

Mobilisation, Protest, and Resistance Against Reproductive Rights Restrictions in Poland

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Abstract

This paper¹ examines Polish women's use of the clandestine abortion underground and online networking as a form of resistance developed in response to severe reproductive rights restrictions in Poland since 1993. Rather than complying with the abortion ban, imposed unilaterally by postsocialist state and the Catholic church, Polish women's response has been to develop their own coping strategies to control fertility, including circumventing the legislation by pursuing illegal abortions and sharing this knowledge on the Internet. Based on long-term ethnographic research in Poland and an analysis of online discussion forums, I argue that this individualised and privatised form of resistance is a limited stopgap strategy for dealing with larger social and collective concerns about reproductive rights, health, as well as gender equality that should be addressed with collective policy solutions. Moreover, I consider these "anti-political" strategies in the context of the 2016 and 2018 mass protests to halt proposals for total abortion bans, and raise questions about the impact of different forms of mobilisation and resistance on reproductive rights and policies.

Keywords: Gender; Reproductive governance; Abortion politics; Individualised resistance; Poland

Introduction: postsocialist politics and the turn to the right in Poland

When the state socialist regime collapsed across the Eastern European region in 1989, and the advent of democracy was on the horizon, paradoxically, women's rights have not gained in this transition. Specifically, women's reproductive rights, as well as employment rights, in particular protection of women against discrimination in the labour market, have suffered. No-

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where has this regression of women's rights in a newly "democratic" nation been more pronounced than in Poland, where the Catholic church has been decisive in influencing a myriad of policies in nearly every aspect of post-socialist life. Therefore, the democratisation era in Poland has been marked by a deeply contentious politics of morality manifested in both political rhetoric as well as in laws.² The politics of morality encompass particular "moral" discussions and mechanisms used to enact individual surveillance and political intimidation to maintain legislative control over reproduction. This moral governance, promoted in the name of Catholic-nationalist state-building, also manifests in specific discourses used to shape health policy. However, moral governance does not fully succeed in Poland as women routinely resist the church's strictures through various unsanctioned, individualised practices. This paper examines and theorises such practices as a form of resistance in the context of a postsocialist turn to the political right and fraught with challenges for women's reproductive self-determination. The main paradox that emerges from this study, as will become evident through women's narratives, is that knowledge and utilization of the abortion underground in Poland is a form of resistance that does not necessarily translate into a desire to loosen the restrictive abortion law.

After 1989, Polish women experienced major changes in access to reproductive health services. As a Catholic-nationalist government led by Lech Wałęsa, a former electrician in the Gdańsk shipyard and an activist hero of the Solidarity oppositional movement, came to power in 1989, a new era of political influence for the Catholic Church ensued. Wałęsa was a devout and overt Catholic – he always wore a lapel pin with a picture of the Black Madonna of Czestochowa pinned to his jacket, a practice he continues to this day. For Wałęsa, the church, Solidarity, and the Polish nation were inseparable both symbolically and politically. Perhaps equally importantly, the Church supported Solidarity through the tumultuous 1980s when the opposition suffered arrests and persecutions by the communist regime. After becoming Poland's president in the newly-independent Poland in 1990, Wałęsa eagerly repaid the debt by heeding the Church's agenda in the post-socialist health, education, and tax reforms during the critical regime transition. Wałęsa and the church successfully created a kind of Catholic political habitus wherein priests were ubiquitous during state events, and crucifixes were hung in both the upper and lower houses of Parliament, as well as in numerous other government offices throughout the country³.

2 For a detailed analysis of the consequences of the rise of religious power in Poland and resistance to the resulting restrictions in reproductive rights see Mishtal (2015).

3 Additionally, the "International Religious Freedom Report 2003" released by the US Department of State in 2003 observes that Polish priests "receive salaries from the State for teaching religion in public schools, and Catholic Church representatives are included on a commission that determines whether books qualify for school use". See: Bureau of Democ-

The religious agenda in Polish politics emerged as a form of “reproductive governance” through which the de facto state-church merging in post-socialist Poland deployed not only legislative controls, but also economic hardships, and religio-political discourses targeting women’s reproductive decisions and practices (Morgan, Roberts 2012, p. 243). The restrictions on reproductive rights that resulted from this emergent form of governance after 1989 included a ban on abortion (one of the harshest in Europe), limits on access to contraceptives, and the elimination of sex education from schools. The reproductive rights situation was decidedly different during the state socialist era. Briefly considering the scale of these changes in a comparison to pre-1989 policies is useful for understanding how women have responded to, and cope with, limited family planning options in the recent two decades.

