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Polish Abortion Tourism

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Global Development and Management in Health Care
Master's Thesis
December, 2017

Laurea University of Applied Sciences
Degree Programme in Global Development and Management in Health Care
Master Thesis

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Abstract

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2017 Pages 49

Poland's abortion policy is one of the strictest abortion policies in Europe. Yet, thousands of Polish women travel each year abroad to terminate unintended pregnancies. Although abortion tourism is not a new phenomenon, reliable data on the issue is rather scarce. Thus, the goal of this study was to provide more information on abortion tourism, especially in the Polish context. The objectives of this research were to describe Polish women using foreign abortion services, use of the services, selection criteria for the services and reasons for preferring abortion tourism over having a backstreet abortion in Poland.

It is estimated that every fourth Polish woman has experienced an abortion, meaning that there are approximately 4,1-5,8 million Polish women who have terminated at least one pregnancy. Up to 200 000 Polish women are estimated to terminate pregnancies each year. Among these, 10-15% are estimated to seek abortion abroad.

The study was conducted as a quantitative research. Twenty-three Polish women, who have sought abortion abroad, participated in the study. The participants completed a questionnaire consisting of 13 questions. Eventually, correlation analysis was performed in order to measure the linear correlation between different variables.

The results indicate that the respondents usually had a relatively high socioeconomic status. Based on this study, an average Polish woman, who had an empirical experience of terminating a pregnancy abroad, was in her early 30's, highly educated and professionally active.
In addition, the results indicate that Polish abortion tourists usually traveled to the nearby member states of the European Union, with Germany being overwhelmingly the most popular destination. For the clear majority, terminating a pregnancy abroad was a one-time event. Moreover, the results indicate that the respondents were rather pressed for time and aware that abortion is a time-bound procedure. Namely, the accessibility of the service, understood as free appointments available in the near future, was estimated as the most important selection criterion for foreign abortion services. On the other hand, the respondents also valued the responsiveness of the personnel.
Last but not least, the results indicate that the safety concerns related to having a backstreet abortion in Poland was the most significant factor forcing Polish women to seek abortion abroad.

In conclusion, this study is a good starting point for exploring Polish abortion tourism, although a lot of information is still to be found. For instance, if Polish abortion tourists usually have a high socioeconomic status, then this brings up the question as to what methods are used by those who cannot afford traveling abroad. Thus, conducting further research on Polish abortion tourism is strongly recommended.

Keywords: abortion, Poland, abortion tourism, correlation analysis

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1 Introduction

Abortion as a term has its origin in the Latin word *abortio*, originally meaning miscarriage. Nowadays, abortion refers to termination of pregnancy caused by external intervention. There are two types of abortion: medical and surgical. In medical abortion, abortifacient pharmaceutical drugs are used in order to provoke uterine contractions. This results in a miscarriage, similar to a spontaneous miscarriage. In turn, vacuum aspiration is the most common method used in surgical abortion. The aim of vacuum aspiration is to remove uterine contests by creating suction. (Bratkowska & Szczuka 2011, 16-17.)

Approximately 46 million pregnancies are terminated in the world annually, with nearly 20 million terminations being induced under unsafe conditions (Luna 2007, 34). The relatively high prevalence of unsafe abortions has been recognized by numerous authors. For example, Needle and Walker (2008, 107-108) argue that approximately one-half of the abortions induced globally, mostly in developing countries, are not legal or safe.

Abortion in certain circumstances is legal in most countries throughout the northern hemisphere, however the availability of the procedure varies. In some countries, abortion is available on request, whereas in other, especially Catholic countries (such as Mexico and Poland) abortion policies are considerably restricted. (Connell 2011, 143.) Thus, abortion as a procedure is performed worldwide, although national abortion policies remarkably differ from each other as to strictness.

Polish abortion policy is one of the strictest abortion policies in Europe (Nowicka 1996; Agerholm 2016; Szelewa 2016, 741), with abortion on request being not allowed. Moreover, it is every once in a while discussed, whether Polish abortion policy should be even more restricted. Despite that, it is estimated that every fourth Polish woman has experienced an abortion (Hipsz 2013, 6; Federation for Women and Family Planning 2016).

Certainly, abortion is not the only option for a woman with unintended pregnancy. Namely, there are two other solutions. If the woman decides to continue with the pregnancy, she may either keep the child or place them for adoption. All the three possible solutions have both advantages and disadvantages. It is crucial that the woman can decide by herself, without any external pressure, whether to continue or terminate the pregnancy. (Kauranen 2011, 16.)

Sometimes, however, a woman decides to terminate an unintended pregnancy. If the woman happens to live in a country, where abortion on request is not allowed, she has essentially two options: either seeking backstreet abortion or traveling abroad.

Backstreet abortion is not free from risks. Restrictive abortion policies not only have no impact on decreasing the number of abortions, but also make abortions dangerous, as they are

induced by people lacking necessary skills, in an environment with minimal medical standards (Luna 2007, 34). Although Luna (2007) refers mostly to developing countries, the situation is not much better in Poland. As Bratkowska and Szczuka (2011, 26) point out, women seeking backstreet abortions often end up in hands of tricksters claiming to be physicians. Such „physicians" may lack knowledge on terminating a pregnancy, use unsterilized medical equipment or hand out forged abortion pills to their „patients" (Bratkowska & Szczuka 2011, 26).

Backstreet abortions take a heavy toll. It is estimated that over 200 women around the world die daily because of poorly executed, illegal abortions. Every fifteen minutes, a woman dies due to complications after having a backstreet abortion. (Bratkowska & Szczuka 2011, 26-27.) As a result, unsafe abortions take 67 000 women's lives annually (Luna 2007, 34). Nearly 10 years ago, in 2008, World Health Organization (2008, 27) estimated that deaths due to unsafe abortion accounted for nearly 13% of all maternal deaths worldwide. Under these circumstances, it should not wonder anyone that women seek help abroad, in countries in which abortion on request is legal, as up to 30 000 Polish women do every year (Dubrowska 2010).

Although abortion tourism as such is not a new phenomenon, reliable data on the issue is rather scarce (Connell 2011, 143; Cohen 2014, 318). Therefore, the goal of this study was to provide more information on abortion tourism, especially in the Polish context. The objectives of this research were to describe Polish women using foreign abortion services, use of the services, selection criteria for the services and reasons for preferring abortion tourism over having a backstreet abortion in Poland.

2 Abortion in Poland

Poland's abortion policy has undergone multiple changes throughout the years. The regulation of July 11, 1932 abolished the total ban on abortion, remaining in force while the Polish lands were under foreign partition. As a result, termination of pregnancy resulting from incest, rape or cohabitation with a minor under the age of 15 or due to medical reasons was legalized. The regulation was one of the most liberal solutions in Europe at that time. In 1943-1945, during German occupation, for the first and - so far - last time, Polish women had the right to abortion on request. In turn, the law of April 27, 1956 allowed abortion due to medical reasons, challenging life situation and suspicion that the pregnancy was a result of a criminal act – practically guaranteeing Polish women access to abortion on request. However, the legislation has been noticeably tightened in the '90s. (Hipsz 2013, 2.) Nowadays, the permissibility of abortion in Poland is defined by the Law on Family Planning, Human Embryo Protection and Conditions of Abortion. The act was enacted on January 7, 1993 and is still in force. According to the Act, abortion in Poland is permitted in three cases:

- when continuation of pregnancy endangers the woman's life or health,

- when the foetus is irreparably damaged,
- or when the pregnancy is a result of a criminal act. (Law on Family Planning, Human Embryo Protection and Conditions of Abortion 1993; Hipsz 2013, 2.)

In cases when the pregnancy is a threat to the woman's life or health or when the foetus is severely malformed, inducing an abortion is legal until the foetus is able to survive independently outside the uterus. In turn, terminating a pregnancy is allowed up to 12 weeks of gestation if the pregnancy is a result of a criminal act. (Law on Family Planning, Human Embryo Protection and Conditions of Abortion 1993.)

Thus, abortion on request is not allowed in Poland. Although a woman who decides to have an abortion on request is not a subject to penalty, a physician who terminates a pregnancy for other than legal reasons does commit a crime. Thus, the physician is liable to a penalty of up to two years' imprisonment. (Law on Family Planning, Human Embryo Protection and Conditions of Abortion 1993; Rich 1993, 1084; David & Titkow 1994, 239.)

Therefore, Poland's abortion policy is remarkably restricted. In addition, even the access to a lawful abortion cannot be always taken for granted. There are cases in the Polish history, in which physicians refused to terminate a pregnancy despite of valid reasons. Denying the access to safe abortion despite of medical indications is an evidence-based phenomenon. For example Fáundes and Shah (2015) argue that the access to safe abortion is denied in many countries even when the legal condition for abortion is met. The most famous case in the Polish history is Tysiąc v. Poland, in which a Polish woman Alicja Tysiąc, suffering from severe myopia, requested the access to a lawful abortion as there was a threat of escalation of her disease. Three eye specialists stated an opinion that the pregnancy could put Tysiąc's eyesight at serious risk. However, none of the physicians issued a certificate for the pregnancy to be terminated. Therefore, Tysiąc gave birth to her child by Caesarean section in November 2000. As a result, her eyesight deteriorated badly and she went nearly blind. Subsequently, the case was appealed to the European Court of Human Rights. Poland lost the case in 2007 and had to pay Tysiąc 25 000 € in respect of non-pecuniary damage and 14 000 € in respect of costs and expenses. (European Court of Human Rights 2007; Easton 2007; Baczyńska 2010; Bratkowska & Szczuka 2011, 83-85; Cook et al. 2014, 124-125.)

Tysiąc's story is a tragic example of the sometimes questionable availability of lawful abortion in Poland. Even though the continuation of pregnancy put Tysiąc's health at serious risk, no physician issued a certificate for the pregnancy to be terminated. It is inexpressibly sad that maintaining the pregnancy costed Tysiąc her health.

