

THE ANTI-ABORTION LAW IN POLAND

THE FUNCTIONING, SOCIAL EFFECTS,
ATTITUDES AND BEHAVIORS

THE REPORT

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12. The Committee notes that the recent imposition of legal restrictions on abortion has excluded economic and social conditions. The Committee expresses its concern that because of this restriction, women in Poland are now resorting to unscrupulous abortionists and risking their health in doing so. The Committee is also concerned that family planning services are not provided in the public healthcare system so that women have no access to affordable contraception.

UN Committee on Economic, Social and Cultural Rights, 1998

10. The Committee reiterates its concern about the numerous forms of discrimination against women both in the Polish society and in the national legal system. (...)

11. The Committee notes with concern: (a) strict laws on abortion which lead to high numbers of clandestine abortions with attendant risks to life and health of women; (b) limited accessibility for women to contraceptives due to high prices and restricted access to suitable prescriptions; (c) the elimination of sexual education from the school curriculum; and (d) the insufficiency of public family planning programmes. (Arts. 3, 6, 9 and 26)

The State party should introduce policies and programmes promoting full and non-discriminatory access to all methods of family planning and reintroduce sexual education in public schools.

UN Human Rights Committee, 1999

Introduction

The Federation for Women and Family Planning conducts research on the actual effects of the so-called „anti-abortion“ law, in the Family Planning, Protection of Human Fetus and Conditions of Termination of Pregnancy Act (1993). The research has been conducted since the very introduction of these regulations. Previous reports were published in 1994 and 1996. The research in the following report was conducted for over a year.

Our goal was a comprehensive presentation of the results of the introduction of these restrictive laws. We concentrated on showing the dynamics of some processes, appearing in the last years. The authors of the report observe that numerous changes have taken place in the approach of medical services, judicial system and other institutions towards the problem of abortion.

In our opinion, there is an enormous need for researching all the phenomena and processes, caused by the serious limitation of possibilities for the termination of pregnancy-- the more that institutions obliged to monitor these processes are not fulfilling their duties in a satisfactory way. The Governmental Plenipotentiary for Family is legally obliged to prepare the yearly report on the realization of statutory regulations. Unfortunately, despite existing legal means, and the access to all information and research required to do so - the government does not show any interest towards assessing the actual effects of the anti-abortion law. The most curious assumption made by the government is its conviction that the law brought planned results, meaning that the number of abortions decreased.

In the opinion of experts in the Poland and abroad, it is absolutely unbelievable that the official number of 151 abortions in Poland in 1999 was anywhere near the actual number, especially when one takes into consideration the number of almost 9 million women in reproductive age and the fact that use of contraception is still not common.

The conclusions presented in the governmental report and the lack of attempts to assess phenomena such as underground abortion, illustrate the government's lack of good will to treat the effects of the regulations on women's situation seriously and with appropriate attention. This disregard of the social, legal and medical outcomes of the ban on abortion, influencing the lives of many women in Poland, deepens negative results and still limits Polish women's access to the medical services relevant for reproductive health. One can only assume that the aim of the government's treatment of these issues, commonly known, but for obvious reasons not presented in official statistics, is to create the illusion effective anti-abortion regulations.

The Federation for Women and Family Planning is the only national organization, which systematically works to assess the problem of abortion in Poland. Because of the ban on abortion in Poland, it is not easy to conduct any research in this particular area. This is why, in order to present as thorough a presentation of the problem as possible, the Federation conducted research in different social and professional groups, using different methods. The medical professions know the problem of abortion better than any other group in Poland, due to direct contact with it. Therefore, two research projects were conducted in this particular group. It is very important to try to find the answer to questions about opinions and social assessment of abortion, about the legal regulations and respect for women's rights in this aspect. The results of these surveys are in Dr Danuta Duch's article. We are also enclosing specific research on women from rural areas, especially important when taking into account that their knowledge and attitudes towards abortion is especially unsatisfactory.

The Federation's Research

The research conducted by the Federation includes:

- Research conducted by the RUN company on the Federation's request - research in a group of doctors, nurses and mid-wives working in Warsaw (using the method of in-depth interviews),
- The research conducted by the Federation in the professional medical environment, (questionnaires survey),
- The survey conducted among women inhabitants of rural areas, commissioned by the RUN Company.
- The study visits to the Republic of Belarus and Kaliningrad, reconnaissance visits to Holland and Germany (especially to Frankfurt on Oder), the information from non-governmental organizations from Central and Eastern Europe (including the Czech Republic, Slovakia, Lithuania, Latvia and Ukraine),
- The information from women who have experienced negative effects of restrictive anti-abortion regulations (information gathered from letters, meetings, talks in the Help-line for Women, organized by the Federation),
- The analysis of the press-cuts and press announcements,
- The analysis of official statistics and data - i.e. the governmental sources, police sources.

The research has led to the following conclusions, which are contrary to these from the governmental reports:

- The anti-abortion law did not eliminate the phenomenon of abortion, nor did it limit the problem. The scale of terminations of pregnancies may have reached from 80.000 to 200.000 abortions a year.
- Illegal abortions are largely conducted in private clinics. This is known as the abortion underground. The termination of pregnancy is very often conducted in a private clinic even when a woman is entitled to (lawful), safe and free of charge abortion in a public medical care center,
- The phenomenon of abortion tourism is still present, but it has indeed significantly decreased, comparing with the Federation's 1996 research. Currently it is more individual rather than organized.
- Public medical facilities rarely perform abortions, even when legal. Hospitals tend to send women away to other hospitals and clinics, making access to lawful abortion significantly harder. The medical staff's attitude towards abortion results from anxieties and fears of possible legal and disciplinary consequences,
- Knowledge of legal conditions for abortion in a society is highly unsatisfactory, even among medical staff. This seriously influences the situation of women - restricting the access to safe and legal termination of pregnancy,
- The experience gathered by the Federation during their years of activity in this field shows that the anti-abortion law caused many problems with life and health of hundreds of thousands of women in Poland,
- Research has led to the conclusion that restrictive abortion regulations have only negative consequences. The Anti-Abortion Act should be changed immediately.

We hope that all the institutions and political circles responsible for the introduction of the anti-abortion law, will take the conclusions of the following report into consideration and as soon as it is possible and undertake the necessary legislative steps.

Wanda Nowicka

The Effects of the Anti-Abortion Act - Wanda Nowicka and Monika Tajak

The current legal status of abortion

The termination of pregnancy was made legal in Poland in 1956. From 1956 to the early 1990's, abortion was widely accessible, both on medical and social grounds. Terminations were conducted in public hospitals (free of charge) and in private clinics as a paid service.¹

At the beginning of the 90's, social groups connected with the Catholic Church initiated a campaign against legal abortion. In 1992 the medical professional organization, despite resistance from numerous medical doctors, also issued a statement against abortion at the National Assembly of Doctors in 1992, and adopted the Medical Code of Ethics with regulations stating that abortion on social grounds, as well as, when the pregnancy was a result of criminal act was deemed impossible. The possibilities for termination of pregnancy on medical grounds had been seriously limited.²

Different actions restricted access to abortion, making it almost impossible in public hospitals and more expensive in private clinics.

After over three years of discussions and after a number of projects of legal regulations, the Polish Sejm (lower house of Parliament) finally voted for the Family Planning, Protection of Human Fetus and Conditions for Termination of Pregnancy Act, commonly known as the Anti-Abortion Act of 1993.

The legal situation of abortion changed two more times after that. In 1996, the Sejm liberalized the Act, allowing for abortion on social grounds. Nevertheless, after the decision of the Constitutional Tribunal in 1997, the Sejm restricted the conditions once again, withdrawing the possibility of termination of pregnancy on social grounds. This is the situation to date.

The legal regulations concerning the termination of pregnancy

Since the reforms in 1997, Polish regulations allow for termination of pregnancy in the following cases:

- 1) if the pregnancy constitutes a threat to the life or health of the mother, and this threat is confirmed by a doctor other than the one conducting the abortion. The termination of pregnancy is conducted in public hospital.
- 2) if the pre-natal examination or other medical reasons point at the high probability of severe and irreversible damage to the fetus or on an incurable disease, life-threatening of a child (confirmed by a medical doctor other than the one conducting the abortion). The termination of pregnancy is conducted in a public hospital.
- 3) if there is a confirmed suspicion that the pregnancy is a result of a criminal act. The termination of pregnancy in this case is allowed, if a woman is less than 12 weeks pregnant. The criminal circumstances, entitling to lawful abortion, have to be confirmed by a prosecutor. The termination of pregnancy may also be conducted in a private clinic.

The written consent of a woman for termination is required. In cases of minors or incapacitated persons, the law requires the written consent from the person's legal guardian. If the minor turned 13 years of age, her consent is also necessary. If a minor is less than 13, a custody court must issue consent, while a girl is entitled to state her own opinion. An incapacitated person also should give a written consent, if her state of mind allows for it. In cases of lack of consent from legal representative, a custody court gives it.

Requirements for termination of pregnancy

In cases where the fetus is damaged or when the pregnancy threatens the life or health of the mother, the termination of pregnancy is allowed but can only be performed by a doctor in a public hospital. Women, who are legally allowed to have an abortion and are covered by the medical insurance program, entitling them to free of charge medical services - are entitled to free of charge termination of pregnancy, conducted in a public health center.

A doctor has the right to use the clause of conscience and refuse to terminate a pregnancy. This, however, can only happen when the delay is sure not to endanger a life, or pose the treat of serious health damage or serious injury. In case of refusal based on the clause of conscience, the doctor is also obliged to refer the patient to another doctor or to a hospital where the abortion can be performed.³

Criminal penalties for the illegal termination of pregnancy

Terminating a pregnancy with a woman's consent violates the statutory regulations and can be punished with up to three years of imprisonment.⁴ Aiding a woman in the termination of pregnancy or talking a woman into illegal abortion is also subject to the same penalty.⁵ If the above actions result in a death of a pregnant woman, the perpetrator may be imprisoned to up to 10.⁶

The penalty for the above-mentioned criminal acts when the fetus achieved the ability of independent life outside the mother's body can be up to 8 years of imprisonment.⁷ Violence against a pregnant woman in any other way terminating a pregnancy without a woman's consent carries the punishment of up to 8 years of imprisonment.⁸ These same actions when the fetus is able to live outside the mother's body, maybe subjected to up to 10 years of imprisonment.⁹ If the criminal act results in death of a pregnant woman, the perpetrator may face from 2 to 12 years of imprisonment.¹⁰

The woman does not face criminal consequences.

Official statistics concerning terminations of pregnancy

The actual number of abortions in Poland was not even known when the termination of pregnancy was legal and widely practiced. Statistics only covered cases of abortions performed in public hospitals. It was widely known that most terminations were conducted in private clinics and these were not covered by any of the official statistics. Estimates concerning the actual number of abortions were very different, sometime even ten times higher than officially recorded. Currently, since the ban on abortion, it has become even harder to estimate the real number of abortions. One thing is sure - the number of abortions quoted in official statistics proves only the fact that legal abortions are less and less accessible in public medical centers, and indicates the existence of a large-scale underground abortion. These suspicions are also supported by demographical data on the dropping birthrate. They are also indirectly confirmed by researches (public opinion polls) on the use of contraception, which point to the small scale of such a use.

Readers can find more information about this in the chapter: „The scale of abortion underground“.

The following data and tables come from the report of the Council of Ministers for the Realization of the Family Planning, Protection of Human Fetus and Conditions for Termination of Pregnancy Act, Warsaw 1999.

Table 1:

Year	General number of abortions	Number of abortions conducted on social grounds	Number of abortions while pregnancy was threatening life or health	Number of abortions conducted because of heavy and irreversible damage of the fetus	Number of abortions conducted when a pregnancy resulted from rape
1994	782	-	689	74	19
1995	559	-	519	33	7
1996	505	-	457	40	8
1997	3047	2524*	409	107	7
1998	310	-	211	46	53
1999	151**	-	94	50	1

* regulation allowing for abortion on social grounds was binding only in 1997

** data presented in a governmental report do not sum up to 151

Table 2: Abortions, life births, fertility rate and spontaneous miscarriages in years 1965 – 1999

Year	Life births (in thousands)	Fertility rate	General number of abortions conducted in public hospitals	Spontaneous miscarriages
1965	546,4	2,52	168 587	66 797
1970	546,0	2,2	148 219	65 103
1975	643,8	2,27	138 634	73 273
1976	670,1	2,302	140 909	74 455
1977	662,6	2,23	143 486	73 047

1978	666,3	2,205	145 630	77 658
1980	692,8	2,276	137 950	68 757
1981	678,8	2,235	132 894	69 879
1982	702,4	2,336	138 977	77 053
1983	720,8	2,416	130 980	74 011
1984	699,0	2,372	132 844	76 378
1985	677,6	2,329	135 564	72 785
1986	634,7	2,217	129 716	68 006
1987	605,5	2,154	123 534	66 751
1988	587,7	2,126	105 333	59 076
1989	562,5	2,078	82 137	59 549
1990	545,8	2,039	59 417	59 454
1991	549,0	2,049	30 878	55 992
1992	513,6	1,929	11 640	51 802
1993	492,9	1,847	1 240	53 057
1994	481,3	1,798	782	46 970
1995	433,1	1,611	559	45 300
1996	428,2	1,58	505	45 054
1997	412,7	1,508	3 047	44 185
1998	395,6	1,431	310	43 959
1999	382,0	1,37	151	41 586

Official statistics reflect a decrease in the number of abortions from 1965 to 1992.

In 1994, after the introduction of the Act, the official number of abortions conducted in public medical centers decreased to 782 cases. In years 1993 to 1998, the number of legal terminations of pregnancies decreased by three times and in 1998 it has reached the level of 310. The data for the year 1999 is still more shocking - in relation to previous year, the number of legal terminations of pregnancy dropped by more than a half and reached the level of 151 cases per year. It absolutely confirms the Federation's experience last year and the results of conducted studies - the possibility of legal abortion in a public hospital is currently almost nonexistent. The dramatic decrease in the number of official terminations on the basis of health problems was down to 94 cases (!) - more than four times less cases than in 1997 and more than two times less than in 1998. This indicates huge difficulties in obtaining legal abortions for these reasons. At the same time, the health indicators clearly show that there was no radical improvement in health of Polish women in 1999. The Federation's conclusions, both direct experience from help-line calls and research in the medical environment, confirm this situation.

The data for 1997, the year when the regulations allowing for the termination on social grounds had been reintroduced, are especially interesting. There were 3047 abortions conducted in public hospitals - that is much more than in previous and following years. 2524 abortions were conducted on social grounds, what constituted almost 83% of all terminations. This shows clearly that most of abortions were and probably still are conducted (illegally) on social grounds, when women are not able to take the responsibility for maternity.

The effects of anti-abortion regulations

The Federation's studies in 1999 and 2000 confirm the results of the research conducted by the organization in 1993 and 1996.

1. The anti-abortion law did not eliminate and probably did not limit the phenomenon of abortion. Illegal terminations are still common. The scale of the problem can be estimated at 80.000 to 200.000 abortions per year.
2. Illegal abortions are conducted by doctors and are very expensive. This is known as the abortion underground.
3. A number of women travel abroad to have an abortion. This is known as the abortion tourism. In comparison to previous research, this has significantly decreased in popularity and has taken on a more individual character than organised.
4. Restrictive regulations did not eliminate abortions on social grounds; it has only led to major limitation of access to legal abortion. Public hospitals rarely terminate pregnancies. Some clients of the abortion underground are actually

women who have a legal right to an abortion but who, for a number of reasons, could not exercise it. Comparing to previous studies conducted by the Federation, this phenomenon has become significantly stronger.

5. Awareness about conditions for lawful termination of pregnancy is highly unsatisfactory, both in the society in general, as well as among the medical staff.
6. The Federation's experience shows that the anti-abortion law caused many health and personal problems to hundreds of thousands of women in Poland.

The abortion underground

All available sources of information show that the abortion underground in Poland is very well developed. Accessing a private clinic, in which one can obtain an illegal termination of pregnancy, is much easier in big cities and towns. Finding the appropriate press advertisement is the key.¹¹ In local press this is harder to find. In small towns and villages, doctors are not anonymous and are afraid of being stigmatized. Despite the possibility of finding an abortion provider in rural areas, women prefer to travel further, just to be sure that the information about the abortion will not reach the local community. Very often, this fear is justified.

Lately, some doctors have suggested terminating pregnancy using the RU-486 pill.

The price for illegal abortion stands between 1500 PLN (around 330 USD) to 3000 PLN (around 675 USD), with the average price of more than 2000 PLN. The RU-486 pill, which has not been registered for sale, is offered for about 1000 PLN (that is around 225 USD). It is questionable as to whether doctors inform their patients about all possible side effects of this particular method (i.e. about the necessity of finishing the termination by surgical abortion). It raises serious health concern for women who use this (cheaper than traditional) method of termination of pregnancy. More and more women and men are calling the Federation's help-line, asking for the RU-486 pill and its accessibility in Poland. The Federation has information about a case in which a doctor prescribed the pill to be bought in pharmacy, which illustrates lack of knowledge not only about the law, but also about procedures concerning abortion.

The media constantly report the fates of women who were forced to use the services of abortion underground.¹² The following report presents a couple of them (see: Appendix 1). Despite the ban on abortion, the risk of the „crime“ being discovered was still minimal not so long ago. One can only suppose that the scale of illegal abortions is wider than the number of cases registered in police statistics. Out of 42 cases concerning the violation of the anti-abortion legislation in 1998, only 3 cases went to court, while the rest were either dismissed or the investigations were denied.¹³ 62 such cases were recorded in Poland in 1999, out of which 6 resulted in formal prosecution against a total of 11 people.¹⁴ In most cases, investigations were based on information from medical care centers. It was not infrequent that those undergoing underground abortions required medical intervention and hospitalization. Hospitals informed the prosecutor's office about illegal activity. One of investigations run at the moment concerns unprofessional abortions conducted by a doctor from Szczecin.¹⁵ In some cases, the partners of pregnant women reported illegal abortions.

The following table illustrates the number of confirmed law violations (data submitted by the Police): (Table 3)

Table 3: Crimes registered according to legal qualifications

Legal qualification	1995	1996	1997	1998	1999
Art. 149: Infanticide	42	44	43	38	31
Art. 149 a: Causing the death of a fetus *	14	47	4	-	
Art. 149 b: Death of a child resulting from violence against a woman *	6	3	-	-	
Art. 156 a: Damage to the body or damage to the health of a fetus *	11	8	1	-	-

Art. 157: Causing the death of a mother *	2	1	-	-	-
Art. 152 a § 1-2: Termination of pregnancy resulting from violence against a woman	-	-	2	3	2
Art. 152 b § 1-3: Termination of pregnancy with a violation of legal regulations	-	-	2	5	-
Art. 152 § 1-2: Termination of pregnancy with a consent from a woman **	-	-	-	1	92
Art. 152 § 3: Damaging a fetus which is able to live **	-	-	-	7	3
Art. 153 § 1: Termination of pregnancy as the result of violence **	-	-	-	1	2
Art. 154 § 1-2: Causing the death of a pregnant woman **	-	-	-	-	-
Art. 152-154 KK (illegal abortions in a total)					99
Total: infanticide and Anti-Abortion Act	75	103	52	55	130
Art. 210 KK z 1997 r.: abandonment of a child and abandonment resulting in a death of a child	55	54	77	63	46

Source: Statistics of the Police Headquarters

- starting from 14.02.1997 registration of cases according to the Act of 30.08.96 on the change of the Family Planning (...) Act was abandoned and the registration according to Art. 152a § 1-2 and Art. 152b §1-3 was introduced
- Legal qualifications according to Criminal Code of 1997 (in force from 1.09.1998)

The new policies of the police towards cases of termination of pregnancy

The year 2000 brought a disturbing fact, the increase of police activity in investigating the illegal abortions. Not only the above confirms the quoted statistics. In January 2000, the police, using the force, entered a private clinic in Lubliniec,¹⁶ after receiving information about an illegal abortion being performed in the clinic. Women's rights organizations believe that the rights of this particular woman have been violated, especially when she was forced to undergo a gynecological examination. The Ombudsman for Human Rights received an official claim in this case.

The similar case took place in Katowice, in March this year.¹⁷ Police entered the clinic by force, after months of observation, at the exact moment a woman was being prepared for an abortion. As a result of this action, the clinic was closed and the investigation still stands. The investigation began after information was received from a hospital, which had admitted a woman with post-abortion complications.

Another case strongly connected with the above topic concerns the abandonment of a newborn child in Kielce.¹⁸ The prosecution is accusing the police of grave violation of law because a woman was detained and submitted to gynecological examinations. It became clear only after hours that the woman was at the moment pregnant and could not possibly have abandoned a newborn child. What is most staggering in the latter case is that a woman can become a suspect even on the basis of anonymous information.

One can suspect, that activity of social groups supporting the unconditional ban on abortion (their insistence on restricting the anti-abortion law, and pressuring of medical staff and the criminal justice system to more rigorously enforce the regulations) are causing this change of the police policy towards violations of the Anti-Abortion Act.

Infanticide, abandonment

One of the effects of the ban on abortion (also due to the lack of sexual education and contraception counselling services) is women giving birth to children against their will. These situations sometimes lead to abandonment or infanticide. The less drastic, although equally difficult, choice in such situations is leaving the child in a hospital and childcare institutions.

Despite the fact that police statistics do not note an increase in number of infanticides since the start of the Act, these statistics are only a tip of the iceberg. Most of such cases will undoubtedly never see the light of day.

In May 2000, the public learned of a woman who committed double infanticide. Because the investigation procedures were kept confidential, there was no information available on the woman's motivation. The poll conducted by the Federation among lawyers in Warsaw confirmed the suspicion that the sentence of 25 years imprisonment was too high. The woman stated clearly that she was guilty, but this did not cause a more lenient sentence.

Table 4: Infanticide, abandonment, and abandonment resulting the death of a child

Year	INFANTICIDE	ABANDONMENT	ABANDONMENT RESULTING IN THE DEATH OF A CHILD
1990	50	20	2
1991	53	36	1
1992	59	28	0
1993	56	38	0
1994	52	53	3
1995	42	55	4
1996	44	54	2
1997	43	77	3
1998	38	59	4
1999	31	46	1

Source: Data of The Press Department of the Police Headquarters

Table 5: The number of children left in hospitals

Years	Number of children
1993	252
1994	no data
1995	738
1996	803
1997	685
1998	594
1999	737

Based on reports of the Council of Ministers on the realization of the Family Planning (...) Act in 1998 and 1999

Statistics show that from 1993 to 1998, the number of children being left by their mothers in hospitals almost doubled and reached the level of 594. In 1999, the number of such children grew by 1/4 in relation to previous year and reached 737. These numbers contradict the media's conclusions about women being irresponsible. Leaving a child in the hospital is a much more responsible solution for both the woman, who is not capable of raising her own child, and for the child.

The abortion tourism

Information collected by the Federation shows that traveling to obtain an abortion is slowly becoming marginalized. In years 1995 - 97 a couple of court cases took place against agencies organizing abortion tourism across the eastern and southern borders of Poland (i.e. Cieszyn, Lublin), which effectively scared potential organizers off. For women this means less choice of places to conduct an abortion and an increase in prices, because termination of pregnancy is usually more expensive in Poland than it is abroad. For example, in Holland abortion costs 250 USD plus the costs of travel, in Kaliningrad the price does not exceed 150 USD. At the same time, in Poland prices are as high as 3000 PLN (around 675 USD). German doctors inform that women from Poland travel to Germany to have abortions, for example from Ślubice to Frankfurt or Oder. Sporadically, women individually go to clinics in Russia (Kaliningrad), Lithuania or Belarus, but there have been limitations introduced to conducting abortions for foreigners in these countries, as well as in Czech Republic. The only effect of such policies is increasing prices for abortion for Polish women. Usually, women who live close to the border and have contacts abroad use these „services.“ It is more difficult for women from central Poland, with no contacts.

The information received by the Federation from Holland shows there are at least a couple of hundred abortions performed by Polish women.

Accessibility of lawful abortion in public hospitals

The anti-abortion law is much stricter de facto than it is de jure. Women, who are entitled to have a legal abortion, according to conditions set up by the law, are very often denied the procedure. The accessibility of legal abortion in public hospitals has continually worsened from 1993. There is a number of hospitals which publicly admitted that they do not perform abortions. It was specifically visible in the year 1996, when the more liberal version of the Act was in force. This is when the medical communities in a number of regions (i.e. the former provinces of Katowice, Tarnów, Rzeszów, Kraków, Nowy Sącz, and Suwałki) refused to allow for abortion in public hospitals.¹⁹ The government did not do anything to secure women access to appropriate medical services, even though fully lawful.

Naming the hospital after a saint means, among other things, that this particular center does not conduct abortions.

Hospital hierarchy shows that directors decide about refusing to terminate pregnancies, even if other doctors privately represent different opinion in this matter. This was confirmed by the studies made by the Federation. The conscience clause, written into the Medical Profession Act, states, that in cases of refusal on this basis, a doctor is obliged to inform a patient about it right away, as well as to refer the patient to other medical services in other center. In practice, neither hospitals nor doctors do this.

Medical causes allowing the lawful abortion

The Act is open-ended in its regulations concerning conditions for legal termination of pregnancy. It is especially visible with the assessment of the state of woman's health. The Act allows for an abortion when a mother's life or health is threatened by pregnancy. There is now a growing tendency to refuse issuing the medical certificates entitling a woman to have an abortion. The Federation has been informed of a number of cases in which women suffering from severe health complications were refused such certificates. It seems that doctors care only that a woman can survive the birth. What happens to her after birth is less important (see: Appendix 1). It is quite common that doctors send women to see another doctor. Sometimes, doctors question certificates issued by other doctors. Eventually, women choose private clinics.

Quite often, doctors who claim that abortion in Poland is absolutely illegal and that there are no regulations allowing for it in special circumstances misinform women. This illustrates the lack of knowledge about regulations among medical staff. The studies made by the Federation also show the existing reluctance towards abortion in public hospitals for both ideological and opportunistic reasons. Sometimes this attitude results from fear of being stigmatized in the professional community as an „abortionist“.

There are also rare cases of reversed actions, when doctors conduct an abortion on social grounds in public hospitals, giving fictitious health conditions entitling for abortion or writing in „miscarriage in process“ on the hospital records. This is so rare because it needs the co-operation of at least two doctors: one who will issue a certificate allowing the abortion, and the second to perform the procedure. Additionally, the doctor conducting a termination has

to work in safe professional environment so as not to arouse the suspicions of the authorities. The research conducted among doctors shows that this threat is the most common cause for not performing such activities.

Women having medical reasons for the termination of pregnancy have stopped coming to public health care centers. Those who do come find themselves in difficult financial situations and are often refused the abortion. The Federation's study²⁰ shows that more than 90% of women claiming severe health problems could also claim hard personal situation. Most often these women are unemployed or on welfare, have complicated living and personal situations, and already have children (very often handicapped or disabled). It confirms the old truth that living conditions strongly influence health and that people who are not well off, are more often of weaker health. In all European countries, except Ireland, they would have the unquestionable right to abortion. In Poland, while seeking access to lawful abortion, they meet with disregard.

Women with unwanted pregnancies also have loads of anxieties, which stop them from turning to public medical centers. They are afraid of being registered as pregnant because if the abortion were refused it would make their use of private clinics impossible or could cause trouble later. Second of all, they are afraid of their case being made publicly known. More than 20% of women surveyed by the RUN during the research on the situation of women inhabitants of rural areas confirmed that information from gynecological clinics is not confidential. Lately, these fears are multiplied by the fear of police intervention.

Moreover, these women want to avoid the disrespectful and degrading treatment of public medical staff. Last but not least they are afraid of problems with obtaining the certificates, entitling to lawful abortion.

Termination of pregnancy resulting from criminal act (rape)

Women rarely report rape to the authorities. Women, with good reason, do not believe in a just sentence and are afraid of secondary victimization from the justice system. Meanwhile, without a certificate from the prosecutor's office, a woman has no chance to legally terminate a pregnancy resulting from rape. There are cases when the justice system makes things harder. In 1999, the media publicized the case of a prosecutor (female) who refused, motivated by her moral beliefs, to sign the papers confirming that the rape investigation had started. It is no wonder that in 1998 there were 53 abortions conducted on the basis of regulations allowing for it in case of rape, despite the 2000 rapes that are reported to the police each year, and the remainder that stays unreported for various reasons. The 1999 data is even more shocking; only one abortion was performed on this particular basis.

The accessibility of pre-natal examinations

The Act obliges state governmental administration and local authorities to secure free access to information and pre-natal examinations, specifically when there is a high risk or justified suspicion of the genetic damage of a fetus or an untreatable, life-threatening disease.²¹

In practice, the access to pre-natal examinations in Poland is limited. There are no longer routine examinations for pregnant women over 35 years of age, despite the international standards. In 1999, the possibility of obtaining such examinations was even more limited. This was confirmed by a survey done by the Federation in genetics medical centers, which provide these services.

These pre-natal examinations determine if the fetus is damaged, indicating circumstances justifying the termination of pregnancy. Doctors are not very willing to direct their patients to these examinations, even when there is a justified suspicion of the fetus having genetic defects. In this case, the doctor's lack of encouragement is misconduct. There are number of cases of women being sent from one doctor to another for nothing (see: Appendix 2). Genetics specialists clearly state that doctors of other specializations do not have enough knowledge about pre-natal examinations. Very often, women who are interested in the problem know more than their doctors.

Access to examinations can be limited even more by the newly introduced regulations in the criminal code and in the Medical Profession Act²², which restrict penalties for „damaging the body of a fetus or causing the damage to health, threatening its life.“ The criminal penalty at the moment is up to 2 years of imprisonment.

Some genetics institutes complain that their contracts with medical insurance agencies (Kasy Chorych) do not fully cover the examination costs, leading to further limitation of access to them.

As a result, few cases (officially 40-50 a year) of termination of pregnancy on the basis of the damage of fetus are recorded in Poland.

In 1999, 309 cases of pathological development of the fetus have been recorded, 50 abortions were conducted on this basis. Women meet with numerous barriers trying to get a referral for an examination of this sort. Sometimes

having the examination results is also not enough to obtain a lawful abortion. The Federation is aware of the fact that one of the Warsaw's hospitals make women ahead of examination to sign a statement stating that they have received information about the hospital's policy of not terminating pregnancies because of genetic disorders. This means that women are unable to exercise their statutory right. The data received by the Federation directly from genetics centers on the pre-natal examinations, conducted in 1999 (and confirmed in the governmental report) show that last year the number of such examinations increased and reached the level of 2204 cases (in 1997 there were 1648 in 1998 - 1612 cases). This was probably caused by a widely covered parliamentary debate on the legal restriction of the access to examinations. What resulted from this debate was higher awareness of women.