Reproductive rights in a historical perspective

Under the communist regime (1947-1989), Polish women’s rights were significantly bolstered by the church-state separation. In 1956, the state legalised and subsidised abortion for medical and socio-economic reasons (Fuszara 1991)⁴. Polish women rapidly took advantage of the new law, and by 1965 158,000 women (at the rate of 33 per 1000) pursued safe and legal abortion in state hospitals during that year alone. After this peak abortion rate began to decline, which coincided with an increase in biomedical contraceptive use. In fact, despite the opposition from the church, there was a six-fold rise in sales of the birth control pill from 1969 to 1979 (Okólski 1983). The state openly endorsed family planning and sex education and established subsidies for both. In 1959, the state passed a law requiring doctors to inform women who had just delivered a child or had an abortion about their contraceptive options, which included education about the newly available hormonal contraceptives. In addition, the national healthcare system began to cover 70 percent of the cost of prescription contraceptives (Okólski 1983). Overall, state socialists both, made abortion care widely available and accessible in public health care facilities, as well as encouraged contraceptive use. This shift stood in clear conflict with the Catholic

racy, Human Rights and Labour, pp. 2-3: <http://www.state.gov/g/drl/rls/irf/2003/24427.htm> Accessed: October 15th, 2018.

⁴ In the post-World War II era, abortion was legalised in the 1950s and 1960s by state socialist governments across the Soviet region. In addition to Poland, it was legalised in Czechoslovakia in 1958, in Romania in 1957, in Soviet Union in 1955, in Hungary in 1953, in Bulgaria in 1956, and in Yugoslavia in 1969. Abortion remained legal in these nations throughout the state socialist period with the notable exception of Romania during Nicolae Ceaușescu’s regime which banned abortion from 1966 to 1990.

church's position that vehemently forbids abortion, but also contraception, as form of "artificial" meddling with natural "procreative" processes (John Paul II 1995, p. 10-11).

Yet, on the whole, Polish women were generally slower to start on the pill, as compared to women in the US and Western Europe. This was due to the fact that the national supply of hormonal contraceptives in Poland was limited and, as was the experience in Russia (Rivkin-Fish 2005, p. 24-25), the high levels of hormones contained in the pill back then caused unpleasant side-effects. Moreover, doctors prescribed the pill only in small amounts requiring frequent medical visits (Okólski 1983, p. 269). Far more women and couples relied on non-biomedical methods, especially withdrawal and the so-called "calendar" method (periodic abstinence), the latter of which the Catholic church approved. The relatively low use of biomedical contraceptive methods might therefore have been the result of a combination of factors, including the opposition of the church, the strong side-effects of the pills, and the cost and inconvenience of frequent clinical monitoring of its use. Condoms were the only modern contraception both popular and relatively widely used at the time. Given the slow adoption of more effective hormonal methods, abortion remained an important solution for unintended and unwanted pregnancies in Poland and elsewhere in the Soviet and East European region. Despite an inadequate quality and supply of contraceptives, state socialist policies nevertheless offered women new options in family planning. They also broke with the previously dominant discourse on the primacy of motherhood, opening up new ways of thinking about reproductive and sexual choices.

After the fall of the state socialist regime in 1989, the newly-formed administration, which had a Catholic-nationalist character, working in tandem with the church, implemented several critical legal changes that virtually banned abortion and seriously affected access to contraceptive knowledge and services. In the early 1990s, school-based sex education was replaced with the religious "Preparation for Life in a Family" courses, teaching periodic abstinence during marriage as the only church-sanctioned contraceptive method; condoms and the pill are depicted in the course textbooks as physically and psychologically harmful. In 1993, abortion was effectively banned, as compared to the pre-1989 provision. This critical legislative change took place without a referendum, and in spite of the widely publicised opinion polls showing that, the majority of Poles opposed restrictions on abortion (Nowakowska, Korzeniowska 2000, p. 219-225).

The current law makes abortion illegal in all but three cases: when the woman's life or health is in danger, when a prenatal test shows a serious incurable foetal deformity, or when the pregnancy is the result of rape or incest and has been reported to the police and the pregnancy is less than 12 weeks. Because of potential complications, all terminations in the first two

cases can only be carried out in a hospital. Since 1956, on average only 3 percent of all abortions had been performed for these reasons. Hence, 97 percent of abortions were likely to be driven underground (Johannisson, Kovcs 1996). Contraceptive health insurance coverage was eliminated in 2002, making it difficult for many women to continue to stay on the pill (Mishtal 2010).

