

# Committee on Women's Rights and Gender Equality (FEMM)

*Voices of women: In the light of abortion bans in Poland, about 200,000 of abortions were estimated to be performed illegally in 2018 - a threat posed to reproductive rights of women including freedom of choice and reproductive healthcare. What should be done to facilitate access of women to reproductive healthcare services in the country?*

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***"No woman can call herself free who does not control her own body."***

***-Margaret Sanger***

## Key terms

- **Family planning** - includes both preventing unwanted pregnancy, and becoming pregnant when desired;
- **Sexual and Reproductive Health and Rights (SRHR)** – good sexual and reproductive health is a state of complete physical, mental and social well-being in all matters relating to the reproductive system. It implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so;
- **Reproductive health** – a state of physical, mental, and social well-being in all matters relating to the reproductive system at all stages of life;
- **Reproductive health care** – is considered to be the collection of techniques, methods, and services that contribute positively to reproductive health and well-being by preventing and solving reproductive health issues. Additionally, it includes sexual health; the purpose of which is the enhancement of life and personal relations, not just counselling and care related to reproduction and sexually transmitted infections;
- **Reproductive rights** - a subset of human rights that deal with areas of sexual health, including the right to maternal healthcare and family planning, contains both freedoms and entitlements linked to many of the already established civil, political, economic, social, and cultural rights;
- **Exclusive competence of the EU** - the area of expertise of the EU that gives a power to make directives and conclude international agreements.

## **Explanation and relevance of the topic**

Poland is a country with some of the strictest laws on abortions in the world, and high influence of The Catholic Church on the government. An abortion in Poland is allowed in only three circumstances: pregnancy from rape or incest; danger to the woman's life or health; or severe foetal damage. The newly proposed ban suggests to eliminate the third exception of the severe foetal damage. However, since 95 per cent of legal terminations in Poland happen under the foetal damage rule, it would amount to a total ban. If the ban is passed, the law would force women to give birth not only to disabled children, but also to terminally ill babies who would die soon after birth.

On Monday October 3, 2016, thousands of people have joined protests in Warsaw and other Polish cities against the latest attempt by the conservative government to restrict access to abortion. The main reason to protest was a proposal for total abortion ban, submitted to the parliament on July 5, 2016, by the conservative organization Ordo Iuris Institute, and supported by the Roman Catholic Church, which makes the current scenario different by directly putting pressure on the Polish government. First, the Polish Episcopate appealed to parliamentarians to consider the ban, then it thanked them for doing so. The general public heard the bishops give instructions to politicians and watched the politicians meekly obey. This spectacle of political submission is what has brought the angry crowds to the streets. Thousands of women raised red placards shaped like hands that read "STOP." They demanded that the government stop pressing for new abortion laws and charged that the country's leaders were treating women as if their views had no value. Two days after the 2016 rallies, the bill was pulled. Polish government stepped back from the stricter anti-abortion ban.

Officially, there are almost no abortions in Poland. According to state statistics, in 2014, only 970 women had an abortion. In fact, abortion is much more. But how much - no one knows. Official statistics do not reflect the real state of affairs, this is recognized even by those who support the ban. Many women go to interrupt pregnancy in neighboring countries, some undergo "underground" operations. An unknown number of women get rid of the fetus themselves - for example, with the help of special preparations. For years, the laws were not widely enforced, but they did create a two-tier system, allowing women with money to go to private doctors to get abortions, while forcing poorer women to seek out less reliable options.

Liberalising access to abortion, which no major party in Poland currently supports, will require a political party willing to breach a different taboo in Polish society: the church's political power. As the Polish state retreated during its economic "shock therapy", the church expanded its role in society and became an alternate centre of political power.

## **Key Conflicts**

- If the prenatal examination gets banned, then that would limit women a chance to check the condition of the pregnancy for any danger. If a pregnancy won't be

observed, it means that there is no way to tell how the fetus is growing, which puts a woman's life in danger.