The scale of abortion underground

Because abortion has moved to underground, it is very hard to estimate the number of illegal abortions. This is even more so the case because the actual number of all terminations was never known. All speculations are justified in this situation. The only sure thing is that despite the government's claims, the underground is very well developed.

Demographic data can shed some light on the scale of the abortion underground. Specialists claim that there may be a correlation between the number of births and the number of abortions. In countries of our region, where the indexes are still similar to these concerning Poland, there exist a relatively large number of abortions compared with the number of births (a result of the small percentage of women using modern contraception). In Lithuania in 1998, the number of births was around 36,800 and number of abortions around 27,500, almost 75% of births. In 1995, this same index was almost 92% (around 41,100 births to 37,700 abortions). In Latvia, the number of abortions is higher than births. In 1998 there were 18,691 births comparing to 25,076 abortions, and in 1999, 19,328 births comparing to 22,970 abortions. In Czech Republic in 1991, the birthrate was slightly lower than the number of abortions (respectively: 117,037 and 129,354) and was systematically decreasing. In 1998, the number of abortions constituted 57% of the number of births (respectively: 51,791 and 90,535).

It is hard to estimate these percentages for Poland. The number of children born in Poland yearly is around 400,000, and steadily decreasing. In the 80s, the official number of abortions constituted around 1/5 the number of births (see: Table 2). If one relates this data to the 90ties, we would have around 80,000 cases of abortion a year. Despite the fact that more couples are now using contraception, the actual number of abortions was always higher. Counting carefully, the number of illegal abortions nowadays must be at least several dozen of thousands.

In the available analyses, it is estimated that in the 80ties, the relation of births to abortions was 1:1. Taking the significant improvement in the use of contraception (in comparison to the 80ties) into consideration, demographers assess that at the moment the above-mentioned relation is 2:1. If these estimations were true, it would suggest that almost 190,000 women in Poland a year have an abortion. These estimations are backed by research conducted on women living in rural areas. Based on this research, in 1999, around 90,000 of women (inhabitants of rural areas, who constitute 30% of the women's population) had an abortion.

Despite the fact that the actual number of terminations is impossible to estimate, it is possible to get a clearer picture of the facts.

Contraception in Poland

There is no register of the contraception counselling services in Poland. There has also been no complex research conducted on the issue.

The results of surveys show that the use of modern contraception is still relatively rare and that the large part of the society use ways that are not acknowledged as methods of contraception (such as calendar based method or withdrawal). Research on „Pro health and sexual behaviors in an aspect of HIV / AIDS in Poland“ conducted by Zbigniew Izdebski (Warsaw 1997) shows, that out of 1963 respondents (1001 women, 960 men, lack of data on gender in two cases), 55% did not use any method or used the above-mentioned ineffective ways of prevention. Being more specific, 30% did not use any method, 15% used withdrawal, and 10% used a calendar-based method. Out of modern methods, condoms were used most often, by almost 21% of respondents. The birth-control pill is used only by 8,3% of respondents, the IUD by almost 5%.

Table 6

During the last sexual intercourse with husband/wife/steady partner did You use any protection?	In general (in %)	Women (in %)	Men (in %)
None	30,1	28,3	32,1
Calendar based method	9,8	11,1	8,4
Billings and temperature Method	1,8	2,4	1,2
Withdrawal	15,1	16,2	13,9
Oral contraception	8,3	9,0	7,6
Diaphragm	4,8	5,6	3,9
Foams, gels, creams	0,3	0,4	0,3
Other methods	1,4	1,8	1,0
Condom	20,8	18,2	23,6
Lack of data	7,6	7,1	8,0

In research conducted by Demoskop (April 1996), 69% of respondents stated that they did not use any protection. In the General Statistics Office („The state of health of the inhabitants of Poland“) 1996 research study, questions about the use of contraception were asked only to women who were never married (what itself influences the results of such a survey). Almost 30% of women and their partners did not use any of the methods of contraception. The most commonly used birth control methods are the Ogino-Knauss method and withdrawal. Condoms are rarely used.

Concurrently, government report data (see: table below) shows an increase in the use of contraception. It is quite hard to form an opinion on the actual number of women using contraception based on this data.

Table 7: The dynamics of purchase of contraception means

	1996	1997	1998	1999
The number of packs sold (in millions of packs)	3, 3	4, 2	7, 4	No data
Prices in millions of PLN	37,8	58,9	104,0	No data

The 1999 governmental report does not give any data (not even estimates) about contraception use by Polish women. Taking under consideration the one sided, prejudiced policy of the government, promoting and giving financial support only to natural methods of family planning and counselling services in that respect, as well as the addition of hormonal contraception to the list of the means causing cancer²³ - one can not expect that contraception use will grow significantly in the near future.

The accessibility of contraception

There are many barriers making contraception use more difficult. The accessibility of hormonal contraception is very limited. There are 20 hormonal oral contraception means registered in medical registers. Until 1998, 8 of these were on the list of medicines, subsidized by the state budget. In 1998, the government withdrew five of them from the list; only three are still subsidized to some extent. These pills have similar ingredients, and are appropriate only for certain women.²⁴ After the withdrawal of subsidies, the Federation for Women and Family Planning issued a claim to the Ombudsman. Despite the Ombudsman's accordance that the actions of the Ministry of Health discriminate against women and its formal request for an explanation, the government did not withdraw the decision.

The accessibility of contraception is also limited due to attitudes of some medical professionals. There is a very well known case where a doctor from Warsaw²⁵ refused to prescribe oral contraception to a woman. A woman issued a claim to the Regional Doctors' Court, which, nevertheless, did not state that this behavior was inappropriate. The doctor was just reprimanded²⁶, because in public statements he compared doctors prescribing contraception to Doctor Mengele.

The reluctance of medical professionals towards contraception and the lack of recognition of this issue as significant to women's health, were mirrored by the president of the National Medical Court's²⁷. He publicly stated that

doctors are not obligated to prescribe contraception. This suggests that the problem is more serious and is not limited to attitudes of individual doctors.

Sterilization (the most popular method of preventing unwanted pregnancies) is still illegal for both women and men, (see: Appendix 3). Doctors are rarely familiar with emergency contraception and therefore rarely prescribe it. All this causes Polish women to have very limited choices of contraception.

Health care reform and revising the unclear rules of contracting contraception advice services by medical insurance agencies (Kasy Chorych) can also constitute a barrier in access to it. According to rules of contracting, the contraception advisory services can be run only as specialist medical services, not as basic medical care.

Sexual education

The sexual education as part of the school curriculum was withdrawn from it in 1999²⁸.

The currently run program, preparation for family life, is obligatory for secondary schools and calls for continuation of the program. Its main goal is preparation for family life, and even more so, the promotion of the traditional model of a family, not education about the human sexuality and related dangers. The administration officials and ideologists working in the field of a family and youth do not take the fact that sex is not necessarily connected to marriage under consideration. Equalizing the moment of sexual initiation and the moment of getting married is wishful thinking and does not coincide with the statistics about the age of sexual initiation. The above quoted research of doctor Zbigniew Izdebski in 1997 shows that the age of initiation is decreasing (see: table 8)²⁹

Table 8

Age at the moment of conducting of the research	Average age of sexual initiation	
	Women	Men
15-16 years of age	15,56	14,89
17-19	16,81	16,60
20-24	18,22	17,68
25-29	19,16	18,21
30-39	19,72	19,10
40-49	19,94	18,62
In general	19,34	18,43

At the same time, statistics recorded the significant drop in plans to get married since 1982, especially in the group of youngest people. This means that the period during which young people have sex outside marriages is growing.

Teachers

The classes can be run by any teacher with qualifications to teach in a certain type of school and having a university degree in the area of family social sciences, or who have a post graduate diploma or who took part in courses, preparing for teaching these courses (according to topics included in program's curriculum). The professional training for persons running these classes is prepared by centers of upgrading the teachers' skills. The co-ordination of trainings lies in a competence of the Methodological Center for Psycho-Pedagogical Support in Warsaw.

Loads of information received by the Federation shows that this education for teachers is biased and one-sided, promoting only the catholic vision of the family, and family planning.

Manuals

Experts, including sex therapists, educators and doctors, constantly criticize the manuals accepted by the Ministry of Education. It is disturbing that topics such as contraception, prevention of sexually transmitted diseases (including HIV/AIDS) are marginalized and presented in a minimized way. For example, the goal of the secondary school program is to educate about sexually transmitted diseases and prophylactics³⁰. The information included in manuals does not give basis for stating that this goal can be achieved, using them as the support for teaching. Prophylactics are identified with temperance, with absolute sexual abstinence: „From the point of view of HIV/AIDS epidemiology, the

most effective way would be the come back to traditional morality, in which the one and only appropriate area for sexual activity is mutually faithful married couple.³¹

Traditional morality, however, differs for men and women. There is a large tolerance for men's extramarital relationships, referred to as „double morality“.

Condoms (one of the most effective ways of preventing HIV/AIDS) are not promoted well. The false and harmful information about the oral hormonal contraception, as well as about other methods of preventing the unwanted pregnancy is outrageous. The manuals promote the traditional role of women as mothers and men as heads of the family. The long-term goal of the program „Preparation for family life“ is to increase the birth rate in Poland.

It is worth stressing that the current contents of books and school programs do not fulfill expectations of neither youth, nor of their parents. The research shows that around 88% of people surveyed support the introduction of sexual education in schools.³²

Only reliable sexual education in schools can lead to responsible and safe sexual behavior. Comparative studies show that sexual education does not cause the decrease of the age of sexual initiation.³³

The Federation issued a formal complaint to the Ombudsman, stating that manuals promoted by the Ministry of Education³⁴ violate the right of youth to reliable information and scientific knowledge, thereby threatening the lives and health of children. The new Ombudsman nevertheless refused to make a statement in this case.

Despite the difficulty of assessing the realization of this program country-wide, the signals reaching the organization show that both the school youth and their teachers have serious reservations towards this program, the former because they are not given the information needed, answering to their needs and questions, and the latter because they feel unprepared and assess the contents of manuals as highly unsatisfactory.

Conclusion

The information presented in the above report allows a relatively in-depth assessment of the effects of the anti-abortion law and the policy of the Polish government. Researching this sphere is particularly hard and gathering the exact quantitative data is almost impossible because it is, after all, illegal. The lack of statistics does not relieve the government from the responsibility of undertaking the in-depth analysis of the actual effects of the anti-abortion regulations.

The Federation for Women and Family Planning expects the government and the parliament to take the effects of the abortion ban seriously and to undertake the legislative actions required to change the legal regulations binding in Poland in this matter, showing that they respect the right of women to decide about maternity, according to best international standards. It is also necessary to secure the appropriate health and educational policies, guaranteed by international obligations, a policy which will aim to help women to prevent unwanted pregnancies.

Appendix 1

The Actual Act

Material prepared on the basis of letters and phone-calls received by the Federation for Women and Family Planning.

The Case of Ms B - January 1999

A woman, aged 40, single mother of two children, living in a small village in Mazovia region. Bad financial situation, she has problems with finding a job (vocational training).

Ms B was a victim of multiple rapes, committed on her by persons she knew and who she is afraid of. As a result of rape, she got pregnant. She definitely did not want to give birth to this child, so she decided to have a lawful abortion, which is possible if a rape is reported to police or prosecution. Ms B did not report it, because making statements about what happened was too hard for her, and additionally she was afraid of revenge from people involved in crime and the reaction of the local community. In an anonymous call to the Federation's help-line, she described her situation - especially about the need for using the abortion underground, even if theoretically law was on her side.

The Case of Ms L - May 1999

Ms L was 38 years of age, unemployed, married for 15 years, living in a big city. Her husband had been physically and verbally abusing her for many years.

She was forced into sexual activity against her will numerous times. For health reasons, she cannot use hormonal contraception, and her husband does not use anything to prevent pregnancy - so the risk of pregnancy is very high. The woman did not want to have a child as a result of forced sexual acts.

Her question was if a married woman, raped by her husband, has the right to abortion if she gets pregnant as a result of rape. At the moment, she lives in constant fear; what is she going to do if she gets pregnant and if the law is to protect her when it happens?

The Case of Ms Z - June 1999

A woman aged 36, married, with an 11-year-old son, living in big city. A short time after a kidney operation, she got pregnant - she only used withdrawal and natural contraception methods. She decided to have an abortion because of her health. She wants to be a mother for her 11-year-old child.

In an anonymous talk with the Federation's help-line, she complained about maltreatment and degradation in hospitals, where she was trying to execute legal right to an abortion. Eventually, she decided to have an illegal abortion in a private clinic.

The Case of Ms K - September 1999

Could you please help me?

I'm 39. I'm pregnant - 16 weeks and 3 days. I have just had pre-natal examinations, which show that the child has Down's Syndrome.

NOBODY WANTS TO HELP ME IN YOU KNOW WHAT CASE!

A woman aged 39, married, a nurse by profession, her husband also a nurse; one child aged 18, one extra-uterine pregnancy. After getting pregnant, even if the pregnancy was not planned - the couple decided to have this child. Because the age of the mother they have nevertheless decided to go through pre-natal examinations. Unfortunately, they also had to pay for examinations - 1200 PLN - because the insurance company stated that according to rules in this particular agency, they are not entitled to have them free of charge.

The results of tests conducted in the Genetics Institute in Poznań indicated Down's Syndrome. Considering that they will not be able to support this child financially, the couple decided to have an abortion, to which they were legally entitled. They called the Mother's Center in Łódź, where nobody offered to help. They were told that abortion in Poland is illegal and they can't be helped in their situation.

Ms and Mr. K live in a small town in the west of Poland. In a hospital they were told things like: „we don't have a necessary equipment to terminate a pregnancy at this stage“. The hospital's director did not want to sign a statement that they won't terminate pregnancy. The statement would be necessary to conduct the abortion in Warsaw. After

intervention from the Federation, there was a possibility of conducting the termination in Warsaw, but a statement from a regional medical insurance agency was still needed, that the termination will be re-funded. They didn't issue such statement. Despite that, Ms K contacted more than 40 doctors in a country, none of whom wanted to help her. „The director of one of hospitals told me that I can stick the Act up my... and do it myself, because the law is not on my side“.

„Today, after selling the car to afford it, I'm going to ,ódê, to - in primitive and unknown conditions - do what you claim is legally secured for me. It is very sad but this country is not normal“.

The Case of Ms T - May 2000

A 29-year-old inhabitant of Warsaw, pregnant from 8-9 weeks, the mother of two children (aged 5 and 6). Under the care of social services, disabled. The general state of health: shortsightedness -24 diopters, strong changes of the retina, two cesarean births (1,5 years one after the other). Neurologically tested because of health problems of still unknown source. Very low blood pressure (90/30), anemic. Lately taken to the emergency (she fainted) and then taken to the hospital at Kasprzak street.

Two optometrists issued medical certificates that the pregnancy constitutes serious threat to the state of sight of their patient, but stated only that they would therefore not recommend the natural birth.

One of them while asked if the pregnancy could result in further damage of the retina said that „maybe it will, maybe it won't. The placenta can also detach, so everything brings risks.“ At the same time they added that the patient has to look after herself and avoid carrying heavy things.

After we found a hospital in which doctors were ready to conduct a lawful abortion, it came out that the certificate stating that natural birth is not recommended was not enough to conduct a termination of pregnancy. A certificate stating that the pregnancy is life threatening, unhealthy or that labor is not recommended at all was necessary.

The general doctor in a health care center, who earlier informed the patient that her pregnancy is life-threatening, during the next visit agreed to issue the certificate about the threat for patient's health.

After the following contact with a gynecologist, we were given the information that the woman is expected to come for a visit to the hospital. During the gynecological consultation, the doctor wrote a statement saying (on the back of the recommendation from the first doctor) that according to him, two previously made cesarean cuts are not enough reason for an abortion. The patient was not even examined, the doctor was not interested in other aspects of her health, in particular he did not concern indications from opticians.

Doing this, he questioned the certificate issued by other doctor and took away patient's chance for a lawful abortion. This case confirms our conviction that doctors disrespect women's health problems and avoid issuing written certificates about the patient's state, even if during consultations they inform about possible threats.

Note: Ms T is active in one of the foundations for the protection of the life of unborn children. Therefore, she is aware of the fact that such organizations offer support during pregnancies, but then leave mothers alone when the child is born.

APPENDIX 2

The letter to Genetics Clinic in Warsaw

Dear Professor,

I would like to inform you, that despite of many efforts I was not able to get a referral for genetic testing and consultation.

My leading doctor H.G. (who supervised my previous pregnancy) is not entitled to issue such referrals. My family doctor G.W. refused to issue such a referral on 12.11.1999, claiming that only gynecologists are entitled to do so. In my regional medical center, the gynecologist was absent due to operation. I was sent to another medical center. I was

there twice - on the 15th and 16th of November 1999 - on the visit to two gynecologists, none of whom agreed to direct me for the pre-natal examinations, claiming that they are not doctors supervising the pregnancy.

After receiving your letter, the doctor G.W. again refused issuing a referral.

Kindly yours,

APPENDIX 3

The correspondence with the Federation on the issue of sterilization

I was very surprised when, a couple of years ago, I received a very rude answer from the Medical Academy in Krakow, stating that vasectomy in Poland was illegal. Some time after that, during urological operation (conducted illegally, because it was outside my region of registration) a doctor, who was paid to conduct an operation, told me that he will not conduct vasectomy and quoted the relevant regulation of the criminal code. Conducting the operation abroad was not of any problem for me. I didn't even know the address of the clinic - so, on my written request to the Post Office in Gornitz in Germany, I was sent all the addresses of relevant hospitals. I wrote a letter to one of hospitals, received quick answer, registered in a hospital (with a help from interpreter) via phone and after couple of days I was sterilized with no additional formalities. The operation under anesthesia was conducted in a local hospital, in great conditions (comparing to Polish hospitals). I paid 400 DM and could come out the hospital right away. The results of the post-operation examinations were sent to me by post.

Why does the Polish Constitution violate human rights? Why doesn't the government of fanatics resign?

M.J.

Attitudes of the Medical Professionals Towards Abortion
The Report on Research of the Effects of the Family Planning, Protection of Human Fetus and Conditions for Termination of Pregnancy Act -
- Danuta Duch

Information about research

By request of the Federation for Women and Family Planning, the company RUN, Research and University Network, conducted a survey on effects of the Anti-Abortion Act. The survey took place between 31 of May and 13 of July 1999, using in-depth interviews with doctors and nurses working in Warsaw, as with the professional groups connected to the practical realization of the Act.

Goals of the research

The research goal was to recognize the social and health effects of the Anti-Abortion Act of 1993, and particularly to get information about:

- To what extent regulations of the Act are known to medical professionals,
- To what extent procedures allowing for lawful abortion are known,
- How the Act is assessed by medical professional organizations: opinions about its shortcomings and merits,
- The attitude of professionals towards abortion,
- The attitude of professionals towards abortion underground,
- The attitude of professionals towards women terminating a pregnancy.

Group of respondents

10 in-depth interviews were conducted: 6 with gynecologists (2 women and 4 men) and 4 with middle level medical staff - midwives and nurses.

Respondents were:

- Of different age - the youngest have been professionally active for a few years, the oldest of doctors had 45 years of professional practice,
- Working in different health care institutions:
 - clinic for women at the district health center (D, N)
 - private clinic (N)
 - gynecological and/or obstetrics hospitals (D, N)Doctors taking part in the survey usually worked in more than one place.

Interviews were marked with symbols. Quoted statements coming from doctors were marked with the letter D, statements made by midwives and nurses with the letter N.³⁵ All interviews were conducted in the same way. The report does not differentiate between statements made by female gynecologists and male gynecologists. There was no significant reason for differentiation. For simplification - we use the term „nurses“, meaning the group of midwives and nurses working with gynecologists.

It must be noted that groups of doctors and nurses are very different. Doctors are placed higher in the professional hierarchy - only they can conduct abortions and are exclusively responsible for legal consequences of the violation of the regulations. Nurses only follow orders from doctors and do not face legal responsibility. The differences in professional positioning of doctors and nurses result in different perspectives. Doctors relate to the law itself, hospital's management and women. Nurses relate to practicalities of the law, doctors and a woman. Extracting separate groups of doctors and nurses in the research significantly improved the picture of the Anti-Abortion Act and its social effects.

Conducting the survey

During the survey, some difficulties occurred with finding doctors and nurses to take part in the study. No person asked by phone to take part agreed to do so. In one of hospitals, all doctors working there refused one by one.

In this same hospital, two nurses did not agree to take part saying that they are against abortion. They did not agree to make a formal statement. Nevertheless, in the informal talk following the request, they gave some important information. They admitted not knowing the regulations of the Act. They also claimed that they have nothing to say about effects of the Anti-Abortion Act, because abortions are not performed in their ward, because the law forbids it. While told that the law does allow for abortion in certain circumstances they stated that they had not heard about terminating a pregnancy in their ward on the basis of fetal genetic. Spontaneously they added, that a doctor has the right to refuse performing an abortion if it contradicts his beliefs.

The third midwife working in this particular ward also refused an interview. She said that was not to be discussed. She represented a critical view of abortion - her statement suggested that if a woman doesn't want to give birth to a child, it is enough if she comes to see a doctor. She added that abortions are surely conducted in private clinics. There is number of announcements in gynecological press offering „services“. She cynically commented that it is surely not only about curing erosion, but that these issues are not openly discussed because big money is involved. She also admitted that she was not familiar with regulations of the Anti-Abortion Act.

The lack of agreement to taking part in interviews concerning anti-abortion regulations - both among doctors and nurses - resulted in the prolongation of research. Three persons were involved in conducting interviews. To find anyone willing to take part in an interview, they had to gain information from third parties or say that they were coming on somebody's recommendation.

These difficulties can be explained with high level of fear and anxiety that doctors and nurses face while making statements on abortion in a public forum. All respondents and potential respondents were not convinced that interviews were absolutely anonymous.

Knowledge about conditions and procedures in cases of lawful abortion

In their work, gynecologists and assisting nurses and midwives come across women with unintentional pregnancies. In Poland, the conditions for abortion are strictly defined by legal regulations of the Anti-Abortion Act. The knowledge about situations in which a doctor can conduct an abortion is, for a gynecologist, knowledge about the possible legal actions she/he can undertake in professional practice. Being familiar with the regulations is also a condition for giving correct, reliable information to women, who find themselves with unwanted pregnancy.

Not all doctors know the full content of the Anti-Abortion Act. The situation in which „there are justified suspicions that pregnancy results from unlawful act“, commonly known as a pregnancy resulting from rape, in opinion of two doctors taking part in the survey, does not constitute the basis for termination of pregnancy.

Rape is not a reason for abortion (D).

Pregnancy resulting from rape is probably such a reason...or not...I don't know. (...) No, I think not. No...I say... that if it is a threat...I think only...the condition is that if the pregnancy constitutes a threat to life...pregnancy from rape is not such a reason.Ê(D)

The Act does not precisely define medical indications for abortion; it only vaguely states, „constituting the threat to life or health of a pregnant woman.“ Nor does the act elaborate on „heavy and irreversible damage of a fetus or incurable disease threatening it's life“. None of the doctors interviewed criticized this lack of precision. On the contrary - some of them pointed at advantages of such a situation.

The Act mentions heavy damage of a fetus and from the legal point of view it is enough, because medicine is developing, constantly something new is being discovered and if we categorized it very strictly, there would be problems afterwards. (D)

Medical indications for termination of pregnancy appear to be very controversial for doctors.

While naming the damages of a fetus allowing for abortion, one of the doctors mentioned Down's Syndrome, which was described by him as a big, but controversial problem, because he knows mothers who have children with Down's syndrome and who love them very muchÊ(D). (See also: Abortions in hospitals)

Doctors are not fully familiar with the formal procedures of termination of pregnancy. They know that if abortion is conducted on the basis of pregnancy constituting a threat to the life or health of a mother, a woman has to have a

certificate from a specialist, describing her illness and including indicators for abortion. If the indicator is heavy damage of a fetus, they know that a woman has to have results of examinations stating, what damages there are. Different doctors nevertheless point at different numbers of certificates required in such situations for a woman to submit.

In case of abortion on the ground of woman's state of health, one doctor said a referral from gynecologist and from a doctor of different specialization was needed.

In another hospital, a woman needs two independent specialists to sign: She has to have two certificates for us, coming from two independent specialists doctors and she has to submit a request to conduct an abortion. (D)

To conduct a genetic examination, a woman has to have a referral from gynecologist.

One of the doctors stated that he/she issues such referrals only for those women, who are determined to have an abortion if a defect of a child is discovered or for those, who do not know what their decision would be in such case. Nevertheless, according to one of the nurses, not all doctors inform women about the possibility of having pre-natal examinations.

According to opinion of one of doctors, not directing a woman to genetic examinations in a situation, when there are indications to do so, is misconduct. These indications are: age above 35 years, members of the family having genetic defects, or defective or abnormal fetal development shown in an ultrasound.

To have an abortion because of fetal defects, a woman has to have, according to one of doctors, certificates stating the damage and referral from gynecologist. Another doctor stated that to have an abortion because of fetal defects, a woman has to have certification of genetic tests conducted, results of ultrasound examinations with description and referral, most often from the genetics institute. And of course in such situations a patient submits a request for abortion, because this is done on her request, on her demand. (L)

Procedures in cases of pregnancy resulting from rape are less obvious for doctors. These cases are very rare, none of the doctors met with a woman wanting to have an abortion on these grounds. One of the doctors stated nevertheless, that in a hospital where he/she used to work they had a contrary situation a woman who gave birth to a child coming from rape.

Doctors are only aware, that in case of rape the opinion of the police/prosecutor's office is required.

If there is a rape, they come to the hospital immediately, because this is the procedure. If she was raped, she goes to the police and makes a statement there, and a policeman goes to the hospital with her. I don't recall any woman coming and saying that she was raped and got pregnant. (D)

It has to be somehow done according to legal procedures, consent from a prosecutor...I don't know how it should be done, anyway I think that this is what should happen to have an abortion lawfully (D).

Discrepancies in statements of doctors about procedures required for abortion result from lack of knowledge about the law and from different, not always lawful practices. Doctors, who during their practice did not come across terminations of pregnancy at work, are less confident while talking about procedures.

Nurses generally do not know the law. They admit that they didn't read it, they didn't read it all, they are not able to quote specific regulation, or that they don't know the Act that well. They conclude the regulations based on cases that they know, in which the lawful abortion has been conducted. One of them stated that pregnancy could be lawfully terminated - she knows because there was such a case. She doesn't know about genetic bases for termination because she hasn't come across it. Another nurse claimed that a certified genetic defect is the only reason for legal abortion. Woman's health is surely not a condition allowing for abortion, if women having cancer are giving birth to children. One of the nurses working in the clinic for women, based on observations of every day practice, concluded even that:

There are no cases of lawful abortion now. I, for instance, haven't heard of it. (...) At the moment I really haven't heard about any patient after termination of pregnancy.Ê(N)

The nurses' knowledge about legal procedures in cases of lawful abortion is equally imprecise. One of nurses stated directly that she doesn't know such procedures, previously there were certificates from gynecologist required, from a

specialist on a certain illnesses, psychologist, but now she doesn't know. Another nurse stated that she thinks that referral from a gynecologist is required, some examinations, or some professional board is examining the case, she doesn't know, there were no such cases. In the opinion of one of nurses, the formal procedure is unbelievably complicated and there has to be a commission. The gynecologist taking care of pregnancy:

Sends her to some consultant... then there is another consultant... and if all of them state that there are reasons, and then a patient can lawfully do it in a hospital. (N)

The practice of terminations of pregnancies

There were such doctors, that did not say if they conduct abortions or not, other stated that they have never done it or that they do not do it at this at the moment.

None of the doctors interviewed stated that they perform abortions at the moment. Two persons admitted that it happened in the past.

Women with unwanted pregnancies do not come to me very often, very rarely, because for many years I haven't supported „such contraception“...but it happens...but I have some patients with such a problem. (D)

Here, at a private clinic, patients used to come to me, many years ago, wanting me to perform an abortion. I must admit that I am not a saint and it used to happen that I terminated pregnancies in the past. This does not mean that this was the basis for my practice. It was very long time ago. (D)

The scale of a problem

All medical professionals say that the number of patients coming to them with unwanted pregnancy has decreased.

One every six months. It used to be much more. There were loads of patients before. Now they very rarely come to a hospital or to private clinic with pregnancy. More often to a private clinic. (...)At the moment there are patients who don't want to get pregnant and who come to get a prescription for contraception.(D)

With no doubt, there are fewer abortions nowadays than when abortion was legal, but still I think there are thousands of cases. (D)

The number of abortions definitely decreased. But this number has nothing to do with the officially registered. If previously it was counted in Poland as the 1:1 in relation to births, I think that nowadays this relation is 0,5: 1, what means that number of abortions constitute a half of a number of births. (D)

Doctors did not specify the time period of their comparisons. Do they mean in comparison to the sixties, eighties or to the period directly before introduction of restrictions in the abortion law (early nineties)? We can only suspect that they are thinking about longer perspective and earlier years. At the beginning of the nineties, the number of abortions conducted officially was not that big, comparing to previous years, as one of the doctors stressed.

Abortions in hospitals

The number of abortions in hospitals is decreasing significantly; both doctors and nurses confirmed this.

There used to be 7 abortions a day in the hospital, I remember. Right now, with all restrictions, it is a marginal issue. (D)

There are fewer abortions, because it is less accessible. A few years ago there were more abortions. Patients were coming with referrals to have an abortion. Now it doesn't happen. It really doesn't happen. (...) The number of abortions decreased - at least officially. (N)

There were times when there were 3-4 abortions in a hospital a day, now there are none. (N)

One of nurses noted with irony that the number of abortions would be even lower if abortions were illegal completely. All nurses said that the reason for dropping number of legal abortions in hospital is, among other things,

the behavior of doctors themselves. Doctors did not mention this at all. Nurses nevertheless spoke of the reluctance of doctors towards issuing certificates directing a patient to have an abortion (delays, directing a patient from one doctor to another) and about smaller and smaller number of diseases, which, in doctors' opinion, constitute the reason for termination of pregnancy.

Nurses mentioned cases, where they personally witnessed or heard of seriously ill women - even if applying for an abortion - couldn't terminate the pregnancy and had to give birth to children.