Simultaneously, the issue of conscientious objection used to refuse reproductive health services emerged in full force in Poland. The Conscience Clause, as it is now known in Poland, written into the postsocialist Medical Code of Ethics in 1991, allows physicians to refuse services which conflict with their conscience, but in such events providers must make a viable and realistic referral elsewhere to seek care. The church encouraged physicians, with escalating intensity, to utilise the Clause not only refuse to provide those abortions, which are still legally permissible, but also to refuse to prescribe contraceptives, and to decline to refer women elsewhere. The church rationalises encouraging doctors to refuse as a way to “protect” women from what the Vatican commonly refers to as the “culture of death” and “contraceptive mentality”. As a result, the Conscience Clause, has been used in a systemic way – wherein a director declares a “moratorium” on abortions for the entire hospital or clinic – rather than as legally intended for individual use, reducing access to remaining abortion services (in cases of rape, incest, life or health endangerment) or emergency contraceptive care in hospital facilities (Mishtal 2009).

The politics of morality after state socialism

From a broader sociocultural perspective, the immediate postsocialist decade has been marked by “a politics of morality” (Mishtal 2015) characterised by a multitude of efforts to regain control over women’s reproduction and sexuality, after the presumably “morally lax” communist era of access to abortion. Moreover, the nationalist resurgence of pronatalist discourses encouraging higher births has also been evident in Poland. In 1995, Pope John Paul II took an active part in promoting biologised gender roles and arguing that women “fulfill their deepest vocation” through motherhood (John Paul II 1995, p. 5-6). Because of this intensification of the traditional patriotic paradigm of the “Polish Mother”, problematising “the maternal” in any way was generally off limits, although Polish feminists have sought to transgress and destabilise this dominant stereotype (Oleksy 2004). This discourse of familialism also surfaced in other post-Soviet nations where the Catholic influence was not necessarily strong – a trend that has been understood as a way to re-masculinise the men whom state socialism disempowered vis-à-vis women by facilitating women’s independence through reproductive rights,

education, and employment (Haney 2003, Rivkin-Fish 2005, p. 12-13).

Given the multitude of ways in which Polish women's family planning options have been restricted, how do women respond to, and cope with, these highly charged circumstances? As is the case in this study, the body is often the key site targeted for surveillance and control (Foucault 1980), and it can also be the key site of resistance and dissent. Rather than complying with the abortion ban, the response of Polish women has been to develop their own coping strategies to control fertility, in particular circumventing the legislation by pursuing illegal abortions through newspaper advertisements, finding abortion services on the Internet where illegal sales of abortion pills are offered, and by searching for doctors willing to provide desired services, in particular hormonal contraceptives. Therefore, the ban on abortion rapidly resulted in the "privatisation" of abortion care in the widespread clandestine underground (Mishtal 2015).

In this paper, I examine the extent to which women's strategies to beat the system by circumventing the ban on abortion can be considered a form of resistance developed in response to reproductive rights restrictions in Poland after 1989 – a form of opposition that bypasses both structural constraints of the abortion ban policy and simultaneously challenges the hegemonic meta narrative of Polish motherhood as a patriotic imperative. In my analysis, I draw on fieldwork in Poland in 2007, 2014, and 2015. In 2007, I conducted research in four medical clinics in Poland, in Gdańsk and the Tricity area, with women patients who came to the clinics for general care. I conducted semistructured interviews with 55 women ages 18-40 on site at the clinics in private rooms about clandestine abortion services. I also draw on an analysis of Polish online discussion groups and forums, which I have followed between 2013 and 2015, in particular discussion vignettes which are about abortion knowledge, access, and services, as well as on key informant interviews conducted in summers of 2014 and 2015 in Warsaw. In my discussions and conclusions, I consider the extent to which such individualised strategies might impact the politics of reproduction in Poland.

Emerging forms of individualised resistance

Despite the Polish ban on abortion, which is one of the harshest in Europe, and despite the limited access to contraceptives because of lack of subsidies as well as conscience-based refusals of services, the birth rate in Poland did not increase as a result of these limitations. Paradoxically in fact, fertility control in Poland is highly successful. While a rise in teen pregnancies did take place in the early 1990s, the total fertility rate actually declined markedly during the 1990s when reproductive rights restrictions were implemented (Makara-Studzińska, Kołodziej, Turek 2005). In fact, Poland's

TFR of only 1.3 children per woman per lifetime is one of the lowest in the world, and well below the replacement level of 2.1. This means that Poland has had negative population growth starting from the exact time in the early 1990s when access to abortion began to be restricted through unreasonable requirements of multiple doctors for abortion approval, refusals of care, and ultimately through the legislative ban in 1993.