2.1 Statistical data

Providing reliable statistics on abortion in Poland is extremely challenging, not to say impossible. Certainly, there are statistics on abortion induced due to legal reasons with several hundred of procedures induced every year (Eurostat 2016). These statistics refer to abortion induced in three cases defined by the Law on Family Planning, Human Embryo Protection and Conditions of Abortion, described in chapter 2. As already discussed, a physician who terminates a pregnancy for other than legal reasons is a subject to penalty. Therefore, it is vital to understand that we do talk about a criminal act while talking about the number of abortions on request induced in Poland. Thus, it is not surprising that providing reliable statistical data is problematic.

According to the study conducted by the Public Opinion Research Center, not less than every fourth and not more than every third Polish woman has experienced at least one abortion, meaning that there are 4,1-5,8 million women in Poland, who have an empirical experience of terminating a pregnancy (Hipsz 2013, 6). However, this number includes all types of abortion; therefore, it includes abortions induced in Poland due to legal reasons, backstreet abortions induced in Poland and abortions induced abroad on Polish women. Yet, attempts have been made in order to separately estimate the number of backstreet abortions induced in Poland and abortions induced abroad. Estimated data provided by different institutions varies a lot. Namely, the numbers provided by pro-choice organizations are usually much higher compared to pro-life organizations.

For instance Wanda Nowicka, head of the Federation for Women and Family Planning, estimated in 2010 that approximately 80 000-200 000 Polish women terminate unintended pregnancies every year. According to her, 10-15% of these abortions are induced abroad. (Dubrowska 2010.) This estimation would mean that up to 30 000 Polish women travel each year abroad to seek abortion. According to the latest estimations of the Federation for Women and Family Planning (2016), over 100 000 abortions are induced every year in Poland, meaning that every fourth Polish woman has experienced an abortion. In turn, Polish Association of Defenders of Human Life (Polskie Stowarzyszenie Obrońców Życia Człowieka) takes a different stand by estimating the number to be much lower with approximately 8 000-13 000 abortions induced each year (Dubrowska 2010). Thus, the estimated number of abortions induced in Poland each year varies from 8 000 up to even 200 000, depending on the source of information.

If 8 000-30 000 Polish women travel every year abroad to terminate a pregnancy, how many Polish women in total share the experience? Actually, it is possible to roughly estimate the overall number of Polish women, who have terminated a pregnancy abroad. According to the World Health Organization (2017), women aged between 15 and 49 years are considered to be at reproductive age. Therefore, women aged between 15 and 49 years might potentially have experienced an abortion. However, it is important to notice that also these women, who are

currently over 49, might have an empirical experience of terminating a pregnancy. Thus, it is necessary to know the overall number of Polish women, who are at least 15 years old. According to the Central Statistical Office of Poland (2017), there were 17 038 216 women aged 15 or more in 2015 in Poland. Following the estimation of the Federation for Women and Family Planning (2016) that every fourth Polish woman has terminated a pregnancy, it is possible to estimate that approximately 4 259 554 Polish women have had an abortion. This number is actually in accordance with the estimation of the Public Opinion Research Center (Hipsz 2013). Among these women, 10-15% are estimated to have terminated the pregnancy abroad (Dubrowska 2010). Therefore, there could be approximately 425 955-638 933 women living in Poland, who have terminated a pregnancy abroad.

Naturally, these estimations are extremely rough. As already discussed, it is impossible to know the exact number of Polish women, who have sought abortion abroad.

What could be the ratio of legal and illegal abortions? At least the number of lawful abortions induced in Poland is very low. Among up to 200 000 abortions induced every year, only several hundred of procedures are induced due to legal reasons. The highest number of lawful abortions was induced in 2014 with 970 procedures (Eurostat 2016). Thus, the number of lawful abortions induced in Poland is just a drop in the ocean.

2.2 Public debate

Abortion is a relatively popular topic in the public debate. On one hand, abortion is perceived as a women's right. On the other hand, however, women with unintended pregnancies are reminded that they are carrying an initial form of a human being inside them. Sometimes, abortion is also compared to murder in the public debate. (Kauranen 2011, 33.)

As already mentioned, Poland is a country with one of the strictest abortion laws in Europe (Nowicka 1996; Agerholm 2016; Szelewa 2016, 741). Despite that, it is every once in a while discussed, whether Polish abortion policy should be even more restricted.

In autumn 2016, both Polish and international news were full of Poland's battle over abortion ban. Namely, Polish anti-abortion activists had prepared a law draft, aimed at a near-total ban on abortion, even in case of rape or incest. The only exception would have been a threat to the mother's life. The changes introduced by the anti-abortion activists would have aligned Poland with Malta and Vatican City, two European countries in which abortion is banned outright under the law. Abortion was also to be punishable with up to a five-year prison term. Polish citizens, especially women, did not remain passive. Monday 3rd October 2016 went down in Polish history as Black Monday, on which nearly 100 000 women went on strike in protest against the near-total ban on abortion. Demonstrations were held in numerous Polish cities, including Warsaw, Cracow, Gdańsk and many others. Protests were also organized in

other European cities, such as Berlin, London and Paris, as a sign of solidarity with Polish women. On Black Monday, women marched through the streets dressed in black as a symbol of mourning for the loss of their reproductive rights. They also boycotted work on that day, forcing government offices, universities and schools in 60 Polish cities to close their doors. Some women participating in the demonstration held coat-hangers in their hands as a symbol of the dangers of backstreet abortion. Meanwhile, the law draft was being discussed in Poland's parliament, with demonstrations of both pro-choice and pro-life activists being constantly held. Eventually, Polish parliament rejected the citizens' bill by 352 to 58 votes. (Agerholm 2016; BBC 2016a; BBC 2016b; BBC 2016c.)

Black Monday encouraged some women to speak openly about the abortions they had experienced, also abroad. Short after the Black Monday, Polish singer Natalia Przybysz released a song ”Przez sen” *(”In sleep”)*, in which she describes her personal experience of terminating a pregnancy in the Slovak Republic. Przybysz admits that she was anxious about people's reaction to her confession, but her aim was to act against hypocrisy in Poland. Przybysz claimed: ”We live in a reality, in which everyone pretends that this is not happening. Women are left alone. This is a bad feeling. That's why I want to say it aloud – now.” (Ławnicki 2016.)

It might seem that after the Polish parliament voted overwhelmingly against the anti-abortion activists' initiative, Poland's battle over abortion would calm dawn for a while. However, only 9 days after Black Monday Jarosław Kaczyński, chairman of the national-conservative party Prawo i Sprawiedliwość *(Law and Justice)* stated: ”We will strive to ensure that even very difficult pregnancies, when a child is sentenced to death, severely malformed, would end up in birth, so that the child could be baptized, buried, so that the child could have a name. Of course, we are talking only about these cases of difficult pregnancies, when there is no threat to the mother's life or health”. (RP 2016.) Yet it remains rather unclear what this means for Poland's abortion policy, however, it is apparent that Poland's battle over abortion is not over yet.

3 Abortion tourism

Medical tourism has a long and unbroken history. In the beginning, the purpose of medical traveling was to enhance health and well-being. The very first documented case of medical tourism dates back over 2 000 years, when travelers from around the Mediterranean visited Epidaurus in the Peloponnese. The city was said to be the birthplace and sanctuary of Asclepius, son of Apollo and god of healing. (Connell 2011, 12.)

Nowadays, medical tourism is a very complex phenomenon (Sethna & Doull 2012, 457) that includes many types of patients and medical treatments (Pennings 2013, 179). Medical tourism has become increasingly prominent during the last decade (Horsfall et al. 2013, 223).

Simultaneously, medical traveling is also one of the fastest growing subjects of academic research interest (Hall 2011, 4; Sethna & Doull 2012, 457).

Ginter, Duncan and Swayne (2013, 76) define medical tourism as ”the practice of traveling to another country with the purpose of obtaining health care”. The desired medical intervention can be, for example, a dental treatment, reproductive health care service, medical check-up and so on. More specific terms were distinguished, depending on the service one is going to obtain abroad. (Ginter et al. 2013, 76.) Thus, we speak of organ transplant tourism, if one is going to have a kidney transplant abroad. In turn, we can speak of abortion tourism if the purpose of traveling to another country is terminating a pregnancy.

If we wanted to put abortion tourism in a broader category, the right section would probably be reproductive tourism. Some authors argue that although the term ”reproductive tourism” refers mostly to such services, as sperm and egg donation and surrogate parenthood, it is also related to the converse - abortion, contraception and vasectomies (Connell 2011, 140). In simple words, reproductive tourism can be thus both related to conceiving and the very opposite – preventing or terminating a pregnancy.

Abortion tourism is considered as a relatively distinctive form of medical tourism (Connell 2011, 143). As Sethna & Doull (2012, 456) accurately notice, this form of medical tourism is unique to women. However, certain similarities to other types of medical traveling can be found. According to Connell (2011, 143), it is common for different forms of medical tourism that patients with higher income are able to travel further. In turn, it is least likely for indigent people to travel at all. In addition, some authors claim that the destination is most related to cost, just like it is suggested that less wealthy Polish abortion tourists are more likely to travel to Ukraine or Belarus rather than Germany or Belgium (see chapter 3.2). (Connell 2011, 143-144.)

Cohen (2014) introduces three different approaches to divide the medical tourism industry. The first approach is based on the legal status of the treatment. The first group includes treatments that are legal both in the home country of the patient and the destination country, such as cosmetic surgeries. The other group includes treatments, which are illegal in the patient's home country, but legal in the destination country. The author describes traveling abroad to obtain such health care services as „circumvention tourism”. Abortion tourism falls into this category together with assisted suicide and stem cell therapies. Last but not least, there are also treatments that are illegal both in the patient's home country and the destination country. This can refer to, for instance, organ transplant tourism. (Cohen 2014, 2.)

The other approach divides the medical tourism industry by payer type. In this category, there are treatments paid by the patients out-of-pocket, treatments covered by a private insurance and treatments that are covered by public insurers. (Cohen 2014, 2-9.)

Moreover, the author also divides medical tourism industry by the direction of patient flow. One of the directions is South-North, which involves mostly wealthy patients from low or middle-income countries, who are interested in obtaining health care services in high-income countries. These patients usually seek high-quality services and/or specialties that are not available in their home country. Another direction is North-North, involving mostly patients from high-income countries traveling to other high-income countries. This form of medical tourism is typical for the northern hemisphere. The opposite of North-North is South-South, which involves patients from low-and-middle income countries traveling to other low-and-middle income countries for various procedures. (Cohen 2014, 10-12.)