We even had mentally disabled patients and nothing, they had to carry the pregnancy and bear the child. It would have to be I don't know what, don't know how serious this disability would have to be. (N)

Lately there was a woman with epilepsy, but unfortunately they didn't terminate (the pregnancy). (N)

I have heard about such a situation. One woman should have had an abortion because of brain cancer, so they could continue her treatment. But because of those procedures, everything was taking too long, the woman gave birth to a child and after couple of months she died. (N)

One doctor and one nurse mentioned that in the past, pregnancies had been terminated because of genetic fetal defects; nowadays there are no such patients. One doctor says that they might be directed to other hospitals. According to a nurse, it is caused by the fact that earlier these services were allowed. Right now, in her opinion, such abortions cannot be performed in a hospital.

I don't know how it is, because we haven't had such a case yet (pregnancy with a genetically defective fetus), that's why I think that they were probably directed somewhere else...if they were not here, they must have gone somewhere else, but where...I don't know. I'm sure that different defects are not uncommon. (N)

Cases of refusing abortion in hospitals are commonly known.

One of the doctors said that patients who have certificates entitling them to have an abortion, go from hospital to hospital and usually end up somewhere in the underground. Hospitals refuse conducting abortions even on the basis of genetic defects of a fetus.

You know, we had a patient who has three children with development defects and she went to different hospitals and none of them admitted her. (N)

One of the doctors presented it differently, the hospital waiting for patients. He works in a hospital to which after introduction of restrictions, no patients came wanting an abortion. There were abortions conducted in this hospital in time when the more liberal version of the law was binding, allowing for termination on social grounds. At the moment, according to a doctor, if there was a need - there will be doctors who would conduct an abortion. It is pointed, nevertheless, that a patient has to have „really good papers for it“.

It is surely hard to explain such a situation: on the one hand women who are looking for a hospital in which they would be able to have an abortion, on the other, hospitals, where they could do it, but they don't come to them. The reason for such a situation is surely connected with inappropriate flow of information between medical professionals and the small interest shown in this problem by doctors themselves. Not all doctors know where to direct a patient.

There are hospitals where abortions are performed, and there are those, where abortions are not being conducted. And this is more or less known. There is no district registration now, so a patient can be directed where abortions are conducted. (D)

Termination of pregnancy in private clinics, or the abortion underground

The abortion underground in Poland constitutes of doctors who conduct illegal abortions in private clinics.

The existence of the underground is widely known. There is also common conviction that having an abortion using the underground is relatively easy, the only issue being money.

If there was a real need to conduct an abortion, I would simply find someone to do it - this is not a problem. (D)

Doctors and nurses stress the public knowledge about the abortion underground. They spoke of ads in press, in „Pycie Warszawy“ and in „Gazeta Wyborcza“³⁶, in which gynecologists conducting illegal abortions offer their services. The content of such ads is ambiguous: „gynecological services...“, „full range of services“, „services of all kinds“ or „operations - cheaply“. This phenomenon is common and public enough to treat every gynecologist as a one potentially conducting illegal abortions.

Two weeks ago I received a call: a young man was phoning, as I could recognize from his voice, and was asking if I am a gynecologist. Then he asked if I am offering a full range of services (...) So I said that I probably am not offering the range that he is thinking about, but I am sure that he was up to something like this. (D)

Information about where one can have an abortion is passed on by women themselves - patients know very well, who is doing what. A particular network is being created. Women who come to see a doctor in a situation of unwanted pregnancy are those who generally have no idea. One of nurses informed us about patients who come to hospitals informally.

Even if, they talk about it with doctors privately, or something (...) using this informal way they learn one from another and omit formal ways. (N)

Because the underground is publicly known and relatively widely accessible, women asked about abortions during medical interviews admit having them. One of the doctors stated that when asking about abortion, it is only to collect information if it was conducted professionally and if there were no complications after it. This information is relevant for the assessment of the state of health.

In a one to one talk, women admit that they had an abortion two, three months ago and now would like to use contraception. But, of course, I never ask for details. (D)

Different groups of women are clients of the abortion underground in Poland. The first, and probably the biggest, is those who want to terminate pregnancy on different social grounds. That is completely illegal by regulations standards.

Women who theoretically have the right to an abortion are also clients of the underground. Some of them do not want to go through the formal procedures required to conduct a legal abortion in a hospital. These women are afraid that the doctor to whom they turn, or a hospital, to which they would go, will refuse issuing a certificate and that formal procedures can take too long for a pregnancy to still being terminated. In cases of pregnancies resulting from rape, women may also not want to talk about what happened to them.

The abortion underground is also a solution for women who went through formal procedures, but were refused abortions. In this case, an abortion is „legal“, although illegally conducted. This not a big group of women using underground services, nevertheless they are overt victims of binding restrictive regulations of the Anti-Abortion Act. Those women should have the guaranteed possibility of free of charge termination of pregnancy in good, safe conditions; this was stressed by one of doctors.

The abortion underground in Poland therefore plays a significant role. On the one hand, in practice, it allows for a wider realization of regulations concerning women who could terminate the pregnancy legally, but they have abortions using the underground services. On the other hand, for many women it limits restrictions imposed by the Act, allowing for terminations on social grounds.

The doctors and nurses interviewed did not express negative sentiments towards doctors who perform abortions; sometimes they even assess their activities in a positive manner. Only one doctor stated with some contempt, that adverts in press are being put by doctors who can't do anything else and are doing only this. (D)

Women's attempts at terminating pregnancies themselves

The doctors did not mention women's attempts to terminate pregnancies on their own. But all of the nurses working in hospitals spoke of these actual cases or of their suspicions that some patients could have been trying to terminate a pregnancy.

According to nurses, when women come to hospital bleeding with an incomplete abortion, the reason can be an unprofessionally conducted abortion or an attempt of self-induced abortion.

One of the nurses spoke of a patient who came to emergency room bleeding. In nurse's opinion, this woman was counting on abortion being continued. The ultrasound examination showed, however, that there was no miscarriage and the woman was given hormones to keep the pregnancy. The patient was visibly unsatisfied, and asked for release from a hospital.

Sometimes we suspect something (attempted abortion), that she came with some septa to give birth, earlier birth, twenty and a few weeks, but it is hard to say, if she... was putting some wire there or something...well, I didn't catch anyone doing that...these are suspicions ... only suspicions. (N)

According to nurses, women try to perform abortions by themselves when they were not successful with official termination, and they don't have the money to do it using the underground. There are stories around about prescriptions, home remedies for pregnancy.

She wanted to do it officially, because she couldn't afford private services, and she knew that it didn't work, so she tried to do it somehow on her own... there are stories about herbs or medicines, although there is nothing that can cause spontaneous miscarriage. (N)

If a woman can afford it, she will do it in a private clinic, and if she has even more money, she will go abroad, if not, she tries home remedies, some hot baths. They also try to injure themselves, by putting something to a uterus. There are cases like these.

There are also women, who can't afford a doctor, to pay ... I don't know ...they are acting themselves, looking for witches, quacks, or whatever this is called. (N)

It is intriguing that doctors do not mention abortion attempts by women themselves. Nurses working in a hospital, however, do. It may be that doctors do not treat „suspicions“, even the justified ones, as facts, unless a woman admits what she has done, and this is why they don't talk about it. It may also be that - as it was said before - nurses are differently placed in a professional hierarchy and their perspective is different - they more often talk to patients on the informal basis and are able to get information, which is not accessible for doctors. Another explaining hypothesis would be the lack of knowledge of legal regulations among nurses - they may not know that illegal abortions should be reported to police and this is why they feel free to give such an information to a person who is conducting a research. (See also: Complications after abortion and abandonment of unwanted children).

Three nurses claimed that women are not afraid of medical staff. According to one of them, women know that we are obliged to keep that secret. (N)

Attitudes towards the Act

General attitude towards the Act

Doctors, who were interviewed, show different attitudes towards the Act, from full acceptance to total negation. Let four statements made by doctors to be an example of positive assessment.

I think that it (the Act) is a huge progress, and that it's good. Because I don't think it is right to raise the issue of human life, that we can't judge. I think that there have to be some exceptions, however it can't be that women decide on their own indications, that abortion should be conducted by request. It is not a toy. A child is not one's property... it is a child, it is another story, it is not some part of a woman. (D)

There was a need for such an Act. (...) There can't be easy access to abortion - not that she wants, so she goes and has it, the end - it's senseless... Some difficulties have to be created. So these restrictions have been created and that's very good. It is a necessary evil (abortion), which should be, there should be a possibility for termination of pregnancy, with no doubt, but there can't be easy access to it. (D)

I think that the Anti-Abortion Act should allow termination of pregnancy (...) also on serious social grounds, in some exceptional cases, which can happen to any woman. (D)

I don't feel entitled to an opinion on this Act. It is ridiculous that it is being changed all the time. Some want to be more saint than the Pope, and it is not always necessary ... there has to be a compromise and life is life - not always every pregnancy will be madly wanted. (D)

Two doctors represented a totally negative attitude towards the Act. The reason for rejection of legal regulations in both cases was the recognition of the subjectivity of a person and of the right to free decision. Nor the state, or doctor, or the Church has the right to limit the right of every person to decide about one's life in a rigorous and restrictive way.

I think that a woman has the right to decide if she wants to terminate pregnancy or not. The decision should not be imposed. But a doctor should secure a woman with a consultation, explain risks connected to it, because it's well known that the risk is big. The state also should secure the possibility of making a choice. (D)

Everyone has the right to decide about one's own actions. (...) The Church plays a big social role, and it teaches that the greatest gift from God is free will. At the same time, the Church is taking this free will away from people. According to this, it becomes wiser than God, its own boss. This is why I don't understand it. This is why it is ridiculous for me. And if I, for instance, am sure that if I were a woman, I would not have an abortion and nor would I allow my wife to have one. This is only my business, and if someone else wants to do it, they will do it anyway. It can be done in different ways. (D)

A completely different vision of a woman, a person than the one presented above, comes from a statement of a doctor who is pro Anti-Abortion Act. Summing up, in a general way the merits of the Act, he stated directly that not all women are so wise and responsible that they can make decisions in their own matters, and that those decisions have to be made by the state on their behalf. Those statements, in a very visible way, question the subjectivity of women.

The Act eliminated the possibility of abortion on request. People are different, and women are different. They are different, and not all of them, one has to say, are responsible and not all of them think about what are they doing. And because of that some decisions have to be, unfortunately, supervised by the state. (D)

Nurses, as it was said before, are not familiar with exact legal regulations. Their assessment of the reality created by the Act, has a significant influence on their attitudes towards it. First of all, these are situations of women, who got pregnant when they didn't want to. From this perspective, according to all nurses, the Act is wrong. One of them said:

Despite being a Catholic, I think (...) that in situations like rape, serious illnesses, pregnancies should be terminated. (N)

Other nurses said that the Act is not good in any aspect; it disregards the well being of women and deprives them of the possibilities of deciding about themselves and their lives.

The Act could be more for women ... it could be that they themselves could decide if they want to have an abortion or not. (N)

As much as I know it is bad. I don't accept it. It does not treat women as women. We are being treated as a bag to carry a pregnancy and that's it. A woman is not worth more. I don't like this Act. A woman should decide herself. (N)

It is only and exclusively women's business, if she decides on it. (N)

Nurses, while talking about the Act, do not use political language, do not use notions such as: human rights, subjectification or objectification, but the sense of their statements is just like that. They define the Act as anti-women, because in their daily practice they see the suffering and tragedies of women, which are caused by regulations of the Act.

This is not the way; it is a matter of contraception and pro-family policy

Two doctors were wholly against the Act. They thought that limiting the right to decide about abortion would not limit the number of conducted terminations. According to one's opinion, the total ban on abortion would only influence the number of terminations conducted outside hospitals, and this means more infertile women, more looking for psychiatric assistance, more complications connected with inflammations, and more extra-uterine pregnancies.

Both doctors saw that the way to limit abortions is better sexual education and wider accessibility of contraception.

A restrictive law will not limit the number of abortions. This is not the way. The way is through strengthening awareness, for teenagers to not get pregnant, because there are more and more young girls getting pregnant and having children. The way is through education and prevention. This is not, however, being done. (D)

Even though the law includes education and contraception, this variant is not used at all. There is no education on contraception in schools, contraception is expensive, mostly for 100% of the price, and very often, for a poor woman, an alcoholic's wife who is raped by her husband, what results in other pregnancies, it is inaccessible for financial reasons. This is why I think that if we want to combat abortions, we should prevent pregnancies on a wider scale. (...) Unwanted pregnancies should be avoided, so contraception available and affordable, it should be accessible for the majority of the society, including the poorest part. (D)

Both doctors - opponents of the Act - recognized abortion as something immoral, both said that they don't conduct abortions, both stressed that there are no women who would like to have an abortion.

Nobody is pro abortion. Nobody would like to be doing this, nobody supports it. I think this is an extreme situation, but such situations happen and can happen to every woman. (D)

A woman decides for the termination of pregnancy, for this whole operation, it is a huge stress for her and really ... it is not that a woman treats it as she was going to give blood for tests. And if people are afraid even of that, what should be said about such an invasion as abortion. It is an important operation and a woman doesn't want to, doesn't need to have such things done to her. This is why, if she decides, she has to be in some way desperate. (D)

One of the nurses also stated that doctors in her professional environment were very critical of the restrictive law and said, „this is not the way“. For this to work, there has to be some education first, then contraception, then, finally, a restrictive law. (D) The nurses shared the same view.

For such a restrictive Act to be introduced, first one has to educate young women, so they know how to behave, so they have access to contraception and then one can make demands not to conduct abortions. Not only women - men too. It's just the society has to be educated and sexual education has to be professional, not like the one that exists at the moment. (N)

The Act itself and more

Some doctors, who were not such determined opponents to the Act, also stated that the ban on abortion is not enough to limit the number of abortions. For women to give birth to children, the restrictive Act has to be accompanied by positive social policy, supporting having children. Children cannot be a burden exclusively to parents.

It is not about telling people that they cannot. People should be better educated, and this is hard because our Church is so restrictive. This is the fight, like the fight with religion within all of this. (D)

Really, state aid for people, who are to have a child, is not large. There is no help for families who have more children. Practically every child is a luxury of some kind. (...) There cannot be only the restrictive law, there has to be something for it. This is how it functions in Germany - tax reductions. This promotes having children. (D)

Some doctors said that one the condition for limiting abortion is promotion of family planning and effective contraception. This element of the policy, despite being included in the Act, is not executed at all. There is no education in schools. There are negative opinions of effective contraception; the Church is against it.

It makes me happy that women take their matters in their own hands and look for a doctor to advise them. Even very religious women, when they get married, come to ask about natural family planning - they want to talk about it. What else can be said - a doctor can tell you more than a priest. The contraception method has to be chosen correctly, so a patient doesn't feel bad about using it. So many bad things have been said about some methods that some ask right away if this will cause a miscarriage. Contraception in Poland has such bad press. Often, when I prescribe medicine as treatment ... to regulate menstruation, patients are not happy, if it has a contraceptive effect - there is such a group of women. (D)

The Church's negative approach towards contraception results in reluctant attitudes in certain groups of women, and internal conflict for some doctors.

It (the pill) gives 100% certainty. It is contraception; it is not abortifacient as, for instance, IUDs (intra-uterine devices), and it is the method I personally advice. And I am sorry, because I am a Catholic, I am sorry that the position of the Catholic Church is like that. It will, with no doubt in my opinion, change one day, but I would like to be right and I don't feel right. (D)

It is very hard to say that promotion of effective contraception is present in Poland, not only the Church, but also some doctors oppose it.

This doctor never performed abortions, and she is even against contraception. Because she says these are medications with side effects, that they influence the state of health, specifically with young girls, 15 or 14 years of age coming to ask for contraception. So she advises natural methods: observing discharge, measuring temperature. (N)

Social effects of the anti-abortion act

Irrespective of their general attitude towards the Act, doctors and nurses talked about its merits and shortcomings. Only one doctor did not see any bad sides of regulations and two doctors and one nurse stated that there was nothing good about the law.

The good thing (in the Act) is that in general there is theoretically some possibility for termination of pregnancy. This is the only merit. (D)

The increase of interest in family planning, and the decrease in the number of abortions

The opinion that the Act influenced women's attitudes towards contraception and abortion is quite common:

Women treated abortion as the basic contraception method, which is wrong (...) now they cannot treat it like this (...). Introduction of this Act made women aware, generally made people aware, that this is not a contraception method, and this had a great meaning. (D)

I think that a liberal law is not good for anyone. Some part of young women think that if it is allowed, why think about prevention, it is a method of contraception also - some part treated it as a given that when it (unwanted pregnancy) happens, one can go to a hospital and have it (an abortion) even free of charge. (D)

It has to be clearly stated that the best thing about the law is that women got interested in contraception. Women, in the past, unfortunately treated abortion as a method of contraception or family planning. It is unacceptable - both for moral and health reasons. (D)

Considering the fact that abortion is still widely accessible through the abortion underground, it is hard to recognize the restrictive law as a factor (or at least the only factor) influencing the change in women's awareness in issues of family planning. A doctor, who supported the theory on Anti-Abortion Act influencing the increase in the use of contraception, when asked by a researcher if that means that previously (before the introduction of the Act) women did not use contraception, answered:

Well, yes. Maybe it was because there were no such possibilities - there were no contraception pills. Contraception was expensive. There was only one contraception pill Gravistat, which contained a large dose of hormones, and was not good for every patient. Nowadays, pills are expensive, but also the society is better off. There are also pills, which are very cheap, for women who don't have much money - on prescription, around 3 zloty (PLN) a month. (D)

Not all doctors connect the lower number of abortions with restrictive regulations. In one's opinion, the lower number of abortions is not a result of restrictions, but of the introduction of more contraception to the market and an increasing awareness of the society - also of a many years' discussion about the defining conditions for lawful abortions. Not the fear from compulsory maternity, but being aware that it is better to prevent than to terminate, caused the decrease in numbers of unwanted pregnancies in Poland.

I think that the number of abortions in Poland, even illegal ones, decreased significantly because of society's changing awareness. The accessibility of contraception is much wider and it is not as expensive as it was only few years ago. (D)

A nurse also shared this view - there are fewer abortions, because of contraception promotion, and more variety (less harmful): oral contraception, vaginal contraception, and diaphragms. Women started to think about prevention.

Because when someone talks to her, she starts to think about it. It is not like that any more, that when a husband is drunk, he has to have it (sex), because he is going to bed (...) But it is better to prevent than giving birth afterwards, than facing some consequences. (N)

During one of the interviews, it was concluded that the decrease in number of abortions should not be connected to the introduction of the restrictive regulations at all. This connection is only superficial.

In general, at the beginning of the nineties, when the Act was not there and abortion was allowed, the number of abortions was not that large (...)The Act's introduction did not limit the number of abortions, but it increased the number of abortions conducted illegally and complications connected with them. (D)

If it is not really known, how many abortions were conducted before the introduction of the Act and after that (legal and illegal) and how many women use contraception and what contraception, this theory that the restrictions resulted in fewer abortions, sounds unbelievable, stated a doctor who does not see any good to the regulations.

We could talk about the law's benefits only if it was really proven that there was a significant decrease of abortions in general, and that people have started to think about family planning, that there are more wanted pregnancies carried to term, and that less children are being abandoned, or at least that there is no growing number of children being abandoned, as it would be if not for the Act. (D)

There is no reliable data about the number of abortions conducted in Poland, and for as long as the law is present, there will not be. It is possible that during the nineties there has been no significant change. Nevertheless, if we take a longer perspective, correlation about increasing use of contraception and decreasing number of abortions is justified, at least in relation to those, which are officially conducted in hospitals.

Let's put together opinions and facts presented:

- There is no statistically reliable data on the number of abortions in Poland.
- The comparison of statistics concerning legal termination of pregnancies from the beginning of the nineties and today does not show a significant decrease in number of abortions; this decrease happened earlier.
- Despite the restrictions, illegal abortion is relatively widely accessible.
- In the last ten years one can observe significant improvement in quality and accessibility of contraception.

It should also be added that the public's criticism of the abortion law in effect since 1956 started as early as the 1980s.

Based on the improvement of family planning awareness during the nineties accompanied by the constantly decreasing birth rate, it would be more apt to discuss abortion regulations over a long period of time. The improvement of quality and accessibility of contraception is also very important here. Last but not least, difficulties with conducting abortions are also important: the high cost of abortion while using the underground services and difficulties in exercising the right to lawful abortion (refusals). Those difficulties existed already a few years before the introduction of the law; they also existed during the short moment during which it was more liberal.

Surely there is a number of other social factors which were and still do influence the opinions of Polish society about family planning and abortion. One can mention the policy of the state, burdening women and families with costs of supporting children, or the campaigns promoting responsible and safe sex in connection with the prevention of HIV/AIDS. It does not seem justifiable to connect growing awareness with the abortion law itself, and one should treat it as a significant simplification of thinking.

Post-abortion complications and abandonment of unwanted children

Frequent post-abortion complications are one of the negative effects of the Act, as a result of the growing number of abortions conducted outside hospitals. More cases of children from unwanted pregnancies, abandoned by their mothers in hospitals, is also a negative result.

Only one doctor met directly with a woman having post-abortion complications (after an abortion conducted abroad). She came to a hospital with a high fever claiming that she had had an operation. Doctors suspected she had conducted the abortion herself, but she consequently and with determination denied it.

Another doctor did not personally come across post-abortion complications, but he had heard of such cases - bleeding, inflammations. He admitted, that these were very rare. He thinks that in such cases women admit having an abortion, because they have no choice, they are scared, but I think they are mainly concerned about their health.

Women can be concerned not only about their health. Cases of illegal abortions should be reported to the police.

They wouldn't come after an illegal abortion because we would have to report it. (D)

The majority of doctors did not come across post-abortion complications resulting from the use of underground services.

At the moment there are no such patients. I haven't met with such cases during my practice. (D)

One of the doctors explains this fact with the high quality of operations performed by professionals. There are also anti-inflammatory antibiotics. Experiences of doctors, who took part in the survey, do not show increasing numbers of post-abortion complications in the period since restrictive regulations have been in effect.

Nurses talking about cases of post-abortion complications, nevertheless, draw a completely different picture. Even a nurse working in a clinic for women in a district health center met with such a case a few years ago. All nurses working in hospitals admit that there are cases of patients coming after having an abortion.

One nurse spoke of a patient, who was in a „bad state“ when she decided to come to a hospital. She did not admit having an abortion, but it was easy to figure it out. She had a perforated uterus. Another nurse mentioned a case when a woman was admitted to the hospital after having a botched abortion abroad.

„Sometimes there are cases of post-abortion complications,“ says one nurse. They are admitted to hospital for observation and a uterine check-up.

Usually patients are talkative. Especially when they paid. They say that doctors did it. (...) I never ask specific questions like: what? How? With whom? Why?, well... but one knows it, just knows, that they were in a clinic. Patients usually don't know that there is something wrong, only that a doctor told them to come for observation. (...) They are not especially afraid to talk; we are obliged to keep it confidential. (N)

There are also other reasons for such situations. According to one nurse many women come to emergency room bleeding after operations starting the abortion.

They go, for instance, to a private clinic, where doctors begin the operation but don't finish, and the patient comes to the emergency room, „because I am pregnant and I'm bleeding profusely,“ and she pretends to be highly surprised. (N)

If there are patients in a ward suspected of having complications after abortion, the topic is taboo.

If we have such a patient, it is taboo; we don't talk about it. (N)

I don't know about doctors, we knew, but we didn't talk about this, because one doesn't touch on it. (N)

Officially we don't know; how would I know? Well there was an operation, but equally there could be numerous reasons for curettage. (N)

Similar to attempts of self-induced abortion, also is the case of post-abortion complications; the picture presented by doctors and by nurses is different. Reasons for doctors not talking about such complications are similar to those before: responsibility of doctors, obligation of reporting abortions to the police, not treating „suspicions“ as facts. (See also: Attempts of women to terminate pregnancy on their own)

Only one doctor mentioned the growing number of cases of abandonment of children as a negative effect of the Act.

And there are a lot of such patients ... well, maybe not a lot, but more and more. Especially young mothers, who come and leave their children in the hospital. They give birth to children and leave them. It is very sad, because most of the time these are young mothers, uneducated, and very scared. They are told to leave their personal data, that if they want to give the child up for adoption, they should leave their name and address, so the child can be adopted. But they don't do it and run away. (...) This year, there were 3 such women, maybe more. (in first half of 1999).

One can hear so many stories about children being left in trash bins, about newborns being abandoned - there was nothing like that before...at least not so many cases, as now. All the time we hear about it, really all the time. Lately, at least twice a month a child is abandoned somewhere. It is a tragedy for me. Because someone was not thinking... or was thinking and only cares about money... or just wasn't thinking. And this is how it is... to forbid something, not giving anything in return. (D)

Another doctor spoke of infanticide, but did not connect it directly with the Anti-Abortion Act.

There are cases of infanticide, etc. It is not known, how such a woman would behave if legal regulations were different. What is needed is help from people surrounding her. (D)

Other benefits and shortcomings

Two doctors stated that the right to refuse conducting an abortion based on the clause of conscience is the largest benefit of the abortion Act (mistakenly connecting the right to refusal, included in the Medical Profession Act, with the

Anti-Abortion Act). When the Act of 1956 was in effect, doctors working in public hospitals were obliged to conduct abortions. For some of them it was a large problem.

She comes here and wants to kill a human being. And the law obliges me to take part in it. And this contradicts my personal beliefs. (D)

For the second doctor this situation was also unacceptable, because, as he said: you do not become a doctor to perform abortions (...) it was hard to agree to do such things. (D) This decision, for many years, was made by the director of the hospital, who came and said, „today you will perform abortions.“ The fact that a doctor now can choose if she/he wants or doesn't want to perform abortions is seen as right. Doctors, for whom abortion constitutes a moral problem, should not be forced to terminate pregnancies.

A doctor can refuse to do some things; he couldn't do that before. There were attempts to refuse, but it was not appreciated in a hospital. (D)

- The Act makes the work easier - a benefit

In the opinion of one doctor, the restrictive Anti-Abortion Act makes work much easier. When abortion was legal, a doctor was obliged to talk with women. He/she at least had to present the negative effects of abortion. Moreover, if being an opponent of termination of pregnancy, the doctor was nevertheless forced to listen to what motives brought a woman to her decision. Doctors made efforts to convince women otherwise, showing good sides of having a child in her situation. Surely every decision made by a woman to terminate pregnancy, was hurtful. In a recent legal situation, the work is much easier. Doctors don't have to take part in these talks, causing large psycho-moral relief.

These persistent talks are over for me. At the moment, when a legal regulation is as it is, I don't have to justify anything. I just tell a patient that some things are not allowed by the law and I have this off my head. (D)

- The Anti-Abortion Act is too restrictive - a shortcoming

The nurses and some doctors claimed that the Act in its recent form is too restrictive and should allow for termination of pregnancy in other situations, that it should allow for abortion on social grounds.

One of the doctors stated that the Act was too restrictive not only for women, but also for doctors. A doctor should not be punished by imprisonment for conducting an abortion.

A doctor is responsible for terminating a pregnancy and can go to prison. In my opinion this is the basic shortcoming of the Act. A doctor should not be held responsible for a woman getting pregnant. (D)

- The Act is ineffective: it allows one group of doctors to profit - a shortcoming

„Women have abortions anyway, the Act is ineffective,“ said one doctor. Having an abortion using the services of the underground is not a problem for women, so the goals of legal regulations (limiting abortions) were not achieved. The introduction of the Act only caused an unjustified increase in incomes of one group of doctors, who conduct illegal abortions and take a lot of money for it.

I have no idea, what the abortion underground looks like; I don't know how many patients come there. But this is another thing wrong about the Act, because this is just the way of making people richer, because they take a lot of money for doing it. (D)

- The Act treats people unequally - a shortcoming

The Act affects mainly poor people. Poor women do not have the money for abortions, therefore they more often give birth to children. Supporting another child additionally lowers the home budget, which is not large anyway. Women, who are well off, can afford evading the law and have abortions underground - even if they could afford having a child.

A person is nobody without money. If one has money, one has access to everything, even to abortion. (N)

The Act concerns only the poorest women; maybe there should be some public thinking about support. The State wants more Poles, doesn't it? - If yes, it should support them. (D)

One can observe frequent cases of extreme poverty in pregnant women. (N)

- The Act endangers women's lives and health - a shortcoming

Doctors are convinced that if a woman is determined to terminate a pregnancy, she will do anything to have an abortion. These women cannot be convinced to have the baby - doctors say. They are so determined, they say: I don't want to, that's it. They are so desperate. One doctor described it:

If she really doesn't want this pregnancy, she will terminate it. She won't be able to afford going to a private clinic, to this, let's say, underground in Poland, because it's expensive, she also won't be able to afford going somewhere, somewhere where it is cheaper, to Belarus or Ukraine, or wherever else, so she will decide to do it herself, try to do it using her own methods. And now there is a question what she is going to do. She can do it so she will hurt herself for the rest of her life, or she will lose her life. These are very rare cases, but this Act provokes these things ... well it may provoke, because there is a chance for it. (D)

One has to add that it is not only a chance for such cases to happen, they are happening; nurses confirm this.

- The Act is stricter in practice than it is on paper - a shortcoming

Women are refused lawful abortions in cases of serious illnesses, which endanger women's lives; statements from nurses confirm this. Complicated procedures cause women, even if they can legally have an abortion, to have it illegally. Procedures allowing women to terminate pregnancy, as mentioned before, are not well known to nurses or doctors. Even more so, they are not known to women. (See: Knowledge about conditions for termination of pregnancy and in effect procedures)

There are certain procedures in the situation of pregnancies resulting from rape. There must be an investigation and women are ashamed and embarrassed, so they usually have abortions in private clinics. (N)

There are also women who go through the necessary procedures, but have abortions using underground services, despite having the right to a safe, legal abortion in a hospital. Both doctors and nurses confirmed the fact that women are refused abortions in hospitals.

- The Act is anti-women - a shortcoming

The Act is not enough for women, nurses say. It does not take women's problems and their opinions into account. Legislators treat women as bags that carry babies, not even taking their health into consideration.

Everybody makes statements and everyone has something to say, but women. Older men, for instance. Older women...the latter, older or younger, at least know something about it and went through something in their lives, but men, I don't know what they have to say about it, specifically the older ones, granddads or almost granddads. But, we cannot do anything about it. (N)

Moral assessment of abortion

Everything we do concerns ethics. (D) - noted one doctor. Abortion is not different. The termination of pregnancy is very important. It is impossible to escape ethical and moral considerations about abortion.

Abortion is unethical, because it is a human being... one day it will be a human being, even if now it is a fetus. Killing is unethical. (D)

The problem of human life, and this is what we are talking about here, is an ethical and moral problem, it surely is. (D)

All doctors agree that abortion is immoral, unethical, and that it is evil.