Until the 1993 ban, Poland has had a relatively high rate of abortion – typically well over 100,000 per year – similar to other Eastern European nations and Russia. After the 1993 ban, the numbers dropped well below 1000 per year, reaching the all-time low of only 123 abortions in 2001.⁵ For a nation of 38 million people with a historical record of high abortion utilisation, such extremely low numbers recorded by the state are clearly not reflective of the actual number of abortions taking place. The abortion ban fueled the development of a clandestine underground as physicians who previously provided the service in public hospitals began to offer them illegally in their private offices, creating a “white coat” underground. Moreover, despite of the lack of subsidies and very high Catholic affiliation declared in Poland at 87 percent, contraceptive use has grown over the last two decades as Catholic women make pragmatic and deliberate choices to use methods explicitly forbidden by the church (Mishtal, Dannefer 2010, p. 235). Pharmaceutical companies such as Bayer, Schering, and Organon promote contraceptives through elaborate websites and in popular press, thus offering extensive information as well as a counterpoint to the religious discourses found in the Catholic media and Sunday masses.

Since the ban and the emergence of a clandestine abortion provision, it has been difficult to estimate the number of illegal procedures that Polish women obtain annually because the estimate would have to include not only the abortion underground, but also abortion travel outside of Poland, and other less visible methods such as purchases online of misoprostol, a drug globally used to self-induce abortion. The Polish state has shown no interest in collecting statistics for illegal abortions and their health consequences, and therefore gathers no data about them. Until recently, some right-wing factions have belittled the extent of the abortion underground or even denied its existence.

The Polish Federation for Women and Family Planning estimates that 80,000-200,000 illegal abortions are performed annually – these include

⁵ There was a small temporary increase in 1997 when abortion was briefly legalised. In 1996, the Polish Parliament, temporarily holding a left-leaning majority, liberalised the 1993 law by including socioeconomic reasons for abortion. But the following year the parliamentary power shifted once again in favor of the Catholic Solidarity Election Action (AWS), which promptly took the liberalised abortion law to the Constitutional Tribunal, where the law was changed back to its 1993 form, claiming socioeconomic reasons for abortion to be unconstitutional (Zielińska 2000:34).

abortion in Poland and those obtained by Polish women who travel to neighbouring nations where it remains legal and records of utilisation are available (Nowicka 2001, pp. 226-7, Stefańczyk 2004, p. 2). The challenges involved in research which directly pursues questions on threatening or illegal practices such as clandestine abortion have been assuaged to some degree through using the “three-closest-friends” proxy questions pertaining to the informants’ friends are used to explore the topic in depth, but allowing research participants to not disclose whether or not they have personally participated in illegal activities (Gipson *et al.* 2011, p. 61). In this research project, I explored the extent of women’s familiarity with accessing clandestine abortion services, as well as their perceptions of difficulty (or ease) in pursuing abortion in clandestine setting in Poland. If women possess the “know how” – the practical knowledge of doing what they want – this could be a potential deterrent to political action to make abortion legal again. Therefore, I was further interested to understand whether or not women believed that the current law should be changed.

Clandestine abortion underground

The narratives of the women revealed that nearly all the women I spoke to during my research had extensive knowledge about the abortion underground, including where to look for a provider, the cost and how it varies between different geographic locations, and the way clinics typically look. Some women, in response to my question about whether or not they have heard about illegal abortion underground, began their answer by saying “sure” [*pewnie*], “well of course” [*no oczywiście*] or “most definitely” [*jak najbardziej*], suggesting that this is a topic of common knowledge and perhaps an obvious answer. For example, Natalia, a 21-year old grocery store inventory clerk I interview offered the following answer:

Sure, everybody knows about abortions. You can read about it in teen magazines like *Bravo*. There are also ads that you can see in the newspapers – they always advertise by saying “inexpensive” or “discreet” and such. Everyone knows about this, but that’s not something people will talk about. The prices are going down, I hear: it used to be 1000 [*złoty*ch; equivalent to £240 or £198], but now you can get one for 500. If I had to recommend to someone where to go, I’d just say, Check the paper, you can find all the ads there.