Thus, the phenomenon described in this study can be defined by Cohen's criteria as follows: Polish abortion tourism is a form of circumvention tourism, in which a patient travels to another country to obtain such health care services, which are illegal in his or her home country, but legal in the destination country. In case of Polish abortion tourism, terminating a pregnancy abroad is paid out-of-pocket by the woman. In turn, categorizing Polish abortion tourism by the direction of patient flow seems to be more questionable. It seems that Polish abortion tourism has both features of the South-North and North-North patient flow. Perhaps it is more relevant to associate Polish abortion tourism rather with the North-North patient flow. Namely, Cohen (2014, 12) relates this direction of patient flow to the European Union cross-border health care. Poland is a member state of the European Union, and so are most of the countries Polish women choose for their destination. Moreover, Poland is located in the northern hemisphere, for which this direction of patient flow is rather typical (Cohen 2014, 12).

Although this study focuses on Polish women traveling abroad to obtain certain services, it is vital to remember that Poland can be also a destination country for medical tourists. For example Cohen (2014, 12) refers to Poland as noticeable destination for patients from Russia and Central Europe, who are interested in such health care services as dental and cosmetic surgery.

3.1 Abortion tourism in Europe

Abortion tourism is not a new phenomenon: women from such countries as Poland or Ireland have been terminating unwanted pregnancies abroad for a long time, although there is no reliable data on exactly how many (Cohen 2014, 318). In Europe, several countries (such as Sweden and Spain) have become popular destination countries for abortion tourists. Not surprisingly, reliable statistics on abortion tourism are not available; however, various estimations have been made. For instance, it is estimated that in 2007, nearly 200 women per week were traveling to the United Kingdom from Ireland and Northern Ireland to have an abortion. (Connell 2011, 143.)

European women coming from countries with restrictive abortion policies usually travel to the neighbor countries of their home countries, as far as it is possible due to legal and practical reasons. Fiala (2011, 11-12) argues that the most popular destination countries for European abortion tourists are the United Kingdom, the Netherlands, Austria and Belgium. In addition, some women seek abortion in Sweden and Germany. (Fiala 2011, 11-12.)

Spain has earlier become a popular destination especially for French women. This was mostly due to the fact that the Spanish legislation allowed abortion up to 22 weeks of gestation, whereas in France it was allowed to terminate a pregnancy up to 10 weeks. Many French women missed the deadline as there were no doctor's appointments available. Therefore, women had to seek help in such countries as Spain, which allowed terminating a pregnancy after 10 weeks of gestation. Spanish clinics recognized the needs of their French patients and responded to them by, for example, producing leaflets in French. (Medical Post 1997.)

Therefore, although this study focuses on Polish women seeking abortion abroad, it is vital to remember that abortion tourism is not only a Polish phenomenon.

3.2 Abortion tourism in Poland

Access to reproductive health services has become a major concern for Polish women since the fall of state socialism in 1989. Adopting the agenda of the Catholic Church on reproduction in national health policies resulted in enacting the Conscience Clause Law, followed by the abortion ban. (Mishtal 2009, 161.) The abortion ban had severe social consequences, including increased number teenage pregnancies and late pregnancies and abandoned infants (Nowicka 1996). Moreover, enacting the anti-abortion law in January 1993 has led to the development of a backstreet abortion network in Poland (Perlez 1995, 3; Nowicka 1996) and Polish abortion tourism (Rich 1993, 1083; Nowicka 1996). Backstreet abortions started to be induced in private clinics or by night in some state hospitals (Perlez 1995, 3). As Nowicka (1996) points out, backstreet abortion was mostly available in large cities. Physicians inducing backstreet abortion described the operation as something else on medical records. Unsanitary practices were not unusual. (Perlez 1995, 3.)

However, it was not only the backstreet abortion network that started to flourish in 1993. As the law was coming into force, Deputy Health Minister Marek Balicki predicted that the law would lead not only lead to a flood of backstreet abortions, but also abortion tourism. He was certainly right. Only a few days after the law came into force, the first specialized travel agency had opened in Olsztyn, Poland, offering ”a full range of gynecological services” in the Russian province of Kaliningrad. Approximately 200$ was needed in order to purchase a return coach trip from Olsztyn to Kaliningrad, a four-day stay in a hospital and the abortion itself. The cost was equivalent to an average monthly salary, however a backstreet abortion induced in Poland used to cost approximately 800$ back in 1993. (Rich 1993, 1083-1084.) Thus, in the

beginning abortion tourism was not only safer, but also noticeably cheaper compared to having a backstreet abortion in Poland. And it did attract Polish women: in 1996, only three years after enacting the Law, approximately 16 000 Polish women traveled to the neighbor countries of Poland to have an abortion (Nowicka 1996).

As already discussed, European women seeking abortion abroad usually choose the neighbor countries of their home countries. However, this is not always possible due to legal restrictions raised in certain countries. For example, abortion on request is not available to a Polish woman choosing the Czech Republic for her destination, unless the woman permanently lives in the Czech Republic. (Fiala 2011, 11.) However, Polish women have more options to choose from. For instance, some of Polish women choose the Eastern neighbors of Poland, such as Belarus and Ukraine. According to some authors, however, Polish women with higher income are more likely to travel to the nearby member states of the European Union, such as the Slovak Republic. Also more expensive Germany, Belgium and Austria are mentioned. Another popular country is the United Kingdom; ten years ago, in 2007, nearly 31 000 Polish women had an abortion there. (Connell 2011, 143.) However, it is not clarified how many of these women traveled to the UK in order to have an abortion and how many had already lived there. After all, it is vital to remember that after the enlargement of the European Union in 2004, Polish immigrants have become a dominant group in the United Kingdom (Burrell 2009, 1). This could have had an influence on the relatively high number of Polish women, who had an abortion in the United Kingdom in 2007. Thus, it is crucial to distinguish abortion tourism (a situation when a woman travels to another country to terminate a pregnancy) from having an abortion while already living abroad.

How many Polish women travel abroad every year to have an abortion? How large is the phenomenon we are talking about? Not surprisingly, providing reliable statistical data on abortion tourism is nearly impossible (Connell 2011, 143). As already mentioned in chapter 2.1, Federation for Women and Family Planning estimates that approximately 80 000-200 000 Polish women terminate a pregnancy every year, and that 10-15% out of these terminations take place abroad (Dubrowska 2010). This estimation would mean that up to 30 000 Polish women travel each year abroad to have an abortion.

Where do they go? Which countries are most popular? Janusz Rudziński, a Polish gynecologist operating in Prenzlau, Germany, argues that ”several thousand Polish women terminate a pregnancy in Germany every year”. Ann Furedi, head of the British Pregnancy Advisory Service estimates that Britain was visited by 7 000 abortion tourists in 2009. She argues that more than a thousand, up to several thousand women came from Poland. (Baczyńska 2010.) Thus, it is relatively likely that majority of these 31 000 Polish women, who had an abortion in the United Kingdom in 2007 (Connell 2011, 143), had already lived there before terminating the pregnancy.

What some readers might not know is that Poland actually used to be a destination country for abortion tourism. For instance Swedish women used to travel to Poland, a communist country at that time, to terminate unintended pregnancies while abortion in Sweden was illegal. (Fiala 2011, 11.) Thus, it is vital to remember that Poland has been both „sending" and „hosting" country on the European map of abortion tourism.

4 Methodology

This study was conducted as a quantitative research. Participants of the research were asked to fill a self-constructed on-line survey. The survey was created in Google Forms and consisted of 13 questions. Seven questions regarded the participants' background information, such as age, marital status, province, number of inhabitants in their place of residence, level of education, occupation and yearly income. The rest 6 questions were related to the abortion itself. Participants, who have terminated a pregnancy abroad more than once (n=2), were asked to answer the questions considering the first termination only. The questionnaire was created in two language versions: Polish and English. Zonta International/District 27 had verified the questionnaire before publication and stated an opinion on the accuracy of the Polish and English version of the questionnaire (see Appendix 3). Moreover, the questionnaire was pre-tested on 3 volunteers to ensure that the questions are relevant and understandable.

4.1 Data collection

All Polish women living in Poland, who have at least once traveled abroad to terminate a pregnancy, were eligible to participate. In turn, women who have terminated a pregnancy while already living abroad, either in the country they had migrated to before or in any other country, were not eligible to participate. Thus, as any person meeting the eligibility conditions was able to participate, the sample was selected by convenience sampling. Hoskins and Mariano (2004, 45) define convenience sampling as a method that uses whatever cooperative subjects are easily at hand.

Multiple channels were used to reach the respondents:

- social media: link to the questionnaire was published on Facebook, including the researcher's personal profile and different groups. Several persons also shared the link on their personal profiles.

- various discussion forums, such as of Wizaz.pl, Gazeta.pl, Interia.pl and Kafeteria.pl.

- three organizations that gave their consent to publish the link to the questionnaire on their Facebook profiles and/or distributed the link through their newsletters: Federacja na rzecz Kobiet i Planowania Rodziny *(Federation for Women and Family*

Planning), Centrum Praw Kobiet *(Center for Women's Rights)* and Protest Kobiet *(Women's Protest)*.

Data was collected between 25th February and 25th May 2017, therefore for precisely 3 months. All in all, 23 women participated in the study. One response was excluded from the data analysis as a strong suspicion emerged that the response was a hoax. Therefore, 22/23 responses were analyzed.

Nobody knows exactly how many Polish women travel each year abroad to terminate a pregnancy. Therefore, it is impossible to know the exact size of the main population. However, as already mentioned in chapter 2.1, there could be about half a million Polish women, who have an empirical experience of terminating a pregnancy abroad. Therefore, the main population consisted of about half a million Polish women, who have sought abortion abroad.

