,400 incomplete families recorded in 2021 census, and increased further to reach 360,000 in the 2021 census. Of incomplete families, the predominant model is that of a single mother with a child or several children. Single-mother families make up almost 86% of incomplete families, with single fathers with a child accounting for the remaining 14%.⁷

Single-person households also warrant attention, given their representation in the total number of census households and the changes that have taken place in their structure since the early 1960s. There has been a significant increase in

⁷ Basic results on households from the 2021 Census of Population, Houses, and Dwellings. Available: <https://tinyurl.com/3ju6j7zf> (Accessed: 1 January 2024)

single-person households. Indeed, single-person households accounted for 9.3 percent of all census households in 1961, 30% in 2001, and 35% (835,614 households) in 2021. The majority of single-person households fall into the 20–34 age category, which is indicative of an increasing tendency to delay first marriages until an older age and the reduction of intensity of marriage, as well as a growing preference for an independent lifestyle without a permanent partner or without a partner at all. The trend towards an increase in the average age at marriage is common in Western European countries and Slovakia is following this trend as well. As a result of increased individualism and a weakening interest in family life, the number of single-parent households is expected to continue increasing in the future.

Throughout history, the institution of the family has undergone many transformations. Certainly, the roles of family members (the dominant role of the father is receding, while mothers are becoming more involved in their professional careers), functions (social and educational functions are being partially taken over by schools and other institutions), and family size (fewer children, the retreat of multi-generational households) have all changed. Nevertheless, the family remains a stabilising element of society in Slovakia.

After dropping below 30,000 in 1994, the number of marriages has fluctuated between approximately 24,000 and 28,000 per year since 2000. In the second half of the 1970s, when marriages peaked, there was around 44,000 marriages per year. In 2021, only 23,800 marriages were contracted—the lowest number of weddings since the establishment of Czechoslovakia in 1918. The average marital age has increased significantly as well, averaging at 34.9 years for men and 31.9 years for women.⁸ It is worth noting that there are significant regional differences in the marital age and the number of marriages per annum. The marital age is significantly lower in the northern regions of the country, which are more religious and traditionally inclined, than in the southern and western regions. For many young people in Slovakia, family formation begins with the birth of a child rather than marriage. If we were to look at today's figures through the lens of the late 1980s, we would probably be slightly shocked at how quickly and significantly the nature of the family and reproductive behaviour has changed.

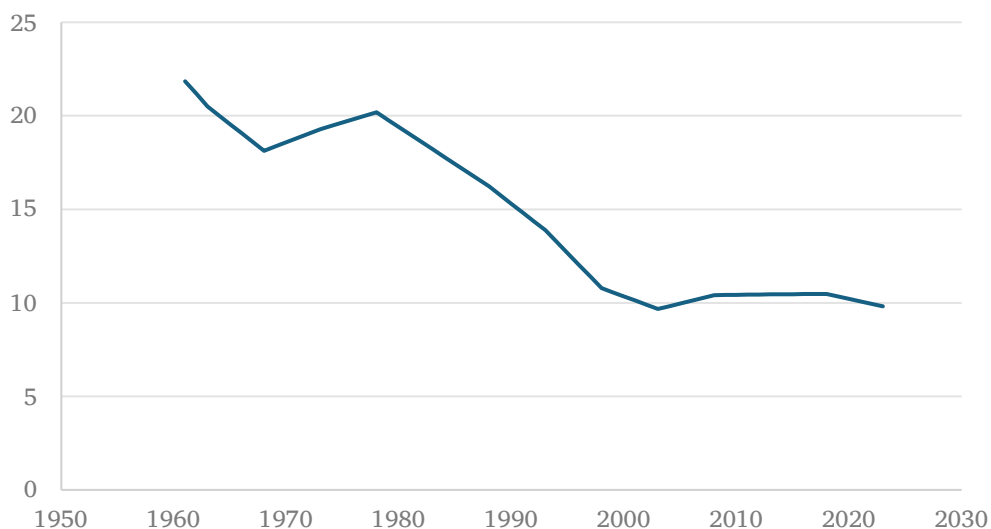
Divorce is the legal end of a marriage. The divorce rate in Slovakia increased from the 1990s until about 2009, whereafter it began to decline. Had the divorce rate remained at the 2009 level, more than 40% of marriages in Slovakia would have ended in divorce. However, the divorce rate has gradually declined since 2009. Paradoxically, this downward trend was further boosted by the pandemic. According to demographic researchers, this downward trend is due to the higher

8 Statistical Office of the Slovak Republic (2020) *My v cislach*. [Online]. Available at: https://slovak.statistics.sk/wps/wcm/connect/f1a037e8-37bd-4645-a76d-d185838e3610/MY_v_cislach_Pohyb_obyvateľstva_2019.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-f1a037e8-37bd-4645-a76d-d185838e3610-n5oX5zo (Accessed: 1 January 2024).

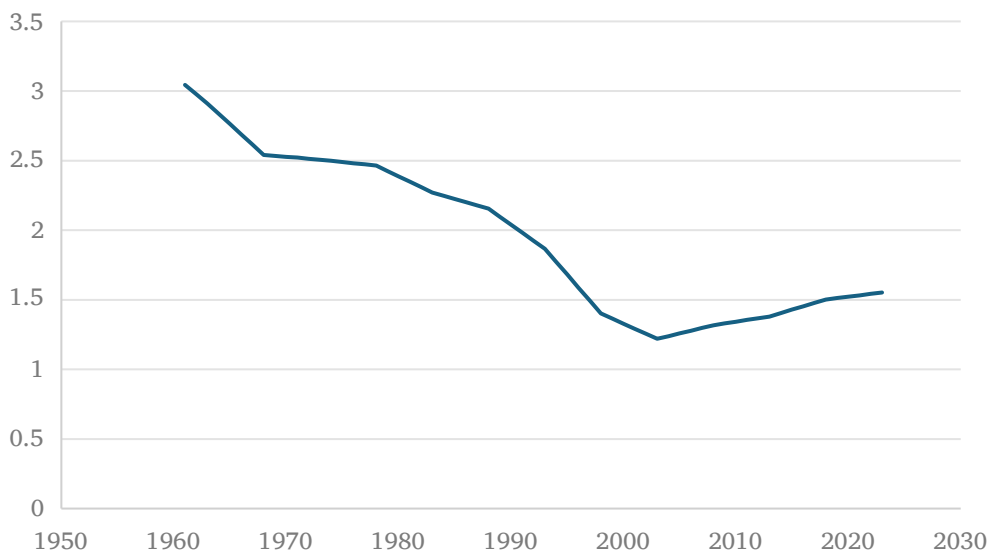
marital age—with people entering into marital union later, when they are more established and mature and tend to choose more compatible partners. Another contributing factor is the decline in marriages, with many young people deciding to live together without entering into a marital union. Divorce rate is difficult to assess across countries because a contributing factor to the divorce rate is the domestic legislation and legal conditions of divorce. The current divorce rate in Slovakia is similar to that of Poland, where the numbers are slightly lower. In contrast, Hungary and the Czech Republic have higher divorce rates. Slovakia's divorce rate has been and is significantly lower than other countries in Western and Northern Europe. This can be considered a good sign from the point of view of family and societal stability.

In 2021 census, 120,000 couples were cohabiting—a significant increase on previous years, with 90,000 cohabiting couples recorded in the 2011 census and only 30,000 in the 2001 census. Cohabitation is a form of sharing a household between two adult partners who live together for a long period of time and form a union without actually being married. Informal partnerships have increased dramatically in most post-industrial societies as a result of the transformation of social and moral norms, with the spread of such partnerships directly linked to the postponement of marriage to a later age. Cohabitation is a phenomenon that has been rising steadily in the Slovak Republic. Most EU countries have begun making cohabitation part of their legal systems and recognised various forms of it, including registered partnerships or civil unions. However, there are sizeable differences between EU Member States, particularly in terms of their interpretation of cohabitation and the rights and responsibilities that come with it. Slovakia belongs to the handful of EU Member States that do not provide for registered partnerships alongside Latvia, Lithuania, Poland, and Romania. In Slovakia, there is no legal institute serving as an alternative to traditional marriage, nor an institute that comprehensively covers the legal status, rights, and duties of cohabitants. This is due to the traditional nature of Slovak family law, that is, the way the institute of marriage and family are dealt with in the country's legal order. While a comprehensive legal framework of cohabitation is missing, it cannot be said that the Slovak legislation ignores cohabitation—there are many legal consequences in various fields of law that relate to the rights of cohabitants.

In terms of the number of children born, the trend in birth rates is stabilising. In 1961, the birth rate was 21.8 births per 1,000 people per annum, whereas the current birth rate is 9.813 births per 1,000 people per annum. The long-term negative changes in the birth rate have fundamentally affected the process of population ageing.

Table 2. Slovakia: Historical Birth Rate Data⁹

The development of the total fertility rate, although very moderate, has been on an upward trend for the past 20 years. The cumulative fertility rate ranged from 1.2 children per woman in 2001, to 1.5 children per woman in 2021.

Table 3. Slovakia: Historical Fertility Rate Data¹⁰

⁹ Ibid.

¹⁰ Ibid.

At the time of the Velvet Revolution in 1989, less than 10% of children were born out of wedlock. This proportion has increased over time, with the current figure suggesting that 37% of children are born out of wedlock. Compared to Western European countries, this proportion is still relatively low. The highest values of this indicator are held by the countries of Northern Europe, namely, Denmark at 44.6%, Norway at 49.3%, and Sweden at 55.3%.¹¹ The number of children born out of wedlock is still quite low compared to the neighbouring Czech Republic, where more than half of children are born out of wedlock. However, the long-term negative changes in the birth rate have fundamentally affected the process of population ageing from below. As life expectancy is developing somewhat positively, the Slovak population is ageing from above. Regardless of whether ageing is caused by low fertility or increased life expectancy, ageing is an urgent challenge facing the Slovak demographic reality.

In recent years, the population of the Slovak Republic has experienced continuing changes in demographic processes related to demographic transition. These changes are particularly overt in the fertility, marriage, divorce, and abortion rates. These demographic challenges have serious consequences for socio-economic stability. While many have referred to these challenges as the crisis of the traditional family, this is a matter of perspective. If we were to look at today's figures through the lens of the late 1980s, we would probably be slightly shocked at how quickly and dramatically the nature of family and reproductive behaviour has changed. Indeed, since the 1980s, the divorce rate has risen, the marriage rate has plummeted, fertility has been remarkably low, and the proportion of children born to unmarried women has risen significantly.

However, demography does not look only at current levels, but also at trends and what lies behind them. In this respect, the trends in Slovakia over the last decade are less bleak than elsewhere in Europe, largely due to certain family-friendly policies and in general the more traditional values of Slovak society. Moreover, while the numbers might look alarming at a first glance, it is important to look beyond the numbers and find the story behind them. For example, the low fertility rates at the beginning of the millennium were conditioned by the fact that the reproductive behaviour of women had changed. More specifically, women born in the 1950s and 1960s had already had a child by the 2000s, as they behaved according to the old model: early marriage and giving birth to a first and second child early (ideally before or by their thirties) to complete the family. Meanwhile, the younger cohorts born in the 1970s and 1980s had already begun to postpone motherhood and give birth in their thirties and forties. Therefore, at the overlap of these two groups, a very low fertility rate could be observed. However, we are now experiencing a catch-up of deferred motherhood, especially among women born in the 1980s. In an optimistic scenario, fertility could continue to rise for a few more years and reach a level above 1.7 children per woman. However, the intensity of second childbearing

¹¹ Tydlitátová, 2011, pp. 28–56.

remains a problem for the fertility level itself.¹² We must prepare for the nature of the family to change definitively. The classic two-child family will no longer be the predominant model, there will be significantly more childless women, and one-child families are and will continue to be on the rise. Nor can the proportion of children born out of wedlock be expected to fall significantly. This is the transformation of the family that we are experiencing, and it will have consequences.

3. Family law in Slovakia

Before we delve into the policies and strategies currently in place to support families in Slovakia, it is crucial to explore some key elements of the country's family legislation, which forms the backbone of its family-friendly approach. Like many European countries, Slovakia faces demographic challenges that have significant implications for its society, economy, and legal frameworks. The country's family law plays a pivotal role in addressing these challenges, providing a legal foundation that supports families, parents, and children, and by extension, contributes to mitigating the demographic issues. This section outlines the key elements of Slovak family law, illuminating the legal instruments and policies designed to uphold family well-being and promote demographic stability.

The legal framework for family law in Slovakia is primarily codified in Act No. 36/2005 Coll. on Family and amendments, which serves as the cornerstone of family-related legal matters. This comprehensive legislation encompasses various aspects of family life, including marriage, parenthood, child custody, and the rights and obligations of family members. It reflects Slovakia's commitment to protecting family integrity, ensuring the welfare of children, and supporting parents in their responsibilities.

3.1. The basic principles of family law

Slovak Family Law draws its primary foundations from the Constitution of the Slovak Republic and the Family Act of 2005. The initial provision of the Family Act of 2005 outlines a set of fundamental principles that serve as the bedrock of Slovak Family Law. These principles are amongst the most pivotal components of national family law, except, perhaps, for Art. 41 of the Constitution of the Slovak Republic, which serves as the overarching framework for the entire family law system. The primary function of these fundamental principles is to serve as shared guidelines for interpreting family law. They require that all family law relationships be viewed and assessed through the prism of these principles, shaping the rights and responsibilities

¹² Bleha, Šprocha and Vaňo, 2013.

of each party involved. An intriguing aspect of these principles is that, despite the intrinsic private nature of Family Law, they extend beyond the typical scope of private law principles. These principles not only govern the relationships between private entities but also define the roles and obligations of the State and society concerning the family and its protection. These principles offer clear directives regarding the preferred or prioritised types of family relationships as perceived by the State and the expectations associated with them. Consequently, no public authority may exercise discretion in interpreting family law relationships that deviates from the foundational tenets of family law. These basic principles are enshrined in articles 1–5 and represent the values and principles of Family Law in Slovakia.

Art. 1: *‘Marriage is a union of a man and a woman. The society comprehensively protects this unique union and helps its welfare. Husband and wife are equal in their rights and responsibilities. The main purpose of marriage is the establishment of a family and the proper upbringing of children’.*

Defined as the bond between two individuals who are intimately connected and uniquely significant to each other, marriage continues to be the most coveted mode of human companionship. Research conducted by psychologists underscores the paramount significance of marriage in enhancing an individual’s physical and mental well-being.¹³ These studies have shown that people in marriage live longer and happier lives.¹⁴ There is a higher incidence of violence among unmarried cohabiting partners and single individuals than among married couples.¹⁵ Marriage necessitates an emotional commitment to a relationship, and this commitment has a positive impact on an individual’s personal welfare. Marriage forges new social connections, assimilates individuals into social circles, and fortifies their societal standing. In addition to holding significant importance within the confines of family life, marriage exerts a direct influence on the broader community. It is imperative to note that these positive roles are fulfilled solely within a functional and functioning marriage.

