**Annex C – Poland**

***This information was compiled by Association for Women with Disabilities ONE.pl and Women Enabled International.***

Women with disabilities in Poland experience significant barriers to exercising their sexual and reproductive rights, including accessing sexual and reproductive health (SRH) information and services and making autonomous decisions about their sexual and reproductive health. Barriers to accessing SRH information and services in Poland frequently stem from stereotypes about women with disabilities, including that they are asexual or hypersexual, cannot become pregnant, and cannot be good parents, as well as from discriminatory attitudes towards their disability, including that they may pass along that disability to a child. For instance, a 2015 study involving interviews with women with physical and sensory disabilities in Poland found that Polish society consistently lacked acceptance of women with disabilities as mothers and also questioned the quality of parenthood these women could provide, undermining their confidence.[[1]](#endnote-1) Indeed, although Polish women with disabilities maintain the right to biological and adoptive parenthood, their reproductive rights are considered a taboo subject, as is their sexuality.[[2]](#endnote-2) The study also revealed that women with disabilities may be deterred from applying for services to help them with caring for their children because of the fear that they will have to prove they are good parents and will not “measure up.”[[3]](#endnote-3)

*Maternal Health Services*

Polish women with disabilities who become pregnant or who wish to have children face numerous barriers to accessing needed care. A 2015 study on motherhood and maternal health services for women with disabilities found that the Polish health care system was not prepared “to take care of and support pregnant women with disabilities.”[[4]](#endnote-4) Interviewees identified that the health care system was not equipped to offer them specialized services in the context of pregnancy, and because they were considered a “high risk group,” women with disabilities reported that they had trouble finding a doctor or midwife willing to provide them with care.[[5]](#endnote-5) Indeed, women with disabilities reported that there was generally a lack of specialized care available to them.[[6]](#endnote-6) Interviewees also reported that gynecological rooms and equipment were frequently not adapted to persons with disabilities; for instance, chairs and tables were not at a height accessible to women who use wheelchairs, leaving them to need assistance that at least one women considered humiliating.[[7]](#endnote-7)

Furthermore, the attitudes of health care personnel providing pregnant women with disabilities with maternal health care in Poland create significant barriers to women receiving quality care. For instance, according to the 2015 study cited above, health care providers’ attitudes towards pregnant women with disabilities ranged from indifference, to patronizing treatment, to explicitly expressing negative opinions about their plans to have children or about their disabilities.[[8]](#endnote-8) Several women experienced degrading treatment in maternity wards, including aggressive observation, lack of communication, misunderstandings about their disabilities, and lack of respect for their decisions about how to give birth.[[9]](#endnote-9) This treatment increased their sense of isolation, vulnerability, and lack of self-determination.[[10]](#endnote-10) Furthermore, several women reported that medical staff tried to convince them to have abortions or put their babies up for adoption, rather than supporting them through their pregnancies and giving them information about assistance to raise their children.[[11]](#endnote-11)

*Comprehensive Sexuality Education*

The government of Poland reports that, concerning its sexuality education program, “the content and forms of teaching match the needs of children with various disabilities, both in mainstream schools and special schools at different levels of education.”[[12]](#endnote-12) The content, as described by Poland, fails to match international standards for comprehensive sexuality education, including for inclusion of persons with disabilities. In January 2018, the United Nations Educational, Scientific and Cultural Organization (UNESCO) updated its technical guidance on comprehensive sexuality education (UNESCO guidance), which provides that comprehensive sexuality education should aim to “equip children and young people with knowledge, skills, attitudes and values that will empower them to: realize their health, well-being and dignity; develop respectful social and sexual relationships; consider how their choices affect their own well-being and that of others; and, understand and ensure the protection of their rights throughout their lives.”[[13]](#endnote-13)

In particular, the UNESCO guidance notes that young people with disabilities “are all sexual beings and have the same right to enjoy their sexuality within the highest attainable standard of health, including pleasurable and safe sexual experiences that are free of coercion and violence; and to access quality sexuality education and SRH services.”[[14]](#endnote-14) Specifically, the UNESCO guidance calls on states to ensure that comprehensive sexuality education builds skills “to treat others with respect, acceptance, tolerance and empathy,” including persons with disabilities.[[15]](#endnote-15) It further calls on states to ensure that this education includes ongoing discussions about relationships and vulnerability, including gender and power inequalities that may be based on discrimination, including discrimination based on disability and information specifically about the SRH needs of young people with disabilities.[[16]](#endnote-16)

As the CRPD Committee noted in its General Comment No. 4, “[p]ersons with disabilities, on an equal basis with others, must be provided with age-appropriate, comprehensive and inclusive sexuality education, based on scientific evidence and human rights standards, and in accessible formats.”[[17]](#endnote-17) It is not clear that Poland’s sexuality education program is actually being provided to persons with disabilities, particularly young persons with disabilities, let alone that it contains any of the information specifically about persons with disabilities recommended by UNESCO.