4.2 Data analysis

Data was analyzed with IBM SPSS Statistics 23, a software package used for statistical analysis. Pearson correlation coefficient was used in order to measure the linear association between different variables. According to McDonald (2008, 190), correlation analysis aims at recognizing whether two measurement variables covary, and at measuring the strength of any relationship between the variables. Thus, correlation analysis was performed to explore possible relationships between different variables (for example, the respondents' yearly income and destination, a correlation suggested by Connell (2011)). Statistical significance was defined at the level $p < 0.05$.

4.3 Validity and reliability

Newell and Burnard (2011, 147) argue that convenience sampling carries low amount of generalizability because of the inherent weakness in the sampling procedure. In other words, convenience sampling is considered as rather weak, because there is less likelihood of similarity between sample and population (Newell & Burnard 2011, 147-148). Also Hoskins and Mariano (2004, 45) argue that the representativeness of a sample selected by convenience sampling is rather questionable.

Thus, the validity of this research remains relatively low. Not only the convenience sampling itself achieves the lowest level of external validity, understood as the applicability of the findings to the world at large (Newell & Burnard 2011, 148), but also the size of the sample remains rather modest. Namely, for methodology applied in this research (survey and correlation analysis), it is recommended to draw as large a sample as is possible (Hoskins & Mariano 2004, 45). Thus, the results of this study are not generalizable.

In turn, reliability consists of two concepts: consistency and repeatability. Reliability in research is overwhelmingly an issue of measurement, and the reliability of measures is examined in terms of whether different raters can use a particular scale and obtain similar results. (Newell & Burnard 2011, 149-150.) Thus, the questionnaire was pre-tested on 3 volunteers before the actual data collection. The aim of pre-testing was to ensure that the questions are understandable and relevant.

4.4 Ethical consideration

According to Doody and Noonan (2016, 803), ethics is essential to good research practice and protection of society, as without due cognizance there is always the potential for research to do harm. Thus, researchers need to plan for and expect any potential or actual risks (Doody & Noonan 2016, 803). As the issue of abortion is relatively controversial, ethical consideration turned out to have much significance in the research process. Potential and actual risks were carefully evaluated. For example, the questionnaire was constructed so that the identity of the respondents would not be revealed. The respondents remained anonymous throughout the entire process. Moreover, asking excessively precise questions that could carry a risk of recognition was avoided. For instance, respondents were not asked to reveal the name of their place of residence; instead, roughly evaluated number of inhabitants was sufficient enough. The actions were aimed at minimizing the risk of recognition and protecting the privacy of the respondents.

In addition, Zonta International/District 27 had verified the questionnaire before publication. Primarily, the statement on the accuracy of both language versions of the questionnaire contained detailed contact information of persons involved in the evaluation process. Despite the consent of Zonta International to publish the statement in its initial form, all personal details were removed in order to protect the privacy of the persons involved.

5 Results

5.1 Respondents

As one of the objectives of this study was to describe Polish women using foreign abortion services, this chapter presents the descriptive statistics of the respondents.

Twenty-two responses were included in data analysis. The age range of the respondents varied between 21 and 59 years (mean 32,4, median 31, mode 23). Precisely half (n=11) of the respondents were $\leqslant$ 30 years old and half (n=11) $\geqslant$ 31 years old.

Age range (in years)	Frequency (n)	%
21	1	4,55
22	1	4,55
23	3	13,65
24	1	4,55
25	2	9,10
26	1	4,55
29	1	4,55
30	1	4,55
32	1	4,55
33	1	4,55
34	2	9,10
36	1	4,55
38	1	4,55
42	1	4,55
43	1	4,55
44	1	4,55
47	1	4,55
59	1	4,55
n	**22**	**100**

Table 1: Study sample distribution by age range (n=22)

Most participants reported to be either single (n=7) or in an informal relationship (n=7). The rest reported to be either married (n=5), divorced (n=2) or separated (n=1). Thus, although 7 respondents reported to be single, most respondents (n=12) reported to be in a relationship, either formal (n=5) or informal (n=7).

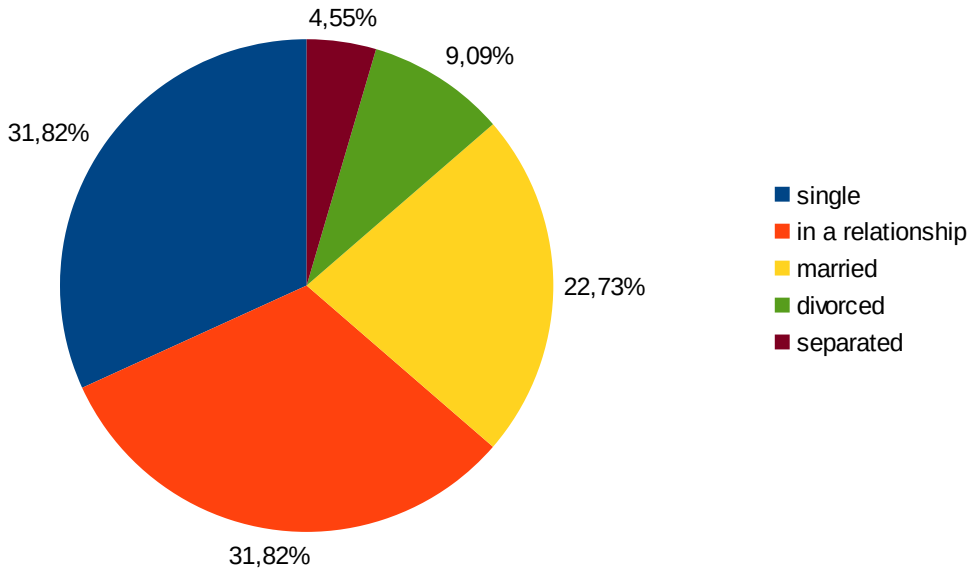

Figure 1: Marital status

Clear majority of the respondents reported to live in a town of more than 100 000 inhabitants (n=18). The rest reported to live in a town of less than 19 999 inhabitants (n=4). No respondent reported to live in a town of 20 000-99 999 inhabitants or in a village.

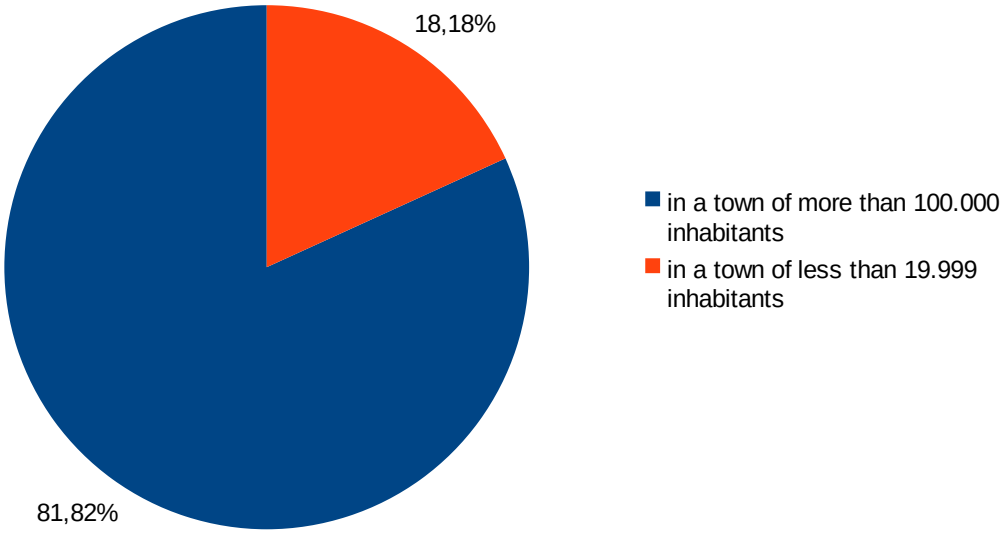

Figure 2: Place of residence

The participants reported to live in 8 out of 16 provinces of Poland. The most popular provinces were the Mazovia province (n=8) and the Lower Silesia province (n=5).

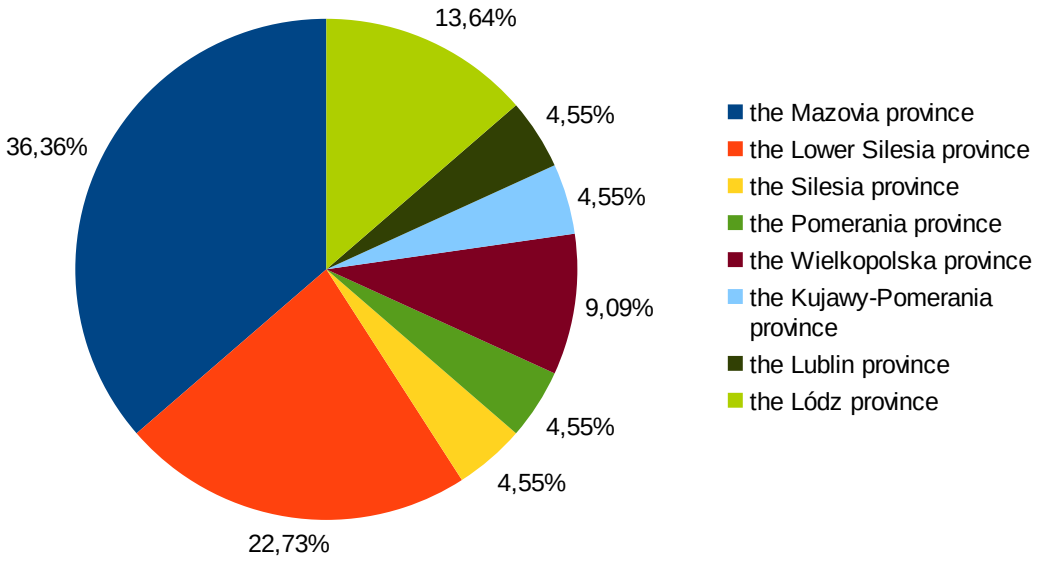

Figure 3: Province

Clear majority of the respondents had completed a higher education degree (n=15). The others had completed either secondary education (n=6) or basic vocational education (n=1).