The Family Act interprets the functionality of marriage through the principle of spousal equality. This equality extends beyond rights to encompass responsibilities as well. Each spouse is expected to contribute to the family’s well-being in accordance with their capabilities, skills, and financial circumstances. The equality of spouses is manifested in their roles as partners and parents, and neither gender should face discrimination when evaluating the legal status of a marriage. In assessing disputes, each case should be individually scrutinised to determine how the spouses exercise their rights derived from their marriage and fulfil their obligations.

Under Slovak law, marriage is limited to the union of a man and a woman. This provision has even been incorporated into Art. 41 of the Constitution of the Slovak Republic, the only legislative change that this article has undergone since the

¹³ Uecker, 2012, p. 67.

¹⁴ Stavrova, 2019, p. 89.

¹⁵ Kenney and McLanahan, 2006, p. 140.

Constitution has been in effect. To date, no legal alternative to marriage exists in the Slovak legal order. It is rooted in the traditional view of family law in the Slovak legal order and the emphasis on the biological-reproductive function of the family.

Art. 2: *'Family founded by marriage is the basic cell of society. Society comprehensively protects all forms of the family'.*

The scope of the concept of 'family' extends beyond 'marriage-based family'. The State offers its protection and support to all types of families, regardless of their method of formation, as long as they provide their members with a sense of security and solidarity. Even under the International Covenant on Civil and Political Rights,¹⁶ the *'family is the natural and fundamental group unit of society and is entitled to protection by society and the State'*. The Covenant on Civil and Political Rights further declares the right of every man and woman of a marriageable age to marry and to build a family. This right is closely linked to the right to respect for private and family life as outlined in the European Convention on Human Rights.¹⁷

Art. 3: *'Parenting is a mission of men and women recognised by society. The society recognises that a stable family environment formed by the child's father and mother is the most suitable for the all-round and harmonious development of the child. Therefore, the society provides parents not only with its protection, but also with necessary care, especially with material support for parents and assistance in the exercise of parental rights and responsibilities'.*

Among the most crucial roles of the family is its educational role. Assuming the role of a parent entails the responsibility of ensuring the proper upbringing of a child. When analysing Art. 3 of the Family Act, the comparison with its predecessor from 1963 is quite telling. According to the 1963 Family Act, 'Motherhood is a woman's most honest mission. Society provides motherhood not only with its own protection, but also with all its care, especially with material support for mothers and children and assistance in their upbringing'.¹⁸ In contrast with the 1963 wording, the 2005 Family Act no longer refers to motherhood or the woman's mission—the use of terms like 'parenthood' and 'parenting' reflecting a clear shift in societal values. This further supports the principle of equality of the spouses in marriage in terms of both their rights and their responsibilities. Trends regulating the boundaries between family privacy and State interests are currently leaning towards the theory of responsibility for the exercise of parental rights and obligations. As stated by the Constitutional Court of the Czech Republic, conceiving a child is not a sport or a pastime, although it may seem that way to some individuals in the beginning. In reality, when they have a child, parents assume lifelong duties and responsibilities. Therefore, it is essential that parents behave in such a way that they can meet their

16 Art. 23 of the International Covenant on Civil and Political Rights, adopted and opened for signature, ratification, and accession by General Assembly resolution 2200A (XXI) of 16 December 1966, entered into force 23 March 1976, in accordance with Art. 49

17 Art. 8 of the Convention for the Protection of Human Rights and Fundamental Freedoms. Council of Europe Treaty Series 005, Council of Europe, 1950.

18 Family Act No. 94/1963 Coll.

obligations and responsibilities under all circumstances.¹⁹ If the parent naturally performs this function properly, the State provides help and support in terms of both privacy and social care. However, if the proper upbringing of a child is endangered or disrupted, the Family Act gives the court the right to take measures to remedy this situation without a proposal.

For this reason, in 2016, Art. 3 of the Basic Principles was supplemented with a second sentence stating that Slovak society recognises that a stable family environment formed by the child's father and mother is the most suitable for the all-round and harmonious development of the child. This formulation clearly favours the traditional family union of a man and a woman and their children over other forms of cohabitation. This amendment established the family environment formed by the child's father and mother as the most suitable environment for the all-round and harmonious development of the child. This is primarily to express society's belief that the competent authorities and institutions, which may by their decisions affect the child and their rights, are obliged to respect the fundamental right of the child—while considering the circumstances of the situation, of course—to grow up from birth in a natural family environment. This underscores the importance of the parents for the child's healthy, versatile, and harmonious development. However, prior to the amendment, this definition resulted in many debates, with some experts arguing that the wording of this sentence in its current form may be discriminatory. This definition could be interpreted to claim that a family where one of the parents is absent is incomplete and unable to fulfil its potential completely, without considering the various reasons for such an absence (e.g. the death of one of the parents). There were concerns that while this principle is well intended in seeking to protect the rights of the child, when it comes to its application, this provision may result in discrimination. For instance, in certain divorce cases, the provision may lead the judge to seek to preserve a broken marriage for the sake of the minor.

Nonetheless, the change in the wording of this principle is a positive one as it declares that parental rights and responsibilities belong to both parents and that both holders of parental rights and responsibilities, namely, the mother and father, are equal in their parental rights and responsibilities, thereby barring discrimination in this area.

Art. 4: *'All family members have a duty to help each other and, according to their abilities and possibilities, to ensure the increase of the material and cultural level of the family. Parents have the right to raise their children in accordance with their own religious and philosophical beliefs and the obligation to provide the family with a peaceful and safe environment. Parental rights and responsibilities belong to both parents'.*

19 From the ruling of the Supreme Court of the Czech Republic 4 Tdo 250/2012-24. The Supreme Court of the Czech Republic ruled in a closed session held on 18 April 2012 on an appeal filed by the accused V. J. against the resolution of the Regional Court in Hradec Králové of 24 November 2011, file no. 10 To 368/2011, in a criminal case conducted at the District Court in Jičín under file no. No. 8 T 57/2011.

Family solidarity forms the foundation for fulfilling the socio-economic role of the family, encompassing all its members indiscriminately, and its interpretation is reflective of societal values. Contributing to collective well-being should be of inherent value for all individuals, especially within the family, as it represents the fundamental social unit to which one belongs.

This solidarity extends beyond financial matters in the eyes of the law. It is also recognised as the bedrock of mutual aid and support. Legal mandates explicitly place an obligation on individuals to participate in addressing the household's needs. It is imperative to comprehensively comprehend and evaluate the rights and responsibilities of family members. No member should be solely burdened with obligations or solely entitled to rights. The institute of good morals plays an important role in Slovak Family Law, although it is only explicitly mentioned once in the Family Act. It balances the mutual position of participants in family law relationships to contribute to a harmonious family life.

Throughout the course of human history, the traditional family structure has demonstrated its enduring significance. Therefore, maintaining a traditional approach to Slovak Family Law is both reasonable and imperative. Emphasising traditional values and their adherence is essential not only within the family but also throughout society as a whole.

Art. 5: *'The best interest of the minor shall be the primary consideration in all matters affecting him or her. In determining and assessing the best interests of the minor, particular account shall be taken of: level of childcare; the safety of the child, as well as the safety and stability of the environment in which the child resides; protection of the dignity as well as of the child's mental, physical, and emotional development; circumstances related to the child's state of health or disability; endangering the child's development by interfering with his or her dignity and endangering the child's development by interfering with the mental, physical, and emotional integrity of a person who is close to the child; conditions for the preservation of the child's identity and for the development of the child's abilities and characteristics; the child's opinion and his possible exposure to a conflict of loyalty and subsequent guilt; conditions for the establishment and development of relationships with both parents, siblings, and other close persons; the use of possible means to preserve the child's family environment if interference with parental rights and responsibilities is considered.'*

The principle of the best interests of the child is the guiding principle of all family laws. Some authors even consider it the basis of family law. This is not only based on domestic law, but also follows international law, particularly the Convention on the Rights of the Child, in which it is mentioned repeatedly. This principle is most often identified with the general clause contained in the Convention on the Rights of the Child, specifically in Art. 3, which imposes an obligation to consider the best interests of the child in all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities, or legislative bodies.

Despite the fact that several provisions of the normative part of the Family Act referred to the best interests of the child (e.g., §23, §24, §54, §59), as well as the provisions of special regulations (e.g. Act No. 305/2005 Coll. on the social legal protection of children and on guardianship, Act No. 176/2015 Coll. on the Commissioner for Children and the Commissioner for Persons with Disabilities), this principle was not defined for a long time and its determining criteria were never established. By supplementing Art. 5 of the Family Act through an amendment to Act No. 175/2015 Coll., this important principle of the Convention on the Rights of the Child has gained a more appropriate position in Slovak family law, namely, as a basic principle of the Family Act. This regulation was passed to emphasise the obligation of courts as well as other bodies whose decisions significantly influence the rights and obligations of children to proceed carefully and responsibly in their assessment of the circumstances of a particular case and to take into account the best interests of the child in all circumstances. It was not the intention to prescribe what is best for the child in every situation. Therefore, the Family Act does not directly define the concept of the child's interests as such, and it should be determined according to the circumstances of the case and the needs of the child concerned. As each child is unique, each child has their own specific needs. The State is obliged to take all necessary measures to consider the best interests of the child and to ensure that the best interests of children are taken into account in all of the actions of the competent authorities and public institutions whose decisions affect the rights of the child.

The best interests of the child is a complex concept, albeit a flexible and adaptable one, the content of which must be determined based on specific cases. It needs to be adapted and defined based on the specific situation of the child concerned, considering the personal context, situation, and needs of the child. Characterised by flexibility, the concept of the best interests of the child makes it possible to respond to situations in an individual manner. However, it also leaves room for manipulation. In assessing and determining the best interests of the child, it is necessary to consider the individual elements according to their relevance to the situation, while recognizing that these are specific rights and not only elements in the determination of the best interests of the child.

General Comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration contains a list of elements to consider when assessing the child's best interests: namely, the child's views; the child's identity; the preservation of the family environment and maintaining relations; the care, protection, and safety of the child; the situation of vulnerability; the child's right to health; and the child's right to education. The assessment of the best interests of the child considers all of these elements, the weight of which are interdependent. Of course, all of these elements will not be applicable to every case, and the way in which the individual elements are used will be specific to each case. Therefore, the content of each element will vary for each child, depending on the specific circumstances. The importance of each element in the overall assessment of the case will also vary. In specific cases, these elements of assessment and the determination of

the best interests of the child may even contradict each other. In such situations, the age and maturity of the child should be decisive for their balance, with the child's level of physical, emotional, cognitive, and social development taken into account when assessing their maturity.

In this context, it is also necessary to consider that the child's abilities evolve over time. Accordingly, decision-makers should impose measures that can be revised or adapted to the child's development and not make final and irreversible decisions. With this in mind, it is important to assess not only the child's physical, emotional, educational, and other needs at a particular moment, but also the child's possible development scenarios, and to analyse these scenarios in the short and long term.

While the concept of the best interests of the child is not new, it was only adopted into Slovak family law in 2016, via Act No. 175/2015 Coll., which amended and supplemented Act No. 36/2005 Coll. on the Family and Amendment of Certain Acts. This amendment introduced the principle of the best interests of the child into the Family Act through the addition of Art. 5. The principle was added as a non-hierarchical enumeration of the criteria. According to Art. 5, the best interest of the minor shall be the primary consideration in all matters affecting him or her. This provision in itself is rather vague. However, given the uniqueness of each child, a clear definition of the best interests of the child would be inappropriate. A uniform definition would make adaptability and flexibility—prerequisites for an individual approach to assessing a given child's situation—impossible in practice. The various elements that need to be considered include the safety of the child, as well as the safety and stability of the environment in which the child resides; the protection of the child's dignity as well as their mental, physical, and emotional development; the circumstances related to the child's health status or disability; the child's opinion and possible exposure to a conflict of loyalty and subsequent guilt; conditions for the establishment and development of relationships with both parents, siblings, and other close persons. The Family Act does not prioritise any of these criteria. It is up to the responsible authority to assess which element prevails as a starting point based on the circumstances of the individual case. The flexibility and adaptability of the concept are also based on the possibility of relying on facts other than those mentioned in Art. 5 of the Family Act, as the enumeration of the criteria mentioned therein is not final or fixed.

The implementation of this principle in the Family Act is necessary. Before 2016, public authorities involved in decision-making on children tended to generalise, regardless of the specific circumstances of the case. Such an approach was in serious conflict with the obligations of the Slovak Republic to respect the uniqueness of each child and its peculiarities. In general, Slovakia has a major problem with the predictability of judicial decisions. To counteract this tendency to generalise, the best interest of the child was incorporated into the Family Act, enumerating the most important attributes of deciding on the best interests of the child in a demonstrative and non-hierarchical way. According to the legislator, the inspiration for formulating a legal definition in this manner was primarily General Comment No. 14 (2013) on

the right of the child to have his or her best interests taken as a primary consideration. It was necessary to create a non-exhaustive and non-hierarchical list of elements that are crucial criteria and should be included in the assessment of the best interests of the child. The alphabetical order does not mean that one criterion takes precedence over others. In any case, it is important to consider the specific circumstances of the case.

As the child has the status of a special subject and a weaker party, he or she requires increased protection to ensure the fulfilment of his or her rights. This is also the starting point of the Convention on the Rights of the Child, which introduced the notion of the best interests of the child, highlighting that it should be given priority in any action concerning children by public authorities, courts, and public or private welfare institutions. To defend the best interests of the child, it is essential to pay attention to the establishment of mechanisms at the national, regional, and local levels, as well as mechanisms and procedures for lodging complaints and appeals to fully realise the child's right to properly integrate their best interests by implementing measures and judicial and administrative proceedings relevant to or affecting the child. Parents have a primary duty to ensure the child's standard of living. It is the duty of the State to ensure that this obligation is and can be fulfilled.

In conclusion, given the uniqueness of each child and their needs, a single definition of the concept of the best interests of the child would not be appropriate. On the contrary, it is necessary to maintain the flexibility and adaptability of this concept. In assessing the child's best interests, particular attention should be given to the circumstances relating to the individual characteristics of the child concerned, such as his or her age, sex, degree of maturity, experience, ethnicity, physical, sensory or intellectual disability, and the social environment in which the assessed child lives. Further circumstances to consider include the presence or absence of the child's parents and the quality of the child's relationship with the biological or surrogate family. The family is the basic unit of society and the natural environment for the growth and prosperity of its members, especially children. The Convention on the Rights of the Child (Art. 16) protects the child's right to family life. An important element of the system of this protection is the prevention of the separation of the child from the family environment and the preservation of the family as a unified community. Nevertheless, if the child is separated from one or both parents, he or she has the right '*to maintain regular personal relations and direct contact with both his or her parents, provided that this is not contrary to his or her best interests*'. Given the seriousness of the influence of the separation of the child from the parents, such a separation should occur only in the ultima ratio, that is, exclusively as the last solution to the situation, such as if the child is in imminent danger of injury or in other necessary cases. Separation should not take place without first applying all the available measures to protect the child. Likewise, the child must not be separated from his or her parents because of a disability. If separation becomes necessary, decision-makers must ensure that the child maintains connections and relationships with his or her parents and family (i.e. siblings, relatives, and persons with whom he

or she has a strong personal relationship), unless this is contrary to his or her best interests. If the child's relationship with the parents is interrupted (e.g. by migration, either of the parents without the child or the child without the parents), the obligation to maintain the family community must also be considered when assessing the best interests of the child in the context of decisions on family reunification.

