CENTER FOR REPRODUCTIVE RIGHTS

October 1, 2002

The Committee on the Rights of the Child

Re: Supplementary information on Poland
Scheduled for review by the Committee on the Rights of the Child
on October 1, 2002

Dear Committee Members:

This letter is intended to supplement the periodic report submitted by Poland, which is scheduled to be reviewed by the Committee on the Rights of the Child during its 31st session. The Polish Federation for Women and Family Planning and the Center for Reproductive Law and Policy (CRLP), independent non-governmental organizations, hope to further the work of the Committee by providing independent information concerning the rights protected in the Convention on the Rights of the Child (Children's Rights Convention). This letter highlights several areas of concern related to the status of the reproductive health and rights of girls and adolescents in Poland. Specifically, it focuses on discriminatory or inadequate laws and policies related to the reproductive rights of Polish girls and adolescents.

Because reproductive rights are fundamental to adolescents' health and equality, states parties' commitment to ensuring them should receive serious attention. Furthermore, adolescent reproductive health and rights receive broad protection under the Children's Rights Convention. Article 24 of the Children's Rights Convention recognizes girls' and adolescents' right "to the enjoyment of the highest standard of health and to facilities for the treatment of illness and rehabilitation of health." It also requires states parties to take appropriate measures "to develop family planning and education services." Yet, despite these protections, the reproductive rights of girls and adolescents in Poland continue to be neglected and, at times, blatantly violated.

We hope to bring to the Committee's attention the following issues of concern, which directly affect the reproductive health and rights of girls and adolescents in Poland:

1. The Right to Education on Sexuality and Family Planning (Article 24 of the Children's Rights Convention)

The Committee on the Rights of the Child (CRC), in evaluating state party compliance with the Children's Rights Convention, has recognized states' duty to ensure access to sexual and reproductive health education. In numerous Concluding Observations, the Committee has recommended that states parties strengthen their reproductive health education programs for adolescents in order to combat adolescent pregnancy and the spread of HIV/AIDS and other STIs.[1]

In Poland, there has been no national, compulsory sex education program in schools since 1999. Instead, secondary schools are required to offer "preparation for family life" programs focused on preparing adolescents for marriage and family, with little focus on information about sexuality and reproductive health.[2] Most teachers lack the qualifications to teach sex education, as both the instructional courses for teachers (supported by the Ministry of Health) and the teaching manuals reflect stereotypical gender roles and do not present accurate information about modern contraceptives.[3] The structure and content of the "family life program" is heavily influenced by the Catholic Church, which has played a major role in ensuring that school programs reflect its official view against modern family planning and in favor of traditional roles for men and women in the family.[4] Such programs promote only natural methods of family planning and often discourage the use of contraceptives, including the pill and condoms. The traditional approach to sexuality and education conflicts with the expressed preferences of the majority of Poles. A survey in 1997 found that 88% of respondents wanted to see a sex education program in public schools that included lessons on avoiding STIs and unwanted pregnancy.[5]

The birth rate among adolescents in Poland has declined steadily, paralleling the trend for women of all ages. In 1985, the birth rate among girls aged 15-19 was 35.1 per thousand women; by 1995, the rate was only 21.1 per thousand.[6] However, adolescents currently represent a growing percentage of women giving birth, up from 6.4% of births in 1980 to 7.8 % in 1995.[7] In order to maintain low rates of teen pregnancy and prevent the spread of disease among adolescents, accurate and comprehensive sex education in schools is critical.

The government, in power since September 2001, has shown little concern for adolescent reproductive and sexual health. Despite promises to introduce modern sex education made during parliamentary elections, one year later after taking office, these elected decision-makers have made no observable progress in this regard. It is unfortunate that the issue of adolescents' sexual health has become highly politicized and successive government administrations have failed to address it in a way that would protect young people from unwanted pregnancy and sexually transmissible infections (STIs).

2. The Right to Family Planning Services (Article 24 of the Children's Rights Convention)

Adolescents must have access to contraceptives and dual protection methods to prevent unwanted pregnancies and STIs. The CRC has regularly expressed concern in its Concluding

Observations where adolescents have limited access to family planning services and contraceptive use is low, and it has recommended that states parties work toward making family planning services more widely available.[8]