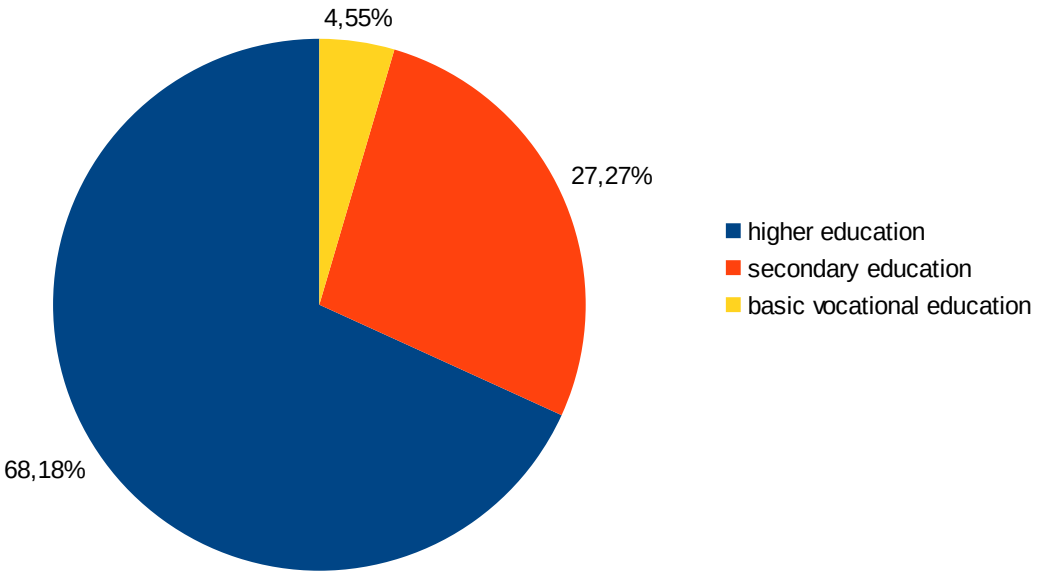

Figure 4: Level of education

Most respondents reported to be employed (n=16). Some participants reported to be students (n=5) and one (n=1) to be self-employed.

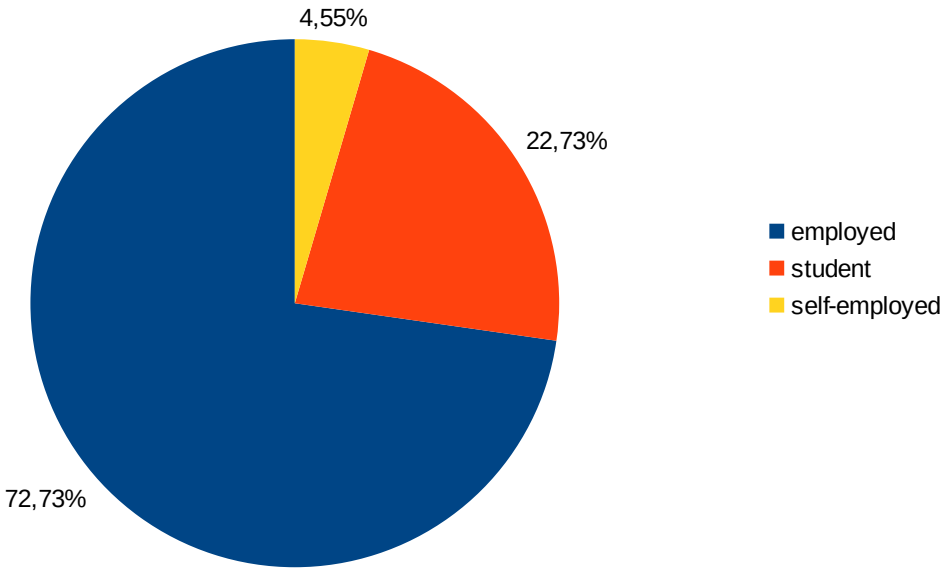

Figure 5: Professional situation

Yearly income of the participants was relatively differentiated. 10 000-29 999 Polish zloty (approximately 2 350 – 7 050€) was the most popular answer (n=8) with 30 000-49 999 Polish zloty (~7 050 - ~11 750€) on the second place (n=7). Respondents earning more than 50 000 Polish zloty (~11 750€) (n=4) or less than 9 999 Polish zloty (~2 350€) (n=3) were minorities. However, precisely half of the respondents reported to earn at least 30 000 Polish zloty (~11 750€) per year.

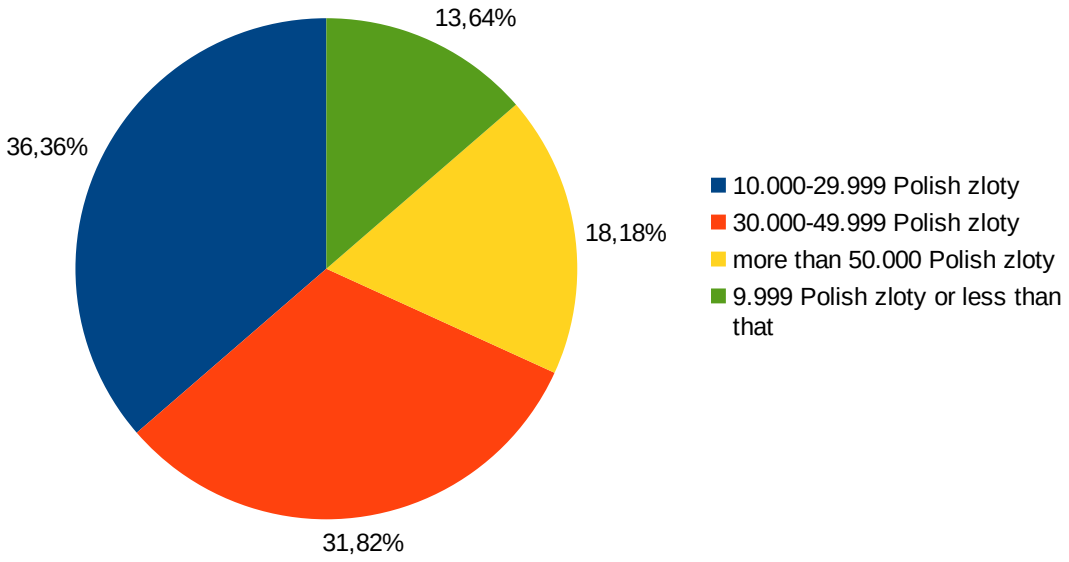

Figure 6: Income

Thus, an average Polish woman who has sought abortion abroad was in her early 30's, living in the Mazovia province, in a town of more than 100 000 inhabitants. She was in an either formal or informal relationship. She had completed a higher education degree and was professionally active. Her yearly income placed itself between 10 000-29 999 Polish zloty (approximately 2 350 – 7 050€).

Correlation analysis did not reveal any statistically significant correlation in terms of the descriptive statistics of the respondents.

5.2 Use of foreign abortion services

Another objective of this study was to describe the use of foreign abortion services in terms of number of abortions experienced abroad, destination countries, operational costs and overall costs of the abortion.

Clear majority of the respondents reported to have terminated a pregnancy abroad only once (n=21). However, one respondent (n=1) reported to have terminated a pregnancy abroad three or more times.

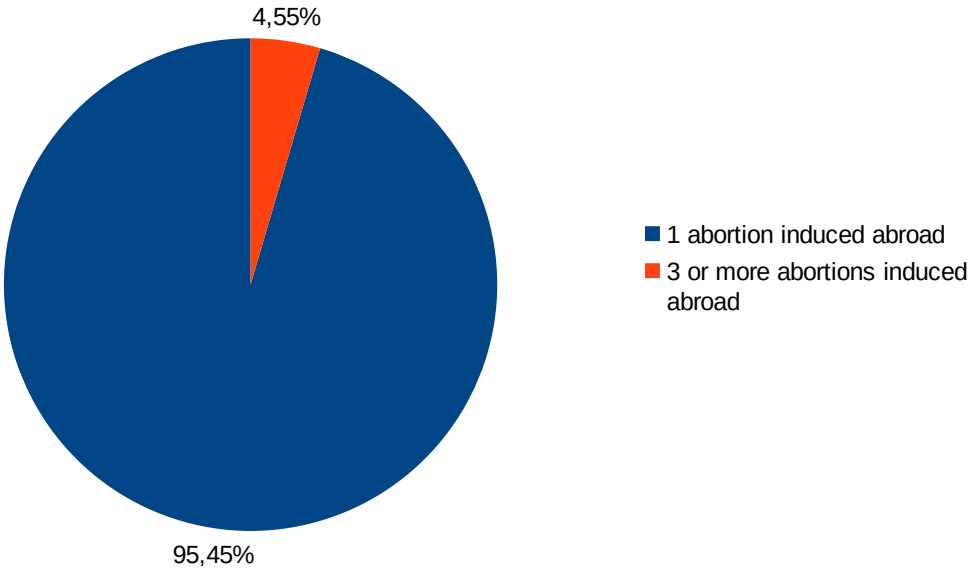

Figure 7: Number of abortions experienced abroad

The respondents reported to have sought abortion in 6 countries total. Precisely half of the respondents reported to have sought abortion in Germany (n=11). The United Kingdom (n=4), the Slovak Republic (n=3) and the Czech Republic (n=2) were also popular. Belarus and Ukraine were selected by one person each.