*Contraception*

Due to stigma, the strong influence of religion in Poland, and other social factors, all women in Poland face significant barriers to accessing contraception in order to prevent unwanted pregnancy.[[18]](#endnote-18) These difficulties are likely compounded for women with disabilities in Poland, because, as noted above they are perceived as asexual or unable to control their sexuality, and thus may not be offered contraception at all. Additionally, legislation in Poland has recently restricted access to emergency contraception, a method of contraception to prevent unwanted pregnancies when other methods fail, when a woman has unprotected sex, or when a woman is the victim of sexual violence.[[19]](#endnote-19) Given the higher risk of gender-based violence likely faced by women with disabilities, as well as the barriers they face in accessing other forms of contraception, restrictions on emergency contraception have a disproportionate impact on their ability to control their fertility and to decide on the number and spacing of their children on an equal basis with others.

Furthermore, women with disabilities in Poland may also only be offered permanent forms of contraception, such as sterilization. The issue of forced and coerced sterilization of women and girls with disabilities in Poland is not yet well documented, but given the cultural taboos surrounding motherhood for women with disabilities, the fact that many persons with disabilities are stripped of legal capacity and placed under guardianship as described in more detail below, and the seeming lack of explicit standards on sterilization and informed consent for persons with disabilities in Poland, it is likely that forced and coerced sterilization of women and girls with disabilities does occur.

*Abortion*

Women and girls in Poland face both legal and practical difficulties in accessing abortion, in violation of their rights to health and to reproductive autonomy. Under Poland’s laws, women can access abortion only under three restrictive conditions—in cases of rape or incest, when the woman’s health or life is at risk, and in cases of “severe fetal impairment.”[[20]](#endnote-20) Otherwise, abortion is illegal.[[21]](#endnote-21) In practice, it can be extremely difficult for a woman to obtain a legal abortion even under these circumstances, as doctors frequently refuse to perform such procedures, a practice known as conscientious objection, while at the same time abusing this privilege by refusing to provide referrals to other doctors who will perform abortions, in violation of human rights and medical ethics standards.[[22]](#endnote-22) As a result of both this practice and the restrictive abortion law, it is estimated that tens of thousands of women in Poland seek out illegal and unregulated abortions every year, putting their health and lives at risk, while only about 1,000 legal abortions are performed each year.[[23]](#endnote-23) These illegal abortions are also incredibly expensive, accounting for the average monthly wage for a Polish person (4,256 złoty),[[24]](#endnote-24) which is significantly higher than for a woman with disabilities. Indeed, according to the European Court of Human Rights in specific cases of denial of access to legal abortion and information that could lead to legal abortion, Poland has repeatedly violated women’s rights to privacy and to be free from inhuman and degrading treatment.[[25]](#endnote-25)

Current barriers to accessing abortion in Poland are compounded for women with disabilities, because of barriers to accessing sexual and reproductive health services generally, attitudes of health care professionals towards them and their decisions, and their limited incomes. Despite these human rights abuses, in January 2018, the Polish government rejected a measure that would have removed all legal restrictions on abortion within the first 12 weeks of pregnancy.[[26]](#endnote-26) Instead, the government of Poland is currently attempting to adopt a law that would further limit access to abortion by banning abortions in cases of fetal impairment,[[27]](#endnote-27) which account for the vast majority of legal abortions in the country,[[28]](#endnote-28) despite massive protests from women in Poland and the insistence of disability rights advocates that they not be used as an excuse to limit women’s rights and that, rather, the government should focus on ensuring the quality of life for persons with disabilities.[[29]](#endnote-29) The passage of this bill would contribute to an already restrictive environment for the prevision of SRH information and services and would disproportionately affect women with disabilities.