Negative assessment of an abortion is not an absolute; it does not result in negative opinions of every situation in which a doctor or a woman terminates a pregnancy. After a general statement of negative opinions about abortion, all doctors add „but...“ which includes many very diverse concerns and doubts.

It is a necessary evil, but it should be a possibility. (D)

Supporting this statement, this doctor also argued that abortion is not the only unethical thing people do. Every day we commit acts which are not ethical: lies, causing unpleasantness, or, he added jokingly, killing mosquitoes.

Working in the medical profession, one meets with morally questionable events every day. Patients' lives and health are not always appropriately protected, according to recent possibilities given by medical science, especially in a situation of the Polish health care system, which for many years now has been chronically under-funded.

We work in medical professions, where we can see that people often wait to be helped because of cancer, because there are no medicines, or because there is a waiting list for treatment. This is also not morally just, same as here. All the time, mainly for financial reasons, we are on the edge of...we ourselves have moral doubts about what is going on. Children are being born with defects and they die, because medical insurance agencies are not paying for transport here, or there... (D)

Values play a significant role in the resolution of moral doubts. Morally doubtful choices in medicine do not concern, as the above statement shows, only the health and life of a patient. The value of health and life, theoretically most important in medicine, are very often set-aside in practice, because financial values seem to have priority.

In social life, in the culture we live in, human life is generally a relative value.

Make someone explain to me, how much a human life is worth. If anyone can explain it to me with no doubt, we can talk then. It is taken that human life very often doesn't cost anything and we have proof of that everywhere and all the time, but our own life is, of course, priceless. Let's have some moderation. A life is a life. A doctor is obliged to protect it. (D)

The moral dogmatism that every termination of pregnancy is absolute evil was not accepted by any of the doctors. The doctors interviewed called for reflective morality in relation to abortion. Despite not having any doubts about abortion being immoral, they do allow situations in which abortion is justified.

For all of them, a threat to the life or health of a mother is such a justification.

Pregnancy is a large threat to mother's life. In this situation (abortion) it is saving another life, sacrificing one to save the other. Then it is a completely different moral problem. When a patient comes and says that the fetus has defects and she wants to terminate the pregnancy. (...) For example maybe this child would be born and grow up a vegetable. Or if this child died after two days, or didn't make it through labor. It could be like this. Or if a patient has two Down's Syndrome children already and there is third pregnancy - also with Down's. Such cases also happen. And, of course, it is a hard decision for her, because she cannot make it financially and she would like to have an abortion. And there she goes to a hospital and I am sure that in every hospital there are people who don't have moral doubts about doing it. There are also those, who would not terminate, because it is immoral for them. (D)

The attitude of reflective morality encourages consideration of the problem from different points of view and acceptance of different opinions. It can be clearly seen in the above quoted statement. Talking about pregnancies resulting from rape, another doctor, a supporter of state control over women's actions, also accepted different points of

assessment of abortion. He said that a child is not guilty of anything, but on the other hand, it is inhuman to force a woman to give birth to a child when she was raped.

One of the doctors touched on the lack of considerations of abortion from the ethical point of view, both during medical school, as well as in a public debate. Current discussions mostly present catholic, dogmatic point of view, which gives subjectivity only to a child.

I think that yes, (abortion) it is an ethical and moral problem, but it is not discussed, not during studies, not in post-graduate school. Moral authorities make statements about it in a very unanimous way, usually in connection with religion. Moral authorities from outside this circle do not share their opinions. (D)

The statement made by a doctor who accepts the rule of causing as little harm as possible, can serve as a conclusion on the moral assessment of abortion.

These are tough problems... and one cannot be so uncompromising about it. One cannot be blinded. One has to be aware that the one's obligation is to act, so it causes as little harm as possible, to look for an optimal solution, because there is no ideal solution. (D)

Allowing for more than one moral assessment of situations connected to abortion has something in common with the moral acceptance of the abortion underground. None of the interviewed doctors, irrespective of their own opinions about the Anti-Abortion Act and opinions about situations in which abortion is justified, assessed the abortion underground as something morally inappropriate.

Nurses were not able to consider abortion in moral categories, as doctors did. One of them agreed that yes, it is an ethical problem, because „it is a human life“, but she did not go any deeper.

Another identified „moral assessment“ with taking the dogmatic position: abortion is evil, always and everywhere. She contradicted it with the „medical approach“, which is a reflexive opinion about abortion.

It can be morally appraised: no and that's all. But one can also present a medical approach, to balance it out: so abortion is not contraception, as it used to be for years, but so it is a woman's last resort. (N)

Again, two other nurses said that there are people, who consider abortion in moral categories (evil, not good, inappropriate), but there are also those, who do not connect any moral questions with abortion; they leave it outside the sphere of good and bad.

One can (treat abortion in moral categories), but I don't really understand; it (probably) means, (that) if I had an abortion, or ordered it to someone to terminate, this would follow me, I would feel remorse, and other people do not feel that. (N)

One will say that (abortion) is evil and should be fought, and another will say that it's her own business and that she has the right. (N)

Nurses had problems considering the moral aspect of abortion in general. Their statements on this were short, and lacked depth. While interviewed, they continually referred to assessments of individual cases. Two nurses stated that it is hard to negatively appraise decisions of women, who want to terminate pregnancy or have done that, because really it cannot be known how one would act in such a situation. One of them said that when she was younger she used to think that it is better to give birth than to terminate. Now that she is older, and has a family and a child, she stays away from generalizations.

But I think, if I had an alcoholic husband, God save me, and I was pregnant again, and I wouldn't have money for bread for these children, then... I don't know, ...I don't know what I would do. For some time I haven't had such critical opinions. (...) Surely good, surely bad; it is not black and white; there are colors. (N)

The environment of medical profession

Debate on the Act - social pressure

Doctors have their own opinions about current anti-abortion regulations, they have their own thoughts; none of them, however, took part in the debate.

Why?

Because nobody asked them, nobody wanted their opinion, and besides:

Individuals cannot influence the Act. Decision-makers, those in power, decide about the law, not society. (D)

Nurses also stayed out of the public debate for the same reason.

Doctors, even if asked, would prefer not to make statements in the debate. One of them does not believe in the effectiveness of taking part, another is not personally interested in this aspect of the matter.

There are people who care about it; they would be better in convincing others about their ideas. I think it is a very tough law, and it is hard to make people to respect it. □(D)

Not everyone, nevertheless, was so inoffensive, so passive, and so ambivalent to the debate. There was one doctor who would give his opinion if asked:

This is so important a topic that it is the moral social obligation of every person to add his or her opinion. (D)

Only one doctor shared a view that gynecologists, as being most often connected to the practical realization of the regulations, should have taken part in the debate on the shape of legal regulations on conditions for termination of pregnancy.

Reluctance towards stating opinions in a public forum results not only from doubt that it will be heard. Doctors being critical towards the Act are afraid of attacks by people taking the opinion of the Church as the right one.

There is a war, something like the war with religion controlling all this, and making a public statement against Anti-Abortion Act is acting contrary to God's commandments, because it is immediately connected with commandments. (D)

Some doctors talk about social pressure, or even about the hunt for doctors who terminate pregnancies. This pressure, in their opinion, comes from the Church, mass media, and even some part of the medical world. It is strong enough for some doctors to be afraid of being even suspected performing abortions.

If somebody were not definitely against the Anti-Abortion Act, they would be accused right away of conducting abortions. This is how it is going to be. So, why want to be exposed to this? (D)

There is a hunt for doctors, who conduct abortions. It is a hunt in a sense...well, maybe not right now, because right now it has calmed down a bit, but at the beginning, when this Act came, it was talked about a lot, that terminating is ...there was also social pressure. (D)

Doctors call upon actual cases, which stuck in their memory. One of them spoke of the case of a doctor from Łódź, who on a fervent request from a woman terminated the pregnancy in a private clinic. The pressure from journalists, and the medical environment connected to the Church caused a doctor to commit a suicide. To prove his statements about the pressure from groups connected to Church, another doctor recalled the known case of a well-known gynecologist from Łódź, Dr. Waclaw Dec. This doctor made public statements about a woman's right to an abortion. He said, that in his ward there are, and there will be, pregnancies terminated if a woman is in need. The doctor died in a car accident. The Church, for his „abortion actions“ and public statements against the Act, denied him the right to catholic burial. This case shook and divided the public opinion and medical professional groups.

It is unpleasant, when a doctor... known case: a doctor from Jódê, head of a ward, stated against the Act, then he was denied the burial in a church. So, you should understand that I'm not a revolutionist interested in changing something here. In my medical practice, it is a marginal matter. (D)

The Act divides the professional environment

One of the doctors presented a very negative description of the gynecological professional group. It shows, that gynecologists cannot really make statements about the law, because the opinions are very much divided. Working out a common position is also not possible because of the hypocrisy present in these groups. Some doctors publicly say what should be said, that they support the regulations, and are against abortion. Their practice is sometimes far from what they declare.

I cannot speak on behalf of the entire profession, because it is very divided, and besides what someone states publicly, is not practiced. People act differently in hospitals where they show that they disagree with the law, and then in private clinics they perform abortions and make money from it, what should be remembered. So the environment is differentiated, and there is a lot of hypocrisy and mendacity in this environment. (D)

Considering the social, religious, and political pressure put on doctors, one cannot be surprised that only this part of doctors who have a generally positive attitude towards the Act (D) take part in public discussion.

Statements of interviewed doctors show that there are groups of gynecologists, who have negative opinions about the Act. One doctor believes that if those doctors took part in the discussion,

This opinion would be in favor of withdrawing the Act. I think so. Because of the patients' health, because morality is a completely different issue. (D)

Another doctor, being critical of the Act, stated that the majority of doctors in his professional environment think as he does. He stressed, however, that it is a specific group, connected with science and didactic.

One nurse claims that she met with negative opinion in her professional group.

Doctors were outraged by such a restrictive character of the Act. They thought that it should include social grounds for abortion because of poverty... They are protecting the life of a fetus, but when it is born, no one really knows what to do. (N)

Both in public, as well as in the professional environment, this discussion has calmed down.

This is a topic that was discussed back and forth; it is not being avoided. (D)

The professional groups are not interested, because everyone does what they want anyway.

Those conducting abortions are doing this quietly; we do not feel the need to discuss these things over and over again. (D)

Some form of adjustment to conditions set up by the Act appeared among gynecologists. Differences in opinions do not cause conflicts. There is a group of doctors, gynecologists, who live very well thanks to it. (D) Everyone is doing their thing and on their own account.

A significant portion of the doctors is convinced that there is no solidarity among gynecologists. They talk about the envy, which precludes professional solidarity.

If anyone can talk about solidarity among doctors, it only relates to solidarity of doctors working in this same hospital.

I think in every profession there is some solidarity, it is clear, and let's „wash dirt“ inside the firm, not outside it. If something is happening, it has to be done secretly; it's like this everywhere, not only in hospitals, not only in companies, not only in shops. (D)

Nurses said that, at the moment, there are no discussions about the Act among them; there are no conflicts among personnel, caused by the functioning of the new Anti-Abortion Act. One nurse thinks that the attitude of the professional environment towards abortion is becoming more positive.

This attitude towards abortion is becoming more positive. Because when one looks at these poor women with twelve children... (N)

Other nurses claim that the Act did not change opinions about abortion itself.

A doctor's work in the conditions set up by the Act

The legal restrictions on lawful termination of pregnancy cause situations, which from the legal and moral perspective can cause objections. One of these situations is the refusal to conduct a lawful abortion in a hospital and conducting it for money in a private clinic. Interviewed doctors had not come across this situation.

One of the doctors talked about the practice common in small towns of refusing abortion in a hospital and sending patients to private clinics. It cannot be stated with absolute certainty what cases he had in mind: if doctors refuse abortions to women who present referrals, or to women who come to a hospital with no referral to have an abortion on social grounds, what at the moment is not legally allowed.

There are hospitals, especially outside Warsaw, small, in small towns having 5-10 thousand inhabitants, where a doctor in a hospital refuses to conduct abortions, and in the afternoon terminates pregnancies in his private clinic. This is double morality, but a very common situation. Or he will direct a patient to a colleague. It is a common practice. (D)

Some doctors said that they heard about cases of refusals of lawful abortions in hospitals and conducting them for money in private clinics. No doctor, even those who had not directly heard about it, had doubts that such cases may be happening.

I haven't come across it, but I think that there may be such a practice. (D)

Doctors' opinions on this phenomenon varied. For some, they were unmentionable. One of the doctors defined it as meanness, not different from other meanness in this world; people meet with various mean things. (D)

Another doctor justified these unethical actions with the financial situation in which the whole professional group is finding itself at the moment.

There surely has to be some margin. As long as doctors are not appropriately paid and still have embarrassing salaries, different things will unfortunately happen. (...) I think that the better the salary will be, the more effective fighting with different situations (ones that are not that good from the ethical point of view) in medical environment will be. This concerns not only doctors, but also other professions: teachers, professors, all of these professions have been forgotten in Poland. (D)

Doctors better knew the situation of refusing legally justified abortions. Those interviewed gave two reasons for such refusals.

One of the doctors mentioned the situation in his hospital. After the right for refusal on the basis of clause of conscience came into force, the head of a hospital called a meeting of employees and asked, which doctors would conduct abortions and which refuse to take such operations because of values and beliefs. None of the employees wanted to conduct abortions. The head of the hospital ordered that a sign be placed on the door, stating that abortions were not conducted in this particular hospital. This doctor had a very negative opinion of a woman, who issued a

complaint to supervisors of the hospital because of this refusal. The information on the door caused a lot of trouble, and the head of a hospital was dismissed.

The second situation, in which abortions are refused, was described in these words:

In this hospital, the director forbids doctors to do such operations. (D)

In this case, the hospital's director and his personal views decided about not conducting abortions. Doctors, irrespective of their own views, act according to the boss' orders. They do not always realize the full implications of this, that refusing abortions sometimes puts life or health of a woman in danger, acting against basic rules of medicine.

I don't think they consider it. I think that sometimes they allow extreme situations, which means that they cause life-threatening situations for some women. Sometimes, under pressure from hospital authorities, they refuse to perform an abortion on a seriously ill woman. (D)

This decision is influenced not only by the views of the hospital's director, but also by the style of management. In some hospitals an atmosphere of pressure is created so that doctors do not terminate pregnancies. Doctors, who have different opinions, are afraid to state their views; they do not want to be seen as unethical, because they act against an unborn life (it is forgotten that actions can be also taken against woman's life, what is equally unethical). This situation is surely one of the reasons for the fore mentioned „double morality“ among doctors. Doctors refuse in a hospital, but they don't refuse doing it in private clinics for money... some of them. (D)

There are also other places - hospitals where diversity of views on abortion is allowed. In these hospitals doctors declare being ready to perform abortions. Those who agreed to conduct abortions were able to do it with no fear of colleagues or managers assessing their actions as immoral or unethical - at least publicly.

I have never heard about any conflict in that issue. Even when the previous law, allowing abortion, was in effect, we could state that we did not wish to perform such operations. (...) There were those among us, who wrote such statements, there were those, who didn't, and nobody was criticized - everyone had the right to their own opinion. We are not here to judge, this is at least what I think. (D)

There was a signing, not everybody signed, and by this, they decided they could do such operations. If there were indications to terminate pregnancy, then surely, there will be somebody who could do such an operation. It won't be that a woman comes to us (and is told): we are sorry, but there is no one here to do it. It will not be like that. There will always be someone. (D)

What doctors know about each other

Not all doctors know where to direct a patient to have an abortion. One of the doctors said that it is more or less known where abortions are conducted, and where abortions are refused, and because of that one can direct a patient to the appropriate hospital. Another said that women, his patients, wander from hospital to hospital and are refused lawful abortions.

There are also different situations when it comes to abortions in private clinics. One can conclude from doctors' statements that some of them would be able to recommend a doctor who performs abortions - I tell them that there is a possibility and there is no problem. (D) The practice of sending patients to another doctors, described by one of the interviewed doctors, proves that some doctors know who is conducting abortions in private clinics.

Another doctor said:

When patients ask if I could recommend someone, I have to be honest - even if I wanted to, I don't know anyone like that, I just don't know anyone ...I myself do not do such things, and this is why I send people away with nothing. Nevertheless, I'm sure that finding someone is not a problem. (D)

The fact that doctors do not know where abortions are performed results not only from hypocrisy and mendacity in the environment, but also from the anxieties of doctors, who terminate pregnancies. They fear the law and other doctors: their professional reputations.

People who do it are afraid of legal actions - there are denunciations. It is not that doctors band together above the law. (D)

There are groups in which, to avoid uncomfortable situations, tensions, and irritations, the topic of abortion is taboo.

I personally don't know who performs abortions because it is not openly discussed. It is simply not discussed. It is like this: money is not discussed among gentlemen, same here... these matters are not discussed among gynecologists. I'm not sure if abortions are done by my colleagues at the hospital, but we don't talk about it. There is an underground so someone must be doing this. (D)

The research disclosed one more reason for doctors not knowing what is happening in their profession; it is the attitude of excluding oneself from a problem. Doctors opposing abortion on social grounds take this attitude. One of the doctors said that the clause of conscience allowed him to take a negative position, as he described it himself, that means staying outside of it and stating: I do not do these things and I don't even want to have an opinion on them. (D) In cases of unwanted pregnancies, he helps women by giving them addresses of organizations that help pregnant women.

Women, doctors, and medicine

We would now like to focus on the attitude of medical personnel towards women: to their rights, and in particular - to their right to an abortion.

A woman's right to decide about her pregnancy

All doctors think that in some circumstances a woman should have the right to an abortion. Irrespective of their attitude towards the current law, doctors named situations that, in their opinions, justify abortion.

Doctors agree that in a situation when pregnancy endangers the health or life of a woman, there should be the possibility of abortion. It has to be stressed, that the collected material does not specify the illnesses that are seen as life or health threatening by doctors.

Finding serious fetal defects is a principally unquestionable circumstance in which a woman should have a right to terminate her pregnancy. However, one of the doctors, as previously mentioned, was hesitant to state if Downs Syndrome constituted a significant problem because he knows mothers who have children with Down syndrome and they love them very much. (D) At the same time another doctor, giving women in any case a right to decide what will happen with pregnancy, acknowledged abortion of fetus with genetic defects as an issue which is morally problematic.

Cases of pregnancies resulting from rape did not cause significant doubts; all doctors agreed that in such a case, a woman should have the right to terminate her pregnancy. One of the doctors was skeptical, however, claiming that this reason was more controversial, although one should consider that forcing a woman to carry a child, when a pregnancy is a result of criminal act-- is inhuman... although a child is not guilty... a child is a new human being... (D)

Other situations, where, according to the doctors, women should have the right to a legal abortion:

- when a woman is mentally disturbed,
- when a woman already has a lot of children (five, six) and she gets pregnant again,
- when all contraception used by a woman fails,
- when a woman is single, has one child already, and gets pregnant again,
- when a woman really doesn't want to have a child. One doctor stated: „At the moment contraception is widely accessible, so the only exception, a really exceptional indication should be when a woman is really determined to not have a child, she will not change her mind, she doesn't want to... and that's it.“ (D)

While assessing the situation, morality clearly drives the opinion: is it right, morally correct, to terminate pregnancy when... Thinking of it this way encourages saying „no,“ because everyone acknowledges abortion as something morally evil. On the other hand, taking the perspective of a woman who found herself in a certain situation encourages

saying „yes, I understand that in this situation she wants to terminate the pregnancy and that she should have such a possibility.“

She got pregnant, she cannot have it, because she cannot afford this pregnancy, and she won't give a baby away, because ... generally she is just...well, ... a normal woman, she won't give a child away, if she gives birth to it... and she cannot afford it. (D)

In doctor's opinion, this woman should have a possibility to terminate pregnancy based on her difficult financial situation; because she is a normal woman, and he understands her. Maybe considering this situation from a point of view of morality (life vs. material conditions), would lead a doctor to different conclusions.

When it comes to a woman's right to decide, one of the doctors stated that not all women are responsible enough, so that this matter could be left in their hands, and it is necessary that the state control women's actions.

Two doctors opposed the law in general, because, in their opinion, the decision about pregnancy belongs to a woman. The other one, who did not disagree with the law in principal, also mentioned women's rights and said:

I think that there are social reasons (to terminate a pregnancy), because every woman has the right to decide about her own child and about the pregnancy.(D)

Yet another doctor, a supporter of making the abortion less accessible, did not specifically mention the concept of „rights,“ but, at the same time, referred to the notion of „free choice.“ When describing situations in which women should have a right to terminate pregnancy, he said:

If she is really determined and really wants to terminate pregnancy, then I think it is her own choice. I tell her that there is a possibility and this is not a problem. (D)

It seems from the doctors' statements that the relations between situations justifying abortion, a woman's right to decide, and an attitude towards the Act, are not convergent. Definite statements against the Act do not mean one is pro-abortion. It is, nevertheless, an acknowledgment of women's rights.

Nurses, who were asked to list situations in which, in their opinion, abortion is justified, frequently spoke of pregnant women being ill. They often met with cases where pregnancies which should have been terminated were not for numerous reasons. Such cases included women suffering from: cancers, epilepsy, mental illness, heart diseases, diabetes, kidney diseases.

These should be taken under consideration, but not always is taken. (N)

Other situations justifying abortion mentioned by nurses, are:

- rape,
- fetal genetic defects,
- medical interviews indicating that there are children with defects in a family,
- the woman being a minor (not responsible enough),
- an elderly woman (higher probability of fetus's defects),
- when a woman, not knowing she was pregnant, worked in harmful conditions (exposed to radiation, etc.),
- when a woman, not knowing she was pregnant, took medications which could cause fetal defects,
- when a woman lives in difficult conditions and has a lot of children,
- when a woman finds herself in a difficult financial situation, or when her husband is an alcoholic,
- when a woman herself is an alcoholic or drug user.

Nurses' statements show, that while assessing if a woman should have the right to an abortion in certain situations, they pay much attention to assessing if the woman will be able to be a „good mother“ for a child. If, because of financial situation, family situation, her own addictions or young age, taking care of a child would be hard or impossible for her, she should have the right to terminate a pregnancy.

Nurses working in hospital wards acknowledge the right of a woman to decide about pregnancy in every situation. They say: It is only and exclusively a woman's business. (N), there could be (a law), where women could decide for themselves (N), a woman should decide for herself (N).

Nurses, who declared themselves as Catholic, do not condemn abortion.

Despite me being Catholic and not supporting abortion on social grounds, I think that in situations such as rape, serious diseases, etc., pregnancies should be terminated. □(N)

I am religious, but this choice should belong only and exclusively to the mother, who may decide about this pregnancy, or about having a child. (N)

Women who have abortions

Women ask for abortions for the following reasons:

- the pregnancy is an extra-marital pregnancy and a woman doesn't want to become involved with a father of a child;

I think that this is not the right man, sexual intimacy is one thing, but the possibility of being with this man for a lifetime is another issue. (D)

- the pregnancy is an extra-marital pregnancy, resulting from a short-term affair;
- the family has a difficult financial situation;
- married partners already have one child, or a couple of children, and at the moment they don't want to have another one;
- the woman has different plans for life. (Two doctors stated that pregnancies are more often terminated by women who are better off and these, who want to have professional carriers);

Poor women have more children, rich women have more abortions. They justify this with not wanting a pregnancy because they want to pursue a career, because they work, because they want to further their personal development. (D)

Those who choose abortion are most often: people who have professional careers, who are well off, between 30 and 40 years of age, already have two children, their childhood dreams came true, and when another pregnancy happens, they are paralyzed completely, they cannot imagine the future. (D)

- women don't use contraception or do it sporadically;

The majority of women who get pregnant, simply do not use protection. They either did not use any method, or sporadically used some chemical methods. (D)

Sometimes it is a young woman who only started to try and got pregnant. (D)

- cases of contraceptive failure - a woman forgot to take a pill, a condom broke during an intercourse, etc.;
- women persuaded by their husbands;

A husband tries to talk a woman into it, harasses her, „oh, you are going to have another child, and what for? Go and have an abortion“ and maybe she would like to have this baby. (D)

- a woman goes through menopause;

We know of cases where a woman thinks she will not get pregnant, because she is over 40. (D)

Women usually terminate pregnancies after discussing it with the family (D), although it also happens that they come in secret.

Doctors listed numerous reasons and situations in which women terminate pregnancies. They show that pregnancies are terminated by women who are young and old; those who are pregnant with extra-marital children or are married; those who don't have children, and who already have enough children; poor, fighting financial difficulties, and rich; those who didn't use contraception or those who did, but the contraception failed. In other words, there are

various situations, which make women terminate pregnancies. Sometimes they do that in secret and sometimes under family pressure.

Doctors' attitudes towards women who terminate pregnancies

Doctors are deeply convinced that a woman, who definitely doesn't want to have a child, will have an abortion, despite legal regulations. There can be a law making it easier or harder. If she really doesn't want this child, she will have abortion. Even with the current law, women, according to doctors, do not have problems terminating unwanted pregnancies.

During talks with women, doctors are able to assess if a woman is determined to have an abortion or if she still hasn't made a decision and has doubts. They know which woman can be convinced otherwise and who, for sure, cannot be convinced.

Other criteria used by doctors for describing women, is their attitudes towards pregnancy. From this point of view, some women treat pregnancy and abortion „lightly“, for others, abortion is a „big ordeal.“ A woman's attitude towards pregnancy influences the doctor's opinion about her.

There were women for whom this was a shock; they were really taking it hard. They were shocked, because they were forced to make a horrible choice. (...) But there were also those who treated it like cosmetic surgery, and they treated this whole situation in a way that abused human dignity. (D)

Women, who treat pregnancy and abortion „lightly“, invoke irritation, antipathy and contempt. They are described as „too reckless“, etc.

Doctors, generally feel sorry for women. Compassion, nevertheless, ends at some point and irritation sets in. What do I say to a patient who comes 2 or 3 times a year for an abortion? Or to those, who react to contraceptive advice with, „why do you interfere with someone else's matters, it's none of your business...“ - it is generally outrageous. (D)

There was a woman, who came very late; her pregnancy was visible. There were also those who wanted to have an abortion in the 20th week or later. There were „stars“ like these. (D)

One of the doctors talked about single cases, where women came to have an abortion very late and one could see that they didn't treat the pregnancy seriously. In such cases, some doctors would try to postpone the abortion, so a patient crossed the time limit allowing for abortion.

Women, who not only take abortion very badly, but who also have reasons, which aren't morally doubtful, evoke the most compassion and understanding in doctors. When a woman wants to have an abortion because of genetic fetal defects or when a pregnancy results from rape, doctors not only terminate it with no problems, but also:

Doctors suffer along with her. It would be inhuman to make a woman carry a child, when a pregnancy results from a criminal act. (D)

Nurses do not agree with the opinion that in legally permitted circumstances doctors terminate pregnancies with no problems and suffer along with their patients. In their opinion, doctors tend to send a patient from one doctor to another, they show reluctance towards issuing certificates for official abortions. They are afraid to terminate pregnancies in hospitals and postpone them for so long that even in obvious situations abortions are not being conducted. Nurses give examples of cases when women should have had an abortion (e.g. for medical reasons) and hadn't. (See: Termination of pregnancies in hospitals) Even in a case of brain cancer, doctors postponed the procedure.

There is nothing to be done in the case of pregnancy, one cannot take gyrostatic medicines, and one cannot undergo chemotherapy, because then the fetus will be damaged. At the same time, one cannot really have an abortion, because there always are some complications, a woman is sent from one doctor to another, the pregnancy develops, and finally she has to give birth and then - there is nothing to be saved. (N)

According to one nurse, such a situation where obstacles were created - demanding new certificates and statements, making legal abortion less accessible for women, postponing the decision until the time limit passed - was also common during the temporary liberalization of the law (between 1996 and 1997).

Even when there was this liberalization, everything was being prolonged, so that women would not have an abortion. For example, the results of examination came too late, or other examinations were needed, or it could not be done here. Women had huge problems. This went on for so long that the 3 month-limit finally passed. (N)

One doctor and one nurse said that doctors are afraid to issue a referral for abortion and to conduct abortions in hospitals. They are not sure if they will be accused of breaking the law, because, on the one hand, it is common knowledge when abortion is permitted, but, on the other, the law can be interpreted in different ways. One of the doctors stated that in his hospital someone would surely conduct abortion if a woman had the appropriate certificates, but she would have to have really good papers.

Relations between doctors and women

Women who visit doctors because of unwanted pregnancy are treated by different doctors in different ways.

One doctor said that when the law allowed for abortions, he tried to explain all the side effects of termination, show positive aspects of having a child, and influence her decision, convince her not to terminate. When the restrictive law came into effect, he stopped having talks like these. He limited his role to explaining the law, which didn't allow for abortion on social grounds.

These talks with patients are over for me. (...) I simply tell a patient that we are not allowed to do certain things and I have it off my head. I can be sympathetic, etc.... I can give her addresses of people who can help her in other ways (centers helping pregnant women). (D)

On the contrary, another doctor, first of all, tries to talk. He feels that in this way he is able to support a woman, help her make a decision. He calls these talks „therapeutic“ and considers them to be an important part of a doctor's service.

When they come, they are lost, they cry; it is connected with a lack of faith in themselves and doubts whether they will be able to deal with it. They cannot go to their mothers with this problem, sometimes they cannot tell their husbands. (...) I try to talk to them, because they are usually lost. If this is an extramarital pregnancy, a woman doesn't even have anyone to talk to, so a doctor is like a confidant for her. (D)

One doctor stressed that there should be some rules as to the way these consultations should proceed. He also said that it would be good if doctors in Poland were trained for such conversations. Such training is currently unavailable.

A counselor cannot be authoritative, or judgmental. He has to be open and honest. All pro's and con's should be presented. A doctor should talk about risks, how the abortion could influence following pregnancies, what can be expected afterwards.(D)

Some doctors stressed the importance of talks with a woman wanting to terminate pregnancy. It is nevertheless hard to judge, to what extent they act according to these standards in their clinics.

There should be consultations, first, second, third..., slowly getting to the reasons for which a woman wants to terminate her pregnancy. One can help, try to show the positive sides, convince her. There should be such a talk. (D)

Judging from the doctors' recommendations, we can infer that supportive consultations, allowing women to calmly assess the situation, and making the decision easier, are at present very rare. Doctors admit that.

It is that...I imagine it happening like that, because patients tell me so,... that she goes somewhere to a private clinic, somewhere... well, you can call yourself, because in Zycie Warszawy you can find official ads: „gynecologist, operations cheap“, and there they talk mostly about how far along the pregnancy is and how much it costs. (...) In a public clinic a doctor usually says that such operations are not conducted. (D)

According to one doctor, when it comes to advice, the situation is even worse than it used to be. It used to be that a doctor told a patient about harmful effects of abortion. At the moment, this is not the case.