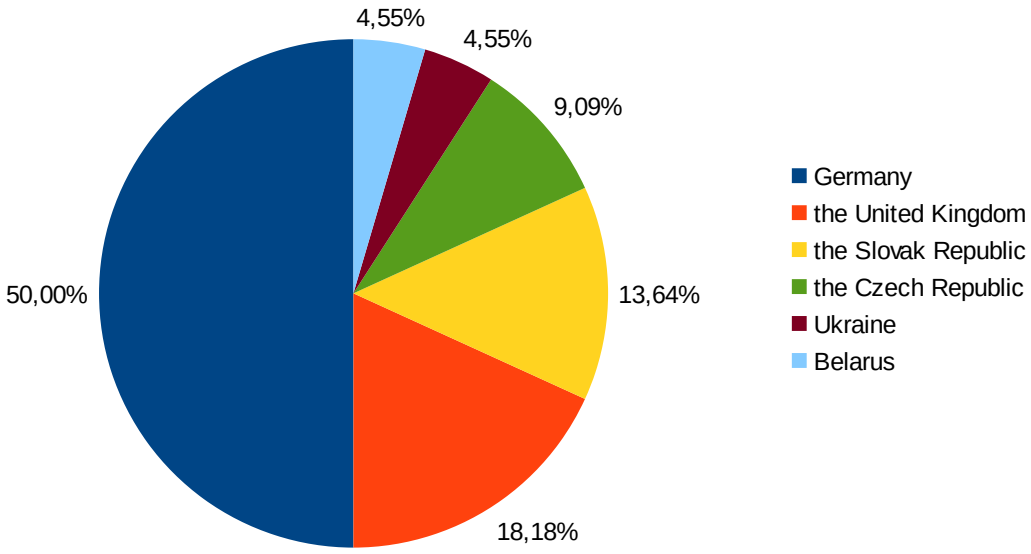

Figure 8: Destination countries

The operational costs of the abortion varied between 228€ and 968€ (mean 430,90). In turn, the overall costs of the abortion varied from 236€ to 1584€ (mean 623,95). Eighteen responses were analyzed with regard to operational costs and overall costs of the abortion. One respondent did not answer the questions related to the costs; one claimed that she did not remember the price, whereas two other respondents did not mention the currency. Therefore, 4 responses were excluded from data analysis.

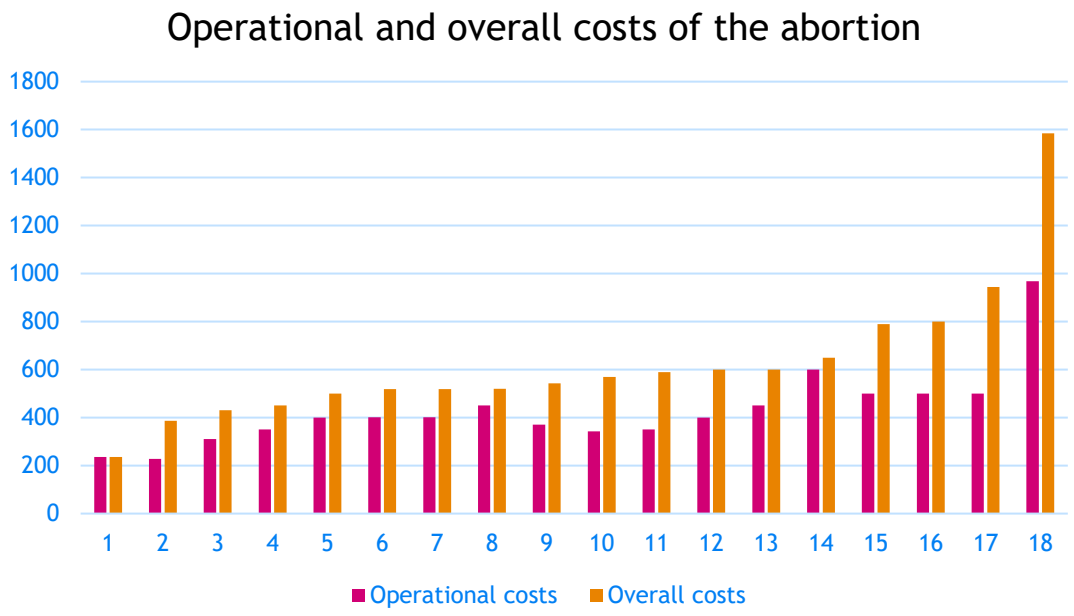

Figure 9: Operational and overall costs of the abortion in EUR

Correlation analysis revealed one statistically significant correlation in terms of use of the services. The correlation occurred between operational costs and overall costs of the abortion (r=0,932, p=0,00). No correlation was revealed between such factors, as for example destination country and yearly income, a correlation suggested by Connell (2011).

5.3 Selection criteria for foreign abortion services

In addition, the study was aimed at describing the selection criteria of Polish women seeking abortion abroad. Respondents were asked to evaluate the importance of 8 selection criteria (distance, knowledge of the language spoken in the destination country, price, transport service provided by the hospital or clinic, opinions in the Internet, responsiveness of the personnel, availability of Polish-speaking personnel and accessibility of the service, understood as free appointments available in the near future). The question was asked as a four-point Likert scale question (1 - not important at all, 2 – not important, 3- important, 4 – very important). The participants evaluated the importance of the selection criteria as follows:

Selection criteria	**Importance (mean)**
Accessibility of the service	3,68
Responsiveness of the personnel	3,45
Opinions in the Internet	3,14
Price	2,91
Distance	2,82
Availability of Polish-speaking personnel	2,45
Knowledge of language spoken in the destination country	2,36
Transport service	2,00

Table 2: Selection criteria for foreign abortion services by mean

The correlation analysis did not reveal any statistically significant correlation in terms of selection criteria for foreign abortion services.

5.4 Unwillingness to use other methods

Last but not least, the study was aimed at exploring why participants preferred traveling abroad instead of having a backstreet abortion in Poland. The respondents were asked to evaluate the importance of six factors, such as lack of awareness where to seek abortion in

Poland, lack of possibility to verify the competences of a person inducing abortion in Poland, safety concern, risks related to post-abortion complications, unwillingness to participate in a criminal act and concern of reveal. The question, similarly to the previous one, was asked in a form of a four-step Likert scale question (1 - not important at all, 2 – not important, 3 - important, 4 – very important). The participants evaluated the importance of the factors as follows:

Factor	**Importance (mean)**
Safety concern	3,45
Lack of possibility to verify the competences of a person inducing backstreet abortion	3,36
Concern of receiving help in case of post-abortion complications	3,36
Lack of information where to seek help in Poland	3,18
Unwillingness to participate in a criminal act	2,36
Risk of reveal	1,43

Table 3: Reasons for preferring abortion tourism over backstreet abortion by mean

Safety concern was associated with lack of possibility to verify the competences of a person inducing backstreet abortion in Poland (r=0,894, p=0,00). Moreover, concern of receiving help in case of post-abortion complications was related to lack of awareness where to seek backstreet abortion in Poland (r=0,857, p=0,00).

6 Discussion

6.1 Respondents

The results indicate that the socioeconomic status (SES) of the respondents was relatively high. American Psychological Association (n.d.) defines SES as the social standing or class of an individual or a group, often measured as a combination of education, income and occupation. The results indicate that most respondents lived in large cities (>100 000 inhabitants), were highly educated and professionally active. Therefore, abortion tourism as such might be associated with higher socioeconomic status.

Not much has been written about Polish women using foreign abortion services. However, according to the report published by the Public Opinion Research Center, Polish women who

have an empirical experience of terminating a pregnancy are usually less educated and dissatisfied about their financial situation (Hipsz 2013, 7). This statement is obviously somewhat contradictory with the results of this study. On the other hand, however, the research conducted by the Public Opinion Research Center involved these Polish women, who have at least once terminated a pregnancy, with no regard to the legal status of the procedure or the actual location the abortion was induced in. Perhaps, there might be a socioeconomic gap between these women, who seek abortion abroad, and these, who have an abortion in Poland (either legal or backstreet).

It is vital to notice that the respondents were asked to describe their current situation and not the situation they had while traveling abroad for abortion. Thus, the data does not reveal whether the factors describing Polish women using foreign abortion services were also applicable at the time they actually *had* the abortion.

6.2 Use of foreign abortion services

According to Fiala (2011, 11-12), women coming from such European countries, in which abortion on request is not allowed, usually travel to the neighbor countries of their home countries. The results confirm Fiala's findings: all the destination countries selected by the respondents, besides the United Kingdom, are neighbor countries of Poland.

In addition, some authors argue that the most popular destination countries in Europe are the United Kingdom and the Netherlands, with rising popularity of Austria and Belgium. Moreover, some women seek abortion also in Sweden and Germany. (Fiala 2011, 11-12.) The results of this study indicate that Germany was overwhelmingly the most popular destination country among the participants. Namely, precisely half of the respondents reported to have traveled to Germany. In addition, no respondent reported to have traveled to the Netherlands, Austria, Belgium or Sweden, countries mentioned by Fiala (2011) as popular destination countries for European abortion tourists. However, it is vital to remember that Fiala (2011) focuses on the European perspective on abortion tourism, whereas this study examines merely Polish abortion tourism.

Although Fiala (2011, 11) argues that abortion on request is not available to a Polish woman seeking abortion in the Czech Republic unless the woman permanently lives in the Czech Republic, two respondents reported to have traveled to the Czech Republic for abortion. The possibility to terminate a pregnancy in the Czech Republic despite no permanent residence has been also confirmed in, for example, journalistic provocations. In 2007, Polish journalist Agata Jop contacted a hospital in Jeseník, the Czech Republic, to ask for abortion. Jop was put through to a physician of Polish origin, who spoke Czech to Jop, even though she spoke Polish. According to the journalist, approximately 90 seconds was needed to set an

appointment for abortion. The journalist claims that she was not asked to reveal her name or to inform the physician how far the pregnancy was. (Jop 2007.)

As already mentioned, correlation analysis did not reveal any statistically significant correlation between the destination and any other variable, which might be slightly surprising. For instance Connell (2011, 143) argues that Polish women with higher income are more likely to seek abortion in Germany or Belgium than in Belarus or Ukraine. In this study, only one respondent reported to have traveled to Belarus and one to Ukraine. Both respondents estimated they yearly income to be 10 000-29 999 Polish zloty, equal to approximately 2 350 – 7 050€. Whether this amount can be considered as high or low is rather questionable; however, a conclusion that less wealthy Polish women are more likely to travel to the East cannot be drawn, based on this study. Moreover, Connell (2011, 143) argues that Polish women with higher income are more likely to travel to the nearby member states of the European Union. Connell's findings were not confirmed in this research, either. For example, two respondents with the same income as those who have traveled to Ukraine and Belarus reported that they have traveled to Germany, a nearby European Union country. In addition, two respondents claiming to have traveled to Germany estimated their yearly income to be less than 9 999 Polish zloty (equal to 2 350€). Thus, there was no correlation between the yearly income of the respondent and the destination.

