

1. Question concerning abortions and access to contraception in Iceland.

Answer: In the view of the Directorate of Health, access to contraception (both in the form of hormonal medication and condoms) is good. There will always be differences of opinion as to whether the cost of contraceptives could be a factor limiting their use, but up to now the Government has not considered there is any reason to subsidise them. Sex education is generally well covered in the primary (compulsory, to age 16) schools, both by teachers and by nurses, and there is a varied range of educational material available for this age group. Regarding children at the secondary school level (age 16+), education is perhaps not as structured but on the other hand there is also a large amount of awareness-raising material of other types available. Specialists are frequently brought in to give sex-education talks to this group in the senior schools.

In the light of this question, the Directorate of Health considered it proper to examine statistics from the past few years to form an idea of the trend regarding pregnancies and abortions.

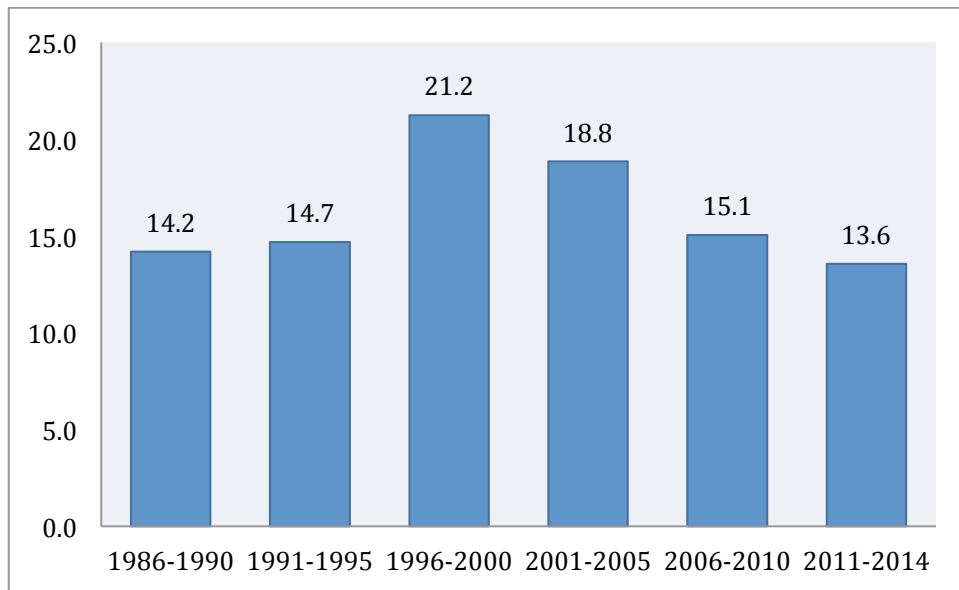
Abortions in Iceland

In 2014, 951 abortions were performed in Iceland, i.e. 12.2 per 1,000 women of reproductive age – 15 – 49 years – and 217.4 per 1,000 live births. Abortion figures have remained reasonably steady recently: 951 – 981 per year over the past seven years.

For purposes of international comparison, Iceland tends to take the other Nordic countries as points of reference. The report ‘Aborter i Norden 2013’ presents comparative statistics for the Nordic countries up to 2013. That year, the rate per 1,000 women of reproductive age was lowest in Finland (8.7) and highest in Sweden (17.5). In Iceland 12.5 abortions were performed per 1,000 women aged 15 – 49, which was slightly below the Nordic average of 13.5.

Reduction in abortions in the youngest age group

The past two decades have seen a considerable fall in the number of abortions in the youngest age group. In 2104, 12.4 out of every 1,000 girls aged 15 –19 underwent abortions. On average, 15.1 abortions were performed each year for every 10,000 girls in the same age-group in the period 2006-2010, against 18.8, on average, in 2001-2005 and 21.2 per year in the period 1996 – 2000.



Picture: *Abortions per 1,000 girls aged 15-19 (average per year)*

A feature shared by the Nordic countries is that there has been a fall in the number of abortions performed on girls under the age of 20. The Nordic average in 2013 was 14.4 per 1,000 girls aged under 20; ten years earlier, in 2003, the corresponding figure was 18.7. The frequency in the youngest age-group in 2013 was lowest in Norway (10.1) and highest in Sweden (19.3). In Iceland, 13.1 girls out of every 1,000 aged 15-19 underwent abortions in 2013, which was lower than the Nordic average of 14.4.