In Poland, economic barriers often prevent women and girls from obtaining contraception. Contraceptive counseling is not integrated within the primary health care system. Moreover, certain regional health insurance funds (*kasy chorych*) do not refund contraceptive counseling.[9] Private gynecological visits, which are often the only option for adolescents, are expensive, and some doctors require patients to visit the clinic every month to get packs of oral contraceptives.[10] The cost and time required to visit a clinic every month can be prohibitive for any woman, but is especially burdensome for adolescent girls. Oral contraceptives in particular may be practically inaccessible because they are so expensive relative to income. On average, oral contraceptives cost USD 5 a month,[11] while the minimum monthly income is less than USD 200. Furthermore, only three kinds of oral contraceptives are subsidized by the state.[12] The subsidized pills are similar in composition, and there is no alternative for the young women who, for medical reasons, cannot use this form of oral contraceptive. The government's limited offerings further lowers the number of adolescents who are able to use oral contraceptives.[13]

Adolescents are also denied access to contraceptives because cultural and religious values discourage teenage sexuality. Many doctors are unwilling to provide contraceptives to adolescent girls or write a prescription for oral contraceptives.[14] Because doctors are not compelled to provide contraceptives, adolescents may be left without any means to access modern forms of birth control.

3. The Right to Safe and Legal Abortion Services (Articles 6 and 24 of the Children's Rights Convention)

Unsafe abortion poses a major threat to adolescents' health in Poland. The CRC has found that punitive abortion measures have a particularly negative impact on maternal mortality rates among adolescent girls.[15]

Because Polish adolescents have very limited access to legal abortion services, they may risk undergoing illegal and unsafe abortions. The Family Planning, Protection of the Human Fetus and Conditions for Termination of Pregnancy Act of 1993 (Anti-Abortion Act) permits abortion only where a pregnancy endangers the life or health of the woman, in cases of fetal impairment, and when the pregnancy results from a criminal act.[16]

Although abortion is legal under certain circumstances, in practice, adolescents may be deprived entirely of this right. Legal abortion is rarely, if ever, available in public hospitals.[17] The provisions that create exceptions to the ban on abortion are open to broad interpretation, inviting doctors opposed to abortion to deny the certification required for a legal abortion, even when there are genuine grounds for issuing the certificate.[18] For example, there are no guidelines as to what constitutes a threat to a woman's health and it appears that some doctors discount any threat to a woman's health as long as she is likely to

survive delivery.[19] In particular, doctors tend to discount the health risks associated with teenage pregnancy, not considering such risks a sufficient indication for abortion. In addition, hospital directors can refuse to allow abortions in their hospitals, and doctors often refuse to perform abortions and do not refer patients to another doctor who is willing to provide the service.[20]

While older women may have the social, emotional, and economic resources to find local gynecologists willing to perform abortions or travel beyond their local community if necessary, young women may not be able to overcome the serious obstacles to getting an abortion. As a result, these adolescents may undergo risky, illegal abortions or attempt to induce abortions themselves. Fatal consequences of these abortions are occasionally reported in the media. For example, a woman's magazine reported the death of a 16-year-old Polish girl who died after taking packages of laxatives in an attempt to self-induce an abortion.[21]

Women are often forced to carry unwanted pregnancies to term, a situation that sometimes leads to such tragedies as child abandonment or infanticide. Data on the social and economic circumstances of women who have committed child abandonment or infanticide is scarce and anecdotal, and the media relate the stories of these women in a sensationalistic and stigmatizing manner. However, it is clear that many of the women driven to these acts are young mothers. For example, one newspaper wrote that a 19-year-old woman had reportedly killed her newborn infant.[22] Another newspaper reported that a 17-year-old woman was arrested for infanticide.[23] Root causes of such tragedies are completely ignored by state social policies and women are the only ones blamed. The government should address underlying socio-cultural factors, including: the social stigma surrounding premature motherhood, which often forces pregnant adolescents to leave their homes; the lack of satisfactory financial support for young mothers from the state; and the lack of an adequate network of shelters and other social institutions helping young mothers become financially independent and/or continue their education.

We hope the Committee will consider addressing the following questions to the Polish government:

1. What steps have been taken to ensure that sex education is taught in all schools, and that the information is accurate and reflects objective, scientific knowledge?

2. What measures have been introduced to eliminate stereotypical representations of the role of women in the family in "family life programs?"

3. What actions is the Polish government taking to make family planning services more available to adolescents?

4. What efforts have been made to remove the obstacles that prevent young women entitled to legal abortions from obtaining abortion services?

Finally, we have included the following supporting documentation for the Committee's reference:

- The chapter on Poland in *Women of the World: Laws and Policies Affecting their Reproductive Lives, East Central Europe* (CRLP ed. 2000).