Interestingly, even though Natalia notes the taboo nature of the topic, she follows by saying she “hears” the prices are going down. Later in our conversation she explained that the topic is not so uncommon among close friends, but the tacit agreement is that these discussions are typically re-

served for one-on-one moments. Most often, she added, conversations begin because of a real need for advice, a referral, a friend to accompany, or a need to borrow money for the procedure. The sequence of events was also generally known, in particular the fact that abortions are performed by trained physicians in their private clinics which are often located in the doctors' villas.⁶ Here Marta, a 34-year old nurse, recounts a friend's experience:

All you need to do is just call one of the ads in the paper, like my friend did it. A car pulled up at a designated place and picked her up. They drove to a private office in the suburbs, and when they got there the driver pulled right into the garage at the doctor's villa. She got out and went straight upstairs to his office without having to go outside. The same driver took her back after it was over. She said she didn't have to travel far, it was fairly close to the center of Gdańsk.

About half of the women personally knew of someone who had obtained an abortion clandestinely, and a few women also offered to discuss their own experiences. Celina, a 36-year old border and customs officer described the following as a response to my question whether or not she heard about the abortion underground:

Well, I used it myself. At the time when I got pregnant my relationship with my husband wasn't going well, so both of us were favor of terminating. I decided I didn't trust the newspaper ads so I went to my gynecologist and asked him. He told me he didn't do abortions, but that he knows another doctor who does and gave me his cell phone. This was a good method; I would highly recommend going through your own gynecologist, because they all know each other. My abortion was 1500 *złoty*ch [equivalent to €360 or £298], and was done in very good conditions, it was very professional. It was a nice private clinic and everything went well.

Some women I spoke to indicated that referrals to abortion providers can be obtained from their own physicians, and nearly every woman offered to tell me the price and some description of the setting. Here Paulina, a 32-year old store manager described:

A number of my friends had abortions in private offices – the offices are usually quite beautiful and it costs about 2000. You can find out which doctors perform them in many ways. One of my friends recommended a doctor to another friend, and 2 sisters I know used the same doctor for their abortions. If I needed a doctor I would go to my gynecologist and ask her first. She won't necessarily be the one who'll do it but she can refer me since all abortions are done locally.

⁶ The term villa used commonly in Poland can simply mean a single-family house, but generally, it also implies a higher income of the residents.

Overall, women's narratives show significant knowledge and consistency of understanding of the abortion underground. In fact, 47 of 55 women in this study had extensive knowledge about it and the know-how to pursue the service. These included the understanding of how the system functions in general, the cost, locations, and time involved, as well as ways of finding providers via newspaper ads or one's own Ob/Gyn doctor. Furthermore, women generally believed that access to clandestine abortion is widespread, quick and uncomplicated, relatively safe, and services are performed in pleasant private settings.

To what extent is private political?

Striking in the women's narratives however, is that knowledge and utilisation of abortion underground does not necessarily translate into a desire to loosen the restrictive abortion law, as almost half of the women I interviewed found the law to be fine in the present restrictive form.⁷ This finding is significant in that it raises questions about the extent to which the individualised practice of procuring a clandestine abortion may be considered a form of a political statement or action. Paulina (above) for example, argued that "This [illegal abortions] is happening, and will continue to take place. If restrictions on abortion become more severe, there will only be more illegal ones". But when I asked her about the current law, she responded, "I think the ban is fine the way it is. I'm worried that if the ban was eased, women would begin to use abortion as a method of contraception. At the same time we need to care about the women who are here, not about some future beings". Other women said, "The law is fine the way it is because abortions are really available – gynecologists do it and it can be done quickly. You can get an appointment very fast, within a week it's all over. It's a good system because it allows women to get abortions if they need them", or "I think the law is fine now. We don't need to rekindle the whole controversy, and you can still get an abortion if you need it". Only one of the women in this study associated the ban with risks of unsafe abortions. None cited humiliating and stigmatising experiences, nor unequal access based on income as reasons to change the law. Interestingly, the majority of women who declared that the current restrictive law is fine were under 30 years of age, and women who saw the law as too restrictive were mainly over 30, suggesting perhaps that the younger women, who reached reproductive age after the 1993 abortion ban was already in place, cannot draw on the experiences of when abortion was legal and accessible. Additionally, they

⁷ Of the 55 women, 23 believed the law is fine, 24 said it was too restrictive, and 8 said it was too permissive.