I hope that the majority of my colleagues, including those, who used to conduct abortions, explained that the operation is risky. Right now it is two people's plot to commit a misdemeanor. There is no place for additional advice. (D)

Women facing unwanted pregnancies have very difficult decisions to make. It is important that they are free from stress and pressure. One doctor spoke of the psychological consequences of abortion, which he came across during his practice. He calls them „post-abortion psychological complications“.

Some women do not realize the psychological consequences of such decision until they are 60 and some years of age and experience a lot in their lives. Sometimes, they suddenly feel guilty after all these years. And this is mainly the feeling of guilt among older women. (D)

It is easy to foster restrictive attitudes based on this feeling of guilt. Demonstrations lead by older women in front of the Parliament can be treated as some kind of penance for their sins, granting forgiveness. Such behavior can be described as egoistic, which does not take into account potential harmful results to others, and as immoral.

I was really surprised to see older women picketing, those who did not have anything to do with the problem, yet mostly they were interested. The majority of them probably had abortions when they were young. (N)

Nurses working in hospital wards praised the doctors they worked with. They said that doctors treated patients well and that if a doctor in an emergency room was against abortion, he called his colleague, who had a talk with the woman. Doctors do not judge patients, they do not show any negative emotions, they know that women have problems, that things happen, they understand it is hard for women, etc.

Nurses are convinced, nevertheless, that there are different doctors and that they have different attitudes towards pregnant women. There are also those who will not inform a patient about the possibility of genetic testing if she is concerned about pregnancy. Some doctors will talk to a patient, try to calm her down, advise something. Another doctor might just say: it is not allowed, and that's it.

All those interviewed said that women, who come to have an abortion, need to talk. Most often they are left alone with the problem. Their situation: bad living conditions, no husband, no job, pressure from a partner or a family; all of these push women to terminate unwanted pregnancies. This is when they come to see a doctor. Only in this place, where there is the actual possibility of an abortion, do their fears come out, anxieties, pressure from others, doubts. Neither doctors nor nurses are competent and trained for such talks. Representatives of the medical profession deal with such talks as well as they can with what they have to offer: intuition, experience and one's own conscience. This situation is comfortable neither for women nor for doctors. One gynecologist mentioned the need for training. For others these are those annoying talks with patients. (D) This problem could be solved by creating centers offering psychological assistance to women who plan to have an abortion or have had one in the past. These could be organized by different organizations, associations, and foundations.

The place of nurses and midwives

Nurses and midwives are ranked lower than doctors in a professional hierarchy. They are mute witnesses of events taking place in hospitals; they observe doctors, their work, female patients. Even if they suspect something, know something, they don't go deeper, they don't say anything, don't comment. (See: Attempts to terminate pregnancies by

women themselves and post-abortion complications). They don't have the possibility to undertake actions, their role remains passive.

We, as midwives, can advise a patient, can...only advise, this is the only thing we can do. Because we ourselves cannot take any actions, we cannot do anything.(N)

Midwives understand women's problems. One of them stated that if she only could, she would actively help women with unwanted pregnancies.

As far as I'm concerned, if I knew that a woman, who came to me, with eight children and an alcoholic husband, I would be willing to terminate the pregnancy, along with performing sterilization, so she wouldn't have more children. She would definitely ask for it. Then nobody would have to be informed.(N)

The attitude of midwives towards women with complications after professional and unprofessional abortions is, as they say themselves, positive. They don't make judgments, they don't show any negative emotions, and they don't even let them see that they know about their problem. In the opinion of midwives, women who come to hospitals because of abortion-related complications, made difficult choices in tough situations. They had a problem, this is how it ended; they faced the consequences of their actions (complications and fear). Two midwives stressed that they don't know how they would behave in the same situation.

She chose to have an abortion, she was mutilated and additionally we were suppose to shout at her; it does not make sense. (N)

A nurse or a midwife can talk to a woman, calm her down, advise something. It is a very important task, when a patient comes to a doctor shaky, shocked that she got pregnant when she didn't want to, or that she is in a hospital, full of anxieties about her health and what will happen if it doesn't work out. These talks can help a woman solve her problems. They can give her advice on family planning.

When we talk and this topic comes out, we try to help somehow, in one way or another. We advise something ourselves or that she goes to some doctor or somewhere else ...because patients don't even know where and how to do things...how (to manage to get) some pills, or whatever...well, they just don't know what and how. And, most often, they are ashamed to stay in a queue to buy condoms - and simply ask for them. (N)

A women's right to a lawful abortion and refusals in hospitals

Doctors know or have heard of cases where women were refused abortions in hospitals in situations when according to the Act they had the right to terminate pregnancy. Some doctors, nevertheless, do not see this as a problem.

She can go to another center, because, now, there are no limitations on where a person can go to get medical assistance (Before the 1999 reform of health care system, a person was assigned to only one district public health center). It's like that, there is always someone in a hospital, who will perform such operation. (D)

She will go elsewhere and surely do it. It is not a problem here, well, there is a problem that she has to go somewhere...all this is, surely, unpleasant for her and very stressful... it is possible that she will have to go to one or two places, but there is no doubt that someone will do it for her. (D)

Two doctors had a different opinion in this matter, they think that a refusal to conduct an abortion in a hospital is a problem. For one doctor, such behavior constitutes an ethical problem. The hospital, where a director refuses abortions, very often endangers the health or life of a woman. It acts against the rules of professional ethics, which commands to protect health and life of every person.

The second doctor considered refusals from a legal perspective. He gave a drastic example of a woman, who was wandering from hospital to hospital, with full medical documentation and a referral for termination of pregnancy,

consistently meeting with refusals. She could not find a clinic to perform her abortion, even though she had the right to it. This woman didn't have a choice, she had to have an abortion underground.

A woman, who decides to (have an abortion), because she will not be able carry this pregnancy to term anyway when a child will not be born alive due to such defects as it won't survive... It is very stressful for her, a tragedy. This woman should have the right to have such an operation in a hospital, for free, in safe conditions, not somewhere between Poland and Czech Republic or Slovakia. (D)

When a woman has the legal right to an abortion, she should not be forced by institutions, which are established for exercising this right, to break the law and turn to the underground.

Nurses mentioned many examples of doctors prolonging formal procedures and refusing to perform abortions. In the opinion of one of them, doctors who act in this way, do not see a woman and her problems, they fail to realize what the refusal means to her.

It happens very often, that a person disappears in all of it, we can say... it is only a case... and a doctor often doesn't think that he is refusing a woman, he just refuses this or that to a patient, so it is only another case...it happens very often with the routine work. (N)

A woman's possibilities to demand her right

Only one of the doctors surveyed thinks that a woman can exercise her right to abortion in practice.

If there are problems, if doctors keep refusing, she should go to the main voivodship's doctor, and he has to direct her to a hospital where this procedure can be performed. There are people who are willing to do it. (D)

Other doctors definitely do not see possibilities for women to exercise their rights. A doctor can refuse to conduct termination, and a woman cannot claim that she has the right to have abortion in this hospital, because patients are no longer registered in district centers.

There are no situations in which a hospital, which refuses to perform abortion, refers a patient to another one (this is required by law - of course, in cases of lawful abortion). Hospitals refuse and that's it. A woman has to look by herself. (D)

It used to be that a woman could make some demands from a hospital, because she was assigned to this hospital. Now there are no limits on the choice of the health care center. I don't think that insurance pays for abortion in a private clinic. (D)

Practically, not much can be done. A woman has to turn somewhere with a claim, I don't know where: to the Ministry of Health, or to an insurance agency. I have no idea. But time passes, the pregnancy develops. If she is seriously ill, most probably, she cannot afford such actions and there is really nobody to turn to, no one who could help her. (D)

Nurses also don't see the possibility of exercising one's right to abortion. One of them said that the National (Gynecology and Obstetrics) Consultant is theoretically obliged to refer to (a hospital) which will conduct this operation (N), but she also added that such case would certainly take so long that even if the Consultant referred to a hospital, it would be too late to terminate pregnancy.

Women's anxieties

As a matter of fact, being pregnant in itself, irrespective of it being planned or not, is connected with enormous stress. If the pregnancy is unwanted, it is a shock.

Doctors and nurses listed the following reasons for stress, anxieties and fears of women with unwanted pregnancies:

- the necessity of making a difficult decision (D, N)

When they come, they are lost, they cry, because they don't feel that they can deal with it.(D)

It strikes suddenly, and she doesn't have financial means, living conditions or whatever, it is a shock for her, she doesn't know what to do about it. (N)

- stress connected with circumstances in which she got pregnant (rape) (D)
It is inhuman to force a woman to carry a pregnancy, which resulted from a criminal act. (D)
- stress caused by a health condition of a child - defects (D)
- fears connected with the termination of pregnancy itself (D)
When a woman really decides for an abortion, it is surely very stressful for her. (...) It is a serious operation, and a woman doesn't want to, doesn't like to have such things done to her. (D)
- anxieties caused by not knowing if she will be able to find a hospital in which abortions are performed (D, N)
When a woman decides for an abortion, it usually means the beginning of a drama for her. She has to look for a gynecological ward, which will help her terminate this pregnancy. (...) Every gynecological ward, every director might refuse to conduct such an operation. Then she wanders all around Poland, looking for possibilities of termination, and usually she ends up in some abortion underground or goes to Czech Republic, Slovakia or Belarus. (D)
- being afraid of persons close to them, who can be against terminating a pregnancy (D, N)
They can be afraid of their partners, who can have different opinion about it, or their families, or their colleagues, who might find out that she was pregnant and is not pregnant anymore. (D)
- fearing post-abortion complications and being afraid of people, who can report an abortion to the police (D, N)
She had the right to be afraid, because the truth is that if we have a definite illegal abortion, we have to report it to the prosecutor's office, because it is a crime. (D)
They are afraid of being dragged to court, of being charged. (N)
- anxieties about the state of their health if complications occur
Sometimes, they experience anxiety, whether the uterus was not injured. (N)
A woman with perforated uterus was worried about her health; so was her family. (N)

According to one doctor, women are afraid to say that they had an abortion, they admit of doing so only when they are sure that this information won't be used against them, they admit it during private medical interviews.

I think that they are a bit afraid to talk about having abortion, but, on the other hand, if they know they are talking to a doctor, who won't ask additional questions about where it happened, only if it was done professionally and whether there were no complications, then I think they can share it. (D)

Analysis of the collected material allows to presume that women may also be afraid of contacts with a doctor: will she be treated with sympathy; will her problems be understood; will she be sent away with nothing, because a doctor is against abortion; will he qualify her state of health as bad enough, so she should can be referred to have an abortion. Fears from lack of understanding, humiliation, difficulties of formal procedures make women conduct an informal inquiry: they come here, secretly ask nurses or midwives, that they may be this or that ... and how it is here. (N)

A lot of women, who could try to have a lawful abortion, decide immediately to terminate pregnancy in a private clinic.

Women in cities and women in the country

While discussing the differences in possibilities for abortion for women in cities and women living in rural areas, doctors presented two totally different opinions.

According to the first opinion, women from rural areas use modern methods of contraception less often, and this is why they have more unwanted pregnancies. Nevertheless, it is easier for these women to terminate pregnancy, than it is for women living in cities. The community is smaller, everyone knows everything about everybody, and this allows for

working out some official and unofficial procedures of dealing with these problems. This mutual offering of services in small communities began during years of economical crisis in the 80s. In the period of serious deficiencies and rationing it was easier to live in small towns. It was well known where to go to get things or arrange something, while people in large towns and cities could only count on good luck or getting services and goods by chance. According to one doctor, similar informal procedures were created to deal with unwanted pregnancies. Women living in rural areas do not have to worry about unwanted pregnancy; they know who to turn to and how much it will cost. Those who offer such services know financial possibilities of women and operations are cheaper, the price is adjusted to the possibilities of a community.

In the country, women are less educated in the sphere of sexual education, they rarely use contraception, and get pregnant more often. Women living in rural areas are much poorer than women in cities, but the price for abortion is much lower in the country. I think...that for many women living in rural areas, abortion is the only „contraceptive method“ they use. Contrary to cities where there is access to many different methods of contraception. (D)

The second theory sees rural areas as highly religious communities of very strong social control, with negative attitudes towards abortion. For social, moral, and religious reasons, women in rural areas do not want to terminate their pregnancies that often, and when they do, it is more difficult.

In a city, there is at least some anonymity and one can turn to somebody; if not to this doctor than to another. Things look completely different in rural areas, a doctor plays cards with a priest and a pharmacist. Everybody knows everything. And getting to a bigger city, to a hospital, it is an additional expenditure. (D)

One can look at the numbers. In the country, there are on average more than three children per family, and in cities, one can see how it is. (...) Besides, even if a woman decides to have abortion, she has more technical problems, she has to go to a city, because she cannot really do it at home, it is an issue of the public opinion. (D)

Doctors, who see rural areas in this way, do not make statements about contraception nor the number of unwanted pregnancies in rural areas. If we assume that attitudes of women towards abortion are strongly influenced by morality and religion, we should also assume that these factors play a significant role when it comes to contraception. That would mean that women living in rural areas use methods, which are less reliable, less effective, and connected with a higher probability of unwanted pregnancy.

Three nurses agreed with the second theory on rural communities commenting that there is, indeed, greater social pressure, people are more devout, there is less anonymity - a woman will go to confession and everyone will know right away that she had an abortion. (N) One nurse said that women from rural areas had worse access to abortion, but they find ways. Because they will go to see a doctor, they have colleagues, someone will always advise them. (N)

In one nurse's opinion, access to abortion is same in both rural and urban areas, the thickness of your wallet decides, not where you live. (N)

Who is the anti-abortion act for?

Women used to terminate and continue to terminate unwanted pregnancies, irrespective of current legal regulations concerning this issue.

If a woman wants to have an abortion, she will do anything to terminate pregnancy. (...) Some of them come convinced that regardless of the law in force, women will do it anyway. (D)

Restrictive regulations will not change women's decisions; they do nevertheless create higher risks to health or life of women.

Legal acts regulating conditions for abortion have never had much to do with the practice.

One of the doctors said that the act of 1956 set up conditions for termination very clearly. In the beginning, women had to prove their difficult financial situation with documents. With time, abortion became an operation conducted on request, and everything was done on social grounds. (D)

The law was there, but the practice was that it was conducted on request; if a woman came to a district hospital and said, she didn't want this pregnancy, a doctor was obliged to issue a referral and a hospital was obliged to perform abortion. (D)

At the beginning of the nineties, the very same act of 1956 became practically a regulation strongly limiting women's access to abortion. Women had to have two referrals with different dates, issued by two doctors or by a doctor and a psychologist. Those administrative obstacles, together with the growing pressure on doctors not to conduct abortions, caused the rapid decrease in numbers of abortions officially conducted in hospitals. Women had always preferred to have abortions in private clinics whenever they could afford it, so the situation was nothing new to them. But prices were new and incredibly high. This restricted access to abortion for poor women. The introduction of the restrictive Anti-Abortion Act of 1993 did not change the situation much.

There is no problem with terminating a pregnancy in a private clinic.
The underground abortions in Poland are performed by professionals acting on the margin of the law.

There is no problem with abortion. A woman can just go and have one. (D)

Doctors terminating pregnancies underground are afraid of the law and denunciations from other doctors, women, and their partners. On the other hand, the numerous ads in newspapers, offering abortions in private clinics, prove that these doctors are not endangered and can feel relatively safe.

Privately nobody knows anything. You come to me, I perform an abortion, I say that I have never seen you and everything is OK. Someone would have to catch me red-handed. (...) Even if a patient says she had an abortion, the doctor will not admit it and will say: I have never seen you in my life. (D)

Women have serious problems in accessing lawful abortion.

In this respect, the Act is more restrictive in practice than it is on paper. Doctors are afraid to issue referrals for abortions, hospitals demand more documents and certificates than required by regulations (just in case), others refuse to conduct abortions in general, unlawfully calling upon the clause of conscientious objection .

Right now, doctors are afraid of going to prison, they can be afraid of issuing referrals, because they don't know the Act. (D)

Loads of things are legally allowed, but then nobody really knows how it works. This is why I think that nobody will do these things, because people are simply afraid. (D)

Some doctors in hospitals are afraid to go near it, because you don't really know how to handle it, because somebody can find something on the other side and then, you don't know how to get out of this situation. (D)

The abortion underground acts as the shock absorber for the Anti-Abortion Act.

Both supporters and opponents of the Act accept the existence of the abortion underground. Because of available underground abortions, supporters of heavy restrictions have a clean conscience; they do not see women dying from unprofessionally conducted abortions. On the other hand, doctors who oppose the law restricting access to abortions can rest assured that women will execute their right outside the official system.

Gynecologists do not fight for changes in the law.

The Act does not breed dissent among gynecologists. Some of them refuse to conduct abortions and are happy, because fewer women terminate pregnancies in hospitals. Others conduct abortions in private clinics and make a good living out of it. Everyone does what they do on their own accord, and is not interested in what the others are doing it.

Gynecologists are not willing to make public statements against the Act, because they are afraid of attacks from the society.

Restrictive law leads to life outside the law.

Breaking the law is very common. It is being broken by women, who terminate pregnancies illegally, by doctors, who conduct abortion in the underground, and by hospitals refusing to terminate pregnancies or demanding additional certificates, not required by the law. Women having problems with conducting lawful abortion are not able to execute their guaranteed rights. Breaking the law is widely accepted by the society. The large sums of money paid to doctors performing illegal abortions stay out of reach of the state fiscal institutions.

The restrictive Anti-Abortion Act is a political act, reflecting an ideology of those who created it.

Some doctors are convinced that current regulations have a political character. It is an expression of a certain ideology and views.

These restrictions do not actually restrict this right at all. They only expose women to more complications, and, at the same time, the money from illegal abortions goes to someone, and this someone surely makes good money out of it. (D)

Here, in our country, it has to be like that , either everything or nothing is allowed. We keep our eyes shut and people pretend they don't see the reality, this is how it really looks like. (D)

It does depend on the political situation, unfortunately. With this coalition in the Parliament, nothing is going to change. If the political situation changes, the Act may be liberalized. (N)

The Act is necessary for opponents of abortion. They want to express in this way their views and ideas. In reality, both those on whom the law is imposed, and those who created it, will find ways to have an abortion in an hour of need. (D)

Survey conducted by the federation among doctors, nurses and midwives on the effects of the anti-abortion act

Wanda Nowicka and Agata Zielińska

Professional medical environment has a major influence on the practical functioning of the Anti-Abortion Act. Doctors and middle medical staff, having an every day contact with women facing the problem of unwanted pregnancy, know more about effects of the Anti-Abortion Act than any other professional environment. Opinions and attitudes of medical staff play a cardinal role in women's lives. Having this in mind, the Federation conducted another study within this group in 1999.

Anonymous questionnaires were prepared and sent to gynecological centers all over the country. The Federation received answers from 193 staff in various positions.

Information about respondents

Women constituted the majority of those who sent the filled questionnaire back. There were 154 women in all 193 respondents, constituting 79.8% of the group. It is important to note that the survey required an additional engagement from the respondents - mailing the forms in return. Even more important was that these responses were personally motivated, not influenced by the persuasion of a researcher or the promise of a reward. The above shows that the group taking part in the survey was socio-psychologically specific. They were people who wanted to make a statement about the Anti-Abortion Act and wanted their voice to be heard.

The fact that significantly more women responded to the questionnaire may result from the fact that this problem concerns them more than men and because women are more sensitive to social issues in general. In the group of respondents, 90 were midwives (46.6%). Together with nurses they constituted 126 respondents (65.3%). 49 respondents (25.4%) were gynecologists, among them 19 were women. Therefore, the majority of answers comes from the middle professional staff. This group, in general, is very feminized.

Almost 50% of respondents work in public hospitals.

The vast majority of respondents live in urban areas. This is highly relevant for interpreting the results. In the light of this fact, conclusions about problems concerning abortions faced by women living in rural areas must be necessarily limited.

When interpreting the results, we have sometimes referred to earlier studies conducted on request for the Federation for Women and Family Planning (which used in-depth interviews (focus groups); see: The report from the research on effects of the Act on family planning). Conclusions from both studies are very similar, making them highly credible.

Research goals

- To collect data about the practical effects of The Act on Family Planning, Protection of Human Fetus and Conditions for Termination of Pregnancy
- To objectively illustrate all aspects of the Act's practical functioning in Poland
 - the Act's influence on the functioning of the health care system
 - refusals of legal abortions in public hospitals
- To show the situation of Polish women in relation to the problem of abortion
 - the ban on abortion's influence on women's lives and health,
 - the effects of the abortion underground on women,
- To assess the extent and functioning of the abortion underground

The situation of women facing the problem of unwanted pregnancy

The extent of the problem

We can assess with good approximation that the surveyed group meets with a problem of unwanted pregnancy relatively often. Women wanting to terminate an unwanted pregnancy came to 63.2% of the respondents. 45 people (23.3%) claimed that, in their work, they came across cases of women, who had post-abortion complications. 39 of

them claimed that abortions were illegally conducted in private clinics. Half of respondents, who met with women having post-abortion complications, stated that in such situations, women admitted attempting to have an abortion.

Based on this data, abortion, despite being banned, tends to be a rather frequent occurrence. A very large part of medical personnel comes across women facing this problem. It should also be noted that responses came from a small group of medical staff and surely not all of them admitted that abortions were performed in their institutions of employment. The scale of the problem is therefore much larger than noted.

Reasons for termination of pregnancies

Almost all those surveyed coming across cases of women wanting to have an abortion at work stated that the most frequent motivation for women to terminate an unwanted pregnancy, is a difficult financial situation and living conditions. This was declared by 99.2% of respondents, who dealt with women coming to them with unwanted pregnancies. This could be a reflection of the general social situation, but also of the lack of adequate state social policy. The difficult socio-economical situation of women significantly limits their possibilities of securing adequate living conditions for their future children. Other motivations listed were: bad health condition of a pregnant woman (31 respondents ; 25.4%), their older age (31 respondents ; 25.4%), or young age (28 respondents ; 23%). These numbers relate to people who met with women planning abortions (122 respondents).

When speaking of inappropriate age for having children, we can relate to an earlier study conducted among gynecologists, where respondents mentioned that unwanted pregnancies happen mainly to young women, who are not familiar with contraception or menopausal women, who do not use contraception assuming that they no longer need it. In both cases it seems that women lack specialized care and advice from their gynecologists.

Contraception

Women, who come to doctors with unwanted pregnancies, most often do not use any method of contraception (73 respondents; 59.8%), think of withdrawal as a valid method (66 people; 54.1%), use natural methods (59 people; 48.4%), or condoms, which also seem to be unreliable (43 respondents; 35.2%). It appears that women do not have sufficient knowledge of effective contraception. This was pointed out by 81 respondents (66.4%). First of all, it indicates the insufficient contraception advisory services. Doctors asked whether women following an abortion in a hospital are being counseled about family planning, only in 33% of cases stated that they are always informed. 52% of respondents said that a woman is advised about contraception only if she asks for it.

This problem has been present for a long time and is important for the health of women and their future children. The vast majority of respondents worked in urban areas. Their opinions do not cover the situation in rural areas, where awareness about effective methods of contraception is even lower.

Moral and religious beliefs or high financial costs of contraception were named by respondents as other explanations for the inefficient methods in use.

Abortion, an assessment of the practical possibilities

When asked about obstacles preventing women from having abortions, respondents answered differently. Half of them (97 people) stated that it is very difficult to find a place in Poland, where the abortion can be conducted. On the other hand, 50 respondents stated that there are no difficulties in accessing abortion, except for the fact that abortion is prohibited. It is highly probable that such opinion is a result of the fact that respondents themselves know of possibilities of accessing illegally abortion services.

Among the 72 respondents, who worked in medical institutions where abortions are not conducted, 11 people justified this fact with legal limitations. A similar number of respondents claimed that it was forbidden by hospital directors.

According to 31 respondents (16.1%) there are no obstacles for abortion.

(The Act) was created just to be there, but nobody pays attention to it.

According to 164 (85%) respondents, most abortions are performed in private clinics. The second most popular option is abortion abroad (61 respondents; 31.6%). It is important to keep in mind that most of the respondents work in public hospitals, and this is where women wanting to have an abortion come to see them. At the same time, respondents claim that abortions are performed in private clinics, this may indicate that women are directed there from

public health care institutions. 25.9% of respondents have heard of sending patients to private clinics. 33.2% of respondents stated that this is a method of increasing the number of private abortions conducted for a payment.

These answers paint an array of possibilities for having an abortion in Poland. Basing on the above answers, we concluded that having an abortion in Poland can be difficult, but the possibility is there: in private clinics or abroad. The collected data signifies the existence of an abortion underground in Poland, where women are being sent, even through the public health care system.

The main question is money; those who have enough money do not have any problems.

As it seems, abortion can be most problematic for poor women. Respondents mentioned this group most often (49 people - 25.4%). We can conclude that it is not privately conducted abortions that are problematic in Poland, but their price. This is why poorer women have limited access to it, even if paradoxically they need it more often. The legal status of abortion does not seem to have relevant meaning.

In a private clinic almost everybody does it for as much money as they can ask for, they rarely go below 1000 zloty (PLN).

Abortion in a hospital

21 respondents (10.9%) stated that abortions were conducted in the hospitals where they work. There are no real differences between professional groups, age groups or places of work.

Out of the 72 respondents who said that their employers did not permit performing abortions, 40 (55.6%) did not know why. Maybe they are not interested in the topic.

Because I am tired of this topic. I will wait until it becomes normal.

11 people justified refusals of abortion with legal regulations, while 10 respondents stated that it is the director's instruction forbidding all doctors to perform abortions. Out of the respondents who declared that abortions are performed in their place of work, 15 stated that the number of abortions decreased. In these health care institutions, only some doctors conduct abortions; no respondent declared that all doctors were ready to do it.

Refusals of abortions: practice, basis, and the required legal procedures

The most frequent reason given by respondents to explain why public health care institutions refuse to perform abortion is an attempt to increase their number conducted in private clinics. 1/3 (64 people) of respondents, most often women, midwives and nurses, gave this reason. According to men, the doctor's religious and moral beliefs influence the refusal most often. Equally important, in the opinion of male respondents, are anxieties about being stigmatized by groups which are against abortion, including the Church and medical professional organizations. We have to note that male respondents in this survey embrace mostly male gynecologists. Furthermore, doctors are the ones who are responsible for conducting abortions; they are the ones who bear the guilt. Thus, it is mainly doctors, not nurses or midwives, who are vulnerable to social stigmatization. This might be one reason why the opinions of the middle level medical staff and doctors differ.

50 people (25.9%) heard about a situation where a legal abortion was refused and a patient was sent to a private clinic in a bigger town. The number of respondents in these groups, however, is too small to allow for conclusions on statistically relevant dependencies. Nevertheless, the collected data allows for a hypothesis. One of the possible reasons justifying directing patients to private clinics in larger towns may be the wider scope of services and possibilities offered. In rural areas, there is probably only one gynecologist, who is subjected to social control. This is what doctors fear most. They have their practice in a public hospital, after and sometimes during their working hours. According to respondents (120 people - 62.2%) there is a need to regulate the specific conflict situation where a woman has the legal right to an abortion and a doctor has the legal right to refuse conducting it. The best solution in such situation should be, according to respondents, to make a head of a refusing institution responsible for finding a public hospital which would perform an abortion.

One of respondents describes a solution which he/she is familiar with:

A head of a ward in one of our respected hospitals ordered that abortion on this ward will be conducted by the doctor who drew the longest straw, funny Hugh?! But what a Salomon's solution that is!

Taking part in debates on changes of anti-abortion regulations

Most respondents - 171 people (88.6%) did not take part in any debate regarding anti-abortion law. Most often they could not justify this fact fully, but explained it with their overall lack of interest, lack of information, and lack of possibilities for taking part in discussions (35 people; 22%). 22 people (12.2%) did take part in debates and, among them, 10 (almost half) were motivated to participation by their world-views. A significant part of respondents stayed ambivalent towards discussions about legal possibilities for abortion. Respondents also pointed out the law's lack of influence on the actual number of abortions. This can also explain the lack of interest in debating the Act. Many respondents did not answer this question.

This is the first questionnaire that I have seen. I think there is a lack of information on this topic coming from hospitals.

Awareness of the anti-abortion act and adequate procedures in the cases of lawful abortion

Most respondents are not familiar with rules of conduct and procedures allowing a woman to legally terminate a pregnancy. When asked about legal procedures, 139 out of 193 respondents (72%) did not give any or gave partly correct answers. Only 54 respondents gave correct answers. Considering the fact that respondents had unlimited time for answering and could use the text of the Act, we can conclude that a significant part of respondents does not have adequate knowledge about procedures accompanying the legal termination of pregnancy and some of them may not even have in their offices instructions for proceeding based on the Act. One of respondents wrote:

I do not know the exact conditions set by the Act, but I think a woman has her own opinion here.

74 respondents (38.3%) were not at all familiar with the health reasons authorizing abortion. In the opinion of 64 people (33.2%) the only sufficient reason is a threat to a woman's life. A smaller number mentioned following indications authorizing abortion: cardiological defects, cancer, and psychological disorders.

For some respondents, only hospital directors are responsible for a decision about performing abortion - both lawfully and not.

Legal conditions are not always taken into consideration in practice, and maybe that's why they are not very well known.

I have to share the Director's opinion, and trust that there are no reasons (for termination of pregnancy).

Representatives of the gynecological profession surveyed were not familiar with legal regulations. This fact should not be ignored, because legal regulations are overlooked in this situation. Previous research came to similar conclusions.

Opinions on the anti-abortion act

More than half of respondents (117 people; 65%) think that the current law is too restrictive and should be liberalized. More men than women, and more gynecologists than nurses share this view. Most respondents see the need for changes in the law, though some made statements in defense of the current regulations (42 people - 21.8%).

The influence of restrictions on the number of abortions performed in Poland

Most respondents, who made their statements about the influence of the Act on the number of abortions in Poland, claimed that the regulations limit the number of abortions (114 people; 59.1%). Opinions about the scale of this influence differ: around 1/3 of respondents (60 people) believe that the law lead to a significant decrease in the number of abortions, while almost the same percentage of respondents (54 people; 28%) believed that the change was not large. 56 people (29%) stated that legal regulations did not influence the number of abortions performed.

The influence of restrictions on the number of children being left in hospitals

Only 23 respondents (12.2%) claimed that the Act did not cause an increase in number of children abandoned in hospitals by their mothers. 89 people (46.1%) could not assess the scale of it, but 81 respondents (42%) stated that restriction of legal regulations caused an increase in the number of children abandoned following birth in hospitals. Previous interviews conducted among gynecological professionals also support this view.