3.2. Protection of marriage

In Slovakia, the legal recognition of marriage is defined as a union between a man and a woman. The legislation outlines the rights and obligations of spouses, including property relations, maintenance duties, and mutual support. The law also addresses the dissolution of marriage, providing clear guidelines for divorce proceedings, the division of marital property, and alimony obligations, ensuring a fair and equitable process for all involved parties.

The legal regulation of marriage and its legal consequences form the basic predicament of Slovak family law and its legal regulation: Family Act No. 36/2005. Marriage is not of a contractual nature, but a union of a man and a woman, which is preferred by society in terms of starting a family and the proper upbringing of children. The legal regulation of marriage enables, among other things, the socially desirable stability of family relationships and the precise definition of rights and obligations arising from family functions, including the social records of marital relations. According to Art. 1 (Basic Principles) of the Family Act of 2005, *'marriage is a union of a man and a woman. The society comprehensively protects this unique union and helps its welfare'*. As evident from the wording, the basic approach of the legislator to the principle of marriage protection as a legally presumed relationship between a man and a woman, in contrast to the previous legislation, is also reflected in the fact that the new family law *explicitly refers to the union of a man and a woman when defining marriage*. We also distinguish between the married and unmarried cohabitation of a man and a woman from the marriage, with the former the only legally protected union of a man and a woman. However, the legal regulation of unmarried cohabitation is absent in Slovakia's legal system, although there are examples in Slovak legislation that address the specific legal claims of a partner in the cohabitation of a man and a woman. Nonetheless, the relationship itself is neither defined nor protected in Slovak law, apart from certain claims. The basic principles of the protection of marriage are laid down in Art. 1 of the Family Act, where the legislator emphasises the core principle of marital bonds in the Slovak Republic. It characterises marriage as a unique union of a man and a woman, which completely excludes from the institute in question possible unions of persons of the same sex and other types of relationships, such as registered partnerships, which the Family Act does not mention in its terminology at all. The comprehensive protection of marriage and the need to help it prosper are also emphasised. Although the law identifies as the purpose of marriage the primary creation of a harmonious and lasting community of life—such as the family and, in connection with the family's reproductive function, the proper

upbringing of children—we do not believe that childless couples should go unprotected or that such marriages cannot fulfil their mission. The purpose of marriage as set out in Slovak law is considered obsolete by many experts, who highlight that there are more and more childless couples due to medical reasons. However, the 2005 legislation considered the main purpose of a marriage to be reproduction and ultimately the proper upbringing of children.

According to the article in question, the husband and wife are equal in their rights and obligations both to each other and to others in society. They have a duty to live together, to be faithful, respect each other's dignity, help each other, take care of their children together, create a healthy family environment, and decide on family matters together. No discrimination is allowed in this relationship when it comes to rights and obligations.

Legislation explicitly referring to marriage as the union of a man and a woman has been contested several times on the grounds of discrimination and human rights. Nonetheless, both the Constitutional Court and the Supreme Court of the Slovak Republic have upheld this principle as the core principle of family law and have not found Art. 1 discriminatory or in violation of human rights.

In 2012, the Supreme Court of the Slovak Republic held, in decision 5/2012, that *'the intention of the legislator was to allow the establishment of marriage exclusively to persons of different sex, and not of the same sex'*. In this case, two men turned to the Supreme Court because they were not able to enter into marriage and claimed that their fundamental constitutional rights had been violated. However, the Supreme Court ruled that their rights were not violated; in fact, they were allowed to marry in accordance with the Constitution of the Slovak Republic and the Family Act. However, neither of these legal documents established a legal claim to the right of persons of the same sex to marry. Consequently, even in this case, the fundamental right is granted to the plaintiffs as a constitutional right (subject to marriage to a woman). Nevertheless, as the Family Act does not allow same-sex persons to enter into marriage, neither public administration bodies nor the court can act beyond their competence and the Family Act and allow them to enter into marriage, as they would violate Art. 2 par. 2 of the Constitution of the Slovak Republic and Art. 1 of the Family Act. Both the Constitutional Court and the Supreme Court have confirmed the basic principles of family law in Slovakia, and on this basis, marriage or registered partnership between persons of the same sex is prohibited in the Slovak Republic. The legislator clearly states that marriage can only take place between a man and a woman, that is, between people of different sexes. The legislator considered the basic principles to be the legal expression of moral postulates. During the historical development of family law, moral norms played an important role in the implementation of family law relations. It is specific to family law to adopt moral rules and give them a normative character. It clearly follows that the intention of the legislature was to allow marriages to be entered into exclusively by persons of the opposite sex. The Supreme Court also held that the Anti-discrimination Act could not be applied to the area of family law. This law regulates the application of the principle of equal

treatment and provides for the means of legal protection in the event of a breach of this principle in the enshrined areas.

Besides Art. 1 (Basic Principles), the Family Act further defines the conditions of entering into marriage and the purpose of marriage in §1, according to which *‘marriage is a union of a man and a woman, which arises on the basis of their voluntary and free decision to enter into marriage after the fulfilment of the conditions stipulated by this Act’*. Based on the provisions of §1 of the Family Act, marriage is the oldest social institution and can be defined as the relationship between one man and one woman legally connected for life to fulfil obligations to each other as well as to society. As such, marriage is a social institution founded on gender differences. Thus, in accordance with nature, tradition, morality, and social consent, Slovak law regulates marriage so that it serves the individuals of society and fulfils its natural, biological, personal, moral, familial, and social tasks or mission. This provision of the Family Act is also strengthened and ensured by the Constitution of the Slovak Republic, Art. 41(1), which states at the highest normative level that, *‘Marriage is a unique union between a man and a woman. The Slovak Republic broadly protects and promotes its good. Marriage, parenthood and the family are protected by law’*.

As the special protection of children is guaranteed, marriage—as well as the family—is given the highest level of protection and the constitutional legal obligation of the State to assist this institution and to implement legislation that benefits marriage.

Slovak family law is very traditional. It does not recognise same-sex marriages or non-traditional forms of marriage, and it does not define or protect cohabitation (regardless of the gender of the cohabitants). These traditional principles form the basis of the Family Act, with the most important elevated to the constitutional level. Marriage is a legal relationship between one man and one woman. This is the first premise of family law. It has also been part of the Constitution of the Slovak Republic since 2014.

The previous version of the Constitution only stipulated that *‘matrimony, parenthood and the family shall be protected by law’*. However, in 2014, the description of marriage as the union of one man and one woman was elevated to the constitutional level with the amendment to Art. 41 of the Constitution of the Slovak Republic. Since the creation of the independent Slovak Republic, two attempts have been made to provide legal protection to same-sex registered partnerships. While the public rejected these attempts, in the early 2010s, the Slovak public grew more receptive to the idea of registered partnerships. However, this public perception became more conservative after the ruling of the European Court of Human Rights in the case of *X and Others v. Austria* 53 ILM 64 in 2013. This ruling was the first recognition of the right of unmarried same-sex couples to second-parent adoption in European states that are a party to the European Convention on Human Rights. While celebrated in many EU member states, the ruling had an adverse effect on the more traditionally inclined Slovakia, where the idea of same-sex couples being allowed to adopt children was poorly received by the public. Following societal pressure, the Constitution was amended

to state that, *‘Marriage is a unique union between a man and a woman. The Slovak Republic broadly protects and promotes its good. Marriage, parenthood and the family are protected by law’*. While this principle had already existed in the 2005 Family Act, its elevation to the constitutional level indicates the significantly stronger protection of this principle. Indeed, although the principle already existed in Slovakia’s legal order, it was only granted constitutional protection in 2014.

Slovak family law comprises a robust legal framework designed to support families, safeguard children’s rights, and address the demographic challenges facing the country. By continuously adapting its legal instruments and policies to reflect societal changes and demographic realities, Slovakia endeavours to promote the well-being of families and ensure the sustainability of its society amidst evolving demographic landscapes. As demographic issues persist and evolve, the ongoing refinement of family law remains essential to fostering a resilient and supportive environment for all families in Slovakia.

4. Slovakia’s strategy to support families

Having parsed Slovakia’s demographic and legal realities, we can clearly see that there is reason for hope. While we must accept that families are changing, we can clearly see that the numbers have been stabilising and even improving in some cases in Slovakia over the past 20 years. Why is this the case? In the realm of empirical research, a wealth of data underscores the direct correlation between family policies and demographic outcomes. Studies have consistently shown that countries with comprehensive family policies tend to have higher birth rates, increased labour force participation among women, and improved overall family well-being. The aim of family policy should be to create the conditions and provide the means for family formation, growth, and healthy functioning. The State should help eliminate obstacles that make it difficult for parents to combine their interests, resources, and abilities with family responsibilities. According to Organisation for Economic Co-operation and Development (OECD) data from the Eurobarometer surveys, it is clear that people across Europe would like to have more children. Other surveys suggest that, on average, people are having one child fewer than they would like to have. This is often due to the family’s financial and housing situation and the lack of family-friendly policies.

Recognising the urgency of addressing demographic challenges, Slovakia has implemented a range of family-friendly policies aimed at supporting families, enhancing work–life balance, and creating an environment conducive to child-rearing. These policies encompass financial incentives for families, access to affordable childcare, and support for parents to reconcile work and family life. In addition to contributing to the well-being of families, these measures have a demonstrable impact on addressing demographic challenges.

Slovakia has a new strategy to support families in the context of unfavourable demographic trends. The development of a strategic framework follows from the Government's Programme Statement for 2021–2024. In this respect, the National Strategic Framework for Family Support and Demographic Development until 2030 (hereinafter, the Strategic Framework) aims to identify the baseline situation and define a vision, strategic direction, and framework measures to improve quality of family life, provide more care and protection for families, especially for minor children, and improve the socio-economic situation of families, ultimately producing a positive impact on the demographic development of the country. It is a long-term strategic framework that addresses the issue from a broader perspective. Slovakia's vision per the Strategic Framework is to create a family- and child-friendly country, foster a community where the stability of relationships and intergenerational solidarity protects all family members from poverty. Slovakia also seeks to cultivate a social climate in the media, institutions, and public spaces that is family-friendly and where there is mutual respect for human life.

The Strategic Framework describes the basic demographic trends and assumptions of future population development in Slovakia. It also focuses on the following priority areas: prevention, child and youth protection, health and healthcare in the context of demographic development, the reconciliation of family care and employment, the labour market and employment, economic and financial instruments, housing, and return migration. The priority areas are mapped in terms of both the last decade and the current situation and supplemented by relevant statistical data and trends from the Slovak Republic and broader European area. The Strategic Framework specifically identifies and names strategic directions and framework measures, which represent incentives for key activities and challenges for the future. Each priority area requires the inter-ministerial co-operation and co-ordination of measures by several entities, including local governments, which play an important role in preventing family crisis situations and providing social assistance. All public policy measures should be aimed at protecting the functional family; promoting marital, family, and parental culture; supporting the fulfilment of family functions; preventing the emergence of crisis situations in the family; building relations between family members; promoting marriage; and supporting parenthood. The vision and objectives set out in the Strategic Framework are supported by the legislation of the Slovak Republic, in particular the Constitution of the Slovak Republic, which declares that *'Marriage is a unique union between a man and a woman. The Slovak Republic protects marriage in every way and promotes its good. Marriage, parenthood and the family are protected by law. Special protection of children and minors is guaranteed'*.

The importance and legitimacy of the objectives and measures are also supported by the results of the 2021 National Values Survey of Slovakia, in which the values of 'family' and 'quality of life' ranked first among the population of Slovakia. Indeed, the majority of survey respondents selected family as the personal value that matters most to the people of Slovakia and which most describes them, and quality of life as the social value most desired by Slovak citizens. The new National Strategic

Framework for Family Support and Demographic Development in the Slovak Republic until 2030 was created in the spirit of these values.

Marriage, parenthood, and the family are protected by law. As noted, according to the Constitution of the Slovak Republic, marriage is a unique union between a man and a woman. The Slovak Republic protects marriage in every way and promotes its welfare. The special protection of children and minors is guaranteed. Parents have the right to care for and raise children, and children have the right to parental upbringing and care. Parents who care for children have the right to assistance from the State. The legal basis for marriage as a union between a man and a woman is also contained in the Family Act. Family based on marriage is the basic unit of society, and society protects and promotes the welfare of this unique union in every way. According to our legislation, the main purpose of marriage is the establishment of a family and the proper upbringing of children. Husband and wife are equal in rights and duties. A stable family environment comprising the father and mother of the child is optimal for the all-round and harmonious development of the child. The best interests of the minor child shall be a primary consideration in all matters concerning him or her. Society provides both the protection and the necessary care for parenthood, even without a marital relationship, in particular by providing material support for the parents and assistance in the exercise of parental rights and obligations. All members of the family have a duty to help one another and, according to their abilities and capacities, to ensure the improvement of the material and cultural standard of the family. Parents have the right to raise their children in accordance with their own religious and philosophical convictions and have the duty to provide a peaceful and secure environment for the family. Parental rights and duties belong to both parents.

The need to support families also follows from the Programme Declaration of the Government of the Slovak Republic for 2021–2024, in which the Government of the Slovak Republic *‘recognises the family as the main bearer of fundamental human, cultural, social, civic and spiritual values’*. The government sees family support as a priority instrument for addressing the problem of adverse demographic development.

In the following three subchapters, this chapter discusses the services available for families, examines the financial incentives within the realm of family policies, and addresses alternative solutions for demographic challenges, such as artificial reproductive technologies.

5. Family-friendly policies in Slovakia

Family-friendly policies start before pregnancy, namely, in the prenatal phase. The right to prenatal healthcare services is a fundamental aspect of maternal and child health, and Slovakia has made efforts to ensure that expectant mothers receive adequate care during pregnancy. The country recognises the importance of

prenatal healthcare in promoting healthy pregnancies, reducing maternal and infant mortality, and ensuring the well-being of both mothers and their unborn children. In Slovakia, the right to prenatal healthcare services is embedded in the broader framework of healthcare rights guaranteed by the Constitution and international agreements. In its commitment to protecting human dignity and health, the Slovak Constitution establishes the foundation for ensuring access to healthcare services, including those related to pregnancy and childbirth. The Healthcare Act²⁰ provides a more detailed account of the right to prenatal healthcare.