Moreover, no correlation between the price of the abortion and the destination country was revealed, regarding the operational and overall costs of the aborton. For instance, both the lowest and the highest value of the operational and overall costs was selected by respondents reporting to have traveled to the United Kingdom. The only statistically significant correlation with regard to the financial aspect was revealed between operational costs and overall costs of the abortion. Namely, the operational costs of the abortion were in direct proportion with overall costs. However, this is rather an obvious finding and does not need to be discussed broader.

6.3 Selection criteria for foreign abortion services

As already mentioned, the most important selection criterion for foreign abortion services was overwhelmingly the accessibility of the service. How to interpret this finding? Perhaps, the respondents considered an unintended pregnancy a rather unpleasant situation and wished to „get it over with" as soon as possible. Another possible explanation would be the respondents' awareness that abortion is a time-bound procedure.

However, the responsiveness of the personnel turned out to be nearly as important as the possibility to set an appointment in the near future. Thus, the respondents not only wished to terminate an unintended pregnancy, but also expected a rather high-quality medical service.

Relatively low importance of Polish-speaking personnel could be explained by rather high socioeconomic status of the respondents (see chapter 5.1). As already discussed, most respondents (68%) had completed a higher education degree. Perhaps, level of education might be in direct proportion with linguistic proficiency. Therefore, more educated women might on the average possess better language skills compared to those, whose level of education is lower. As a result, we could assume that women with higher level of education might be more likely to be able to communicate in at least one foreign language; therefore, women with higher education level might not necessarily need Polish-speaking personnel.

6.4 Unwillingness to use other methods

The correlation analysis revealed that uncertainty about receiving help in case of post-abortion complications was strongly associated with lack of awareness where to seek abortion in Poland. This is rather logical: if a woman is not aware, which physician would be ready to induce an illegal abortion, she may also not know who could help her in case of post-abortion complications. Moreover, safety concern was strongly associated with lack of possibility to verify the competences of a person inducing a backstreet abortion in Poland. This as a finding is easy to explain, too: uncertainty about the competences of a person inducing an abortion surely does not give a sense of security.

Safety concern related to backstreet abortion has been recognized by numerous authors. Where access to abortion is restricted, women have no option but to risk their lives and health by resorting to an unskilled clandestine provider performing abortion under unhygienic conditions. Unsafe abortions cause suffering and death, as shown by numerous studies worldwide. Namely, it is estimated that unsafe abortion accounts for 14,5% of all maternal deaths globally. The evidence shows that women's lives can be saved if women have access to safe legal abortion. (Fáundes & Shah 2015.) The statistics are devastating. For instance, World Health Organization estimated in 2002 that more Ethiopian women died in hospitals from complications after having a backstreet abortion than for almost any other medical reason. According to the World Health Organization statement, only tuberculosis killed more female patients in hospitals in Ethiopia. (Pritchard 2002, 62.) Unfortunately, this trend has been rising: an increasing proportion of abortions globally are performed without the assistance of qualified healthcare personnel. In 1995, 44% of abortions were described as unsafe, with already 49% in 2012. Thus, the evidence shows that restrictive abortion policies do not prevent women from having abortions; instead, they only increase the prevalence of unsafe abortions. (Nursing Standards 2012, 14.) In the Polish context, Bratkowska and Szczuka (2011, 26) mention such practices as using unsterilized medical equipment, inducing the abortion by unqualified personnel and handing out forged abortion pills. Thus, the results of this study not only indicate that backstreet abortions do carry noticeable risks (and, therefore, safety concern

expressed by the respondents is fully justified), but also underline the importance of access to safe abortion.

7 Conclusion

In conclusion, this study is a good starting point for exploring abortion tourism both worldwide and in Poland. The goal of this research was to provide more information on abortion tourism, especially in the Polish context. As the study provided information on Polish abortion tourism in terms of describing Polish women using foreign abortion services, use of the services, selection criteria for the services and reasons for preferring abortion tourism over having a backstreet abortion in Poland, the goal has been achieved. All in all, the research answered four questions, related to Polish abortion tourism:

1. Who are Polish women, who have sought abortion abroad?

2. What are the main features of the use of foreign abortion services in the Polish context?

3. What are the most important selection criteria for foreign abortion services?

4. Why do Polish abortion tourists prefer traveling abroad over having a backstreet abortion in Poland?

The results of this study can be used for many purposes. For example, the research contains valuable information for service providers offering abortion services to women, who have no access to legal abortion in their home countries. For instance, the results indicate that transport service as such had not much importance as a selection criterion for foreign abortion services, whereas the accessibility of the service and the responsiveness of the personnel were highly appreciated. Perhaps, it is more advisable for service providers to employ enough skilled personnel to ensure the accessibility and quality of the service than to invest in a bus and a bus driver, roughly speaking.

As already discussed, the results indicate that the respondents usually had a relatively high socioeconomic status. The participants were usually highly educated and professionally active women, who have sought rather high-quality abortion services. What is more, the results indicate that traveling abroad for abortion was a one-time event for clear majority. The question arises, what factors make traveling abroad for abortion a one-time event? For example, does abortion tourism influence sexual behavior and for instance use of contraceptives in women, who have previously sought abortion abroad? These questions could possibly be answered by conducting a follow-up study on women, who have experienced an abortion abroad.

Some readers might feel that the Achilles' heel of this research is lack of comparison of the findings to the results obtained previously by other researchers. In all probability, this study

is the first of its kind ever conducted. Therefore, there is no previous research to compare the results with. Hopefully this study will inspire other researchers to explore the world of abortion tourism, especially in the Polish context.

Besides the lack of previous research studies on the issue, difficulties in reaching the respondents were a significant limitation of this study. In addition, data collection had to be interrupted after obtaining 23 responses as a strong suspicion emerged that one response was a hoax. The risk of sabotage of the research was carefully evaluated and decision to desist from further data collection was made.

Based on this study, further research on Polish abortion tourism is strongly recommended. Firstly, the study was not aimed at exploring the feelings of Polish women seeking for abortion abroad. Thus, it is advisable to conduct a qualitative study, focusing on the empirical experiences of women traveling abroad for abortion. Secondly, traveling abroad for abortion was a one-time event for clear majority of the respondents. Conducting a follow-up study on women, who have sought abortion abroad, is strongly recommended to explore, whether abortion tourism influences the sexual behavior of women in terms of, for instance, use of contraceptives. Last but not least, the results of the study indicate that the respondents had a rather high socioeconomic status. A disturbing question arises, what methods are left for those less educated, poor and unemployed, who cannot afford traveling abroad for abortion? As already discussed, Polish women protesting against the anti-abortion law draft were holding coat-hangers in their hands as a symbol of the dangers of backstreet abortion (see chapter 2.2). Are coat-hangers one of the methods? Therefore, it is recommended to conduct a research aimed at exploring methods used by women with unintended pregnancies, whose socioeconomic status is relatively low.

7.1 Acknowledgements

I would like to thank Zonta International/District 27 for stating an opinion on the accuracy of the Polish and English versions of my questionnaire. Zonta International's help added to the reliability of my research, which I highly appreciate.

Federacja na rzecz Kobiet i Planowania Rodziny *(Federation for Women and Family Planning)*, Centrum Praw Kobiet *(Center for Women's Rights)* and Protest Kobiet *(Women's Protest)* helped me reach the respondents by publishing the link to the questionnaire in social media and/or distributing the link through their newsletters. I am thankful for that.

Obviously, conducting this study would not have been possible without the respondents. I would like to thank all the women who decided to help me by participating in my study.

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Appendices

Appendix 1: Informed consent and questionnaire in Polish

ANKIETA DLA KOBIET, KTÓRE PRZYNAJMNIEJ RAZ W ŻYCIU PRZERWAŁY CIĄŻĘ ZA GRANICĄ

Nazywam się Ewa Hirvonen i studiuję Global development and management in health care w Wyższej Szkole Zawodowej Laurea w Finlandii. W mojej pracy magisterskiej skupiam się na Polkach, które wyjeżdżają za granicę w celu przerwania ciąży.

GRUPA DOCELOWA

Ankieta przeznaczona jest dla kobiet, które przynajmniej raz w życiu przerwały ciążę za granicą.

Ankieta dotyczy kobiet mieszkających na stałe w Polsce, które wyjechały za granicę w celu przerwania ciąży.

Ankieta NIE JEST skierowana do kobiet, które mieszkając za granicą zdecydowały się na aborcję w kraju, do którego wyemigrowały, albo w dowolnym innym kraju.

STRUKTURA BADANIA

Badanie przeprowadzane jest w formie ankiety, składającej się z dwóch części. Pierwsza część obejmuje podstawowe dane osoby uczestniczącej w badaniu. W drugiej części uczestniczka proszona jest o odpowiedzenie na pytania związane z przeprowadzoną za granicą aborcją.

Wzięcie udziału w badaniu jest całkowicie dobrowolne.

Uczestniczka może wycofać się z udziału w badaniu w dowolnym momencie, bez ponoszenia żadnych konsekwencji.

POUFNOŚĆ BADANIA

Uczestniczkę proszę tylko o podanie: roku urodzenia, stanu cywilnego, liczby ludności miejscowości zamieszkiwanej przez uczestniczkę, województwa, wykształcenia, sytuacji zawodowej i rocznego dochodu. Udzielenie odpowiedzi na wszystkie pytania zgodnie ze stanem faktycznym jest istotne.

Uczestniczki badania pozostają anonimowe.

Praca magisterska zostanie opublikowana w systemie Theseus (www.theseus.fi). Praca zostanie napisana w języku angielskim. Przewidywana data publikacji to grudzień 2017.

Ewentualne pytania proszę kierować na mój adres e-mail: ewa.hirvonen@student.laurea.fi.

Wszystkim uczestniczkom badania dziękuję za wypełnienie ankiety.

Klikając ”Wyrażam zgodę na udział w badaniu” potwierdzam, że przeczytałam i zrozumiałam powyższą świadomą zgodę na udział w badaniu, i że moje wzięcie udziału w badaniu jest całkowicie dobrowolne.

X Wyrażam zgodę na udział w badaniu

DANE PODSTAWOWE

1 W którym roku się Pani urodziła?

….....