Births

Live births by age of mother, 1971-2014

	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Under											
15	2	0	0	0	0	0	1	0	0	0	1
15	3	1	1	0	0	2	0	5	2	0	0
16	4	10	6	8	11	7	9	2	6	2	4
17	12	17	26	34	19	26	28	15	18	17	4
18	38	44	49	46	49	50	45	38	28	28	28
19	72	79	68	72	89	85	67	64	74	34	47
Total	131	151	150	160	168	170	150	124	128	81	84

Source: Statistics Iceland

2. What has happened in the terms of mental health since the last report (through a gender based approach). Have we looked at trends for female and male suicide?

Answer: Statistics on contact with health care services due to psychiatric disorders by gender can be provided however no specific study has been carried out to further analyse these data by Icelandic authorities.

Number of people receiving invalidity pension has increased 9% since the year from 2010 to 2015, there is no difference between genders. Psychiatric disorders are most often the reason for invalidity pension among men but come second among women, musculo-skeletal problems are number one. This has hardly changed at all during the last five years.

34% of women who receive invalidity pension do so because of psychiatric problems but 44% of the men. The table shows this for the years 2011-2015 for .

	2011	2012	2013	2014	2015
Female	34%	34%	34%	34%	34%
Male	42%	42%	43%	44%	44%

Suicides:

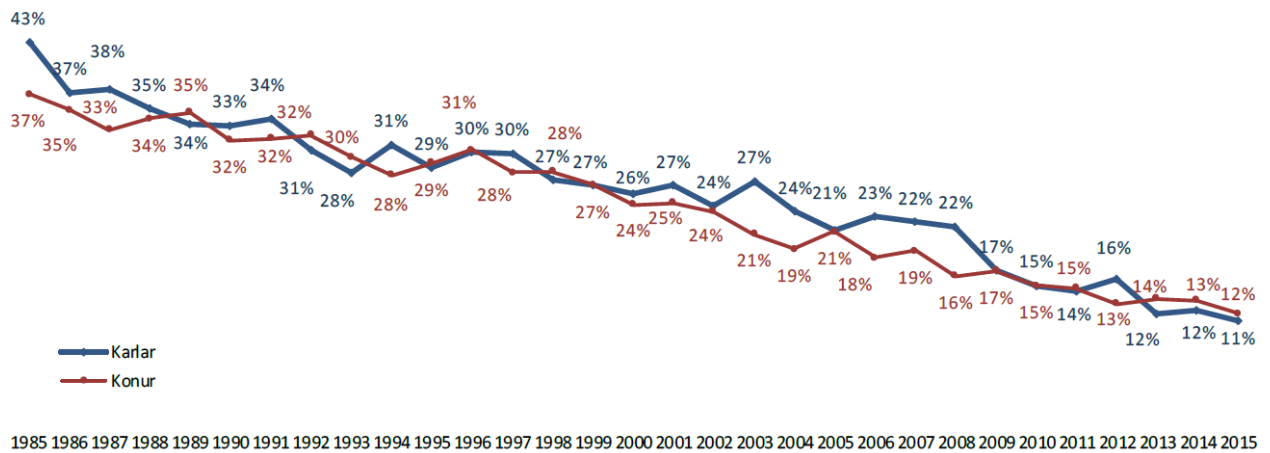
This table shows number of suicides in Iceland 2010 -2014.

	2010	2011	2012	2013	2014
Female	10	5	11	14	11
Male	36	22	26	35	33
Total	46	27	37	49	44

3. Has Iceland monitored the prevalence of smoking among women and girls in recent years?

Answer: Smoking among woman and men have been monitored for decades through household Surveys in Iceland. A year report is published every year based on 3-4 phone and internet surveys.