In Slovakia, a universal healthcare system provides coverage for all citizens and residents. Prenatal healthcare services—including antenatal check-ups, screenings, and consultations—are generally accessible to pregnant women without discrimination. The principle of equity in healthcare services ensures that financial barriers do not hinder access to essential prenatal care. Under public health insurance, a pregnant woman is fully reimbursed for one preventive check-up once a month and one preventive check-up six weeks after childbirth with a doctor specialising in gynaecology and obstetrics.²¹ During pregnancy, a woman has the right to all examinations forming part of the preventive check-up during pregnancy pursuant to the above-mentioned Healthcare Act. In this respect, Annex No. 2 to this Act sets out what is covered by the preventive check-up during pregnancy. The Healthcare Act emphasises the importance of regular prenatal check-ups to monitor the health of both the mother and the developing foetus. These check-ups typically include physical examinations, ultrasound screenings, and discussions about maternal nutrition, lifestyle, and potential risks. The goal is to detect and address any health issues early on, promoting a healthy pregnancy and minimising complications. In Slovakia, pregnant women have the right to receive comprehensive information about prenatal care, childbirth, and postnatal care. This includes guidance on healthy lifestyle choices, nutrition, and the importance of early medical screenings. Access to educational resources empowers expectant mothers to make informed decisions about their health and the well-being of their unborn children. Slovakia has implemented maternal screening programmes to identify potential risks and genetic abnormalities during pregnancy. These screenings are voluntary and seek to provide expectant parents with information that can guide decision-making regarding the pregnancy and prepare for any necessary medical interventions or support. Prenatal healthcare services in Slovakia are delivered by trained and qualified healthcare professionals, including obstetricians, gynaecologists, midwives, and other specialists. This ensures that pregnant women receive care from individuals with expertise in maternal and foetal health.

According to the Healthcare Act, everyone (including pregnant women) has the right, under the conditions laid down by law, to: (a) the protection of his or her

20 Act 577/2004 Coll. on the Scope of Health Care Reimbursed by Public Health Insurance and on Reimbursement for Services Related to the Provision of Health Care, as amended.

21 Erdősová et al., 2024.

dignity and respect for his or her physical integrity and psychological integrity; (b) information concerning his or her state of health; (c) information on the purpose, nature, consequences, and risks of the provision of health care, on the choices available to him or her in the proposed procedures and on the risks of refusal to provide health care (informed consent); (d) refusal to receive healthcare, except in cases where, under this Act, healthcare may be provided without informed consent; and (e) humane, ethical, and dignified treatment by health professionals.

While Slovakia has made significant strides in ensuring the right to prenatal healthcare services, challenges persist. Geographic disparities in healthcare access, particularly in rural areas, remain a significant concern. Additionally, there is an ongoing need to address cultural and linguistic barriers that may affect communication between healthcare providers and pregnant women from diverse backgrounds. The government has made continuous efforts to enhance public awareness about the importance of prenatal care, promote maternal health literacy, and invest in healthcare infrastructure. Such measures will contribute to the further improvement of prenatal healthcare services in Slovakia. By addressing these challenges, Slovakia can continue to uphold the right to prenatal healthcare, ensuring that every expectant mother has the opportunity to experience a healthy and supported pregnancy.

Healthcare provided during childbirth is, by law, emergency care that is fully reimbursed by public health insurance. Charges may be made for services that are not covered by public health insurance or are in excess of insurance. Obstetric hospitals—of which Slovakia has 53—refer to these services as above standard. What is considered above standard varies from one maternity hospital to another, as do price lists. Based on the Healthcare Act, each pregnant woman has the right to choose the maternity hospital in which she wishes to give birth (everyone has the right to choose their health care provider under the law). Hospitals provide all the necessary information about the birth process before the baby is born and what the pregnant woman needs to bring with to the hospital, including the necessary documents. Amid the growing awareness of the disrespectful treatment of women in relation to childbirth, particularly in the third sector, in 2018, the Slovak health system created an effective and sustainable tool for establishing a welcoming and equal approach to mothers and newborn babies through the proactive co-operation of all maternity hospitals in the country and in accordance with the recommendations of the World Health Organisation's (WHO) Baby Friendly Hospital Initiative (BFHI). In the same year, a national focal point for BFHI in Slovakia was created and more than 200 gynaecologists and obstetricians, paediatricians/neonatologists, midwives, and nurses from all Slovak hospitals with maternity units were instructed on appropriate approaches to mothers and newborn infants. In Košice, in co-operation with the Office of the Government Plenipotentiary for Roma Communities of the Slovak Republic, the training focused on the specificities as well as the cultural needs of the Roma population. The increase in proactive co-operation with maternity hospitals was embedded in the approved Standard Procedure for the Performance of Prevention: Mother and Newborn Care in accordance with the principles of the BFHI

regarding support of relational bonding and lactation, which went into effect on 1 January 2019. To improve the quality of health care provision to mothers and newborn babies, the amendment of the healthcare act established a clinical audit to verify the level of implementation of the standard procedure in hospitals. The first BFHI clinical audits were conducted in 2020, prior to the start of the COVID-19 pandemic. The response to the audit was very positive, with hospital statutory officers and obstetric and neonatal managers affirming their desire for audits to be retained in the system and to continue improving and maintaining quality of care. However, no further BFHI clinical audit has been carried out since 2020. Implementation was significantly hindered by the pandemic as well as the lack of health department funding and the professional staff necessary to conduct clinical audits.

A novelty with regards to childbirth in Slovakia is that women giving birth have the right to be accompanied by a person during childbirth. The amendment to the Healthcare Act due to come into force on 1 June 2024, grants a woman the right to have a person, or more than one person if the conditions of the maternity hospital allow, present during childbirth. At the same time, the presence of such persons may be limited by the attending physician to the extent and time necessary if their presence is deemed incompatible with the nature of the medical procedure to be performed. The drafters of the law have specified that the designated person cannot be a person who is in custody, in the execution of a prison sentence, or in the execution of a detention order.

Slovak legislation on home births is lacking. As mentioned above, the Healthcare Act lays down the conditions under which investigative and therapeutic procedures may be conducted, as well as when these procedures may be carried out without the patient's consent. Based on this legal provision, it is clear that a woman can give birth anywhere—including a natural environment (at home)—with the understanding that she will be provided with emergency health care. This means that there is no legislative prohibition in Slovakia for a woman to give birth at home, nor is there any legislative provision for a woman to give birth only in an institutional health care facility. However, home births are rare in both Slovakia and the Czech Republic, as pregnant women prefer hospitals. The possibility of a child being born outside the premises of a health care facility is also provided for in the Act on Civil Registry, according to which *'the notification of the birth to the civil registry office is given by the health care facility, in other cases by one of the parents'*. It follows from the provisions of Art. 4(3) of Decree No 364/2005 of the Ministry of Health that a midwife is entitled to perform defined acts (including physiological birth) independently, but in a health care facility. Thus, the law does not explicitly prohibit home birth, nor does it presuppose it. This means that the midwife would be acting contrary to *lege artis*, thereby exposing herself to the risk of disciplinary or criminal prosecution.

In recent years, digitalisation and automatization have significantly eased the administrative burdens related to giving birth. The birth certificate is issued automatically after birth (provided that a parental agreement on the name and surname

of the child has been signed). The mother can also request that the birth certificate be sent by post at the maternity hospital. The relevant registry office will send the birth certificate without delay, usually on the fourth or fifth day after the birth of the child. The address for delivery of the birth certificate is always set to the mother's permanent residence. Alternatively, the birth certificate can be picked up at the relevant registry office. It is also possible to change the delivery address, specifically via electronic services. As of 1 August 2022, it is no longer necessary to register the child with the health insurance company; rather, the child is automatically registered with the mother's health insurance company.

Registration of the child with the chosen paediatrician should take place within three days of discharge from the maternity hospital. It is possible to arrange with the paediatrician both the date and the place of the visit in the outpatient clinic or in the family's home. The care of the child and the choice of paediatrician should be agreed by signing a general outpatient care agreement. In order to conclude this agreement, the paediatrician must be informed of the child's birth certificate number and the health insurance company to which the child is registered. It is during the early years of life, when the first experiences between parents and children occur, that the formative and cumulative foundations of the child's future development, physical and mental health, learning, and overall well-being in adulthood are established. Caring for a child's early development is one of the social determinants of health. It is defined by the quality of the environment surrounding the child, ranging from the intimate sphere of the family to the quality of society as influenced by the setting of universal policies. The research on the importance of a child's early years is so compelling that there is a consensus among economists that the most cost-effective investments in human capital are those in young children. The concept of early childhood care supports the goal of health care, saving and preserving life, and supporting and nurturing the developmental potential of all children. In the health system of the Slovak Republic, professional support for parents' care for healthy early childhood development in the framework of prevention is carried out according to the applicable legislation and standard procedures. Responsible parents are a child's most important sources of support, guidance, wisdom about the world, and learning. However, Slovakia continues to grapple with the long-standing problem of an ageing and declining number of paediatricians providing general care to children and adolescents, as well as the shortage of child psychiatrists and psychologists. This shortage is negatively affecting the availability and accessibility of health care, including mental health care. In particular, general outpatient clinics for children and adolescents are a real entry point to support families and communities in early childhood development.

For a child born in the territory of the Slovak Republic, the date of birth is the start of permanent residence. The child is automatically given the same permanent residence as their mother, which means that the parent does not need to report anything. Of course, it can be changed at the municipal office in the place of residence.

The right of a woman to maternity leave, enshrined in the provisions of Section 166(1) of the Labour Code, is part of the broader constitutional right to protection of pregnant women in employment relationships (Art. 41 of the Constitution of the Slovak Republic), as well as the constitutional right to special working conditions for women (Art. 38 of the Constitution). In order to protect women's health in the last weeks of pregnancy, after childbirth, and when caring for her newborn child, maternity leave also constitutes part of the constitutional right to health protection. In connection with the birth of and care for an infant, women are entitled to maternity leave for the duration of 34 weeks. Single mothers are entitled to maternity leave of 37 weeks. Women giving birth to two or more children simultaneously are entitled to 43 weeks of maternity leave. In respect to the care for a newborn child, men are also entitled to paternity leave of 34 weeks from the birth of the child, provided that they are caring for the newborn child instead of the mother. As a rule, a woman shall take maternity leave from the beginning of the sixth week before the expected date of birth, but no earlier than the beginning of the eighth week before that date. If a woman takes less than 6 weeks of maternity leave before giving birth because the birth occurs earlier than the doctor has determined, she shall be entitled to maternity leave from the date of commencement until the expiry of 34 weeks; this is extended to 37 weeks in the case of a single mother and 43 weeks in the case of a woman who has given birth to two or more children at the same time. If a woman takes less than 6 weeks of maternity leave before giving birth for any other reason, she shall be granted maternity leave from the date of childbirth only until the expiry of 22 weeks; a single woman and a woman who has given birth to two or more children at the same time shall be granted maternity leave until the expiry of 37 weeks. Maternity leave in connection with childbirth may not be less than 14 weeks and may not end or be interrupted before the expiry of 6 weeks from the date of childbirth. This is especially important to mention given recent isolated cases of women not taking even minimal maternity leave, especially among women in leadership and managerial positions. In such cases, women took convalescent leave for the purpose of childbirth and childcare. Unthinkable in the past, this practice can be described as extreme and unusual, although not without logical explanation. Broadly speaking, women often return to work early due to fear of losing an attractive job and desire to uphold work commitments. The disadvantages of this approach are the possible threat to the woman's health in the context of recovery after childbirth and the stress of caring for a child while simultaneously fulfilling work commitments after recovery leave has come to an end. At the same time, the woman is also deprived of the protection against termination of employment enshrined in the Labour Code, which is linked to the taking of maternity and parental leave. This is why the legislator has set a minimum length of maternity leave, which cannot be less than 14 weeks and may not end or be interrupted before the expiry of 6 weeks from the date of childbirth.

On 4 October 2022, the National Council of the Slovak Republic approved an amendment to Act No. 311/2001 Coll., the Labour Code, as amended (hereinafter,

the Labour Code), an amendment to Act No. 461/2003 Coll., the Social Insurance Act, as amended (hereinafter, the Social Insurance Act), and other regulations prepared by the Ministry of Labour, Social Affairs and Family of the Slovak Republic. The adoption of these amendments aligns the legislation of the Slovak Republic with the European Union Directive on work–life balance for parents and persons with caring responsibilities²². Based on these new legislative provisions, the father of a newborn is entitled to an additional paternity leave of 2 weeks (14 calendar days) within a period of no later than 6 weeks from the birth of the child. The six-week period from the birth of the child may be extended by the period during which the child is hospitalised after birth for medical reasons. This means that fathers can now spend two weeks with their child as soon as the child is born, but no later than six weeks after the birth. If the father decides that he wants to take advantage of the legal option to stay at home with the mother and child for 14 days, he is entitled to this additional paternity leave during this period. The use of this additional paternity leave is optional, not obligatory. Therefore, if the father does not want to or for individual reasons cannot take 14 days of paternity leave in the period of no later than 6 weeks after the birth of the child, he can still take advantage of the regular paternity leave if he is taking care of the child instead of the mother. The additional paternity leave is an incentive intended to help new parents cope with the stress of having a newborn and allows fathers to stay at home with the mother and the child for those two weeks. If the father decides to take two weeks of paternity leave, he is entitled to paternity pay; the mother is also entitled to maternity pay during this period. This means that both the father and the mother of the child will receive social security benefits during the two-week period. The conditions for entitlement to two weeks of paternity leave are similar to those for maternity pay. The father must meet the following conditions: he must be actively insured for sickness; have 270 days of sickness insurance in the two years preceding the claim for paternity pay, including any previous period of sickness insurance which has been terminated; and be responsible for childcare (i.e. the father must use these two weeks to actively care for the newborn child). Additionally, if the father claiming paternity pay is a self-employed person or a person voluntarily insured for sickness, he must not be in arrears with the Social Insurance Office.

To encourage the provision of care for the child, the employer is obliged to provide parents with parental leave upon request until the day the child reaches three years of age. In the case of a child with long-term unfavourable health condition requiring special care, the employer is obliged to provide the parent, upon request, with parental leave until the day the child reaches the age of six.

If the child has been taken into the care of a nursing home or other medical institution for health reasons and the mother has not yet started work, maternity leave shall be interrupted by this commencement at the earliest at the expiry of six

²² Directive No. 2018/1158 of the European Parliament and of the Council of 20 June 2019 on work–life balance for parents and carers and repealing Council Directive 2010/18/EU.

weeks from the date of delivery. A mother or a father who has ceased to care for the child and whose child has for that reason been placed in alternative care shall not be entitled to maternity leave and parental leave for the period during which she or he is not caring for the child.

If the child is stillborn, the woman shall be entitled to maternity leave for 14 weeks. If the child dies while the woman is on maternity leave or while the woman or the man are on parental leave, they shall be granted this leave for a further two weeks from the date of the child's death, up to a maximum of the date on which the child would have reached the age of one year.

After maternity/paternity leave and the following parental leave conclude, it is important to ensure that parents with children are able to re-enter the workforce. Flexible forms of employment could be beneficial in this sense, and constitute one of the key pillars of the Government's Strategic Framework that needs significant improvement by the year 2030. Among OECD countries, Slovakia ranks last in the use of part-time employment. The lack of opportunities for part-time employment after parental leave often leads mothers to take on low-skilled jobs, as these jobs allow more time to take care of the child. However, in this situation, women's knowledge potential and human capital are not being harnessed adequately. As such, there is a need to increase the attractiveness of part-time employment for both the employer and the employee, as regulated by Section 49 of the Labour Code, particularly in jobs where it is not possible to work from home. Part-time employment is often associated with so-called job sharing, which is regulated by Section 49a of the Labour Code. According to the OECD, in 2021, the average part-time employment of mothers with children aged 0–14 years was 18.44% in the EU and only 5.01% in Slovakia. In this respect, it is important to note that agreements for work performed outside the employment relationship are also used in Slovakia. However, these agreements are difficult to capture in the statistics, making it impossible to determine the proportion of parents working on agreement during or after parental leave.