1. Agnieszka Wołowicz-Ruszkowska, *How Polish Women With Disabilities Challenge the Meaning of Motherhood*, in 40(1) Psych. of Women Quarterly 80, 86 (2015), *available at* http://journals.sagepub.com/doi/pdf/10.1177/

   0361684315600390. [↑](#endnote-ref-1)
2. *Id.* [↑](#endnote-ref-2)
3. *Id.* at 81 [↑](#endnote-ref-3)
4. *Id.* at 84. [↑](#endnote-ref-4)
5. *Id.* [↑](#endnote-ref-5)
6. *Id.* at 85. [↑](#endnote-ref-6)
7. *Id.* at 84. [↑](#endnote-ref-7)
8. *Id.* at 85. [↑](#endnote-ref-8)
9. *Id.* [↑](#endnote-ref-9)
10. *Id.* [↑](#endnote-ref-10)
11. *Id.* [↑](#endnote-ref-11)
12. CRPD Committee, *Poland State Report*, ¶ 318. [↑](#endnote-ref-12)
13. United Nations Educational, Scientific and Cultural Organization (UNESCO), International technical guidance on sexuality education: An evidence-informed approach, revised edition 17 (Jan. 2018), *available at* http://www.unaids.org/sites/default/files/media\_asset/ITGSE\_en.pdf. [↑](#endnote-ref-13)
14. *Id.* at 25. [↑](#endnote-ref-14)
15. *Id.* at 16. [↑](#endnote-ref-15)
16. *Id.* at 18. [↑](#endnote-ref-16)
17. CRPD Committee, *General Comment No. 4 (2016) on the right to inclusive education*, ¶ 54, U.N. Doc. CRPD/C/GC/4 (2016). [↑](#endnote-ref-17)
18. *See, e.g.*, CEDAW Committee, *Concluding Observations: Poland*, ¶ 36, U.N. Doc. CEDAW/C/POL/CO/7-8 (2014). [↑](#endnote-ref-18)
19. Human Rights Watch, Eroding Checks and Balances: Rule of Law and Human Rights Under Attack in Poland (2017), *available at* https://www.hrw.org/report/2017/10/24/eroding-checks-and-balances/rule-law-and-human-rights-under-attack-poland. [↑](#endnote-ref-19)
20. The Family Planning, Human Embryo Protection and Conditions of Permissibility of Abortion Act (Jan. 7, 1993) (Poland), *available at* http://worldabortionlaws.com/map/ (unofficial English translation). [↑](#endnote-ref-20)
21. *Id.* [↑](#endnote-ref-21)
22. Human Rights Council, *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Anand Grover: Mission to Poland*, ¶¶ 49-55. U.N. Doc. A/HRC/14/20/Add.3 (2009), *available at* https://documents-dds-ny.un.org/doc/UNDOC/GEN/G10/134/03/PDF/

    G1013403.pdf?OpenElement; ASTRA Central and Eastern European Women’s Network for Sexual and Reproductive Rights and Health, “Abuse of Conscientious Objection in Poland: Short Summary of Doctor Chazan Case” (2014), http://www.astra.org.pl/repronews/295-abuse-of-conscientious-objection-in-poland-short-summary-of-doctor-chazan-case.html; Human Rights Watch, “Dispatches: Abortion and ‘Conscience Clause’ in Poland” (Oct. 22, 2014), https://www.hrw.org/news/2014/10/22/dispatches-abortion-and-conscience-clause-poland [↑](#endnote-ref-22)
23. “How Poland’s far-right government is pushing abortion underground,” The Guardian (Nov. 30, 2017), https://www.theguardian.com/news/2017/nov/30/how-polands-far-right-government-is-pushing-abortion-underground [↑](#endnote-ref-23)
24. *Id.* [↑](#endnote-ref-24)
25. *See* P. and S. v. Poland, No. 57375/08, Eur. Ct. H.R. (2012); RR v. Poland, No. 27617/04, Eur. Ct. H.R. (2011); Tysiac v. Poland, No. 5410/03, Eur. Ct. H.R. (2007). [↑](#endnote-ref-25)
26. “Poland’s lawmakers reject plan to ease strict abortion law,” Associated Press (Jan. 10, 2018), https://www.apnews.com/296623aec33140fc8002411d9d0b6ab2/Poland's-lawmakers-reject-plan-to-ease-strict-abortion-law. [↑](#endnote-ref-26)
27. Christian Davies, “Polish MPs back even tougher restrictions on abortion,” The Guardian (Jan. 11, 2018), https://www.theguardian.com/world/2018/jan/11/polish-mps-reject-liberalised-abortion-laws-but-back-new-restrictions. [↑](#endnote-ref-27)
28. *Id.* [↑](#endnote-ref-28)
29. *See, e.g.*, https://www.amnesty.org/en/latest/campaigns/2018/03/women-in-poland-protest-restrictions-on-abortion/ [↑](#endnote-ref-29)