There remains a significant gap between the provisions of the Children's Rights Convention and the reality of adolescents' reproductive health and lives. We appreciate the active interest that the Committee has taken in the reproductive health and rights of adolescents and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Polish government's compliance with the provisions of the Children's Rights Convention. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Very truly yours,

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[1] *See Concluding Observations of the Committee on the Rights of the Child: Argentina*, 8th Sess., para. 19, U.N. Doc. CRC/C/15/Add.35 (1995); *Concluding Observations of the Committee on the Rights of the Child: Egypt*, 26th Sess., para. 44, U.N. Doc. CRC/C/15/Add.145 (2001); *Concluding Observations of the Committee on the Rights of the Child: Georgia*, 24th Sess., para. 47, U.N. Doc. CRC/C/15/Add.124 (2000); *Concluding Observations of the Committee on the Rights of the Child: Latvia*, 26th Sess., paras. 39-40, UN. Doc. CRC/C/15/Add.142 (2001); *Concluding Observations of the Committee on the Rights of the Child: Russian Federation*, 22nd Sess., para. 48, U.N. Doc. CRC/C/15/Add 110 (1999).

[2] *See* Wanda Nowicka & Monika Tajak, *The Effects of the Anti-Abortion Act*, *in* THE ANTI-ABORTION LAW IN POLAND: THE FUNCTIONING, SOCIAL EFFECTS, ATTITUDES AND BEHAVIOURS (2000), *available at* http://www.waw.pdi.net/~polfedwo/english/reports/report00/rep00_3.htm (last visited Sept. 9, 2002).

[3] *See id.*

[4] *See id.*

[5] *See* THE CENTER FOR REPRODUCTIVE LAW AND POLICY (CRLP), WOMEN OF THE WORLD: LAWS AND POLICIES AFFECTING THEIR REPRODUCTIVE LIVES-EAST CENTRAL EUROPE 100, 117 (2000).

[6] *See* Sushula Singh & Jacqueline Darroch, *Adolescent Pregnancy and Childbearing: Levels and Trends in Developed Countries*, 32 FAM. PLAN. PERSP. 17 (2000).

[7] *See id.* at 20.

[8] *See Concluding Observations of the Committee on the Rights of the Child: Central African Republic,* 25th Sess., paras. 60-61, U.N. Doc. CRC/C/15/Add.138 (2000); *Concluding Observations of the Committee on the Rights of the Child: Cambodia,* 24th Sess., paras. 52-53, U.N. Doc. CRC/C/15/Add.128 (2000); *Concluding Observations of the Committee on the Rights of the Child: Kyrgyzstan,* 24th Sess., paras. 45-46, U.N. Doc. CRC/C/15/Add.127 (2000); *Concluding Observations of the Committee on the Rights of the Child: Lithuania,* 26th Sess., para. 40, U.N. Doc. CRC/C/15/Add.146 (2001); *Concluding Observations of the Committee on the Rights of the Child: Spain,* 30th Sess., para. 39, U.N. Doc. CRC/C/15/Add.185 (2002).

[9] *See* Poland Government Report on the Implementation of the Family Planning Act (2002) (unpublished government report) (on file) [hereinafter Report on the Implementation of the Family Planning Act].

[10] *See* INTERNATIONAL HELSINSKI FEDERATION FOR HUMAN RIGHTS, *Poland, in* WOMEN 2000: AN INVESTIGATION INTO THE STATUS OF WOMEN'S RIGHTS IN CENTRAL AND SOUTH-EASTERN EUROPE AND THE NEWLY INDEPENDENT STATES 319, 330 (Renate Weber & Nicole Watson eds., 2000).

[11] *See id.*

[12] *See id.*

[13] *See id.*

[14] *See id.*

[15] *See Concluding Observations of the Committee on the Rights of the Child: Chad*, 21st Sess., para. 30, U.N. Doc. CRC/C/15/Add.127 (1999).

[16] *See* Nowicka & Tajak, *supra* note 2.

[17] *See id*. In 2001, only 124 legal abortions were reported in Poland, where over 10 million women are of reproductive age. *See* Report on the Implementation of the Family Planning Act, *supra* note 9.

[18] *See id.*

[19] *See id.*

[20] *See id.*

[21] *See The Monument of Stupidity,* WOMEN'S WEEKLY, Feb. 17, 1996, *available at* http://www.waw.pdi.net/~polfedwo/english/english1.htm (last visited Sept. 9, 2002).

[22] *See* Rosinski Piotr, *News from Leszno*, GAZETA BEZPLATNA, Apr. 24, 2002.

[23] *See Child-Murderess Arrested (Olsztyn)*, TRYBUNA, Dec. 13, 2001.