A key aspect of reconciling family care with employment is flexibility in working time, flexible working hours, and appropriate adjustment or staggering of working time. Flexible working hours for parents, combined with the guarantee of a pre-school placement for children up to five years of age, appears to be a very effective tool for increasing the birth rate. In addition to working time flexibility, workplace flexibility helps parents reconcile work and family life, where working conditions allow it. Measures guaranteeing flexibility of working time and workplace flexibility can significantly contribute to a higher level of reconciliation between family and working life.

Slovak legislation does place a particular emphasis on preschool education, including nursery and kindergarten care. Childcare for children under the age of three is provided by nurseries, which were not regulated by the law until 2017. Prior to regulation, a free trade agreement was sufficient to provide these services. The amendment to the Social Services Act, which went into effect in 2017, introduced new rules, regulations, and conditions for the provision of care for children under

three years of age. As of 1 March 2017, nurseries were defined as a social service to support the reconciliation of family life and working life in a childcare facility for children up to three years of age. Only a child up to three years of age whose parent is preparing for a profession by studying at secondary school or university, preparing for the labour market, carrying out activities related to entering or returning to the labour market, or engaged in gainful employment (e.g. employed or self-employed) can be admitted to a nursery. Nursery care can be provided until the end of the calendar year in which the child reaches the age of three. In nursery care, one childminder can be employed for a maximum of five children and at least 75% of all nursery staff must be professional staff with vocational education in the field. The childminder must have at least: (a) full secondary vocational education obtained in a field of education with a vocational focus in the field of childcare; or (b) full secondary general education or full secondary vocational education and have completed an accredited childcare course of at least 220 hours.

In a childcare establishment for children up to three years of age, care may be provided for a maximum of 12 children in a single room which fulfils the function of both a playroom and a bedroom; this applies even if the bedroom is structurally separated from the playroom and the children use both of these areas. The number of children may be increased by a maximum of three children if the day room or the bedroom and playroom do not provide care for a child under one year of age. In other words, if a child under one year of age is cared for in such a facility, the maximum number of children is 12; otherwise, up to 15 children may be cared for. The nursery must conclude a written contract with the parent for the provision of a service to support the reconciliation of family life and working life in a childcare facility for children up to three years of age. In a childcare establishment for children up to three years of age, normal childcare, boarding, education, and leisure activities shall be provided.

Kindergarten care is provided in accordance with the Education Act, which was amended in 2023. In respect to kindergarten care, the Education Act states that *‘Education and training under this Act shall be based on the principles of (a) free education in a kindergarten established by a local state education authority or a local self-government authority (hereinafter referred to as a “state school”) for children for whom pre-primary education is compulsory, (b) the right to be admitted to pre-primary education in a kindergarten from the school year following the school year in which the child reaches the age of three’*.

As of January 2021, all five-year-old children in Slovakia are required to complete compulsory pre-school education and are thus guaranteed a place in a kindergarten. Kindergarten care is provided from the age of three. However, due to compulsory kindergarten attendance from the age of five, these children were given priority admission to every kindergarten. If the capacity of the facility was small or there were many five-year-old children in the area, younger children are simply not admitted. The availability of pre-school care facilities has had an impact on the employment of parents, especially mothers. In particular, mothers with children aged

between the ages of three and six years have problems getting a job after parental leave has come to an end. Individual measures to improve the situation in this area need to be tailored to regional needs and opportunities. As of 15 September 2022, there were more than 19,000 outstanding applications for kindergartens, indicating a significant number of children still waiting to be admitted to a kindergarten facility. According to the legislation in force, children one year before compulsory school attendance had priority admission to kindergartens. It can thus be assumed that the majority of these waitlisted applications are from the legal representatives of children under five years of age. The greatest shortage of places in kindergartens is in the larger cities, especially in Bratislava and its surrounding areas such as Senec and Pezinok. In response to this huge practical problem, in 2023, the National Council of the Slovak Republic passed an amendment to the Education Act that introduced parental entitlement to a place in kindergarten from the age of three. The amendment also stipulates that the State must pay support for every child who needs it from 2026. The amendment introduced a legal entitlement to a nursery place for children as young as three years of age. This place must be provided by the municipality. For children aged three years and older, this entitlement will only be effective in real terms from the 2025/2026 school year. From September 2024, it should apply to all four-year-olds. As such, the provision is being phased-in gradually. Every child should obtain a nursery place in the catchment area of their permanent residence. If this is not possible, it is the responsibility of the local authority to find a place in another nursery.

As of August 2023, calls were launched to increase the capacity of kindergartens. Kindergarten founders can apply for funding for projects to make up the shortage of places in childcare facilities. For the next two school years, municipalities have the opportunity to set up nurseries in other premises available to the municipality. These do not have to meet all hygiene and other standards, which are very demanding in respect to the running of a nursery. Municipalities have an important role to play, as they provide a regional perspective on the issue of increasing pre-school capacity, one that is more effective in terms of supply management and planning. Here, it is important for municipalities to monitor the demographic situation and developments in their region. In the short term, it is necessary to estimate the demand for pre-school facilities, which a municipality can achieve by analysing the age-specific population of permanent or temporary residents. The age distribution of the population will allow the municipality to estimate the current and future demand for pre-school facilities. However, citizens do not always have to be registered as permanent or temporary residents where they reside and where they use the services. Therefore, municipalities face not only lower revenues but also a certain degree of inaccuracy in characterising its residents and estimating their needs. This problem could be solved by introducing a new status or by replacing permanent or temporary residence with habitual residence, among other measures. Usual residence is simply understood as the place where a person stays most of the year outside work. This would bring more resources to municipalities and make it easier for them to plan and provide services

for residents, including expanding pre-school capacity according to demand in a particular region.

One of the current challenges families face is the disproportionately high cost of pre-school care. When comparing the cost of pre-school care for a family of four in the V4 countries, Scandinavian countries, and Germany, it is the family of four in Slovakia that allocates most of the family budget to pre-school care. Therefore, direct and indirect financial support should be used to cover the costs associated with early childcare. The government is currently working on an action plan to increase the financial support for families in need of pre-school care. It is children from disadvantaged backgrounds and poorer families who will benefit most from this policy, with early childhood care and education able to improve children's life chances in the future and reduce socio-economic inequalities. Indeed, such measures can have positive effects on reducing intergenerational poverty in the long term. Investing in quality pre-primary and primary education delivers the highest returns to society. Here, emphasis is placed on the quality of early childhood care. Quality early childhood care is the most important source of cognitive and social skills development, especially for children from low-income families. The availability of childcare services even during non-school hours is often a key issue influencing parents' labour market decisions. It would appear that children from low-income families would benefit most from the use of after-school care services.

6. Financial incentives for families

Family policy should be geared towards fostering an environment that encourages family formation, growth, and healthy functioning. The State has a crucial role in removing obstacles that hinder parents from effectively balancing their interests, skills, and abilities with family responsibilities. These efforts are grounded in the belief that family policy serves the best interests of Slovakia, functioning as a forward-looking strategy for the nation's future.

Research has yet to conclusively establish a direct correlation between improved financial conditions and a proportional increase in birth rates. Nevertheless, enhancing financial circumstances undoubtedly helps alleviate economic barriers to parenthood and family expansion. Therefore, it is imperative to strategically prioritise family-focused initiatives and improve the overall conditions under which families operate. The State cannot afford to relinquish its role in promoting demographic development, even when guaranteed success is not assured. In short, family policy should be a proactive effort to support families. Although financial improvements may not guarantee increased birth rates, they undeniably contribute to easing economic challenges associated with parenthood. Prioritising family-centric initiatives is crucial for the State and underscore its commitment to shaping a positive future for Slovakia.

The comprehensive analysis of 2014 Eurobarometer surveys conducted by the OECD reveals a consistent theme: the prevalent desire among individuals across Europe to have larger families.²³ Despite this aspiration, supplementary surveys indicate that, on average, individuals tend to have one child fewer than their ideal family size. This notable discrepancy is frequently traced back to the challenges families face in terms of financial and housing constraints. This pattern is similarly observed in the context of Slovakia. The interplay between family size preferences and the tangible realities of financial and housing situations reflects a broader societal dynamic with implications for demographic trends. Addressing these challenges is imperative for both national and European policy-makers seeking to align family policies with the aspirations and constraints faced by individuals and families.

The arrival of a new child has considerable financial implications for a family, generally translating to a reduction in annual income by hundreds to thousands of euros. This financial strain results from increased expenditures in various areas, such as housing, transportation, utilities, food, and clothing. Surveys and estimations specifically applicable to Slovakia indicate that the average monthly cost per child ranges between EUR 150 and EUR 350, amounting to a minimum of EUR 1,800 per annum.²⁴ This surge in expenses inevitably influences a family's standard of living, impacting choices related to housing, nutrition, leisure, and overall lifestyle. Accordingly, the family's net income experiences a notable decline, underscoring the intricate financial dynamics associated with expanding one's family. Understanding these financial intricacies is crucial for policy-makers and legislators striving to formulate family-friendly policies that consider the economic realities faced by individuals and families in the context of child-rearing responsibilities.

Historically, children served as an investment in a family's economic prospects, actively contributing to various familial activities from a young age, be it in the fields, workshops, or in caregiving roles. However, this narrative has shifted in contemporary society, with the cost of raising children outweighing any direct economic returns for parents. The decision to bring a child into the world and nurture them demands profound motivation and necessitates sacrifices, ranging from compromising comfort and the standard of living to forgoing personal fulfilment and certain aspects of quality of life.

In light of these considerations, it is imperative that the State acknowledge and address the financial challenges associated with parenthood. While no monetary benefit can fully offset the sacrifices made by parents, offering them certain benefits can serve as a gesture of recognition and encouragement. Although insufficient to redress the inherent sacrifices, these benefits can play a crucial role in incentivising individuals to embark on the journey of parenthood. It is crucial for the State to extend support that acknowledges the multifaceted sacrifices made by parents, recognising

²³ Directorate-General for Communication, 2014.

²⁴ Hidas and Horváthová, 2016.

that the decision to expand one's family is not merely motivated by financial incentives but also by a desire to nurture and contribute to societal continuity.

Achieving a societal atmosphere that encourages family growth and child-rearing necessitates a comprehensive approach involving a synergistic combination of diverse strategies. It is imperative for Slovakia to transition into a nation that not only acknowledges but actively promotes the welfare of families and children. This transformation is foundational for creating an environment where families can thrive, setting the stage for a lasting and considerable upswing in the birth rate. In addition to policy adjustments, this multifaceted initiative involves a cultural shift towards valuing and supporting the familial structure. By fostering a family-friendly ethos, Slovakia can lay the groundwork for sustained demographic growth and societal well-being.

Currently, Slovakia prides itself for its generosity in respect to supporting families relative to the median income in the country. Slovakia provides several financial incentives, among which the following are the most important.

The childbirth allowance constitutes a governmental social benefit designed to defray the costs associated with meeting the essential needs of a newborn child.²⁵ The rightful beneficiary is the mother who physically gives birth to the child. In cases where the child's mother is deceased, missing, or the child has been legally entrusted to the father's personal care, the father becomes eligible for this allowance. The prerequisites for claiming the childbirth allowance include the actual birth of the child and the entitled person's permanent residence and domicile within the borders of the Slovak Republic. This allowance is disbursed as a one-time payment to the entitled individual with a permanent residence and domicile within the Slovak Republic upon the birth of their child. In situations where multiple children are born simultaneously, the entitlement to the childbirth allowance arises for each child. However, specific conditions exist that may preclude eligibility. These include instances where the beneficiary has not entered into an agreement for the provision of general outpatient care for the child, has consented to the child's adoption, or has seen the child entrusted to a substitute for parental care. Eligibility is also voided if the mother is a minor without parental rights granted by a court concerning the child's personal care or if, during the period from the fourth month of pregnancy until childbirth, the mother has failed to attend monthly preventive check-ups with a gynaecology and obstetrics specialist. The conditions outlined ensure that the childbirth allowance is granted judiciously, prioritising the well-being and care of both the mother and the newborn child. The childbirth allowance is disbursed at varying amounts based on the number of births and specific circumstances. For the first to fourth birth, the allowance amounts to EUR 829.86. In the case of the fifth and subsequent births, the allowance is reduced to EUR 151.37. In situations where more than one child is born concurrently, an additional EUR 75.69 is added to the allowance for each child.

²⁵ Act No. 383/2013 Coll. on Childbirth Allowance and on Allowance on More Concurrently Born Children.

These differential amounts are structured to accommodate the unique circumstances associated with the number of births, ensuring that the childbirth allowance remains equitable and reflective of individual situations.

The allowance for multiple children born at the same time is a state social benefit provided once a year to offset the increased expenses incurred in connection with the proper care of three or more children born at the same time, two children born at the same time within a period of two years, or the birth of more than two children within a period of two years.²⁶ An eligible person is the parent of the children or a natural person who has taken the children into substitute care on the basis of a final court decision. If the parents do not agree which of them shall claim the allowance, the mother of the children shall have the priority right to the allowance. The conditions for entitlement to the allowance for parents to whom three children are born at the same time are as follows: (a) at least three of the three or more children were born at the same time, or are twins born within a two year period, and are no older than 15 years of age; (b) for twins or more children born at the same time within a period of two years, the age limit for the children born first in the sequence shall be observed; (c) the proper care of the above children by the beneficiary; and (d) the permanent residence of the beneficiary and the above-mentioned children in the territory of the Slovak Republic. The allowance is granted to the parents for each child only once in a calendar year. The amount of the allowance for multiple children born at the same time is EUR 110.36.

Child allowance is a state social benefit aimed at assisting the eligible person in the upbringing and maintenance of their dependent child. Additionally, it contributes to the partial payment of school needs, supporting the fulfilment of the dependent child's school obligations. The allowance is provided monthly until the child reaches the age of 25, as long as they meet the condition of dependency. For the purposes of child benefit, a child is considered dependent if they (a) are continuously preparing for a profession through full-time study at a secondary or higher education institution; (b) cannot continuously prepare for a profession due to illness or accident, (c) are exempt from the obligation to attend school; (d) being educated in a primary school for pupils with disabilities; or (e) based on an assessment of the child's long-term unfavourable health condition, considered incapable of continuous vocational training or gainful employment, but not beyond the age of majority.