The conclusion from the previous concerning the decrease in a number of abortions can explain such situation. If restrictive regulations prevented women from terminating pregnancies, then, maybe, the Act forced them to give birth and leave a child in a hospital.

The restrictions' influence on contraception use

Most respondents, 120 people (62.2%), noted an increased interest in contraception among patients. Most women are interested in oral (hormonal) contraception, as noted by 88 respondents (73.3%). The interest in condoms (15 people; 12.5%) and diaphragms (16 people;13.3%) was less frequent. The data collected could demonstrate the law's actual influence. However, such increase could be also explained differently. The responses included statements showing the general growth of women's awareness about contraception, as well as, the improvement in the comprehensiveness of an offer of the pharmaceutical companies.

More awareness and more choice of contraception.

Wide access to contraception.

Contraception became fashionable.

Conclusions drawn about the law's impact on the interest in contraception should, therefore, be cautious. More conclusive analysis is not possible without a more precise data and a more developed research focused specifically on this issue.

The connection between the Anti-Abortion Act and the decreasing number of abortions is not clear. This decrease could be a result of the increased interest in effective contraception. This, on the other hand, is not necessarily, as pointed above, a consequence of more restrictive abortion regulations. It could be linked to the general growth of awareness among women. Therefore, the law's influence on women's attitudes towards family planning is not clearly determined. Conclusive answer on this point would require an examination of various other factors.

Conclusions

There is no doubt that the Anti-Abortion Act resulted in limiting access to abortions in public hospitals. This is the reason for the decrease in official statistics on the number of abortions. This superficial decrease is sufficient to satisfy those who created the legal restrictions. Abortions, nevertheless, are performed, and without there being tremendous difficulties in accessing them. They are conducted elsewhere and for a fee. The actual effect of the Act has been the increase in the price of abortion. This was also concluded from the previous research conducted among medical professionals.

The restrictive law puts an unequal burden on poor women, they are main victims of this regulation. The cost increase forces poor women to have unwanted children, for whom they are not able to secure decent living conditions. In perspective, the effect will be a growth in number of children in poor families, and later, impoverishment of society. Another foreseen effect could be a larger number of abandoned children, who are then given away to child-care institutions, instead of being wanted and cherished by their biological families.

Attitudes of Rural Women Toward Reproduction Issues Report on The Survey Conducted by Run - Magdalena Grabowska and Wanda Nowicka

The following report presents the analysis of research results, conducted by the company RUN between Aug. 3 and Aug. 23, 1999 at the request of the Federation for Women and Family Planning.

The survey covered following problems:

- the situation of women in rural areas, in the context of the systemic changes in Poland;
- women's opinions on matters relating to reproduction, with a particular focus on family planning, contraception, sexual education and effects of the anti-abortion regulations;
- the role of religion, churches and clergy in the reproductive behaviors of women;
- women's behaviors in a situation of unplanned pregnancy;
- the meaning and impact of state institutions, including the health care systems, and non-governmental organizations on reproductive behaviors of women living in rural areas.

The survey was conducted using a questionnaire. The authors of the survey recognized that some issues included may be seen as delicate, and this is why respondents should feel comfortable in intimate and anonymous conditions when they answer questions. The questionnaire was, therefore, completed by respondents in their homes; researchers only delivered questionnaires and picked them up when completed. This method resulted in relatively large holes in data, which were not subject to interpretation.

The structure of the group

The research was conducted on a group of 210 women, living in the areas of the former voivodships of Szczecin, Katowice and Białyystok. The chosen areas are very different in levels of urbanization, industrialization, and the well-being of inhabitants, as well as in terms of their customs and the culture of every day life, including family life. The choice of sites was dictated by the desire to learn about the awareness and attitudes of women living in different socio-economic and cultural conditions towards questions of fertility, and to learn about their attitudes towards reproduction in the context of the systemic changes of the political system and the functioning of the anti-abortion law.

The general information about women taking part in the research is presented in the table 1 below:

Table 1: Characteristics of respondents.

The number of women taking part in the research = 210	Number	Percentage
Age group		
18-24 years	51	24.3
25-34 years	96	45.7
35-44 years	63	30.0
Education		
Basic	79	37.6
Vocational	75	35.7
Secondary or higher (university degree)	56	26.7
Professional status		
Working on their own farmland	88	41.9

Working outside their own farmland	53	25.2
Working and studying	6	2.9
Not working, but studying	6	2.9
Not working and not studying	26	12.4
No data	31	14.8
Monthly income per capita		
Up to 300 PLN ³⁷	74	35.2
Between 300-500 PLN	64	30.5
More then 500 PLN	19	9.0
No data	53	25.2
Number of people in the family		
2-3	46	21.9
4	52	24.8
5	39	18.6
6 and more	42	20.0
No data	31	14.8
Number of children		
No children	8	3.8
1	67	31.9
2	69	32.9
3 and more	66	31.4
Approach towards religion		
Believers	163	77.6
Undecided	8	3.8
Non-believers	5	2.4
No data	34	16.2

Almost all respondents are permanent inhabitants of rural areas. The vast majority did not declare the intention of moving to a town or city. The idea of moving is most common among young women.

The vast majority of respondents have primary education or vocational training. Only one in five had a secondary education, while only four of the respondents have a university degree.

In the significant majority of rural households, the monthly income per capita does not exceed 500 PLN a month (around 116 USD) and in every third family does not exceed 300 PLN (around 70 USD).

For the largest group of women included in the survey, work in their own household is their major activity (42% of respondents). 35% work outside the household, and only 6% were still studying or working and studying at the same time. More than 12% of those surveyed declared that they don't work or study at all. Most of those working outside households also have higher education or vocational training. These women's declared income per capita is two times higher than mentioned above.

The desire to get a job was declared by three-fourths of all respondents. For the majority of them, employment is attractive for financial reasons. At the same time, exactly 50% of surveyed women stated that in the last 10 years the possibilities of employment have decreased significantly. The disproportion between those who are employed and those who would like to get a job proves that the job market in rural areas is particularly poor. This disproportion, and the unusually low (in some households) monthly income per capita, are very important factors defining the particularly difficult situation of women in rural areas.

More than half of the respondents working outside the home are the mothers of two or more children. Most often, these are also older women between 35 and 44 years of age. Women who declared having no children or three or more children and in whose household live 6 or more people most often do not work outside the home.

Despite the fact that older women are the ones who work outside their households, they are also the group that can hardly count on help from their spouses. In more than 60% of households of women between 35 and 44 years of age, men very rarely or never help with household tasks. This situation is also common in families with many children. There is a difference, though, in so-called „young marriages;“ in which almost 50% of respondents 18-24 years of age can count on the help from their spouses.

In rural environments, the traditional and multigenerational model of the family is still very popular. The model of the „nuclear family“ - two parents and one child - is almost invisible here. Only one in five households consists of two or three people. Almost 40% of all households are inhabited by four or more people. More than 60% of those surveyed have two or more children. Older generations sometimes inhabit the homes of their son or daughter.

The average age at which women have their first child is a bit more than 21 years. 30% of women stated that their first pregnancy was not planned, which means that they didn't necessarily want to have a child at this stage of their lives. Most often this concerned women between 35 and 44 years of age, 40% of whom didn't plan the birth of their first child with their partner.

Three-fourths of surveyed women do not plan to have more children in the future. This concerned mostly women between 25 and 34 years of age, 80% of whom do not plan to have a larger family than they already have.

Women from rural areas and polish society

Women living in rural areas constitute 30% of all women in Poland, almost 6 million (including 4.5 million at a reproductive age) of the 39 million people in the whole country. Despite the fact that one in three women in Poland lives in a rural area, they are rarely distinguished as a specific group with particular living conditions, often very different from those in urban areas, both financially and socially. These women have specific characteristics and specific needs. The fact that the situation of female inhabitants of rural areas is very different from the situation of women living in urban areas is common sense, although it is very rare for politicians or social activists to focus their attention on this group. Almost never does social research consider this group different from other social groups.

Meanwhile, as the following analysis shows, female inhabitants of rural areas not only differ from other social groups, but are also one of the most neglected groups. For example, only four in 210 respondents of the survey have a university degree. The problem of a lack of education, common to all inhabitants of rural areas, is most visible among women. Statistically, men living in rural areas have higher education twice as often as women. In comparison, the general data for the country shows that women usually have at least this same level of education, and sometimes have much higher education than men.

Women living in rural areas have very low awareness of their sexual and reproductive rights. Many of them share the stereotypical thinking about a role of a woman. One-third of women inhabitants of rural areas claim that sexual contact with their spouses is an obligation of a woman, while half the respondents stated that it is an obligation to give birth to children.

This traditionalism of the Polish countryside seems to be strengthened by influences of the Catholic Church (most respondents declared themselves believers), as well as by the lack of sexual education at the level of primary school (most women from rural areas end their education at this level), and last but not least, unsatisfactory access to health care services, including reproductive health services (Most popular sources of information are: talks with partners, colleagues and neighbors, television programs and articles in the press).

The opinions of women about their lives and the process of transformation

Women living in rural areas do not see themselves as beneficiaries of the political and economic transition that started in 1989. More than 60% of respondents stated that in the last 10 years the situation of women did not change or has even worsened.

The improvement of the situation is noticed mostly in general, political spheres, regarding often abstract categories such as freedom, the right of women to state their own opinions, or in access to education. These views are nevertheless accompanied by an awareness of the worsening of the situation in very specific areas of private life - financial status, professional opportunities and medical care. As for professional opportunities, the fact that 35% of women are working outside their homes and another 35% would like to be employed but visibly lack opportunities shows the weakness of the job market. Professional opportunities are also limited by the lack of education of women living in the country.

Among the areas in which women see the decline of the situation, respondents pointed out:

- prices (70% of respondents pointed out the increase of prices)
- professional opportunities (50% of respondents stated that the professional opportunities are worse today than they were 10 years ago)
- financial situation of families (44% of women stated that the situation has worsened)
- health care (40% of respondents observed the decline in the quality of service of the health care system)
- living conditions (40% of women claimed that these conditions have deteriorated)

Women who took part in the survey also acknowledged some positive aspects of the transformation. As the areas where the situation has improved in the last 10 years, the respondents mentioned, among other things:

- supplies in shops (87% of respondents)
- the right of women to express their own opinions (52%)
- personal freedom (51%)
- possibilities of education for children (45.2%)
- legal protection (34.8% of respondents)

Most often, a negative assessment of the situation was made by the older part of the surveyed group. Those who have more than two children also exhibit pessimism. Positive changes are being seen mostly by respondents 25-34 years of age, those who work and study, whose households are relatively small (2-3 people) and who are relatively affluent. More than 40% of women claim that their living conditions deteriorated in the last 10 years. More than 50% also stated that their professional opportunities are worse than they were 10 years ago. The latter, pessimistic opinion is voiced mostly by older respondents, almost three-fourths of whom think that professional possibilities worsened, by women who are financially less secure and those who have 3 or more children. Optimism in this area is expressed by young women, 37% of whom stated that professional opportunities are better nowadays, and by women who are more affluent and have no children. Those who work outside their households were split as to whether professional possibilities are better than they were 10 years ago.

Most women who live in rural areas are also pessimistic when it comes to the assessment of the situation in Poland in the future. Only one in five respondents thinks that the situation of women will improve significantly in the next 10 years, when the rest of respondents foresee negative changes (almost 30%) or do not foresee any changes in the situation of women (44%). The largest number of optimists are among young women who are professionally active and have no children. Pessimism is characteristic of women who have only a basic education, do not work or study, and of those who live in households with 6 or more people.

It is very interesting that the respondents consider the fact that they have more freedom to express their own opinions than 10 years ago a positive change. This opinion is shared by more than 50% of respondents.

Reproductive health: the approach toward health care system, family planning, sexual education, contraception and abortion

The attitude presented by female inhabitants of rural areas towards problems of reproductive health, sexual rights, including contraception, sexual education and abortion, must be seen as multidimensional. On the one hand, it can be easily proven that the social environment is traditional. Prejudices and stereotypes about the role of a woman and about sex are still very popular among women living in rural areas. 30% of respondents share the opinion that sexual contact is an obligation of a woman, while 46% of respondents stated that giving birth to children is an obligation. Some respondents claimed that oral contraception could only be used by married women. This opinion is most often shared by older respondents, those who are uneducated and who are less financially secure, and is far less popular among respondents fewer than 30 years of age.

On the other hand, most respondents declared knowledge about and interest in contraception and the use of contraceptive methods. Female inhabitants of rural areas approve of and use different methods of contraception, which suggests that they are open to the idea of family planning. Nevertheless, the rural social environment cannot be seen as progressive or liberal and probably will not be for many years to come.

Knowledge about contraception is gained through television, books or partners. Information about family planning is rarely provided by professionals like a gynecologist or a nurse. Women living in rural areas rarely see gynecologists for reasons other than pregnancy. The lack of awareness of the need for regular visits and rare contact with a doctor constitute a threat to reproductive health of these women. Respondents paid little attention to reliable and professional

sexual education. Almost all demonstrated a lack of trust in doctors and teachers who should pass on this knowledge, although most admitted that they would like their children to be informed about effective and safe methods of contraception.

The attitude of women living in rural areas towards abortion is also not heterogeneous. The rural environment is characterized by limited knowledge about regulations of the current anti-abortion law. Simultaneously, the vast majority of respondents stated, that the law is too restrictive. Asked about their personal choices, almost all respondents stated that they would not have an abortion, but that the decision about having children should, in their opinion, belong exclusively to the parents.

Health care, gynecologists

As previously stated, opinions about the current situation in the health care system are divided. Some respondents (40%) stated that the situation has deteriorated, but almost this same number (37%) stated that the quality of services has improved.

Over half of the women surveyed (63.6%) claim that they are satisfied with their district medical health care centers. They do not have problems with access to specialists.

For 17% of respondents, getting to the local medical center poses significant difficulties.

Women have the most problems getting to gynecologists (20% of respondents), pediatricians (17.4%), midwives (15%) and general doctors (15%). More than 1/3 of women go to see the doctor once a year or less; this includes both young and older women. Better-educated women see their doctors more often than others.

Almost all women surveyed (94.9%) stated that they had visited a gynecologist at least once. The average age of the first gynecological visit is 22 years, which is more or less the average age of when they had their first child (the average age of the first visit is a bit higher). This proves the theory that first visits to gynecologist are associated with pregnancy.

This data indicates that pregnancy (recognized or suspected) is the most common reason for gynecological visits among this group of women. The next most common reason is health problems connected with pregnancy, such as inflammatory diseases, pains, etc. Much fewer women, less than 5% of respondents, go to the gynecologist to ask about contraception. A little more, 35%, confirm seeing the gynecologist regularly for check-ups. This is most often the case with women who are younger, childless, better educated. Check-up visits are less popular for women aged 35-44 and those having 2 or more children.

Women living in rural areas most often go to see a gynecologist who works in their district or local health care center (84.9%). Some (34.1%) use the services of the closest private gynecological clinic. Most often, these are women who work and study, without children and those with higher income per capita in their households.

A little more than 10% of women surveyed stated that they go to private gynecological clinics far from their homes. These are women from the youngest group of respondents, who have some form of higher education and declare a higher income per capita in their families.

More than 20% of respondents stated that they were familiar with cases of women, who, being afraid of visits to local doctors not being confidential, went to see doctors in medical centers far from their homes. One in three respondents claims that employees of local health care centers talk about their patients' diseases or pregnancies. The lack of trust in doctors and other medical staff being discrete, is the most probable cause for the wider lack of trust towards doctors in the most intimate areas: sexual and reproductive health.

Family planning

Three-fourths of respondents have 3 children or less. More than 40% of respondents had their first child before turning 20. The same number of women states that their first pregnancy was not planned. Almost 20% of women claim that after having a first child, they did not want to have more. Over 60% of respondents did not talk about having more children with their spouses (partners). More than three-fourths of respondents do not want to have more children in the future. Only one-fourth of respondents' husbands want to have children in the future, while the rest of them do not want to have children or do not show any interest in this area. It shows that most of respondents and their husbands prefer the family model with two or three children.

Generally, conversations about pregnancy and family planning are not common. 65% of women claim to talk about these issues with their partners and friends. Women living in rural areas tend not to talk about this with their families, they are not advised by doctors or medical staff, nor by women's organizations or the church. These findings indicate that most women are made solely responsible for pregnancies.

Respondents claim that the responsibility for protection from unwanted pregnancy should lie in both partners (the answer that this is mainly, although not exclusively, women's responsibility was a little more frequent).

Generally the media, specialist publications, husbands and sometimes friends and neighbors are the main sources of information about family planning for women living in rural areas. The most well-known methods of family planning are withdrawal, the rhythm method, and condoms. These are all seen as relatively effective, even though IUDs (intra-uterine devices) and oral contraception prove to be more so.

The withdrawal method and condoms are used most often, indicating probable insufficient access to modern family planning. The choice of contraception is usually influenced by the opinion of a partner or gynecologist. Virtually none of the respondents indicated priests or religious organizations as influencing the choice.

This data may indicate the low level of awareness about methods of family planning, and /or the limited access to modern contraception. Traditional (uncertain) methods are used most often. The most powerful „educational institution“ in this area seems to be a husband or a neighbor. The role of health care services is almost nonexistent.

More than 40% of women living in rural areas have met with critical opinions about the use of modern contraception. This usually comes from people connected with the Church, and less often from neighbors. Other influential social groups are not the source of negative opinions on family planning.

Women who took part in the survey stated that family planning is a topic for conversations with others. Such conversations are most popular among women 18-25 years of age (almost 80%) and these who have no or few (2) children. Almost none of the women surveyed treat the topic as a priority.

One-third of women admitted that they did not want to have their first baby in the given time. This concerns mainly women 18-24 years of age (29.2%) and women 35- 44 years of age (35.5%). Over 40% of women also admitted that they and their partners did not plan to have their first child. Young women (more than 60% of them) most often admit this.

20% of women surveyed admitted that they did not want to have another child after giving birth to the first one. At the same time, one-third of women who have 3 or more children stated that they wanted to have only 2 children.

More than three-fourths of women who took part in the survey do not want to have more children. More than 50% of young women do not want to have more children. The reluctance to have more children was most often indicated by respondents in the middle age group. More than 80% of women aged 25- 34 years declared not planning more children. These plans are rarely discussed with life partners. No more than one-third of respondents stated that they talked with their partners about having more children.

Almost three-fourths of respondents, who have more than one child, admitted talking to their life partners about another pregnancy after having their first child. Women 25-34 acknowledged this most often (81.8%). It was much more rare among older respondents; 40% of them admitted that after having the first child they did not talk to their partners about having another one.

Responses show that women talk about family planning methods most often with their life partners (67.6%), other women (54.7%), professionals: doctors or midwives (36.8%), and then lastly with other family members (27%).

Despite the fact that surveyed women claimed that their partners play a significant role in plans concerning family enlargement, the impression that they take part in family planning can be misleading. Women admitted that they rarely talk with their partners about having other children. As mentioned above, 60% of surveyed women claimed they do not broach this subject with their spouses. At the same time, 15% of them admitted not asking their partner if he wants to have more children. It seems that despite declarations about trust, men are involved in the process of family planning only to a very limited degree.

20% of respondents are not satisfied with their sexual relationships with their partners, while 25% of them would stop having sexual relations with their partner if it were up to them.

Sexual education

Women living in rural areas are ambivalent about sex education. Despite the fact that 90% of them stated that their daughters should be informed about problems of sexual life, and despite almost the same number stating that their daughters should use contraception, not more than 5% claimed that the information about sexual life and contraception should come from specialists. Most women claimed that the best source of information about sexual life and contraception are mothers. Only one-third of respondents said that mothers were not a good source of information.

Despite the fact that most respondents claimed that they are going to talk to their daughters about contraception in the future, no more than one-third of them have already initiated this kind of talk. This may be a result of their daughters being still very young (the age of children was not included in the research). However, women state that their

daughters should find out about these matters from their mothers at the average age of 20. At this age, most of the surveyed women already expected their first child.

This paints a bad picture for the sex education of girls living in rural areas; most respondents state that sex education should be given at home, but are not initiating these conversations.

Contraception

Women living in rural areas exhibit a large interest in contraception. Research shows that these women do not have personal qualms against the use of contraception or against talking about it. Only 15% did not admit the use of any method. More than 50% know that their female neighbors use contraception.

No more than 10% of respondents stated that contraception is solely a woman's responsibility. Most (78.1%) stated that this obligation is common for both partners.

Women, who took part in the survey, admitted that, in their social environment, the use of contraception is quite popular. Women living in rural areas support the use of contraception and claim that it is widely approved. 67.6% stated that contraception is not socially condemned.

The attitude towards contraception is very well illustrated in their approach to statements given in the questionnaire. More than three-fourths of respondents state that „one feels safer and more free when they use effective contraception“, more than half stated that the „possibility of birth control is one of the highest achievements of mankind.“ One-third of respondents also agreed that „it is better to use contraception, even if it doesn't give 100% certainty, than to have an abortion“.

At the same time respondents were aware of the fact that contraception is criticized by different social groups, and above all, by the Catholic Church. Women see the Church as the main „enemy“ of contraception. 25.7% named priests as people condemning contraception. 10% named neighbors in this respect. The Catholic Church's disapproval does not seem to influence women's views, even those declaring themselves to be religious.

A minimal percentage of women surveyed declared a lack of interest in contraception. Information about these methods comes both from traditional „sources“, such as talks with neighbors, women colleagues (26.2%), as well as from medical professionals (28.1%). 38.1% learned about contraception from specialist publications and manuals.

More than 45% of surveyed women admitted getting their information from television and women's magazines.

Respondents listed the following as the most common methods of family planning:

- condoms (74.7%)
- oral contraception (74.2%)
- withdrawal (71.6%)
- rhythm method (62.4%)

The following methods were named most effective:

- the contraceptive pill (20.1%)
- condom (13.9%).

Less trust, and rightly so, is put in the rhythm method (8.8%) and withdrawal (8.8%). These methods, the best known methods of protection from unwanted pregnancies, are not recommended methods of contraception.

The friendly attitude of women living in rural areas towards contraception is not necessarily connected with the high level of knowledge about sexual and reproductive health. One has to remember that only one in three women regularly see a gynecologist and only 5% of them see the doctor to discuss contraception. A doctor's opinion influenced the decision about the use of certain method of contraception for only 30% of women. This decision was more often influenced by discussions with a partner (42.4%). Rural women talk about contraception with their partners, doctors and nurses, and also women friends and other women. Almost 55% of respondents admitted talking to other women about contraception. A significant part of women taking part in the survey stated that the opinions of others did not influence their use of contraception (29.7% of respondents). Women are rarely approached by secular organizations (including women's organizations); they also rarely listen to advice from people connected with the church.

Most commonly used methods of contraception in rural areas are:

- withdrawal (35.6% of women admitted the use of this method during the last year)
- condom (35.1%)
- contraceptive pill (21.1%)
- the rhythm method (20.6% of respondents).

Condoms are mostly used by young women and by those, who have no children. The contraceptive pill is popular among women 25-34 years of age, whose monthly income exceeds 500 PLN per capita and among women, who have 3 or more children or who have no children at all. Withdrawal is used by those who do not have children, but also by those, who are older or worse off.

83% of women are satisfied with the method of contraception they chose and only 18.8% have had problems with its use.

The factors deciding the level of satisfaction are mostly:

- ease of the use (33.3%)
- conviction about the method's effectiveness (31.5%)
- the fact that it doesn't have side effects (25.5%)

In the above-mentioned results, the most striking fact is that those methods seen as most effective are not being used most often. The fact that women avoid chemical contraception is a result of it being expensive or less accessible than before. Women who have higher incomes choose the contraceptive pill. On the other hand, 70 % of respondents claimed that the accessibility of contraception improved significantly during last years.

The fact that women living in rural areas, despite their knowledge about mechanical and chemical methods and their effectiveness, still use traditional methods more often has, in our opinion, the following causes. First of all, a large number of women (46.2%) believe that none of the methods gives 100% certainty. Secondly, prejudices about side effects of contraception are still very common in rural society. One in three women stated that „the use of oral contraception leads to weight gain“, almost 45% of them claimed that „this can lead to infertility“, 37% claimed that the use of IUDs „increases the risk of uterine cancer“.

There is a feeling of guilt connected with the use of contraception, probably strengthened by the Catholic Church's views. Almost 45% of women claimed that using contraception is acting against nature, while 46.2% of respondents saw giving birth to children as a women's obligation.

The Catholic Church's outlook seems to influence women's opinions, but not especially their actions, including the choices of methods of contraception. When choosing a method, almost none of the respondents took under consideration the opinions or advice of people connected with the Church. Women declaring themselves as religious use contraception equally often as those declaring themselves atheists or being undecided. Natural methods of family planning, such as the body temperature method or Billings' method (supported by the Church) are used only by 7% of respondents.

Which of given methods of protection from pregnancy did you use during this year?

- | | |
|-------------------------------------|---|
| 1. withdrawal | 7. oral contraception |
| 2. method based on calendar | 8. sterilisation |
| 3. based on body temperature method | 9. avoiding sexual contacts (due to avoiding pregnancy) |
| 4. cervical secretion | 10. vaginal irrigation |
| 5. condom | 11. abortion |
| 6. diaphragm | 12. none |

p50	1	2	3	4	5	6	7	8	9	10	11	13	TOTAL
In general	69	40	6	8	68	14	41	2	5	1	2	29	194
	35.6%	20.6%	3.1%	4.1%	35.1%	7.2%	21.1%	1.0%	2.6%	.5%	1.0%	14.9%	100.0%
AGE													
18-24 years	36.7%	18.4%	2.0%	.0%	49.0%	4.1%	16.3%	.0%	.0%	.0%	2.0%	12.2%	49
25-34 years	38.8%	27.1%	4.7%	5.9%	32.9%	7.1%	28.2%	.0%	2.4%	.0%	.0%	10.6%	85
35-44 years	30.0%	13.3%	1.7%	5.0%	26.7%	10.0%	15.0%	3.3%	5.0%	1.7%	1.7%	23.3%	60
EDUCATION													
Primary	38.0%	16.9%	4.2%	2.8%	29.6%	9.9%	18.3%	1.4%	4.2%	1.4%	1.4%	21.1%	71
Vocational training	39.7%	20.6%	.0%	.0%	41.2%	2.9%	23.5%	.0%	.0%	.0%	1.5%	10.3%	68
Comprehensive or higher	27.3%	25.5%	5.5%	10.9%	34.5%	9.1%	21.8%	1.8%	3.6%	.0%	.0%	12.7%	55
PROFESSIONAL SITUATION													
Working in one's own househ.	37.3%	22.9%	2.4%	7.2%	34.9%	4.8%	19.3%	1.2%	3.6%	1.2%	2.4%	18.1%	83
Working outside one's own hous.	40.4%	21.2%	5.8%	3.8%	36.5%	9.6%	19.2%	1.9%	1.9%	.0%	.0%	5.8%	52
Working and learning	50.0%	16.7%	16.7%	.0%	66.7%	.0%	50.0%	.0%	.0%	.0%	.0%	.0%	6
Not working but learning	50.0%	16.7%	.0%	.0%	50.0%	.0%	16.7%	.0%	.0%	.0%	.0%	33.3%	6
Not working and not learning (lack of data)	28.0%	16.0%	.0%	.0%	36.0%	4.0%	16.0%	.0%	4.0%	.0%	.0%	20.0%	25
	18.2%	18.2%	.0%	.0%	18.2%	18.2%	31.8%	.0%	.0%	.0%	.0%	18.2%	22
INCOME PER CAPITA													
To 300 PLN	34.7%	20.8%	.0%	2.8%	36.1%	9.7%	16.7%	.0%	2.8%	.0%	1.4%	13.9%	72
300 - 500 PLN	48.3%	25.9%	3.4%	1.7%	36.2%	3.4%	17.2%	1.7%	1.7%	1.7%	1.7%	15.5%	58
More then 500 PLN	38.9%	22.2%	16.7%	11.1%	38.9%	5.6%	27.8%	.0%	5.6%	.0%	.0%	11.1%	18
Refusals of answers	19.6%	13.0%	2.2%	6.5%	30.4%	8.7%	30.4%	2.2%	2.2%	.0%	.0%	17.4%	46
NUMBER OF PEOPLE IN A FAMILY													
2-3 persons	37.0%	21.7%	10.9%	8.7%	43.5%	8.7%	13.0%	2.2%	4.3%	2.2%	2.2%	15.2%	46
4 persons	43.8%	25.0%	2.1%	2.1%	31.3%	6.3%	14.6%	.0%	.0%	.0%	2.1%	10.4%	48
5 persons	35.9%	20.5%	.0%	5.1%	41.0%	10.3%	30.8%	.0%	.0%	.0%	.0%	7.7%	39
6 and more persons	30.0%	15.0%	.0%	2.5%	35.0%	7.5%	27.5%	2.5%	7.5%	.0%	.0%	17.5%	40
(lack of data)	23.8%	19.0%	.0%	.0%	14.3%	.0%	23.8%	.0%	.0%	.0%	.0%	33.3%	21

Abortion

For more than 50% of women living in rural areas, sexual life is connected with the fear of becoming pregnant. For some of them, the stress and fear of unwanted pregnancy is so high, that they would rather avoid sexual contact if possible.

While asked about general views on abortion, the respondents tend rather to support it as a possibility. More than half stated that women should have the right to an abortion. More than 60% shared the opinion that „restriction of the right to abortion is a violation of their right to self-determination“.

At the same time, a vast majority of surveyed women stated that even unreliable forms of contraception are better than abortion. More than 50% of respondents stated that „abortion is murder“.

Opinions on abortion tend to differ, when applied to the women's personal situations. The majority declared that in the case of becoming pregnant, they would give birth to a child. Among those almost 50% are certain and 34% have only slight doubts on this point. 90% of surveyed women would advice their daughters to have a child, even if the pregnancy was unwanted at the time.

Half of the women who took part in the survey agreed with the opinion that abortion is a murder. More than 60% of women stated that limitation of the right to abortion is a violation of the right to self-determination. 50% of women also agreed that if a woman decides to have an abortion during the first weeks of pregnancy, she should have the right to do so. These opinions may seem contrary, but this doesn't necessarily mean that they are. It seems that women strictly separate their own opinions on abortion from what the law should allow.

Asked about how they would advice their daughters in the situation of unwanted pregnancy, only slightly more than 1% would try to convince them to have an abortion. When asked about what they themselves would do in such a situation, 11.4% would probably decide not to have a child. Two respondents had an abortion the year this study took place. Based on these results, the estimated number of abortions undergone by women living in rural areas in 1999 was at least 90 000.