2 Jaki jest Pani stan cywilny?

a wolna

b w związku nieformalnym

c w związku małżeńskim

d wdowa

e rozwiedziona

f w separacji

g inne, jakie? ….....

3 Gdzie Pani mieszka?

a na wsi

b w mieście do 19.999 mieszkańców

c w mieście 20.000-99.000 mieszkańców

d w mieście powyżej 100.000 mieszkańców

4 W jakim województwie Pani mieszka?

a dolnośląskim

b kujawsko-pomorskim

c lubelskim

d lubuskim

e łódzkim

f małopolskim

g mazowieckim

h opolskim

i podkarpackim

j podlaskim

k pomorskim

l śląskim

m świętokrzyskim

n warmińsko-mazurskim

o wielkopolskim

p zachodniopomorskim

5 Jakie ma Pani wykształcenie?

a podstawowe

b gimnazjalne

c zasadnicze zawodowe

d średnie

e wyższe

6 Jak określiłaby Pani swoją sytuację zawodową? *(jeśli dotyczy Pani więcej niż jedna opcja, np. studiuje Pani w trybie dziennym i pracuje Pani weekendami, proszę zaznaczyć tę opcję, która zajmuje Pani więcej czasu – w tej sytuacji odpowiedź „studentka" jest poprawna)*

a studentka

b pracująca

c samozatrudniona

d bezrobotna

e emerytka/rencistka

f inne, jakie? ……

7 Jakie są Pani roczne dochody (netto, tzn. ”na rękę”)?

a 9.999 złotych lub mniej

b 10.000-29.999 złotych

c 30.000-49.999 złotych

d powyżej 50.000 złotych

Dziękuję za udzielenie podstawowych informacji o Pani obecnej sytuacji. Następne pytania dotyczą aborcji dokonanej za granicą.

8 Ile razy przerwała Pani ciążę **za granicą?**

a 1

b 2

c 3 lub więcej

Jeśli przerwała Pani ciążę za granicą więcej niż raz, **następne odpowiedzi dotyczą wyłącznie pierwszej aborcji dokonanej za granicą.**

9 W jakim państwie przerwała Pani ciążę?

a Niemcy

b Republika Czeska

c Republika Słowacka

d Ukraina

e Białoruś

f Litwa

g Wielka Brytania

h Austria

i Szwecja

j Belgia

k Holandia

l inne: jakie? ……..

10 Jak bardzo istotne były poniższe czynniki przy wyborze docelowego miejsca?

	Zupełnie nieistotne	Nieistotne	Istotne	Bardzo istotne
niewielka odległość do danego kraju				
znajomość języka danego kraju				
przystępna cena zabiegu				
transport oferowany przez klinikę				
pozytywne opinie w Internecie				
miła, pomocna obsługa				
obsługa mówiąca po polsku				
wolne terminy dostępne w nieodległej przyszłości				

11 Jaka była cena samej aborcji, bez uwzględnienia dodatkowych kosztów (np. transport lub środki przeciwbólowe)? Proszę pamiętać o podaniu waluty.

….....

12 Jakie były całkowite koszty aborcji, włącznie z możliwym transportem, środkami przeciwbólowymi i tak dalej? Proszę pamiętać o podaniu waluty.

….....

13 Aborcja za granicą nie jest jedynym sposobem na przerwanie niechcianej ciąży. Jak bardzo istotne były poniższe czynniki, gdy podejmowała Pani decyzję, by wyjechać za granicę zamiast korzystania z innych metod przerwania ciąży?

	Zupełnie nieistotne	Nieistotne	Istotne	Bardzo istotne
niewiedza, do kogo w Polsce udać się po pomoc				
brak możliwości weryfikacji kompetencji lekarza przeprowadzającego zabieg w Polsce				

brak pewności bezpieczeństwa aborcji przeprowadzonej w „podziemiu aborcyjnym”, lub zastosowania innych metod				
brak pewności uzyskania pomocy w razie wystąpienia komplikacji poaborcyjnych				
brak chęci uczestniczenia w czynie zabronionym (zgodnie z polskim prawem, lekarz dokonujący aborcji na życzenie pacjentki podlega karze)				
obawa, że znajomi lub rodzina dowiedzą się o aborcji przeprowadzonej w Polsce				

DZIĘKUJĘ ZA WYPEŁNIENIE ANKIETY!

Appendix 2: Informed consent and questionnaire in English

QUESTIONNAIRE FOR WOMEN, WHO HAVE AT LEAST ONCE TERMINATED A PREGNANCY ABROAD

My name is Ewa Hirvonen and I am studying Global development and management in health care at Laurea University of Applied Sciences in Finland. In my master's thesis, I am focusing on Polish women traveling abroad in order to terminate a pregnancy.

TARGET GROUP

This questionnaire is meant for women, who have at least once in their lifetime terminated a pregnancy abroad. The questionnaire concerns women living permanently in Poland, whose aim to travel abroad was terminating a pregnancy. The questionnaire is NOT meant for women, who have terminated a pregnancy while already living abroad – either in the country they had migrated to before, or in any other country.

STRUCTURE OF THE RESEARCH

This research is conducted in form of a questionnaire, consisting of two parts. The first part covers the basic information on the participant. In the other part, the participant is asked to answer questions related to the abortion induced abroad.

Participating in the research is completely voluntary.

The participant can withdraw from taking part in the research at any time, without any consequences.

CONFIDENTIALITY OF THE RESEARCH

The participant is not asked to provide any personal information besides year of birth, marital status, population of the place occupied by the participant, province, level of education, professional situation and yearly income. Answering all the questions according to the actual situation is essential.

The participants of the research remain anonymous.

This master's thesis will be published in Theseus (www.theseus.fi). The thesis will be written in English. The expected date of publication is December 2017.

Please send possible questions to my e-mail address: ewa.hirvonen@student.laurea.fi

I thank all the participants of the research for completing the questionnaire.

By clicking „I agree to participate in the study" I confirm that I have red and understood the informed consent above, and that my participation in the study is completely voluntary.

X I agree to participate in the study

BASIC INFORMATION

1 What is your year of birth?

….....

2 What is your marital status?

a single

b in a relationship

c married

d widowed

e divorced

f separated

g other, what? ….....

3 Where do you live?

a in a village

b in a town of less than 19.999 inhabitants

c in a town of 20.000-99.999 inhabitants

d in a town of more than 100.000 inhabitants

4 What province do you live in?

a the Lower Silesia province

b the Kujawy-Pomerania province

c the Lublin province

d the Lubuskie province

e the Lódz province

f the Malopolska province

g the Mazovia province

h the Opole province

i the Podkarpacie province

j the Podlasie province

k the Pomerania province

l the Silesia province

m the Swietokrzyskie province

n the Warmia-Masuria province

o the Wielkopolska province

p the West Pomerania province

5 What is your level of education?

a primary

b lower secondary

c basic vocational

d secondary education

e higher education

6 How would you define your professional situation? *(if you can relate yourself to more than 1 option, for example you are a full-time student working during week-ends, please choose what requires more time from you – in this case, student is the correct answer)*

a student

b employed

c self-employed

d unemployed

e pensioner

f other, what? …….

7 What is your yearly net income?

a 9.999 Polish zloty or less than that

b 10.000-29.999 Polish zloty

c 30.000-49.999 Polish zloty

d more than 50.000 Polish zloty

Thank you for providing me with the basic information on your current situation. The next questions concern the abortion(s) induced abroad.

8 How many times have you terminated a pregnancy abroad?

a 1

b 2

c 3 or more

If you have terminated a pregnancy abroad more than once, **please answer the following questions taking into account only your first abortion induced abroad.**

9 In what country have you terminated a pregnancy?

a Germany

b the Czech Republic

c the Slovak Republic

d Ukraine

e Belarus

f Lithuania

g Great Britain

h Austria

i Sweden

j Belgium

k the Netherlands

l other; what? ……..

10 How important were the factors mentioned above while choosing the destination?

	Not important at all	Not that important	Important	Very important
small distance to the country				
knowledge of the language they speak in the destination country				
affordable price				
transport service offered by the clinic				
positive opinions in the Internet				
kind and helpful personnel				
Polish-speaking personnel				
appointments available in the near future				

11 What was the price of the abortion? The price includes merely the treatment without any other costs (f.e. transport service, pain medication and so on). Please remember to mention the currency.

….....

12 What were the overall costs of the abortion, including a possible transport service, pain medication and so on? Please remember to mention the currency.

….....

13 Abortion induced abroad is not the only way to terminate an unintended pregnancy. How important were these factors while deciding to travel abroad instead of choosing other methods?

	Not important at all	Not that important	Important	Very important
not knowing where to seek help in Poland				

no possibility to verify the competencies of the physician inducing a backstreet abortion in Poland				
concern about the safety of a backstreet abortion or other methods				
being unsure about getting help in case of post-abortion complications				
unwillingness to participate in a criminal act (according to the Polish law, a physician inducing abortion on request in Poland is a subject to penalty)				
concern that friends or relatives will find out if the pregnancy is terminated in Poland				

THANK YOU FOR COMPLETING THE SURVEY!

Appendix 3: Statement of Zonta International/District 27

ZONTA
CLUB OF
WARSAW
MEMBER OF ZONTA INTERNATIONAL
EMPOWERING WOMEN
THROUGH SERVICE & ADVOCACY

Building Bridges

[redacted]

Mrs.

Ewa Hirvonen

The ZONTA Club of Warsaw, a member of ZONTA International, a leading global organization of professionals empowering women worldwide through service and advocacy confirms that the contents of the English version of the „QUESTIONNAIRE FOR WOMEN, WHO HAVE AT LEAST ONCE TERMINATED A PREGNANCY ABROAD" and the Polish version of this questionnaire - in Polish: „ANKIETA DLA KOBIET, KTÓRE PRZYNAJMNIEJ RAZ W ŻYCIU PRZERWAŁY CIĄŻĘ ZA GRANICĄ" express the same statements, therefore they can be considered as equivalent.

Thank you for communication us with such initiative and we wish you a successful poll.

Sincerely

Warsaw, February 10th , 2017

[redacted]