A child is not considered a dependent child eligible for child benefit if they are entitled to an invalidity pension or have already obtained a second-level higher education qualification. Eligible persons who can claim the child benefit include the parent of the dependent child, the parent to whom the child has been entrusted by a court order, a person to whom a dependent child is entrusted in substitute care based on a final court decision, an adult dependent child if there is no parent of the

²⁶ Act No. 383/2013 Coll. on Childbirth Allowance and on Allowance on More Concurrently Born Children.

dependent child, an adult dependent child if they have a modified parental maintenance obligation, an adult dependent child if they have been entrusted to the care of a substitute parent until reaching the age of majority, an adult dependent child who has entered into marriage, an adult dependent child whose marriage has been terminated, and a minor parent who has been granted parental rights and responsibilities. In cases where multiple beneficiaries meet the aforementioned conditions, the allowance for the same child is due to only one of them based on their agreement. The amount of the child allowance is EUR 60, with an additional EUR 110 for the calendar month in which the dependent child enters their first year of primary school.

The child allowance supplement is a state social benefit designed to complement the child benefit received by an eligible person. Its purpose is to assist in the upbringing and maintenance of a dependent child to whom the tax bonus cannot be applied, as specified by relevant regulations. The supplement to the child allowance is disbursed monthly, concurrently with the child allowance. Persons entitled to claim the child allowance supplement include the parent of a dependent child or the person to whom the dependent child is entrusted in substitute care based on a final court decision. In cases where there are multiple eligible persons meeting the conditions outlined above, the supplement to the allowance for the same child is directed to the eligible person entitled to receive the child allowance. The amount of the child benefit supplement is EUR 30.

Parental allowance is a state social benefit designed to support eligible individuals in ensuring the proper care of a child up to the age of three or up to six years if the child has a long-term adverse health condition. The entitled person may include the child's parent, a person entrusted with the child's care based on a court decision, or the spouse of the child's parent residing in the same household.²⁷ Conditions for entitlement to parental allowance include providing proper care for the child and having permanent or temporary residence in the territory of the Slovak Republic or being a person under special regulations. The entitlement applies to a child up to six years of age, considering various circumstances such as continuous preparation for a profession, health conditions, being exempt from school attendance, or being unable to attend school due to disability. The allowance is granted to one entitled person designated by mutual agreement among caregivers. The parental allowance amounts to EUR 345.20 per month, or EUR 473.30 per month if the entitled person received maternity pay or an equivalent benefit before the entitlement arose. For each child born at the same time, the allowance is increased by 25%. However, if the entitled person neglects the compulsory school attendance of another child in their care for at least three consecutive months, the allowance is reduced by 50%. The Ministry of Labour, Social Affairs, and Family of the Slovak Republic sets the parental allowance amounts on an annual basis, with the full text published in the Collection of Laws of the Slovak Republic by December 31.

²⁷ Act No. 571/2009 on parental benefits.

Childcare allowance is a state-provided benefit aimed at assisting parents or individuals entrusted with a child's care in covering the associated expenses.²⁸ This allowance is extended until the child reaches three years of age, or up to six years for a child with a long-term adverse health condition. Per the scope of this allowance, childcare involves the provision of care for a child and ensuring the child's physical and psychological development, while the parent is engaged in gainful employment or pursuing secondary or university education. This care can occur in various environments, such as the child's family, a specifically designed setting, or within the family environment of the caregiver. Eligible childcare providers encompass establishments under specific regulations, legal entities offering childcare services, natural persons providing care under special regulations, and parents who are gainfully employed and not receiving parental allowance. Those eligible to claim the childcare allowance include the child's parent or a parent entrusted with the child's care by a court decision. In cases of joint or alternate personal custody, the allowance is distributed based on a written agreement between the parents. If no agreement exists, the allowance is allocated to each parent on an alternating basis. The new agreement's legal effects commence after the sixth calendar month following the start of allowance payments, unless specified otherwise.

The childcare allowance is granted per child. If multiple eligible persons meet the criteria, the allowance is payable to only one of them. The monthly amount varies based on the type of childcare provider and is subject to government adjustments. For instance, it covers payments agreed between the provider and the eligible person, reimbursements, or fixed contributions when childcare is provided by specific entities or natural persons. The monthly amount of childcare allowance depends on the type of childcare provider. Specifically, the childcare allowance amounts to a maximum of EUR 280 for childcare agreed between the provider and eligible person, up to EUR 160 for reimbursement agreed between the provider and the beneficiary for childcare based on a trade license or in a playgroup, a maximum of EUR 80 if childcare is provided by a kindergarten part of the Slovak Republic's schools and educational establishments network, and a specified monthly contribution of EUR 41.10 if childcare is provided by another natural person (e.g. a grandparent) without receiving parental allowance or by a gainfully employed parent not otherwise providing care for the child.

The childcare allowance is a vital support mechanism and reflects the government's commitment to assist families in balancing work and family responsibilities. Adjustments to the allowance amounts may occur through government regulations to ensure continued support aligned with the evolving needs of families.

Maternity benefit is a sickness insurance benefit dispensed by the Social Insurance Institution and designed to support individuals with pregnancy or childcare responsibilities. Preceding maternity pay, a pregnant woman may be eligible for a pregnancy allowance, which is also provided by the Social Insurance Institution.

28 Act No. 561/2008 Coll. on Childcare Allowance.

In instances where a woman receives maternity pay, she subsequently qualifies for an increased parental allowance. Significantly, entitlement to maternity allowance extends to individuals other than the biological mother, including the child's father, adoptive parents, and foster parents, among various other eligible individuals. That said, the maternity benefit is not automatically granted to every parent; it is not an entitlement without evaluation. This contrasts with the parental allowance, which is generally accessible to all parents irrespective of their pre-birth employment status. Each application for maternity allowance is reviewed by the Social Insurance Institution, which evaluates whether the applicant fulfils the eligibility criteria, especially for an insured person who pays sickness insurance premiums. The amount of maternity allowance is not fixed and varies for each insured individual. The calculation primarily rests on the income derived from employment or business activities. Maternity allowance is computed as 75% of the taxable amount, encompassing gross salary for employees and business income for self-employed individuals. In 2023, the maximum maternity allowance an insured woman could receive was EUR 1,791.70 per 30-day month or EUR 1,851.40 per 31-day month. This maximum benefit was allocated to an insured woman whose assessment base, on which sickness insurance premiums were paid in the reference period (typically the preceding year; in this case 2022), was at least EUR 2,422 per month. This benchmark was set at twice the average monthly wage applicable in 2021, equivalent to $2 \times \text{EUR } 1,211$.

The entitlement to maternity benefit commences at the onset of the sixth week before the anticipated childbirth date, as determined by a doctor (i.e. at 34 weeks of gestation). The earliest entitlement kicks in from the commencement of the eighth week before the expected childbirth date (i.e. at 32 weeks of gestation). However, if the insured woman delivers earlier, the entitlement to maternity benefit initiates from the actual date of delivery. The entitlement to maternity benefit concludes at the termination of the 34th week from the date of entitlement to maternity benefit. However, special provisions exist for certain categories: pregnant single women who are insured have an extended maternity support period, with entitlement ceasing at the close of the 37th week following the date of entitlement to maternity pay; for insured women giving birth to twins or multiple children and caring for at least two of them, the entitlement to maternity pay continues until the conclusion of the 43rd week following the date of entitlement to maternity pay.

There is also a tax bonus system that helps families. Employees have the right to claim a tax bonus for each dependent child residing in their household. A dependent child includes a biological or adopted child, a child taken into substitute care based on a competent authority's decision, a child from the other spouse, and an adult dependent child entrusted to substitute care until reaching the age of majority. This tax bonus can be claimed by the employee from the month of the child's birth until the month in which the child turns 25, but only if the child is consistently engaged in full-time study at a secondary school or university. According to the Child Allowance

Act,²⁹ a dependent child includes a child exempted from school attendance, a child attending a primary school for pupils with disabilities, or a child unable to engage in continuous vocational training or gainful employment due to a long-term adverse health condition, up to the age of majority. As of 1 January 2023, the monthly child tax bonus amount varies based on the age of the dependent child, with a child up to the age of 18 entitled to a monthly tax bonus of EUR 140, and a child over the age of 18 years entitled to a monthly tax bonus of EUR 50.

Until 20 April 2023, the eligibility for the tax bonus for a child attending the last year of kindergarten or primary school was also influenced by whether the taxpayer claimed a subsidy for meals for this child. However, as of 1 May 2023, the provision of a food subsidy is no longer considered when claiming the tax bonus. It is important to note that the monthly amount of the child tax bonus may not be the maximum for every employee. According to the Income Tax Act, the tax bonus is capped at a certain percentage of the partial tax base depending on the number of dependent children. The calculation involves factors like the gross salary, employee contributions, and the number of dependent children. Only one parent can claim the child tax bonus with one employer, and parents cannot claim the credit in the same month. If parents have multiple children, only one parent can claim the child tax credit for all dependent children. It is also possible for parents to split the entitlement based on mutual agreement, such as one parent claiming the tax bonus for a certain period, and the other for the remaining months.

7. Artificial reproductive technologies

In the contemporary landscape, technological advancements pervade nearly every facet of our existence, enriching and streamlining our daily activities. Despite these transformative effects, it is imperative that we scrutinise individual technologies by considering the ramifications of their application and adopting a comprehensive approach that evaluates the entire implementation process rather than solely focusing on outcomes. Within this framework, it is important to concentrate on biomedical technologies germane to the creation of human life, with particular focus on assisted reproduction techniques and their legal regulation within the Slovak Republic. This subchapter discusses biomedical and scientific research activities associated with these techniques. Challenges linked to declining birth rates and complications in natural conception due to advancements in modern biomedical technologies are intricately tied to medically assisted procreation, particularly methods of assisted reproduction deemed the most dependable treatment for infertility.

²⁹ Act No. 600/2003 Coll. on child allowance.

In this respect, the fundamental question concerns whether assisted reproduction methods should be categorised as treatments. However, the exploration of assisted reproduction gives rise to ethical, moral, and legal considerations pertaining to safeguarding the conceived life and respecting the integrity and dignity of not only the conceived life but also the spouses/partners engaged in the assisted reproduction process. This subchapter critically analyses the legal regulation surrounding assisted reproduction techniques in the Slovak Republic, highlighting problematic aspects stemming from insufficiencies and ambiguities in the existing legal framework. In doing so, this subchapter discusses *de lege ferenda* proposals.

Assisted reproduction encompasses a series of procedures designed to facilitate the conception of a child. The WHO defines assisted reproduction as ‘all treatments or procedures that include the *in vitro* handling of both human oocytes and sperm or of embryos for the purpose of establishing a pregnancy’.³⁰ This broad classification includes various techniques, such as *in vitro* fertilisation (IVF), transcervical embryo transfer, gamete intrafallopian transfer (GIFT), zygote intrafallopian transfer (ZIFT), tubal embryo transfer, cryopreservation of embryos and gametes, oocyte donation, embryo donation, and surrogacy. Significantly, assisted reproduction excludes assisted insemination (i.e. artificial insemination) involving the sperm of a partner or donor.³¹

The predominant method employed in assisted procreation is IVF, wherein ovarian stimulation is initially conducted to procure an adequate quantity of biological material. Subsequently, the artificial fusion of male and female sex cells occurs under laboratory conditions, resulting in the formation of a zygote or fertilised egg. This zygote is then cultured and observed within a controlled laboratory environment, culminating in the selection and subsequent transfer of embryos to the mother’s uterus.

The ethical, moral, and legal quandaries surrounding Medically Assisted Procreation (MAP) revolve around the protection of conceived life, the issue of the overproduction of embryos, and the potentially undignified and destructive treatment of surplus embryos. This is why it is crucial that we adopt a sensitive approach in examining our legal landscape.

7.1. Legal regulation of assisted reproduction in Slovakia

In general, the legal framework pertaining to artificial insemination in Slovakia is characterised by a disconcerting lack of coherence, internal contradictions, and inadequacy. This prevailing state of affairs has created a regulatory environment that is susceptible to exploitation by assisted reproduction clinics. The absence of legislative clarity and consistency has provided room for ambiguity, enabling clinics to navigate and interpret the law in a manner that may not align with its intended purpose.

³⁰ International Committee for Monitoring Assisted Reproductive Technology (ICMART), World Health Organisation (WHO), 2009.

³¹ ICMART and WHO, 2009.

At the international level, the Universal Declaration on the Human Genome and Human Rights was unanimously adopted and endorsed by the General Conference of UNESCO in 1997.³² It subsequently gained further recognition when it was endorsed by the General Assembly of the United Nations in 1998. A pivotal instrument in safeguarding the rights of patients and users of health services is the Oviedo Convention on Human Rights and Biomedicine (hereinafter, the Oviedo Convention),³³ which is acknowledged as a standard in this domain. The Oviedo Convention serves as a benchmark for evaluating the efforts and progress made by EU Member States. Slovakia signed the Oviedo Convention on 4 April 1997, and ratified it on 15 January 1998, making it the first Eastern European country to do so. The Oviedo Convention came into force on 1 December 1999, and was officially incorporated into national law under No. 40/2000 Coll.

The right to access infertility treatment is recognised as a fundamental human right, aligning with Art. 14 and Art. 8 of the Convention for the Protection of Human Rights and Fundamental Freedoms. Additionally, the European Parliament resolution on the demographic future of Europe underscores the principle of non-discrimination, emphasising equal access to infertility treatment without bias based on religion or belief, disability, age, or sexual orientation. However, in Slovakia, the performance of assisted reproduction interventions remains limited. Notably, the requirement for an intimate physical relationship between a man and a woman as a precondition for undergoing assisted reproduction treatments poses a discriminatory hurdle for single women seeking pregnancy through assisted reproduction.

These international conventions have had a substantial impact on Slovakia's internal legislative processes. In addition to highlighting a shared set of values grounded in human rights across Europe, these conventions have spurred a deeper awareness of the imperative to fortify these values by aligning national laws with the principles enshrined in the Oviedo Convention. They have also catalysed political debate and efforts towards formulating a legal policy in Slovakia.

Slovakia's commitment to ethical considerations in the realm of biomedicine is underscored by its ratification of the Additional Protocol to the Convention Council of Europe for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, specifically on the Prohibition of Cloning Human Beings.³⁴ This protocol, in force since 1 March 2001, unequivocally prohibits any intervention seeking to create a human being genetically identical to another human being, whether living or deceased. Slovakia has also ratified the Additional Protocol on Biomedical Research, emphasising the crucial role of ethics committees, thorough evaluation of research merits, the duty of care, and the necessity of

³² UNESCO, 1997.

³³ Convention for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine.

³⁴ Council of Europe (1998) Additional Protocol to the Convention Council of Europe for the Protection of Human Rights and Dignity of the Human Being with regard to the Application of Biology and Medicine, specifically on the Prohibition of Cloning Human Beings.

informed, free, express, specific, and documented patient consent, as articulated in Art. 14 of this protocol. These ratifications affirm Slovakia's dedication to upholding human dignity and rights in the context of biomedical research and underscore its alignment with international standards and principles.