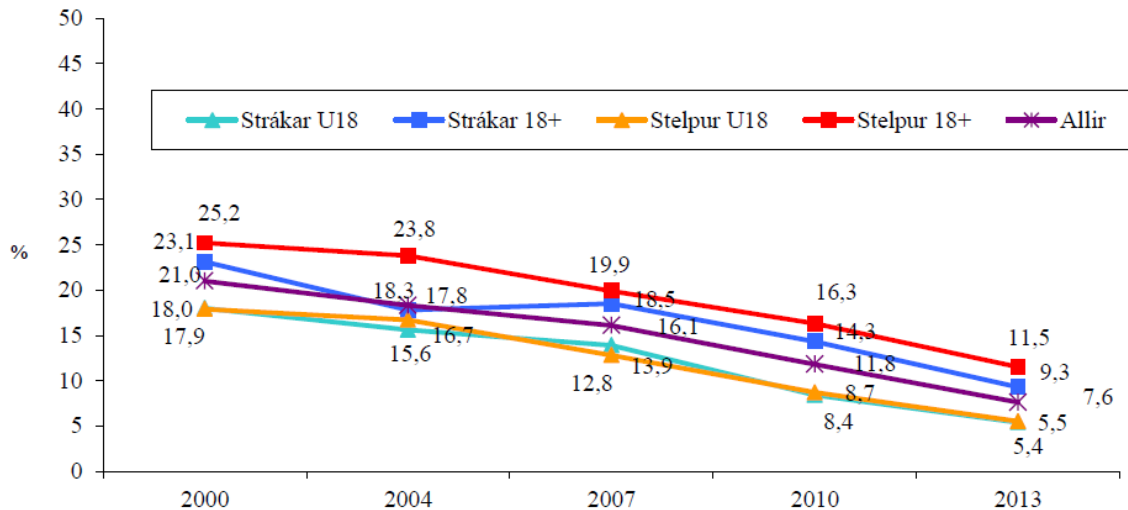
Do you smoke or have you ever smoked? Daily smoking rates (by gender)



Daily smoking among women 18-69 year old (red) and men (blue)
Latest report:

http://www.landlaeknir.is/servlet/file/store93/item28706/Umfang_reykin_ga_Samantekt-fyrir-2014_.pdf

Daily smoking - girls /boys. Population survey conducted every 3 year in high schools. Yellow line = 16-18 year old girls and red line = 18-20 year



2012 population survey done by Rannsóknir og Greining - University of Reykjavik. Development in substance abuse prevention in Iceland 1998 to 2013. Next survey will be published later this year.

4. There is increase of women infected by HIV but scant information available that is rather quantitative rather than qualitative. Data suggest that we have high rate of infection compared to similar countries-what assessments can be made? What are the causes of infection?

Answer: When compared to the Nordic countries Iceland had the highest overall incidence of HIV infection during 2009-2011 as well as among women for that same period of time. This was due to an epidemic among i.v. drug abusers. During 2012-2014 the total incidence as well as the incidence among women has decreased and has remained lower in Iceland than in the other Nordic countries both overall and among women during the past 2-3 years.

5. Bangkok rules regarding standard minimum rules of treatment of women prisoners implemented in Iceland?

Answer: The Bangkok rules are not implemented in Iceland as such. However, the Icelandic legislation and practise concerning women prisoners complies with the Bangkok rules to a large extent. As an example, according to the Article 22 of the Act on the Execution of Sentences No. 49/2005, prisoners shall enjoy health services comparable to those generally available, in addition to the special health services prescribed in legislation and regulations concerning prisoners. This entails that all gender-specific health care which is available in the community is also available to women prisoners. Also, a woman prisoner may be permitted to have her child with her in prison, if she has an infant child when she begins serving the sentence or gives birth during the term of imprisonment.

It has to be noted that the Icelandic prison population is very small, with the total prison population counting only approximately 150 prisoners and there are very few women, sometimes only one or even none, who are serving a prison sentence at a given time. Currently there is one pregnant woman serving a prison sentence and all precautions are taken by the prison authorities to accommodate to her specific needs. It should also be noted that the prison authorities are at all times bound by the Administrative Procedures Act and the main principles embodied therein, including the principle of proportionality which entails that an individual assessment has to be made when adverse decisions are taken in order to guarantee that the authority does not go further than necessary. It follows

from this that women prisoners' gender-specific needs will have to be taken into account in all decisions concerning the execution of their prison sentences, the prison conditions and their rights in prison.

Moreover, it may be noted that a new prison is currently under construction. This new facility will greatly improve the conditions in which women prisoners serve. One of the several positive changes this facility will introduce is a special family room in which prisoners can receive visits from their close relatives, including children, under more child-friendly circumstances than currently are possible.

Lastly, it may be noted that the Ministry of the Interior intends to send a copy of the United Nations Rules for the Treatment of Women Prisoners and Non-custodial Measures for Women Offenders (the Bangkok Rules) to the Icelandic prison authorities so as to encourage them to take due account of the rules in their practices. The Ministry also intends to take them into account in future legislative reform in this field.