When asked if the law should regulate abortion, over 70% of respondents said it should not. Respondents stated that the decision about having children should be only made by parents (married couples); this opinion is shared by 41.4% of respondents. 27.6% felt that only the woman should make the decision. Women's answers to this question do not seem to be influenced by their approach towards religion. Almost 70% of respondents declaring themselves religious agreed that the law should not regulate abortion.

More than 40% of women stated that access to abortion was easy in Poland, while the rest of respondents stated that it was very difficult (50%), or that it seemed to be impossible (6.7%). The majority of surveyed women also stated that abortion is easier for women living in urban areas; only 2.5 % thought it was easier for women living in rural areas. Almost 40% claimed that location was not a decisive factor.

For 40% of respondents, the Poland's abortion law is too restrictive. Every fifth of them thinks that the law is exactly as it should be, while 8% stated the Act is too liberal. At the same time, women living in rural areas tend to have little knowledge about the law itself. A large part of respondents stated that abortion is not possible in any of the following cases. The answers to questions about the abortion law are presented in Table 3.

Table 3.

In which situations does the Polish law allow for the termination of pregnancy and in which it should allow for it?

	Polish law allows termination (%)	It should allow termination (%)	No data (%)
The pregnancy is a result of rape	32.4	33.3	34.3
The child will be mentally or physically disabled	18.1	36.2	45.7
The pregnancy endangers the life of a mother	27.1	34.3	38.6
There are many children in the family	3.8	29.0	67.1
The family lives in difficult financial conditions	5.2	38.1	56.7
The woman really does not	3.3	28.6	68.1

want to have more children			
The woman is not married	2.9	21.0	76.2
The pregnancy is a result of extramarital sexual relations	2.9	24.3	72.9

When responding to these specific conditions for abortion, the women's acceptance was lower than in the general question. One in three women agreed that the law should allow for abortion in cases of pregnancies resulting from rape, 36% stated that there should be such a possibility in cases when a child could be disabled. 35% of women shared the opinion that law should allow for abortion in cases when the health or life of a woman is in danger because of the pregnancy. The law allows for abortion in these situations.

The approval of abortion in cases of difficult life circumstances is not much lower: 24% of respondents would like to see the possibility of abortion in cases of extramarital contacts and 21% when a woman is not married. Analyzing these results, one should turn attention to a high level of acceptance of a right of a woman to a free choice. Almost 30% agreed with the possibility of abortion in cases where a woman does not want to have more children. At the same time, almost 40% of surveyed women agreed that the family's financial situation or the fact that there are already many children in the family should be an indication for abortion (29.0% of respondents). One has to remember that current legal regulations forbid abortion on „social grounds“, which include both above-mentioned situations. Women living in rural areas, who are personally aware of difficult living conditions, consider them to be one of the most important reasons for which abortion should be allowed by law.

Generally, women's attitudes towards abortion are far from being homogenous. On the general (ideological) level, women tend to support liberal views about abortion. In individual cases, when asked to decide the situations described in the questionnaire, the number of supporters of liberal abortion regulation decreases significantly. It seems that opinions about abortion are influenced by many factors and are not constant. One can suspect that these opinions could be modified through intensive social discussions. Different answers could be also inspired by personal experience related to unwanted pregnancies. There exists a tendency towards accepting termination of pregnancy, while at the same time viewing abortion as murder. Women, even generally allowing for abortion, would not have one if they got pregnant and would not advice this solution to their own daughters. It is possible that there is a conflict between one's own personal views condemning abortion and social norms, which should give women the right to self-determination.

It needs to be noted that many of the surveyed women did not answer questions about abortion at all, which indicates that this topic is a taboo. It can be suspected then that the real number of women accepting termination of pregnancy or of women having personal experiences in this matter, is much higher.

Table 4. What would you do in the situation of unwanted pregnancy?

1. I would definitely have this child
2. I would probably have this child
3. I would probably have an abortion
4. I would definitely have an abortion
5. (No data)

	1	2	3	4	5	TOTAL
In general	99	71	20	4	16	210
	47.1%	33.8%	9.5%	1.9%	7.6%	100.0%
AGE						
18-24 years	49.0%	45.1%	5.9%	.0%	.0%	51
25-34 years	45.8%	34.4%	6.3%	2.1%	11.5%	96
35-44 years	47.6%	23.8%	17.5%	3.2%	7.9%	63
EDUCATION						
Primary	36.7%	39.2%	11.4%	1.3%	11.4%	79
Vocational training	45.3%	36.0%	10.7%	2.7%	5.3%	75
Secondary or higher	64.3%	23.2%	5.4%	1.8%	5.4%	56
PROFESSIONAL SITUATION						
Working in one's own household	47.7%	38.6%	11.4%	0%	2.3%	88
Working outside one's own house.	43.4%	34.0%	13.2%	3.8%	5.7%	53
Working and studying	66.7%	.0%	16.7%	16.7%	.0%	6
Not working, but studying	83.3%	16.7%	.0%	.0%	0%	6
Not working and not studying	61.5%	30.8%	3.8%	0%	3.8%	26
(No data)	29.0%	32.3%	3.2%	3.2%	32.3%	31
INCOME PER CAPITA						
To 300 PLN	55.4%	29.7%	8.1%	2.7%	4.1%	74
300 – 500 PLN	42.2%	40.6%	12.5%	0%	4.7%	64
More than 500 PLN	57.9%	26.3%	.0%	0%	15.8%	19
Refusals of answers	37.7%	34.0%	11.3%	3.8%	13.2%	53
NUMBER OF PEOPLE IN A FAMILY						
2-3 people	56.5%	30.4%	8.7%	2.2%	2.2%	46
4 people	51.9%	36.5%	7.7%	.0%	3.8%	52
5 people	41.0%	48.7%	10.3%	.0%	.0%	39
6 and more people	47.6%	33.3%	7.1%	7.1%	4.8%	42
(No data)	32.3%	16.1%	16.1%	.0%	35.5%	31
NUMBER OF CHILDREN						
No children	37.5%	12.5%	.0%	0%	50.0%	8
1 child	55.2%	34.3%	4.5%	0%	6.0%	67
2 children	46.4%	34.8%	13.0%	1.4%	4.3%	69
3 or more children	40.9%	34.8%	12.1%	4.5%	7.6%	66
ATTITUDE TOWARDS RELIGION						
Religious	52.8%	33.1%	7.4%	1.8%	4.9%	163
Undecided	37.5%	62.5%	.0%	0%	0%	8
Non-believer	0%	60.0%	20.0%	0%	20.0%	5
(Lack of data)	29.4%	26.5%	20.6%	2.9%	20.6%	34
VOIVODSHIP						
Białystok	70.0%	18.6%	8.6%	1.4%	1.4%	70
Katowice	27.1%	48.6%	14.3%	1.4%	8.6%	70
Szczecin	44.3%	34.3%	5.7%	2.9%	12.9%	70

The approach towards the church and its role in shaping women's opinions

Respondents admit that sometimes they are asked about matters connected to abortion or contraception during confession. 13% of surveyed women admitted that they had been asked about abortion, 20% were asked about a method of contraception they use.

Part of respondents is also aware that the church condemns and criticizes both contraception and abortion. This information does not seem to influence the behavior of surveyed women or their opinions. Almost no respondents mentioned priests or other people connected with the church as the ones with whom they talk about contraception, sexual life or family planning. On the other hand, the Church's indirect impact on women's feeling of guilt in the area of sexuality and reproduction cannot be ignored.

The collected data proves that the Church plays a surprisingly limited role in the shaping of behavior and opinions of women living in rural areas. The vast majority of women, whose answers have been analyzed above, declared to be religious. All answers on contraception and family planning are mostly given by these self-declared religious women. Despite this, women do not necessarily obey the Church's teaching. This opinion is also supported by the fact that television and colorful magazines are being seen as a better source of information in matters of contraception than opinions or priests of others connected with the Church.

Conclusions

The ambivalent approach towards problems of reproductive health, family planning, sexual education and abortion may prove that despite the openness and the prevalence of common sense and pragmatism in many issues, there is a serious lack of information and education in these areas. It seems also that accessibility of family planning services is not satisfactory. On the one hand, sexual and reproductive health is not treated seriously, on the other, there is a visible lack of trust of women in institutions, which should be providing this information and securing the proper services. Contrary to the popular opinion, women living in rural areas are not greatly influenced by the Catholic Church in their behaviors. The Church's teaching influences, however, views, which women express.

Information about sexuality and reproduction, taken mostly from media and talks with relatives and colleagues, is only partial, random, general and frequently false. The population of women living in rural areas is characterized by visible differences in declared opinions and acknowledged norms and their own behaviors in terms of reproductive health.

Abortion and Values - The Research Report - Danuta Duch

The social interest in the abortion issue in our country is closely connected with the political debate on conditions for termination of pregnancy and the numerous changes in abortion regulations. In this situation, research focused mainly on the social attitudes towards legal regulations concerning abortion and towards abortion as such (see: CBOS, OBOP, Demoskop). Analyses of data collected during surveys go no deeper than just depicting differences in opinions on the issue. The political character of discussion on abortion did not favor conducting an in-depth analysis of people's awareness and attitudes towards abortion. The following article is not supported by a systematic and exhaustive analysis of human mentality. It is only an attempt to look at this very controversial issue from two perspectives: interest and values. They seem to be the most useful ones in explaining social judgments and opinions about the reality of life. The empirical basis for the analysis constitutes mostly of survey results, from 1989 and 1998 by the Institute of Philosophy and Sociology of the Polish Academy of Science.³⁸

The data presented in the article does not only show the level of popularity of certain societal opinions on abortion. It is far more important to look at the mutual connections of variables, their configurations; this is how the context of certain opinions can be determined. Two of the many possible areas seem to be most important: sexual life and the child.

Attitudes towards abortion vs. The category of interest

The idea of interest is used by both sides of the political discourse on the issue of abortion. Both supporters and opponents of the restrictive anti-abortion law claim that the regulations will be favorable to women, that they will protect the group's interests. Both groups, however, see the interests of women completely differently.

The Act's supporters state that women, „according to their nature,“ want to give birth to children. They are often forced by their partners, families or other social environments to have abortions. After terminating the pregnancy, they suffer from post-abortion syndrome and feel guilty for the rest of their lives. The Act, which protects women from making such mistakes and saves them from remorse and social pressure, is in the best interest of women.

The opponents of legal restrictions on abortion argue that a liberal law is in the interest of women because every woman can unintentionally get pregnant. Deciding about unwanted pregnancy is a woman's right, because deciding about one's own life and one's own body is the right of every human being. Women also have the right to decide about abortion because it is they who are responsible for, and burdened by children and their up-bringing. Restricting a woman's right to chose causes problems such as: unwanted maternity, attempts at self-induced abortion, stress connected to either illegal abortion, or giving the child up for adoption.

This understanding of group interest is not mirrored in the opinions of Poles. In 1998, only 56.1% of women and 50.6% of men had seen „any problems concerning women, which women should undertake common social action to solve.“ 26.8% of surveyed women and 26.2% of men saw abortion as a problem requiring organized action. Even fewer respondents declared the will to take part in such actions: 15.3% of women, 12.4% of men. People taking a more liberal stance on abortion more often regarded it as a problem in need of social counteraction, and more often declared themselves ready to take part. The percentage of people interested in any action supporting abortion rights has to be recognized as very low.³⁹

Did the recent public discussion of abortion, which took place in the parliament, press, and television, offend women? „Yes“ say women more often (57.0%) than men (49.4%). While assessing if women might have been offended, both sexes were unanimous. It was most often stated that abortion is a woman's private matter (31.4% of women and 30.0% of men out of those agreeing that the discussion was offensive), that decisions on this matter were imposed on women (22.6% and 20.2%) and that they were made by men (15.5% and 13.2%). The argument that the discussion on abortion was itself a violation of privacy was less common (12.3% and 9.8%), as was the argument that it excluded those whom it concerned, women themselves (9.1% and 9.1%). Men more often used the category of „limitation of women's rights“ (5.6% of surveyed women and 7.0% of men), women, nevertheless, more often spoke of „being treated as objects“ (respectively: 5.9% and 3.8%).⁴⁰

The conviction that the discussion on abortion was offensive and defining abortion in categories of women's group interest seem unrelated. However, both women and men, who agree that this discussion was offensive to women, statistically more often see abortion in the category of group interest. Most of them (more than 60%) do not think that women should undertake any common actions for the resolution of the problem of abortion.

The conception of interest is also used (explicitly or implicitly) by researchers when interpreting results of surveys. For example, the fact that older women have more restrictive views on abortion when pregnancy threatens the life of a woman, is connected, by researchers, to the fact that it is impossible to become pregnant at this age (72.8% of women aged 31-40 and only 32.7% aged 61-65 were decidedly pro-abortion in this instance. 3.6% of women aged 21-30. while 18.4% of the oldest ones were decidedly against abortion in these circumstances).

The lack of differences in opinions of men, depending on their marital status, education and having children could be linked in a similar fashion. Women's lives are convoluted with pregnancies, births and efforts to raise children; therefore their opinions on abortion are more differentiated depending on their situations. For example, women having two children are generally more liberal when it comes to abortion, than those with three or four children.

Not all differences in opinions on abortion can be easily explained by status or personal interest of those surveyed. For instance, why do men, more often than women, accept abortion in situations where pregnancy threatens the health or life of a woman or when it complicates her life plans? In these cases it is good to note the beliefs and value systems of those surveyed.

Women's rights as human rights

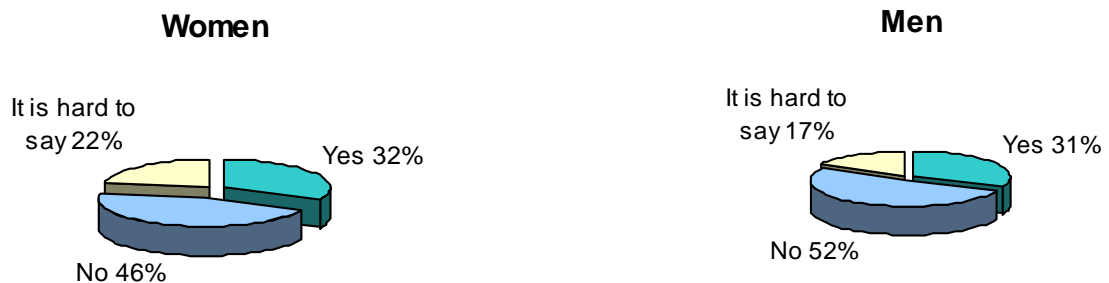
Before discussing values and norms, we would like to say a couple of words about human rights, which, created to protect individual interests from those of the state, remain tied to the group interests of women.

In a 1998 study by OBOP (OĖrodek Badania Opinii Publicznej, The Center for Research of Public Opinion), answers given to a question about human rights specifically recognized as women's rights showed that fewer than 1/3 of respondents were convinced that such rights actually exist.⁴¹

In your opinion, are there any human rights, which are specific women's rights?

Among those who recognized human rights as women's rights, the majority were people with higher education, living in larger (but not the largest) cities, and professionally active. Respondents, who were convinced that specific women's rights existed, most often pointed at rights connected to the work place (24%), general equality of women and men (19%) and rights of women who are taking care of children: the right to benefits, maternity leaves (17%). Less frequently mentioned rights were: equality of men and women in the family (12%), the right of women to decide about having children (10%) and the right to abortion (10%).

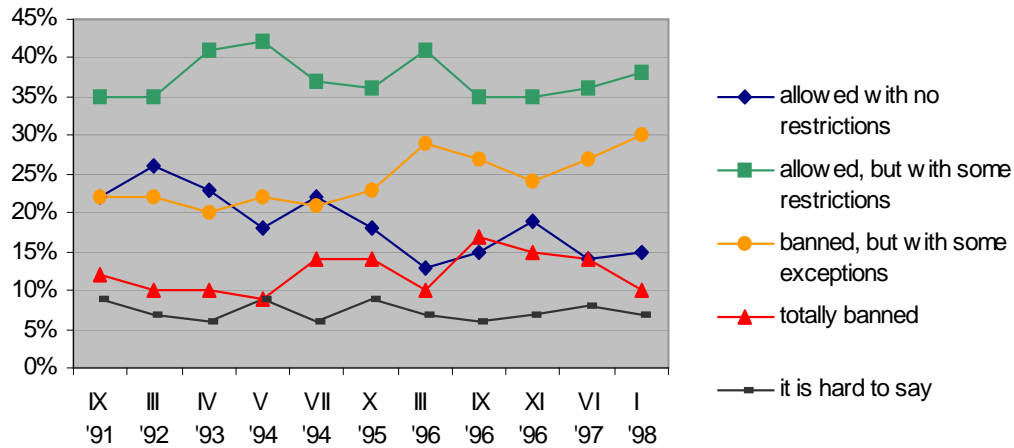
Out of 31% of those convinced that human rights are violated in Poland in relation to women, only 16% stated that it concerns the right to abortion (3% of respondents with primary education, 23% with secondary education and 15% with higher education) and only 6% listed the right to have children in this category.



In conclusion, viewing abortion in the category of a group interest is not very popular. Only 26.8% of surveyed women and 26.2% of men saw abortion in this way. It is even less popular to view abortion as a woman's right and therefore a human right. If we consider that the right to decide about having children includes the right to abortion, then only 6.5% of those surveyed agree. This could be a result of different associations of „common matter“ and „human rights.“ Human rights are seen as political issues, as „important“ issues that do not include abortion. It is often described in a political debate as a substitute problem that detracts attention from „truly“ important state affairs.

Data about such views has been gathered for years by CBOS (Centrum Badania Opinii Społecznej - The Center for Research of Social Opinion).⁴²

In your opinion, abortion should be:



A more liberal version of statutory regulations is more often chosen by men than women, and by respondents aged 25-54, inhabitants of large cities, those unsatisfied with their financial situation, atheists, those rarely going to church, and declaring left-wing political orientation. Respondents with a university degree and representatives of management and intelligentsia are more often ready to accept compromise.⁴³

Researchers from CBOS stress that statements about abortion are influenced by their context; „talking about abortion in relation to women's rights, and not in relation to the general admissibility or ban on abortion, gives different results.“ In a 1997 study, only 14% of respondents were pro-abortion with no restrictions. As many as 35% definitely agreed that „a woman should have the right to an abortion during the first weeks of pregnancy“ 30% stated that she should probably have this right. The view that a woman should have the right to an abortion during the first weeks of pregnancy was popular among those respondents, who were convinced that abortion should be allowed with some restrictions. 52% definitely agreed; 40% rather agreed. Among those who are against, but with exceptions, 45% (14% definitely; 31% rather). Even amongst those surveyed, who believe that abortion should be banned, every seventh respondent (14%; 3% definitely; 11% rather) agreed that a woman should have the right to an abortion during the first weeks of pregnancy.

Authors of the 1997 CBOS report think that these percentages are too large to have resulted from misunderstandings. Authors have drawn a hypothesis that respondents understood „exceptions“ very widely. Thus, in their understanding, being in favor of the „total ban on abortion, but with exceptions“ could encompass a woman's right to abortion during first weeks of pregnancy. The ambivalence of views could also be connected with ideological pressure, which makes people state publicly they are against abortion.

Among those, who claim that abortion should be allowed with certain restrictions, and those, who state it should be banned but with certain exceptions, almost three-fourths are pro-abortion on social grounds. As many as 41% of respondents decidedly support such regulations, while 30% relatively support the „legal possibility of abortion on the basis of particularly difficult living conditions, financial situation or family situation of a pregnant woman.“ Among those, who supported a ban on abortion with certain exceptions, 48% would support abortion on social grounds (similar results were gathered in 1998).

Wide acceptance of abortion on social grounds can also be seen in the research conducted by Demoskop: 42% of respondents (39% of women and 46% of men) stated that „the Parliament should reject the adjudication of the Constitutional Tribunal⁴⁴ and allow for abortion in cases of difficult living situation of a mother.“⁴⁵ In this same survey, 53% of respondents (55% of women and 50% of men) accepted the restrictive law, although, at the same time 69% (61% of women and 77% of men) claimed: „the list of legal conditions allowing for abortion should be longer“.

Based on the data collected between 1991 and 1996, CBOS' researchers announced that neither public discussions nor the adjudication of the Constitutional Tribunal in the question of admissibility of abortion on social grounds, have significantly influenced the public opinion. „Some exceptions“ which would be indicators for the lawful abortion are widely understood by respondents, who are in favor of the abortion ban.

„...There must be some norms“

A very important (sometimes more important than group or personal interest) factor defining human thinking is social norms and values. They relate to an ideal reality, to what is just and right. The basis for normative beliefs is the generalization of social experience, finding its expression in models, ideologies and social patterns.⁴⁶ Discussing abortion in a country, where almost 90% of the population declare themselves religious, there is no way one can omit the Catholic Church's position in this discussion. The Church, in its social teachings, directly opposes abortion and describes it as an act of sin, as a murder of an unborn human being.

The Church's moral norms significantly influence the Poles' views on abortion. Both in 1989 and 1998 studies, religious status and place of inhabitation were the factors differentiating opinions. The authors of the CBOS report also stated that, „The factor most significantly differentiating respondents' opinions on abortion was their declared frequency of taking part in religious practices. The lower the participation, the higher the acceptance for abortion without restrictions or with certain restrictions: starting from 11% among those who take part in religious practices a couple of times a week up to 76% among those, who do not participate in these practices at all“.⁴⁷

In the 1989 study, believers, much more often than non-believers, were against abortion in all twelve presented scenarios, in which a woman wanted to terminate her pregnancy. There was also a significant prevalence of opponents amongst inhabitants of villages and small towns, where the church's influence is larger than in bigger towns and cities.

In 1998, respondents were asked two questions: one about being a member of the Church, and the other about religious practices. Among men, being a member of the Catholic Church, frequent religious practices and living in a village were significantly connected with lower acceptance for abortion in all the twelve situations. Among women, being a member of the Church itself did not influence views as much as the frequency of religious practices and place of inhabitation (only in four situations women, who described themselves as members of the Catholic Church, were also more often against abortion).

As the measure of taking the teaching of church into consideration, one can take the view on the statement: „abortion is murder.“ In 1989, 57% of respondents shared this view, while 21.9% opposed. The belief that abortion is murder was shared by women more often than men (respectively 62.2% and 51.9%). It is also more popular among: people of relatively lower education (unfinished basic: 67.6%, as opposed to those with higher education: 47.8%), inhabitants of rural areas (villages: 65.5%, towns with 20.000--50.000 inhabitants: 47.8%) and, of course, among believers (strongly devout: 76.8%, atheists: 30.0%).

How was the conviction that abortion is a murder related to practice? Sexually active respondents, who use contraception, were asked about their decisions in the case of a contraception failure and occurrence of an unwanted pregnancy (Men were asked what they would advice to their partners). 6.4% of respondents were determined to terminate the pregnancy; 24.3% claimed that they would probably have an abortion, 34.2%, that they probably would not; 35.1% of respondents were definitely convinced that they would not have an abortion. In total, 64.9% of respondents would consider the possibility of terminating the abortion. It must be reiterated that this study was conducted when abortion was legal. In conclusion, at least one in two sexually active people did not exclude abortion in the case of an unplanned pregnancy.

Women were more categorical in their opinions than men. The former stated very strongly that they would not terminate the pregnancy or, on the other end of the spectrum, they were strongly convinced that they would undergo abortion. The larger the place of inhabitation, and less stringent the ties with religion, the more often one could hear the declaration that abortion would be performed. Most often, people from the youngest age group were determined to terminate (18-19 years of age). Among respondents aged 20-30 (an age bracket with one of the highest reproductive rates) the percentage of respondents who would decide for abortion, was the lowest. With age, we can observe a gradual increase of liberal views - a number of those who would decide for abortion grows.

Respondents, who saw abortion as murder, were less often determined to choose an abortion in a situation of unplanned pregnancy. 52.8% of this group was decided to not terminate a pregnancy. On the other hand, among respondents determined to have an abortion, almost every fourth person (22.5%) defined this act as murder.

When the thinking is dominated with moral categories, one is more likely to be in favor of restrictive legal regulations. A couple of days after the introduction of the restrictive anti-abortion law in 1993 the research conducted by Demoskop indicated that „the majority of respondents accepted the Act restricting a woman's right“ to abortion. Only 4% would reject this Act in general.“⁴⁸ A large group of respondents supported a liberalization of the Act, but their statements „were not an absolute revolt against restrictions, because there must be some norms.“ Moreover, the respondents did not consider it relevant that the introduction of the Act „will not change much,“ as, in their view, there will be ways out of the problem of an unwanted pregnancy.

When you can and when you cannot...?

Despite the present more restrictive regulations on abortion and despite the large-scale anti-abortion campaign organized by the Catholic Church, the attitude of respondents in the Polish society (pre-dominantly Catholic) towards circumstances in which, in their opinion, a woman can terminate a pregnancy, is more liberal in the last years (comparing to the end of the 80s).

Circumstances in which a woman should have the right to an abortion: comparative table 1989 – 1998 (statements made by respondents in the age group of 18 – 49 years).

Circumstances	A woman definitely <u>should have</u> a possibility to terminate the pregnancy (in %)		A woman definitely <u>should not have</u> a possibility to terminate the pregnancy (in %)	
	1989 study	1998 study	1989 study	1998 study
Pregnancy endangers woman's life or health	66.3	66.1	5.4	3.5
A woman is not married	3.9	10.9	52.0	28.6
A woman is a minor	13.5	17.9	29.6	20.5
Pregnancy complicates life plans of a woman	3.4	8.9	54.4	33.2
There is a number of children in a family already	10.8	12.0	43.0	25.5
A woman is older	7.9	13.6	43.5	20.1
Difficult living conditions	10.1	21.1	37.4	18.5
A child can be born with defects	42.9	38.2	14.3	9.8
A woman does not want to have this baby, irrespective of reasons for it	19.1	13.6	31.4	35.4
Pregnancy results from rape	42.4	51.0	14.0	7.3

In both 1989 and 1998 studies there were 10 situations presented to the respondents. Afterwards, the respondents were asked to say whether, in any of these situation, in their view, a woman should have a right to abortion. A comparison of responses from respondents aged 18-49 shows that the attitude of the Polish society towards abortion is more liberal today than it was 10 years ago. In seven out of ten situations, a larger percentage of respondents saw the given circumstance as definitely justifying an abortion.

The liberalization of attitudes in the Polish society is evidenced not only by the larger acceptance of abortion, but also by a smaller opposition to it. Only in one situation: when a woman does not want to give birth to a child, irrespective of reasons for it, did respondents from 1998 more often than 10 years ago thought she should not have the right.

The theory that a more liberal attitude towards abortion should translate to a larger acceptance of liberal regulations on abortion seems to be questionable. In our opinion, one has to assume that in the sphere of moral judgments (these are connected to assessment of situations in which a woman should have the possibility of termination of pregnancy) and in the sphere of legal responses, „incommensurable scales of values“ are being used. This is a theory introduced by Professor Ossowski. Writing about scales of values, he stated that they are incommensurable when each of the two scales „requires completely different psychological attitudes“, and „attitudes, which allow us to care about values of one scale, does not allow to care for the other scale, and vice versa“⁴⁹. In case of hereby-analyzed attitudes towards abortion and abortion rights, there exists exactly such an incompatibility, which is not recognized by everybody. This would explain the numerous inconsistencies in statements made by respondents.

Although the majority of respondents would state that abortion is immoral, they, nevertheless, specify numerous situations, in which this act would be justified. It results from considering unfavorable consequences of giving birth for both a woman and child in the case of an unwanted pregnancy. These consequences are also subject to moral assessment. In the last 10 years, only when a woman really „doesn't want to have a child, regardless of reasons“, the full acceptance of abortion decreased, and simultaneously the disapproval of abortion rose. Having an abortion, committing an immoral act, needs to be justified. Society accepts abortion more, but only when a strong evidence is given that this solution is necessary. This interpretation is in accordance with the CBOS study results. In this study a decrease of a number of people who support abortion on demand has been observed.

The data presented in a table above also shows that opinions about abortion do not translate into the conviction about the right to abortion. The presumption is that the three situations in which there is, at present, a possibility of lawful termination of pregnancy (threat to the health or life of a mother, physical development or genetic defects, and pregnancy resulting from rape)

would be treated differently than the so-called „social grounds“.⁵⁰ It is interesting to point out that abortion in the case of an existing threat to the life of a mother and, even more so, in the case of a child's development defects, lost on unconditional acceptance. At the same time, more acceptance and less disapproval can be observed in all other situations, which are defined as the social grounds for abortion.

In five situations presented in the research, women have statistically relevant different opinions from men. Women, less often than men, are decidedly pro abortion in the situation of pregnancy endangering the life or health of a woman (definitely pro: 61.2% of women and 65.3% of men; definitely against: 5.9% of women and 2.6% of men); when a mother is a minor (pro: 16.5% of women and 19.3% of men, against: 25.4% and 18.4%) and when the pregnancy complicates the life plans of a woman (pro: 8.4% of women and 9.7% of men; against: 37.0% and 31.1%). Women were more often decidedly pro abortion in only two situations. These were: difficult financial or social situations (pro: 21.4% of women and 18.7% of men; against: 23.5% of women and 17.6% of men) and when the family already has several children (pro: 12.3% of women and 11.5% of men; against: 31.3% and 24.1%).

An interpretation of differences between sexes in their respective responses is given by the qualitative research.⁵¹ For men, public life is very important, and they consider abortion from this perspective. Abortion is treated as a private matter (very often as exclusively a woman's problem), and is not very important in the public sphere of life. According to men, the law should either not regulate the question of abortion at all, or should set regulations which respect the right of every human being to self-determination (therefore they show larger acceptance for abortion in a life or health-threatening situation and when the pregnancy presents obstacle to the woman's career, and when a woman is a minor or when the pregnancy complicates life plans). In other cases, men treat abortion as a public issue; they call upon social morality, upon the need for legal protection of life, which should be considered as the nation's good. A child, which is the key value for a woman, is absent in a man's view on abortion.

Women talk about abortion using the existentialist categories, because a control over fertility, a control of births and child-raising is usually their burden. A child, and its well being, is the central issue for women; they criticize irresponsible mothers. Women should give birth to children only when they are able to provide them with proper living conditions (therefore they are more willing to accept abortion because of hard living conditions and when there are already children in a family). Abortion is immoral, but from a woman's point of view, it is also immoral to doom children to degrading living conditions. Preventing pregnancy is of a key importance for women.