In respect to Slovakia's domestic legislation, the first legal act pertaining to Medically Assisted Procreation techniques within Slovak jurisdiction is embodied in the Measure of the Ministry of Health of the Slovak Socialist Republic, numbered 24/1983 (hereinafter, Measure no. 24/1983), which delineates the conditions governing MAP.³⁵ Notably, this measure still exists without repeal, and several of the stipulations it prescribes have been supplanted by subsequent legislation. It is worth noting that the legal framework governing assisted reproduction techniques in Slovakia has been critiqued by numerous experts, including those not directly engaged in the implementation of assisted reproduction technologies. According to prevailing expert consensus, this regulatory framework is deemed insufficient, antiquated, and lacking in conceptual clarity. Remarkably, this regulation, which has endured for four decades, operates as a sub-legislative norm with relatively limited legal force. Obtaining access to the text of this measure requires considerable patience and research enthusiasm, given its age and relative obscurity. Indeed, despite its historical significance and the fact that it is still in force, compliance with this measure is frequently overlooked. However, in a state governed by the rule of law, adherence to such regulatory frameworks is imperative.

Although never officially repealed, Measure no. 24/1983 appears to be largely disregarded in practical applications. Nevertheless, it delineates certain parameters and reasonable limits that merit attention. First and foremost, it restricts artificial insemination to married couples, mandating joint application by both spouses. It also confines artificial insemination to instances where medical reasons necessitate intervention. These medical reasons encompass fertility disorders in the husband, female genitalia disorders, the risk of hereditary diseases or developmental defects, and other impediments preventing the couple from conceiving healthy offspring together. Crucially, artificial insemination, as per Measure no. 24/1983, is sanctioned solely for women of full age, typically under the age of 35. In cases where the husband's sperm is unusable, the measure allows for the use of donor sperm selected by a medical professional, contingent upon the consent of the spouses. Anonymity between the spouses and the donor is stipulated, with the doctor responsible for ensuring that the donor has no blood relation to the woman.

Measure no. 24/1983 defines artificial insemination as '*a medical procedure whereby insemination is carried out on a woman with her husband's semen or the semen of another man*'. This definition confines artificial insemination to the specific act of insemination and excludes considerations for practices such as insemination outside the mother's body, embryo transfer, cryopreservation, and the like. Significantly,

35 Measure of the Ministry of Health of the Slovak Socialist Republic No 24/1983 of the Bulletin on the modification of conditions for artificial insemination (No Z-8600/1983-D/2).

these advanced practices were not contemplated when this measure was created, reflecting the evolution and expansion of assisted reproductive technologies beyond the scope initially envisaged by this regulatory framework.

In Slovakia, multiple centres specialising in assisted reproduction offer a diverse array of services. However, the expansive scope of care furnished by these centres is incongruent with the quality of the legal regulation governing these intricate techniques. Until 2017, MAP was only regulated in secondary legislation.³⁶ Given the myriad moral, ethical, and legal complexities intertwined with the implementation of MAP techniques as well as with their profound impact on human rights, the preservation of dignity, and the obligations emanating from international conventions binding the Slovak Republic, relying solely on norms possessing lesser legal force for such an extended duration is untenable within a state governed by the rule of law. Indeed, until 2017, there was only secondary legislation in this area, which was a huge shortcoming of the legislation of this field, especially considering the gravity of the ethical, moral, and legal considerations at stake.

In 2016, Act no. 317/2016 Coll., titled on Requirements and Procedures for the Collection and Transplantation of Human Organs, Human Tissues and Human Cells and on Amendments to Certain Acts,³⁷ was enacted to align the transposition of six binding EU directives.³⁸ This legislation is commonly referred to as the Transplantation Act. Despite the incorporation of this legislation, a conspicuous void persists as Slovakia's legal framework lacks a precise definition for assisted reproduction, resulting in a regulatory landscape characterised by fragmentation and disarray. It is worth noting that, in the absence of a dedicated legal definition, the regulation of assisted reproduction techniques in Slovakia's jurisdiction is marred by an inherent lack of coherence.

Human rights possess an internationally recognised nature that transcends state recognition, as states determine the extent of legal protection rather than the

36 Key legal acts: Government Regulation of the Slovak Republic No. 20/2007 Coll. on details on procurement, tissue and cell donation, criteria for selection of tissue and cell donors, laboratory tests required for tissue and cell donors, and procedures for procurement of cells or tissues and their acceptance by a health care provider, as amended by Government Regulation No. 119/2014 Coll.; Government Regulation of the Slovak Republic No. 622/2007 Coll. detailing the processing, storage, warehousing, or distribution of tissues and cells and the reporting and investigation of adverse reactions and events and the measures taken, as amended by Government Regulation No 9/2016 Coll.

37 Act no. 317/2016 Coll. on Requirements and Procedures for the Collection and Transplantation of Human Organs, Human Tissues and Human Cells and on Amendments to Certain Acts (Transplantation Act), as amended.

38 1. European Parliament, Council of the European Union (2004) Directive 2004/23/EC

2. European Commission, Commission Directive (2006) 2006/17/EC amended by European Commission (2012) Commission Directive 2012/39/EU

3. European Commission (2006) Commission Directive 2006/86/EC amended by European Commission (2015) Commission Directive 2015/565

4. European Parliament, Council of the European Union (2010) Directive 2010/53/EU

5. European Commission (2012) Commission Implementing Directive 2012/25/EU

6. European Commission (2015) Commission Directive (EU) 2015/566.

existence of these rights. In the context of legislation in Slovakia and its implications for the protection of unborn life, various approaches can be considered. A critical aspect is the absence of a clear legislative definition of embryos, which has led to ambiguity in the treatment of surplus embryos resulting from MAP techniques. The legal framework addressing the activities of MAP techniques is primarily found in the Transplantation Act. Specifically, Art. 2(5) of the Transplantation Act defines reproductive human cells as human tissue or human cells intended for the purpose of assisted reproduction. However, there is a notable gap in the legislation, namely, the lack of a specific definition clarifying whether human cells intended for assisted reproduction encompass embryos.

This legislative void leaves the handling of surplus embryos in the domain of assisted reproduction techniques without explicit legal guidance. The absence of a distinct definition for embryos in the Transplantation Act contributes to the broader challenge of determining the legal status and protection afforded to unborn life in Slovakia. Clarifying this conceptual ambiguity is imperative for establishing a comprehensive legal framework that aligns with the principles of human rights and ethical considerations associated with assisted reproduction techniques. It is important to note the legislative process behind the development of the Transplantation Act, especially the inter-ministerial comment procedure. Notably, a substantive comment of considerable significance emerged during this process. The petitioner introduced a distinctive definition in Art. 2(15) of the draft Transplantation Act, asserting that *‘Reproductive cells are tissue or cells intended for the purpose of assisted reproduction. A human embryo shall not be considered as reproductive cells’*. This proposed provision was then submitted to the Legislative Council of the Government of the Slovak Republic, a perpetual advisory body to the government. During its fifth meeting, held on 12 July 2016, the Council advocated for a modification to the proposal, documented under reference number 22125.³⁹ The revised version was recommended for submission to the Government of the Slovak Republic for deliberation. However, a twist emerged during the Government’s meeting on 16 August 2016, where a modified and entirely new iteration of the Transplantation Act secured approval. Notably, the initially proposed provision of Section 2(5), encompassing the essential comment from the inter-ministerial comment procedure, was omitted. Instead, the original definition of reproductive cells was reinstated in the draft, emphasising that *‘Reproductive human cells are human tissue or human cells intended for the purposes of assisted reproduction’*. This turn of events meant that the question of whether embryos can be considered reproductive human cells was left unanswered. This is of crucial significance because according to the European directives that the Transplantation Act transposes, the reproductive cells intended for assisted reproduction encompass not only ova and sperm but also embryos. This nuanced interpretation adds layers of complexity to the legal landscape surrounding assisted reproduction techniques, necessitating thorough scrutiny and clarification.

39 Legislative Council of the Government of the Slovak Republic, 2016.

Overall, the Transplantation Act is a significant piece of legislation addressing cell, tissue, and organ donation, emphasising the quality and safety of donated cells to mitigate the risks of infection and disease transmission during transplantation. The Transplantation Act serves as a conduit for transposing six EU directives, some of which touch upon the donation of gametes for assisted reproduction purposes. Consequently, amendments have been incorporated into national law, recognising that the donation of reproductive human cells between partners in an intimate relationship, regardless of marital status, constitutes partner donation. The written informed consent of the donor for partnered donation also extends to encompass the potential use of unused reproductive cells for other reproductive purposes, scientific research or disposal.

This legislative shift marks a departure from the earlier mandatory measures that exclusively mentioned spouses in the context of artificial insemination. Influenced by EU directives, the Transplantation Act extends the provision of assisted reproduction to unmarried partners who declare an intimate physical relationship. However, it is crucial to note that while the Transplantation Act is often regarded as a legal basis for assisted reproduction for non-marital couples in practice, the directives themselves should not be interpreted as an overarching legal foundation for the legalisation of specific assisted reproduction procedures. Directive 2004/23/EC, which establishes quality and safety standards for donated human tissues and cells, explicitly states that it should not conflict with Member States' decisions regarding the use or non-use of specific types of human cells, including germ cells and embryonic stem cells. Consequently, if national legislation does not permit certain methods of gamete use, the directive cannot be construed as a basis for altering such legislation. Nonetheless, the prevailing practice in Slovakia suggests that artificial insemination is performed on individuals beyond the confines of marital relationships.

Paradoxically, the absence of a comprehensive legal framework notwithstanding, these techniques continue to receive financial support through public health insurance mechanisms. The provision of assisted reproduction services funded by public health insurance is contingent upon adherence to indications delineated in secondary legislation. Government Regulation No. 776/2004 Coll., as amended, prescribes the Catalogue of Health Performances, delineating distinct health care procedures for assisted reproduction. This regulatory framework⁴⁰ outlines the parameters for one cycle prior to oocyte retrieval, one cycle encompassing oocyte retrieval for IVF without embryo transfer, and one comprehensive cycle involving embryo transfer. These specified cycles are established as integral health care procedures within the realm of assisted reproduction. However, the current regulatory framework lacks precise terminology when addressing the specific methods offered by assisted reproduction centres. The existing language within the regulation does not provide a detailed and comprehensive elucidation of the various assisted reproduction techniques available at these centres.

⁴⁰ Government Regulation No. 776/2004 Coll., as amended.

The regulatory framework governing assisted reproduction in Slovakia is further delineated by Government Regulation No. 777/2004 Coll., which plays a pivotal role in determining the extent of coverage provided by public health insurance for various treatments. This regulation identifies a list of diseases and specifies the treatments that fall under different coverage categories, including full coverage, partial coverage, or no coverage at all. In the context of artificial insemination, IVF, and other assisted reproduction methods, the public health insurance system extends coverage for a maximum of three cycles of assisted reproduction procedures. This coverage is applicable to women up to the age of 39, contingent upon specific medical conditions. The enumerated medical reasons that warrant public health insurance coverage for assisted reproduction procedures include: missing fallopian tubes or irreversible damage to the fallopian tubes (excluding conditions resulting from previous sterilisation or abortion); endometriosis in women; irreversible damage to the ovaries, excluding damage resulting from an abortion; idiopathic sterility; male sterility factors such as azoospermia, asthenospermia, ejaculatory dysfunction, and conditions related to chemotherapy or post-traumatic situations; immunological causes of sterility; and the risk of hereditary diseases preventing the couple from conceiving healthy offspring, endocrine causes of sterility.

As a result of this government decree, the public contributes to the co-payment of artificial insemination procedures for the specified medical reasons, including techniques like IVF with embryo transfer. This approach ensures that individuals with certain medically recognised conditions have access to assisted reproduction procedures with financial support from the public health insurance system. The regulation reflects a targeted and nuanced approach to coverage, aligning with medical necessity and contributing to a more inclusive and accessible assisted reproduction landscape in Slovakia.

The incongruity between the absence of a clear legal definition and the concurrent financial support via public health insurance raises pertinent questions regarding the coherence and adequacy of the existing legal framework governing assisted reproduction. The coexistence of financial support within the public health insurance paradigm and the lack of a comprehensive legal definition underscores the urgency for a more systematic and coherent approach to regulating these intricate techniques.

In Slovakia, the principles of confidentiality and informed consent, along with the legal and ethical aspects of collecting and safeguarding information, are clearly defined by national law. The right of a patient to provide informed consent, particularly in the context of diagnostic procedures such as genetic tests, is recognised as one of the fundamental patient rights in Slovakia. According to national law, any intervention in the health field, including diagnostic procedures, can only proceed after the concerned individual has provided free and informed consent. This involves the individual receiving appropriate information regarding the purpose and nature of the intervention, as well as being informed about its potential consequences and risks. Importantly, the person retains the autonomy to freely withdraw consent at

any point during the process. Emphasis is placed on the right to medical secrecy or confidentiality, ensuring that everyone has the right to privacy concerning information related to their health. This includes a commitment to respecting the private life of individuals in the context of their health information.

The processing of personal data and the protection of the rights of data subjects are subject to specific regulations outlined in Act No. 428/2002 Coll. on Protection of Personal Data. This legal framework sets forth provisions for the responsible handling of personal data and the safeguarding of the privacy and rights of individuals during data processing activities, aligning with contemporary standards of data protection and privacy.

Conscientious objection within the realm of assisted reproduction, as well as other medical procedures such as abortion and sterilisation, is safeguarded for healthcare professionals in Slovakia. This protection is explicitly outlined in the Code of Ethics for Healthcare Professionals, an annex to Act No. 578/2004 Coll. on Healthcare Providers. According to the Code of Ethics, healthcare professionals—including doctors, nurses, and pharmacists—are not compelled to participate in acts that go against their conscience. Per this provision, *‘a healthcare professional may not be required to perform or participate in a performance that is contrary to his or her conscience, except in cases of imminent danger to the life or health of persons’*. This clause acknowledges and respects the individual ethical and moral considerations of healthcare practitioners. In cases where a healthcare professional invokes conscientious objection, they are obligated to inform their employer and, if applicable, their patients. This transparency ensures that alternative arrangements can be made to address the healthcare needs of patients while respecting the conscientious objections of the healthcare professional.

Furthermore, the legal framework in Slovakia extends beyond individual practitioners to protect healthcare facilities as a whole. Assisted reproduction procedures, as well as abortion and sterilisation, may not be provided by a healthcare facility if *‘the provision of health care is prevented by the personal beliefs of the health care professional who is to provide the health care’*.⁴¹ Outlined in Art. 12(2) and (3) of Act No. 576/2004 Coll. on Health Care, this provision recognises the collective conscientious objections within a healthcare institution, ensuring that healthcare services align with the ethical considerations of the professionals involved. Essentially, if no employees within a hospital are willing to perform certain procedures due to conscientious objection, the hospital is not obligated to provide them. This legal framework seeks to strike a balance between ensuring patient access to necessary medical procedures and respecting the moral and ethical convictions of healthcare professionals and institutions.

As such, Slovakia’s legal framework places significant emphasis on upholding patient rights, including the right to provide informed consent, maintaining confidentiality in health-related information, and ensuring the protection of personal data

⁴¹ Act No. 576/2004 Coll. on Health Care.

in compliance with established laws and regulations. These measures collectively contribute to fostering a patient-centric, ethical, and legally sound healthcare environment in Slovakia. Unfortunately, in to the field of assisted reproduction, these measures fall short. The existing legal landscape surrounding assisted reproduction in the Slovak Republic appears inadequate and out of sync with the evolving methods employed within the country, particularly in respect to extra-uterine insemination. Individual reproductive health centres have independently crafted their procedures to navigate legal ambiguities, highlighting the diminishing relevance of the Ministry of Health's longstanding Measure no. 24/1983.