- Due to the lack of sexual education in schools, the number of unplanned pregnancies among young women increases. Therefore, they would seek illegal operations in foreign countries in order to escape the harsh laws of Poland. The ban on abortions became a financial boon for doctors prepared to carry out procedures illegally. Prices for an illegal termination are high, roughly equivalent to a Pole's average monthly earnings (currently 4,256 złoty, or around £895). Illicit abortions in Poland are generally safe, provided by working gynaecologists, and deaths are rare, but having the procedure is all the more unpleasant and upsetting in an unregulated and hurried environment. It is also impossible to determine how many Polish women leave to have abortions abroad, but it is roughly about thousands of operations. In 2010, "abortion tourism" was discussed in the Polish parliament: doctors from Austria, Germany and the Netherlands said that tens and hundreds of fields interrupt their pregnancy in their clinics.
- The protests have won the approval of numerous Polish employers, including restaurant owners, museum and gallery directors, the deans of several universities and mayors of a couple of large cities, all of whom allowed their female workers to take a day off. More than 150,000 rallied in roughly 140 cities, towns and villages in October 2016.

### Measures in place

As the EU does not have an exclusive competence in the field of health, there are no actual EU measures in place. Nevertheless, the Parliament noted, in a 2013 resolution, that "the EU can contribute to the promotion of best practices among Member States".<sup>1</sup>

The two fundamental pieces of EU legislation in the health field are Article 168 of the Treaty on the Functioning of the European Union (TFEU) and Article 35 of the Charter of Fundamental Rights of the European Union (CFR). Article 168 of the TFEU states: "A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities"; Article 36 of the CFR states "Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices".<sup>2</sup>

Despite leaving a considerable freedom to Member States in forming their health policies, the EU does have an influence in the field through funding.

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<sup>1</sup> European Parliament (2013). Resolution of 10 December 2013 on Sexual and Reproductive Health and Rights <http://www.europarl.europa.eu/sides/getDoc.do?type=TA&reference=P7-TA-2013-0548&language=>

<sup>2</sup> Treaty on the Functioning of the European Union - Protocols <http://eur-lex.europa.eu/legal-content/EN/TXT/HTML/?uri=CELEX:12012E/TXT&from=EN>

## **Key Stakeholders**

The most prevalent stakeholders in this issue are women. The lack of sexual health standards and sexual education affects women, especially young women, more than any other group; there are about 250,000,000 women currently living in the 28 Member States with 20,000,000 of them living in Poland.

When it comes to sexual education, the stakeholders' framework extends to schools, and the Polish Ministry of Education as well. Whereas some Member States, such as Poland, have limited sexual education curricula, and mainly focus on biology elements, the Dutch and the Swedish curricula are broader and even include elements of communication and negotiation skills.

On a EU institutional level, the two key stakeholders are the European Commission's Directorate Generals on Health and Food Safety (DG SANTE), and on Consumers, Health, Agriculture and Food Executive Agency (CHAFAEA). DG SANTE is monitoring the health sector and proposing legislative actions; CHAFAEA is managing operations and the financial framework of the Health Programme. On a global scale, the UNFPA and the World Health Organization (WHO) are the main sources of information and coordinators. The UNFPA thus describes itself as the "lead UN agency for delivering a world where every pregnancy is wanted, every birth safe and every young person's potential fulfilled". The WHO directs and coordinates international health policy within the United Nations' system. It supports countries as they coordinate the efforts of multiple sectors of the government and partners to attain their health objectives and support their national health policies and strategies. The UNFPA and the WHO are the main data-collecting organisations as well as the main source of assessment and statistics on the issue.

## **Conclusion**

In order to maintain one's sexual and reproductive health, women and girls need to have access to accurate information, and the safe, effective, and affordable contraception method of their choice. Moreover, it is crucial that women are informed and empowered to protect themselves from sexually transmitted infections (STI), and, in case of pregnancies, they must have access to services that help them have a fit pregnancy, safe delivery and a healthy baby. Otherwise, women might seek illegal options of dealing with pregnancies in fear for their lifestyle and health.

*What should be done to facilitate the access of women to reproductive healthcare services in the country?*

## **Links for research**

1. [New Publications Support Women's Reproductive Health](#)
2. [Reproductive Health Indicators in the European Union](#)
3. [International Conference on Human Rights in Tehran, 1968](#)

#### 4. [Sexual Education in the European Union](#)