Women in a slightly older age group (30 - 45 years) clearly separated these moral judgments on abortion from opinions on the desired legal resolutions. In other words, they were aware of the incompatibility of scales of values, used by them when assessing the abortion and the law. In their opinion, the introduction of the anti-abortion regulations did not take away the right to abortion, because it can be easily obtained illegally. However, in their view, restrictive regulations took away their freedom of decision, questioned their subjectivity and violated their dignity and humanity.

Among young women (up to 25 years of age) this difference is not as clear. Very often, not only abortion itself, but also the right to abortion, is considered using moral categories.

Who accepts abortion?

In order to make further presentation of data collected in the 1998 study easier, we will use a summary index of respondents' general attitudes towards abortion. This index is calculated as the number of answers to all questions divided by the number of questions. The lower the index value, the larger the acceptance for abortion. The higher the index value, the larger the disapproval.

Women generally show more disapproval towards abortion than men (factor for women = 3.0; factor for men = 2.87) and their attitudes are more differentiated.

Age is not a factor that differentiated attitudes in a statistically relevant way, nevertheless it is worth mentioning that the most rigorous attitudes can be observed in respondents aged 61-64 (3.40), and among the youngest women: 18-20 (3.18). The most liberal attitudes were among women in their thirties and forties.

Education (but only in women) and place of inhabitation have a significant impact on attitudes towards abortion. Women living in cities (2.27) are more liberal than inhabitants of rural areas (3.24). Women with higher education (2.72) are more liberal than those with lower education (vocational training - 3.03).

Marital status is a factor influencing only women's views. Women who are married (2.98) or divorced (2.73) are more liberal than widows (3.35) and single women (3.07).

It can be proven, based on the collected data, that the attitude towards abortion is different in different groups (specifically in women), and that this attitude is linked to certain values and beliefs related to opinions on family life and having children.

A more rigorous attitude towards abortion among women is connected to the preference for a more traditional family and gender roles. Women who saw themselves in the roles of mothers and wives, who agreed on the traditional division of family

roles (a husband works and a wife takes care of the home), who believe that children should be obedient and show respect to older people, and who do not approve of planned childlessness of married couples, but think that children should be born right after the wedding - such women show more rigorous attitudes towards abortion.

A liberal approach towards abortion is characteristic of women who see themselves as professionally active and think the partner model of the family is better. The liberal attitude is accompanied also by a conviction that married partners should have time to be with each other after the wedding, before children are born, and that children should have partner relationships with their parents. Women, whose approach towards a question of abortion is more liberal, also give their partners the right to planned childlessness.

Women's attitudes towards abortion are also related to preferred general values. Women, who value highly having an interesting and satisfying job, knowledge, education and place less value on having children and friends are more liberal when it comes to abortion.

In men, the attitude towards abortion is not connected with the preference for a certain model of a marriage (division of roles, decision when a child should be born) and upbringing of children, nor is it connected with preferences about roles of women. More liberalism is connected only with larger acceptance for married couples deciding not to have children. In the sphere of general values, it is connected to setting a high value of „using life“.

Attitudes towards abortion are also linked to other values. Below, we refer to two of them. These were chosen because of their existential connection to pregnancy and abortion. These are: children and sexual life.

Are children the real issue?

Having and raising children is very important for Poles. In a study examining systems of values, it ranked second, right after a satisfying marital and personal life. 70.6% of respondents claimed that children are either the most or a very important part of their lives. For the Polish society of late 1990's, children were more important than good living conditions, which in the 70's and 80's, ranked second.

Recognizing children as very important is common, irrespective of the place of inhabitancy, education, professional activity, and income. Women placed more importance on having children; they declared having children as the most important thing in life two times as often as men. Older respondents, married people and those, who already have children, also saw it as very important.

In male respondents, the value of children is connected to an emotional approach towards them.⁵² The higher a child is in the hierarchy of declared general values, the more pleasure it gives and the more it is wanted. As such, a child is seen as a value and the indicator of a value ascribed to a child is higher.

In female respondents, a child's value does not translate into emotions connected with the child. A child is referred to as a source of positive feelings and emotions, irrespective of whether it is recognized as the most important (0.75) or least important (0.70) matter in their lives.

What is the connection between abortion and a child's perceived value measured by the level of positive emotions connected with a child? The answer to this question is not clear. It is not true that the more a respondent is opposed to abortion, the higher is the value of children to her or him. Here are some examples.

In 1979, respondents were asked what to advise a young, single woman who got pregnant.⁵³ Respondents, who thought that the woman should give birth to the child and try to be a good mother, also valued children highly. Respondents, who claimed that the woman should terminate the pregnancy, valued children less. However, the lowest value was attached to children by those, who supported giving the child away for adoption.

In 1989, respondents who were sexually active were asked about their decisions in a situation of an unplanned pregnancy. People determined to have a child showed the highest level of positive emotions towards children. Nevertheless, people opting for abortion also saw a child as a source of high positive emotions. These emotions were definitely more intensive than in those, who were undecided about what to do.

In the 1998 research, respondents were asked if in 10 presented situations, a woman should have the possibility of abortion. Among men, only two situations showed that attitudes towards abortion were connected in a statistically relevant way with an emotional approach towards a child: when a family already had children, and difficult living conditions. In these situations, the more respondents were opposed to abortion, the higher they valued children.

These same connections were observed in women in relation to a situation where the family already had children, and when a pregnancy complicated the woman's future plans. A pregnant woman's older age was the third situation, in which the attitudes towards abortion were accompanied by the emotional approach towards a child. In this case, women being definitely pro abortion and definitely against it, valued a child higher than those undecided.

The weak connection between the attitude towards abortion and the value ascribed to a child is also evidenced by the fact that in women of 20, 30 and 50+ years of age, the attitude towards abortion did not influence their approach towards a child. Among

youngest women, a child was valued higher by those who were definitely against abortion and those, who were rather pro abortion in a situation when a woman is older. Among women in their forties, four situations were differentiating; in a group of women of older age (60-65 years) - three. It is interesting that, in particular, among the oldest female respondents, those who were definitely in favor of terminating pregnancy when a woman is older or when a child might have defects, were ascribing more positive emotions towards a child than those who were definitely against abortion. Opponents of abortion in the situation where a pregnancy threatens a life of a woman seemed to ascribe a higher value to a child. However, the difference in the value measurement between them and those, who supported abortion in such a case, was not significant. In all the three situations women, who were undecided, valued a child less than those, who were decided on the question of abortion.

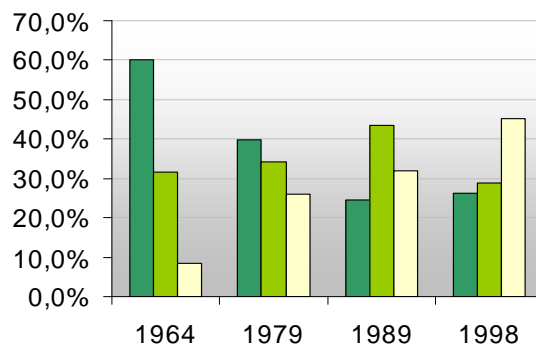
A measurement using semantic differential of the level of positive emotions connected with a child allows for an in-depth look in the feelings of respondents and a recognition of the emotional components of attitudes, conscience, and values. The approach towards abortion does not show strong relations with a value of a child, measured in this way. In women, who are 20, 30 and 50+ years of age, no co-relations were noticed between a value of a child and attitudes towards abortion. In other age groups, if the differences appeared at all, they were not highly relevant. In such a case, the theory that attitudes of those against abortion are influenced by their ascribing a high value to children seems to be doubtful.

Abortion and sexual life: sexual pessimism

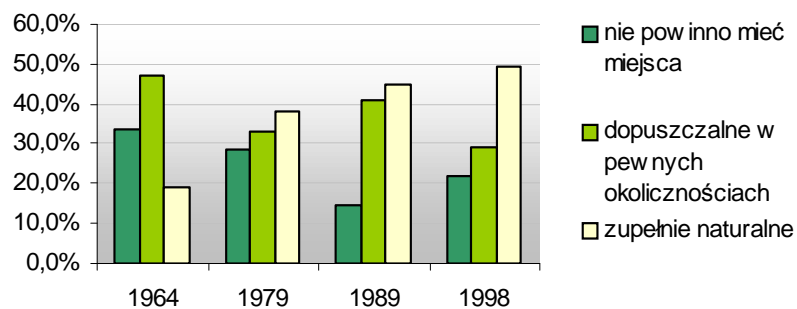
Values ascribed to sexual life are also interesting in the context of abortion.

Data shown in the following charts illustrates the change of attitudes in the Polish society towards sexual activity among young people. There is a growing acceptance of sexual activity in young people, especially concerning the activity of girls. In the 90s, despite the growing influence of the Catholic Church, the process of liberalization of social norms took place. In comparison to the late 80s, 13.1% more respondents now see sexual contacts of young women as completely natural. In case of boys, this increase is lower at 4.5%.

The acceptance of sexual activities before marriage
- girls



- boys



However, in the last decade, there has been a notable increase in the number of people who are against sexual freedom. Although, the absolute ban on sexual activity before marriage for girls was supported by 1.6% more respondents, for boys, this increase was significantly larger (7.1%).

In the end of the 90s, 80% of respondents supported equal treatment of genders in the sphere of sexual life. At the moment, 90.5% of men and 90.6% of women had a similar approach to the sexual activity of girls and boys. Among people who treat both sexes equally, men much more often supported full freedom in sexual behavior for boys and girls (53.5% and 45.4%); women more often chose abstinence until marriage (25.6% and 21.0%).

Pre-marital sexual activity for girls and boys was more often seen as natural (both in a group of women and men) among younger people, with relatively higher education, living in urban areas, single (unmarried, divorced), and having fewer children. Both groups of respondents (women and men) - either supporting sexual freedom or those opposed to it did not differ in their approach towards a child. They treated the child as a source of positive emotional experiences to the same degree.

This common acceptance of pre-marital sexual activity was connected with a relatively high level of acceptance of the „introduction of sexual education, where problems of sexual life, contraception and pregnancy would be discussed, to be taught in the last years of primary school.“ 73.3% of respondents were pro; 19.9% were against; 7.2% were undecided.

Men supported the introduction of the sexual education more often than women (76.6% of men; 69.6% of women). Every fourth woman (25.2%) and every seventh man (14.3%) opposed sexual education. The difference in opinions about sexual education in schools was almost identical to attitudes towards sexual activity of young people. Younger respondents with relatively higher education and fewer children supported sexual education in schools (both men and women). At the same time, opinions about the introduction of sexual education in schools were not driven by an approach to a child in an emotional sphere.

There is a very strong connection between opinions on pre-marital sexual activity and on the introduction of the sexual education as a part of schools' curriculum. Among women and men seeing a sexual life of young people as something completely natural, more than 90% supported the introduction of sexual education. A much lower level of acceptance can be observed among those stating that pre-marital sexual activities should not take place. Among women, who were against sex among youth, as many as 60% were against sexual education, among men of this same opinion, only 30%. It is hard to explain such large differences in opinions about sexual education among women and men who were against sexual activity of youth. It would seem that it is women who should be specifically interested in the sexual education of young people. But this is not the case here.

The differences in answers concerning sexual activity of youth and sexual education, as well as, the strong connection between opinions on these two issues show that sexual life is still a taboo in some social groups and that when it is discussed, it is mainly in reference to moral categories. Believing that if young people know nothing about sexual life they will not be sexually active can easily be seen as wishful thinking.

In both sexes, the attitude towards abortion is strongly connected with the approach towards sexual activity: attitude towards pre-marital sexual activity in young people or opinion about the introduction of sexual education in schools. It is also closely related with a position on who should make a final decision about reproduction (high index of correlation between these variables). Women, who are against sexual activity of girls and boys, have more categorical opinions on abortion than those, who think that having sexual relationships before marriage is absolutely natural. Similarly, women, who are against sexual education are more categorical than those supporting it. This configuration of results suggests that people (the same strong differences were observed among men) against abortion are characterized by a negative approach towards sexual life in general. Sexual life, as not being a distinctive positive value, is rejected by those people in general. It is perceived as a taboo regulated by social norms, not to be a topic for discussion, education or reflection.

The results collected by CBOS in 1998 also indicated strong relationship between opinions about legal regulations on abortion and views on ways and forms of passing on knowledge about sexual life to young people.⁵⁴ The more restrictive the respondents' attitude towards abortion, the more often they think that the responsibility for children's sexual education lies in their parents and that there is no need for sexual education in schools (44% of respondents supporting the absolute ban on abortion believe that sexual education in schools is not necessary).

Extreme attitudes towards abortion

The public debate taking place in Poland concerning the introduction of the Anti-Abortion Act, showed the diversity of opinions in this matter. The most interesting were extreme attitudes: of absolute acceptance and of absolute rejection.

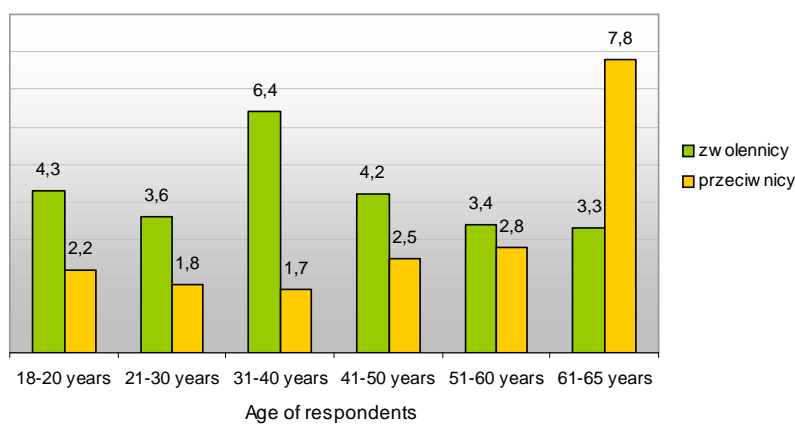
Among the respondents surveyed in a 1989 study, 4.1% stated that they were definitely against abortion in all situations described in the study. People representing an extremely conservative approach towards abortion were not a distinctive group with regard to sex, age, education, place of inhabitation, not even by the number of children they had as compared to other respondents. The only variable differentiating them from the rest was their religious beliefs. Among those decidedly against abortion, there were more believers regularly taking part in religious practices.

People strongly opposed to abortion did not differ from others when it comes to the value which is ascribed to a child, or partner. They did, however, place significantly less value on sexual life (values were defined with the use of semantic differential, measuring the level of positive emotions, warm feelings connected to a child, a partner or sexual life).

Negative feelings towards sexual life were connected with a more frequent expression of a willingness to stop being sexually active, while, at the same time, supporting the statement that sexual activity is an obligation for both husband and wife. These respondents also recognized having children as an obligation. They used modern contraception less often, even if they perceived abortion as a murder. More often than other respondents, they disagreed with the view that it is better to use contraception than to have an abortion. They believed that family planning was inappropriate in general, or accepted only natural methods of birth-control. They expressed their contempt for modern contraception, more often accepting the view that it is contrary to nature, leads to licentiousness and deprives love of spontaneity. They often expressed the opinion that the goal of sexual intercourse was procreation and not a pleasure and strengthening ties with a partner. These views mirror the dissonance caused by Church's teachings on sex.

In 1998, 30 respondents stated they were definitely against abortion (2.7% of respondents), of whom, 2/3 were women. 48 people were definitely pro abortion (4.5% of respondents), the majority of whom were men.

Determined supporters and opponents to the right to abortion (% of respondents, 1998)



People on the two ends of a spectrum constitute distinct groups with regard to age and place of inhabitation. Conservative views were characteristic of older respondents and those living in rural areas.

Except for the above, we did not see any differences between people who were definitely pro and definitely against abortion as far as their: marital status, education, number of children, emotional approach to a partner, even in approach towards children (expressed through statements that a child is an important part of life, as well as in the level of positive emotions towards children) is concerned.

The groups of strong supporters and opponents of abortion were significantly different in their attitude towards sexual activity of young people, sexual education in schools, and a woman's right to make the final decision concerning pregnancy. Among extreme liberals, 88.9% supported the introduction of sexual education in schools, among extremely conservative respondents, 48.0%; pre-marital sex was natural for 66.7% and 68.9% of liberals and only for 21.4% of conservatives (both in case of boys and girls); the view that the final decision concerning pregnancy should be made by women was supported by 70.5% of liberals and by 26.9% of those representing a more conservative approach.

The distinction of groups with extreme views on abortion allowed for a clear presentation of previously recognized connections. Results presented above confirm the hypothesis that views on abortion are very clearly connected to views on sex, and are minimally connected to views about children.

A woman's right to the ultimate decision

Women and men strongly against allowing women to make the final decision about abortion in a situation, where a father opposes it, generally have more conservative views on abortion than those supporting the right of a woman's right to decide.

In both sexes, the refusal of the right of a woman to a final decision in reproductive matters is accompanied by a negative approach towards pre-marital sexual activity of young people and sexual education in schools. Views on a role of a woman (a mother and wife only, or a professional career combined with family life), the preferred model of child-raising (giving a child a lot or less freedom), the importance placed on children and personal life, and the level of positive emotions towards children and a partner are all irrelevant with regard to a right of a woman to make a final decision about her pregnancy. It confirms the previously made assumption that sexual life is treated autonomously and that the attitude towards sexual life is essential for social views on abortion and reproductive rights and constitutes them more than any other matter.

We have noted a similar lack of dependencies in men. The fact that they give a woman the right to a final decision on abortion even if they are opposed to it themselves is not connected with their views on women's roles, child-raising, importance of a satisfactory private life, and level of positive emotions towards children and partners. The only notable difference between men and women in this respect is a relation that men, who place more value on having and upbringing children, are less willing to leave the final decision about a pregnancy exclusively to a woman.

Conclusions

Reflections on attitudes towards abortion, based on the empirical data collected in a quantitative study, are impeded by the fact that declared views and opinions are strongly dependent on the context, in which questions are asked, and on the exact letter and semantics of the questions themselves. All these factors invoke a particular way of thinking about abortion: either in moral categories or in relation to the law; either in the aspect of women's rights or from a perspective of the reality of women's lives - their individual and group interest. A Comparison of quantitative data could be made only if questions were exactly uniform.

Irrespective of differences in numbers which showed in the research using different methods, results concerning differences in assessments and opinions are similar. This allows for formulating some general conclusions.

First of all: attitudes towards abortion are shaped more by the system of values and normative beliefs than by thinking in categories of group interest. The prevalence of this perspective leads to discussing abortion mainly in moral categories, and allowing the moral perspective to dominate opinions about legal issues. Taking the group interest perspective (abortion rights, or women's rights as human rights) is incompatible with moral opinions. This means that it requires a complete change in assessment of abortion and calling upon a different type of values. Based on results, it is obvious that this point of view is definitely less popular.

Second of all: It is assumed that for opponents of abortion, a child and its right to life is a value, and that the supporters of abortion value the subjectivity of a woman, her right to make decisions about herself and the right to make free decisions concerning reproduction. This is, no doubt, a very simplified interpretation, which ignores the fact that most people do not have extreme opinions about abortion. Respondents usually claim that in some situations a woman should have the right to abortion, and in some she should not. When accepting the above-simplified interpretation concerning values constituting a basis for views on abortion, we have to recognize that the character of these values depends on context. For example, when a pregnancy complicates a woman's life plans, a respondent values higher the child and its right to life. At the same time, when the situation discussed concerns difficult living conditions, the same respondent may value higher the right of a woman to decide about herself.

The above-mentioned assumption should be treated as a recognition (even if not fully acknowledged) of the existence of different, incompatible perspectives in thinking about abortion, behind which there are wholly different value systems. This same person, depending on the situation, has different systems of thinking: once thinking about abortion in categories of morality, and then in categories of women's rights, or taking only one point of view.

Third of all: Of all values involving views on abortion, we chose two: one connected with having a child, and one connected with sexual life. Based on the analysis, we can state that views on abortion are clearly connected with views on sex, and, on a smaller scale, on children. People decidedly against abortion display negative attitudes towards sexual life in general. These respondents reject sex life in general; it constitutes a taboo, which is regulated by social norms, not being a subject for discussion, education or reflection. Women's reproductive rights, including a woman's right to make the final decision about having an abortion, are not being noticed from this perspective.

The co-relation between the attitude towards abortion and approach to sexual life is not coincidental. In relation to both abortion and sexual activity, there are moral norms propagated by the Church. They stem from the Church's long-lasting general negative attitude towards human sexuality, described in works of Ute Ranke-Heinemann as sexual pessimism.⁵⁵ Children and the level of positive emotions connected to them, stay outside the norms. This is why we observe such a weak connection between attitude towards a child and an approach to sexual life, as well as to abortion. We can only speak in general terms about a very weak tendency of a higher level of positive emotions in relation to a child among respondents who are against abortion. In some

cases, however, acceptance of abortion correlates with the higher perceived value of a child. This is confirmed by qualitative research conducted among women. Women, who value children highly, feel obliged to secure the best possible conditions for their development. Thus, the care for the well-being of their children makes them propose that it is not a ban on abortion, which is necessary, but a ban on giving birth by irresponsible women.

The results also provide material for wider reflection about moral systems of the Polish society. Despite the fact that a vast majority of our citizens declare themselves staunch believers, it is not common for them to take the Church's teachings with no criticism. The Church's dogmatic position, stating that there are no justifiable reasons for abortion, was shared by 4.1% of respondents in 1989 and only by 2.0% of respondents 18-50 years of age in 1998. In vast majority, Poles' attitudes towards abortion relate to their moral views. Nevertheless, their morality is far from the „code morality“, where a moral assessment of an act would depend only on its abidance to the norm. Their evaluation of abortion is dependent upon a particular situation. This is close to „reflective morality“ in which, not the act itself but its causes and effects are being assessed.

¹ Official Journal of 1993, nr 17, position 78 with changes

² The Medical Code of Ethics, Warsaw 1992

³ The Medical Profession Act of 5 December 1996

⁴ the article 152 of the Criminal Code - Official Journal of 1997, nr 88, pos. 553 and nr 128, pos. 840

⁵ See above.

⁶ The article 154 of the Criminal Code

⁷ the article 152 § 3 of the Criminal Code

⁸ the article 153 of the Criminal Code

⁹ see above

¹⁰ the article 154 § 2 of the Criminal Code

¹¹ The press-announcements suggesting that clinics are conducting abortions: „gynecologists - full range of services“, „gynecologist - services (cheap/modern services using the vacuum method)“, „modern/non-invasion methods of causing a period“, „services for women“

¹² Reports on this issue can be found in press: *Twój Styl*, Raport spod wulkanu („The report from close to volcano“) - the magazine has received more than 1000 letters from women who had an abortion - 10/98, 3/99, 8/99; in a *Raport Poznaniaka*, 11.01.2000; in *Nie Listy spod Macicy* („Letters from the Uterus“) of 1997, *Każda sobie jakoś skrobie* („...“) 8/99; in *Przegląd*, *Aborcyjna hipokryzja* („Abortion hypocrisy“) 21.02.2000 and lots of other press articles

¹³ The report of the Council of Ministers on realization of the Family Planning, Protection of Human Fetus and Conditions for Termination of Pregnancy Act of 7.01.1993 - in a year 1998 (Warsaw, 1999)

¹⁴ The report of the Council of Ministers on realization of the Family Planning, Protection of Human Fetus and Conditions for Termination of Pregnancy Act of 7.01.1993 - in a year 1999 (Warsaw, 2000)

¹⁵ *Super Express* (newspaper), 28.02.2000

¹⁶ The Bulletin of the Federation No 2 (15), Spring 2000

¹⁷ *Gazeta Wyborcza* daily, 11-12.03.2000

¹⁸ *Gazeta Wyborcza* daily 29.02.2000

¹⁹ The Bulletin of the Federation No 6, Winter 1996/97

²⁰ The analyses of questionnaires filled in by the Federation's clients.

²¹ Art. 2 of the Family Planning (...) Act

²² Official Journal Nr 64 of 1999, pos. 729, article 157a.1

²³ The decree of the Minister of Health and Social Care of 11th of September 1996 on the means causing cancer in a labor environment and on supervision on the state of health of workers professionally endangered by them (Official Journal Nr 21 of 1996, pos. 571)

²⁴ 24 The decree of the Ministry of Health and Social Care on the register of basic health care medications, supplementary medications and contraception means (Official Journal Nr 31 of 1998, poz.166)

²⁵ 25 *Gazeta Wyborcza* daily, 17.02.1999

²⁶ 27 *Nasz Dziennik* daily, 28 and 31.01.2000

²⁷ *Gazeta Lekarska* (Medical Gazette) 4/1999; R.Krajewski *Obowiązki i prawa w praktyce lekarskiej* („Obligations and rights in a medical practice“)

²⁸ The Act on the change of the Family Planning (...) Act, Official Journal Nr 5 of 1999, pos. 32

²⁹ Data from: Z.Izdebski *Zachowania prozdrowotne i seksualne w aspekcie HIV / AIDS w Polsce*, („Pro health and sexual behaviors in an aspect of HIV / AIDS in Poland“), 1997, Ministry of Health and Social Care, United Nations Development Program, page 49

³⁰ Maria Ryś *Wychowanie do życia w rodzinie* („Preparation for family life“), Program for secondary schools, 1999; Methodological Center for Psycho-Pedagogical Help; Ministry of Education, page 46

³¹ Teresa Król (ed.) *Wędrując ku dorosłości* („Walking towards being an adult“), 1999, Rubikon, page 165

³² Z.Izdebski, op.cit., page 72

³³ The report *The Influence of Sexual Education and Knowledge on HIV on the Sexual Behaviors of the Youth*, Conference Materials, International Conference on the Youth and AIDS, 1999, page 21-22

³⁴ The contents of the following manuals for sexual education contradicts the international commitments of the Republic of Poland: a) Teresa Król (ed.) *Wędrując ku dorosłości. Wychowanie do życia w rodzinie dla uczniów klas I - III gimnazjum* (manual for gymnasiums); b) M. i

W.Grabowscy, A. i M. Niemyscy, M. i P. Wołochowiczowie: Zanim wybierzesz... Przygotowanie do życia w rodzinie. Wydawnictwo Szkolne PWN (1998); c) M.Ryś Wychowanie do życia w rodzinie, książka dla młodzieży. CMPP-Ped MEN, Warszawa 1999; d) M.Ryś (ed.) O miłości, małżeństwie i rodzinie. Przygotowanie do życia w rodzinie dla młodzieży szkół ponadpodstawowych Oficyna Wydawnicza - Poligraficzna „ADAM“, 1998 (material prepared i.e. from information given by the Methodological Center for Psycho-Pedagogical Help; Ministry of Education).

³⁵ Note from translator: the original marking was L - lekarz (doctor) and P - pielęgniarka (nurse). For the simplification, marking has been translated and is used in a text in English version

³⁶ Note from translator: „Życie Warszawy“ and „Gazeta Wyborcza“ are titles of daily press

³⁷ PLN – Polish currency (Polish Zloty)

³⁸ The data quoted in the article come mainly from:

a) D.Duch, 1989, „The Attitudes of the Polish Society Towards Family Planning“, research conducted at the request from the Institute of Mother and Child, in the Department of the Sociology of Health and Medicine, Institute of Philosophy and Sociology, the Polish Academy of Science

b) A.Titkow, D.Duch, A.Dukaczewska-Nańcz, 1998, „The Social and Cultural Identity of Polish Women“, research conducted in the Department of Research on Women and Family, Institute of Philosophy and Sociology, the Polish Academy of Science (grant KBN Nr 1 H01F 067 10)

³⁹ Reluctant attitude of those surveyed to active participation in protests are confirmed by the focused research, conducted by the RUN company at the request from the Federation for Women and Family Planning - included in: „Report on the social groups involved in the discourse on the Act concerning abortion“, Warsaw 2000

⁴⁰ These data are supplemented by results of the focus research conducted by the RUN, op.cit.: only women in the age group of 30-45 called the women's rights abuse as the basis of their negative attitude towards the anti-abortion regulations - they were claiming that the Act did not take a right to abortion away, but the right to free decision and that it questioned their subjectivity.

⁴¹ The report on the survey conducted by OBOP, „Poles on human rights“, December 1998 - the representative study conducted at the request from OŚKa)

⁴² CBOS, Reports from the research: Attitude towards abortion after the adjudication of the Constitutional Tribunal, July 1997; The problem of abortion in public hospitals, March 1997; Social consequences of the Act on conditions for termination of pregnancy, November 1993; The attitude towards abortion after restricting the anti-abortion Act, February 1998

⁴³ CBOS, reports on the research: The attitude towards abortion after restricting the anti-abortion Act, February 1998. The similar character of differences in opinions about the most accurate regulations on abortion was noticed in other researches, for example in the one conducted by ARC in 2000.

⁴⁴ The Constitutional Tribunal in its decision of 28 May 1997 (K 26/96) ruled that the liberalization of law (voted by the Parliament on 30 August 1996) making abortion available on "social grounds" (difficult living conditions or difficult personal situation) was unconstitutional.

⁴⁵ Data: Demoskop, June 1997

⁴⁶ J.Reykowski, K.Skarżyńska, M.Ziółkowski (edit.), 1991, „Orientacje społeczne jako element mentalności.“ Analizy teoretyczne, Instytut Psychologii PAN, Poznań („The social orientations as the element of morality.“ Theoretical analyses, The Institute of Psychology, The Polish Academy of Science, Poznań).

⁴⁷ CBOS, Report on the research: The attitude towards abortion after the adjudication of the Constitutional Tribunal, July 1997

⁴⁸ I. Konarska, 1993, „Wyjście awaryjne“ („Emergency exit“), Polityka, nr 19

⁴⁹ St.Ossowski, 1967, „Z zagadnień psychologii społecznej“ („On the Social Psychology“), PWN, Warszawa

⁵⁰ It is confirmed by a fact that in both researches the factor analysis showed the existing of two factors - the first one is grouping three currently binding conditions for abortion, the second one - all the others, described as the social grounds. In 1989, before changes in law, the reasons of the first group were accepted more often than the other ones.

⁵¹ The research conducted by RUN, op.cit.

⁵² The measurement of the emotional attitude of respondents was made using the method known as „semantic differential“. The higher the factor index of value of the child, the more of warm, positive emotions respondent feels to a child.

⁵³ A.Titkow, 1982, „Miejsce dziecka w Świecie wartości“ („The place of a child in the world of values“), The Polish Academy of Science, The Institute of Philosophy and Sociology, University of Warsaw, the Institute of Sociology, Warsaw

⁵⁴ CBOS, Report on the research: The attitude towards abortion after restricting the anti-abortion Act, February 1998

□ U.Ranke - Heinemann, 1995 „Eunuchy do raj. Kościół Katolicki a seksualizm“ („Eunuchs to paradise. Catholic Church and sexuality“), Wydawnictwo URAEUS, Gdynia