The complex issues related to assisted reproduction can be categorised into regulated and unregulated aspects within the framework of Slovak law. Issues partially regulated by Slovak law include: (a) the accessibility/admissibility of assisted reproduction, which is addressed by the Measure of the Ministry of Health of the SSR 24/1983; (b) the determination of parental rights, which is governed by the Family Act – No 36/2005 Coll., as amended -; (c) the informed consent of applicants, which is regulated under the Health Care Act – 576/2004 Coll., as amended -; and (d) gamete donation, which is covered by the Health Care Act and government regulations. Unregulated issues include: (a) the inadequate legal definition of assisted reproduction and its purpose; (b) the lack of explicit legal definition of embryonic cells (embryos); (c) ambiguity surrounding the storage of gametes and embryos, particularly in respect to the ethical and legal concerns arising from the unspecified conditions for storage duration and destruction of surplus embryos; (d) embryo donation, which remains undefined within the legal framework; and (e) the lack of legal provisions regarding the use of surplus/supernumerary embryos for research and therapeutic purposes.

The current legal vacuum not only raises bioethical and legal dilemmas but also challenges established legal categories. Scientific advancements in assisted reproduction challenge traditional legal norms rooted in Roman law, necessitating legislative adaptation. The legislature needs to make critical decisions on whether to criminalise, prohibit, severely restrict, or permit and regulate assisted reproduction. Addressing the legal status and capacity of embryos in accordance with the Slovak Constitution further complicates the legislative process. The recognition of reproductive rights as fundamental and inviolable, especially in respect to the rights to privacy and health, prompts a nuanced approach to regulation.

While the adoption of legislation could enhance legal certainty, there is a delicate balance that needs to be upheld. Overly restrictive regulations may prompt patient migration to other EU states, akin to the Italian experience.⁴² Striking a balance between paternalistic and liberal approaches is crucial for effective legislation. Despite a previous attempt via the Biomedicine Bill in 2006, the absence of a comprehensive regulatory framework at the national level is considered an unsatisfactory state of affairs. The impending decision by the Slovak legislator warrants careful consideration

42 Fenton, 2006, p. 74.

of various options, keeping in mind the broader implications for individual freedoms and medical research.

Globally, there has been an exponential surge in the adoption of assisted reproductive techniques, which have become an integral facet of people's lives. This burgeoning field has also experienced a notable expansion in the Slovak Republic. However, the legislative framework governing these techniques within the country remains markedly inadequate, raising justifiable concerns regarding the effective implementation of the constituent acts that delineate the procedures of individual techniques. Within this legal landscape, human life conceived through assisted reproduction is often treated as a consumable material subject to disposal if it fails to meet unspecified quality criteria, a lacuna that remains unaddressed by the existing legislation. Although individuals undergoing assisted reproduction techniques are required to provide written informed consent, arguably, this compliance typically only adheres to formal criteria. The instructional and consensual documentation fails to adequately capture the ethical and moral quandaries inherent in the procedures.

The current legal regulation of assisted reproductive techniques in Slovakia is inadequate. Indeed, the existing framework lacks a robust safeguard for conceived human life and fails to establish clear legal boundaries governing the implementation of assisted reproduction techniques. This legislative deficiency raises ethical and moral concerns, necessitating the re-evaluation and enhancement of the regulatory framework to align more closely with the imperatives of protecting human life within the context of assisted reproduction.

The aforementioned deficiencies in the legal regulation of assisted reproduction techniques are longstanding issues, with the enactment of the Transplantation Act failing to resolve these shortcomings. In light of *de lege ferenda* considerations, the ethical and moral dilemmas associated with MAP techniques and the surplus production of embryos should be addressed. Considering the Slovak Republic's commitment to the protection of life before birth, embryos should be expressly excluded from the categorisation of reproductive cells as outlined in the Transplantation Act. This would mitigate ethical concerns, enhance clarity in legal definitions, and foster a more conscientious application of assisted reproduction techniques within the framework of prevailing laws.

Another noteworthy criticism concerning the moral and ethical quandaries associated with assisted reproduction techniques is the absence of alternatives for individuals who decline such methods within the current legislation and the financing options available through public health insurance in Slovakia. Despite existing alternatives, individuals rejecting assisted reproduction techniques are not provided with viable options. For instance, a notable alternative is Restorative Reproductive Medicine (RRM), which encompasses lifestyle modifications for enhanced health and reproductive function, educating individuals or couples on understanding fertility cycles, and medical interventions supporting various physiological processes related to fertility. RRM also includes surgery to rectify pathologic issues and restore normal anatomy and function. Central to the RRM approach is the identification of

underlying causes or contributing factors. A specific model within RRM is Natural Procreative Technology, also known as NaPro Technology (NPT), a holistic and natural approach to reproductive medicine that focuses on identifying and addressing the underlying causes of fertility issues. Developed at Creighton University School of Medicine and the Saint Paul VI Institute for the Study of Human Reproduction, NPT involves various methods and treatments to support conception while respecting the natural processes of the human body. This model incorporates the Creighton Model Fertility Care System for educating couples about the fertility cycle and medical and surgical treatments to support conception *in vivo*. First gaining popularity in Slovakia in 2005, NPT has been available as a treatment option since 2012, although not one financed from health insurance. In line with the situation in Slovakia, the availability of NPT is generally not covered by public health insurance and is not actively promoted or financed in most European countries. However, noteworthy exceptions exist in countries with a significant Catholic influence, such as Ireland and Poland. For instance, NPT is widely available and financed by public health insurance in Ireland, where numerous active doctors and facilities offer treatments in major cities across the country. As an important benefit inherent in this methodology resides in finding and eradicating the origins of infertility, NPT is a genuine therapeutic modality. By valuing the human dignity of couples investigating the roots of their infertility, this approach ensures that, upon the elimination of identified causes, conception can occur naturally, preserving the dignity of the conceived life. Given these considerations, public health insurance should encompass this method as a viable alternative to conventional assisted reproduction techniques.

Similar to all medical interventions, assisted reproduction carries both potential benefits and risks. Precision in regulations is imperative to maximise advantages while minimising potential harm. To this end, it is crucial to engage all relevant stakeholders in the development of health policies governing assisted reproduction practices.

7.2. Assisted reproduction in practice in Slovakia

The demographic data outlined in the previous chapters shows a positive birth rate trend and an optimistic prognosis of the future birth rate. Despite these favourable statistics, there is a concerning rise in the number of infertile couples, representing a negative trend. Historical data from the 1980s and 1990s reported an infertility rate of 12–13% in Slovakia. Today, almost 20% of couples in Slovakia are reportedly experiencing infertility.⁴³ For one out of every six infertile couples, the issue of infertility is resolved through alternative means. However, for 9% of couples, assisted reproduction is the sole viable path to achieve parenthood. The first child conceived via assisted reproductive technologies in Slovakia was born in 1984. In 2004, just 0.3% of children were born through the implementation of

⁴³ Statistical data provided by the Health Insurance Company Union.

assisted reproduction techniques. According to 2023 estimates, approximately 2% of children in Slovakia are born via ART each year.⁴⁴

The most recent data specific to Slovakia reveals that, on average, 50% of infertility cases are attributed to male factors, and this percentage is consistently increasing. Conversely, in instances of female infertility, approximately 40% of women face childlessness due to functional ovarian hormonal disorders. Additionally, a substantial cohort of women exhibits positive antibodies to their partner's sperm, emphasising the complexity and multifaceted nature of infertility issues. The observed demographic trends and the prevalence of infertility underscore the importance of continued research and comprehensive approaches to address the evolving landscape of reproductive health in Slovakia.

As noted, Slovak legislation is chaotic and outdated and still largely reliant on Measure no. 24/1983, which was enacted some four decades ago, while more recent legal acts only partially regulate artificial reproduction. As a result of this legislative gap, medical facilities have been creating their own guidelines, making it difficult to evaluate how artificial reproductive techniques work in practice. Passed by the Ministry of Health, Measure no. 24/1983 only uses the term 'artificial insemination', with no mention of 'artificial reproduction' or 'medically assisted reproduction'. That said, it does define fundamental prerequisites for the conduct of artificial insemination, many of which are analogous to various forms of assisted reproduction. Nonetheless, aside from the regulations articulated in the Health Care Act and the Transplantation Act or other legislative frameworks, Slovakia lacks an effective mechanism to compel individual assisted reproduction centres to rigorously adhere to these stipulations.

According to the specific provisions laid out in Measure no. 24/1983, the performance of assisted reproduction is deemed permissible if the following conditions are satisfied:

1. Existence of Medical Reasons: This criterion aims to prevent the misuse of artificial insemination by women whose medical condition would not inherently hinder natural conception. Health grounds are enumerated in Art. 2(2) and include disorders of the husband's fertility, anatomical or other disorders of the female genitalia, the risk of hereditary disease or developmental defect, and other impediments preventing spouses from having healthy offspring. This stipulation remains relevant today.

2. Marital Union Requirement: Measure no. 24/1983 mandates the existence of a marital union for those seeking artificial insemination. Consequently, unmarried couples, single mothers, or widows are excluded under the measure. While opinions differ on the validity of this requirement, in practice, the eligibility for assisted reproductive technology has expanded to include married and unmarried couples, in correspondence with global trends.

⁴⁴ Ministry of Health of the Slovak Republic: Draft National Programme on Protection of Sexual and Reproductive Health in the Slovak Republic, op. cit., part 8.8.

3. Joint Written Request: Measure no. 24/1983 necessitates a written request from both spouses in order to preclude the execution of an assisted reproduction procedure against the parties' will, especially that of the husband, who might be unaware of the procedure in certain circumstances. The applicant spouses are also obliged to sign a declaration acknowledging their awareness of the legal consequences, potential complications during pregnancy and maternity, and family law implications of the artificial insemination procedure.

4. Applicant's Capacity: According to Art. 3(2), the applicant for artificial insemination must be a person of full age, typically under 35 years, provided their health or that of their spouse does not pose a hindrance.

5. Procedure in Competent Health Facility: The performance of the procedure is limited to competent health facilities, exclusively within women's wards of type III hospitals with polyclinics. In exceptional circumstances, the Ministry of Health may authorise artificial insemination in other health facilities, as outlined in Art. 6(1).

In Slovakia, the relevant authorities overseeing matters related to assisted reproduction include the Ministry of Health of the Slovak Republic⁴⁵ and the Institute of Medical Ethics and Bioethics.⁴⁶ These institutions play a pivotal role in the regulatory and ethical dimensions of assisted reproduction within the country. The Central Ethics Committee of the Ministry of Health⁴⁷ actively engages in the formulation of and commentary on new health legislation, particularly with respect to assisted reproduction issues. Its involvement in the legislative process underscores its significance as a key body in shaping the ethical framework surrounding reproductive health practices.

In accordance with Slovak law, each inpatient health care facility is mandated to have an ethics committee. These committees are entrusted with providing opinions and decisions on a range of ethical dilemmas that may arise in the context of assisted reproduction. This responsibility is guided by ethical guidelines established to navigate the complex questions and challenges inherent in assisted reproduction procedures. The presence of ethics committees at the institutional level reflects a commitment to ensuring that ethical considerations are integral to decision-making processes in the realm of reproductive health.

Meanwhile, at the supranational level, Slovakia has extended its engagement to include participation in the regular activities of the Council of Europe committees. Notably, Slovakia is actively involved in the work of the Committee on Bioethics (DH-BIO). This participation underscores the commitment to collaborative efforts at the international level, where the exchange of expertise, best practices, and alignment with broader ethical principles in bioethics are prioritised.

45 Ministry of Health of the Slovak Republic, see more on: <http://www.health.gov.sk/> (Accessed: 1 January 2024).

46 Institute of Medical Ethics and Bioethics, n. f., Bratislava, Slovakia, see more on: <http://www.bioethics.sk/> (Accessed 1 January 2024).

47 For more information see: <https://www.health.gov.sk/?eticka-komisia> (Accessed: 1 January 2024).

The multi-level involvement of relevant authorities from national institutions to supranational committees highlights Slovakia's commitment to fostering a comprehensive and ethically sound approach to assisted reproduction. The co-ordination and collaboration among these entities contribute to the ongoing development and refinement of the ethical guidelines and legislative frameworks that govern assisted reproduction practices in the country.

8. Conclusion

This country report has navigated through the intricate landscape of demographic challenges and solutions in Slovakia within the broader context of Europe. The European continent is grappling with a complex set of demographic issues, including declining birth rates, ageing populations, and evolving family structures. These trends have profound implications for various aspects of society, including labour markets, social welfare systems, and intergenerational relationships. European nations, including Slovakia, have responded to these challenges by crafting legal solutions, primarily through family policy and family law instruments. While some countries showcase stronger legal frameworks to address demographic changes, others face more pronounced struggles. There is a clear imperative for comprehensive legal responses incorporating family policy and law instruments, with a focus on promoting family well-being, supporting parents, and safeguarding children's rights.

As revealed in this chapter, Slovakia faces unique demographic challenges, as reflected in census data. In this respect, there has been a steady but moderate increase in the total fertility rate over the past two decades. However, it is important to note the changing nature of families, with the number of childless women and one-child families anticipated to increase. The resilience and adaptability of family structures are key considerations as Slovakia addresses its demographic future.

Slovakia has embraced family-friendly policies as part of its strategy to support families. The National Strategic Framework for Family Support and Demographic Development until 2030 outlines a comprehensive approach to enhance the quality of family life, provide care and protection for families and minors, and improve the socio-economic situation of families. The emphasis on prevention, child and youth protection, health, reconciliation of family care and employment, the labour market and employment, economic and financial instruments, housing, and return migration underscores the multifaceted nature of Slovakia's approach.

Examining family-friendly policies, Slovakia has taken steps to ensure prenatal healthcare services, foster flexibility in working time and workplace arrangements, and prioritise preschool education. Guided by the vision of creating a family and child-friendly nation, the Strategic Framework aligns with legislative support, including constitutional provisions protecting marriage, parenthood, and the family.

Financial incentives play a crucial role in family policy, and Slovakia stands out as one of the most generous nations in this regard. Various financial support mechanisms aim to alleviate economic barriers associated with parenthood and enhance overall family conditions. Although research has yet to establish a direct correlation between improved financial circumstances and increased birth rates, the importance of strategic initiatives in promoting demographic development cannot be overstated.

The chapter concluded by delving into the legal regulation of assisted reproduction techniques in Slovakia. Analysis revealed a legislative landscape characterised by inconsistency, inadequacy, and a lack of clarity, posing challenges for both practitioners and those seeking the aid of assisted reproductive technologies. The inability of the existing legal framework to keep pace with rapidly evolving biomedical technologies only underscores the need for *de lege ferenda* proposals.

This country report encapsulates the nuanced interplay between demographic challenges and legal solutions, offering insights into Slovakia's journey within the broader European context. As European societies evolve in the face of demographic changes, policy-makers must remain adaptive, refining legal solutions to ensure the sustained resilience and well-being of families, parents, and children.

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