have been mainly exposed to the postsocialist neoliberal, anti-state discourses which depict privatisation of any service as an avenue to higher quality products and care.⁸

Yet, women who are poor, adolescents, the unemployed, and migrant women are likely to face serious challenges in accessing clandestine services. As many noted, prices in Warsaw, Krakow and Gdańsk typically range between 1,000 – 4,000 *złoty*ch, [between €240 or £198 and €960 or £794].⁹ The average monthly income per capita in Poland is approximately 1200 *złoty*ch, which means that the least expensive procedure would still cost a month's income (GUS 2011, p. 1). Moreover, women's disposable income is likely even smaller, as the economic woes in Poland affect women disproportionately. Scholars have documented the "feminisation of poverty" in Eastern Europe and Poland in particular, where women are fast becoming the new economic "underclass": they are twice as likely to fall below the poverty line as men, and constitute the majority of the unemployed (Ciechocinska 1993, Pine 2002, p. 107). The combination of low income and high cost of abortion mainly allows the better-off women to access these services, leaving the rest with few alternatives. While in Poland clandestine abortion is quite accessible to women who can afford it (as was the situation in the United States before *Roe v. Wade* legalized abortion in 1973) Polish women in this study are reluctant to challenge the law not necessarily because they have the material means to circumvent it, but rather due to a number of factors that include an aversion to stirring up political abortion battles, and the perception that "privatised" strategies work. This perspective could also be understood as "antipolitics" or *nonparticipation* in politics – an aversion to political/policy solutions identified in Poland (Ost 1990), and elsewhere in postsocialist states, including Serbia (Greenberg 2010) and Hungary (Szemere 2001).

A virtual community of abortion self-care

A non-surgical option for Polish women is to purchase pills online for an abortion with self-administered misoprostol medication which is commonly available as treatment for ulcers or with a mifepristone-misoprostol regimen which is more effective. But not all sources of these pills are legitimate. In the last several years, the Federation for Women and Family Planning

⁸ Virtually any healthcare service offered "privately" is assumed in Poland to be of higher quality and this preference is normalised in public discourses. However, the experience of pursuing an illegal service is entirely different in terms of risks, fears, and stigma as compared to legal healthcare seeking.

⁹ Chelstowska argues (2011, p. 98) that Polish doctors are "turning sin into gold", and estimates that illegal abortions in Poland generate around \$95 million [€69,307,100 or £57,275,800] annually for doctors, tax and record free.

has been reporting a new wave of newspaper advertisements for medical–pharmacological abortions, but sales of fake, expired, improperly stored, or sub-standard pills have been reported in Poland. The pharmaceutical option is appealing because the pills, besides being less invasive, are also less expensive than a surgical procedure (200–400 *złoty*), but this method becomes far less effective after the 12th week. To address these concerns, some international reproductive rights NGOs took up the provision of the pills on the Internet. Internationally known is the Dutch organisation Women on Waves (WoW), which reports being contacted primarily by Polish women, and therefore its website offers Polish language guidance, instructions about the purchase, and details about what to do and expect (Nowicka 2008, p. 25–27). While WoW is the most prominent international advocacy organisation, there are several linked feminist groups that are active on the Internet not only in keeping women informed of their options but also arranging services. In particular, Women on Web, and its Polish version *Kobiety w Sieci*, operates an active website and forum with advice via “You Have a Choice” [*www.MaszWybor.net*] website. A newer organisation and rapidly becoming well-known in Poland is *Ciocia Basia* (translates as “Aunt Basia”) which describes itself as “an activist group created to support women from Poland (where abortion is illegal) who want to come to Berlin to have an abortion”.¹⁰ Online guidance is vital in the work of these groups, which are involved at multiple levels of health care provisions, including counseling, referrals, language translation, and coordinating accommodations. But rather than operating in total secrecy, media campaigns constitute an important part of their work to call attention to the restrictive laws in Poland. For example, in addition to the well-known actions of the Women on Waves sailing to nations where abortion is illegal, in June 2015, the Dutch, German, and Polish activists coordinated an “abortion drone” delivery of abortion pills from Frankfurt an der Oder, Germany, across the border to the Polish town of Ślubice, and event was widely covered in the international media (Dutch campaigners fly abortion pills into Poland, 2015).

In terms of the most tangible work of helping women in need of an abortion, local Polish online discussion forums have formed to “virtually hold one’s hand” through the process of acquiring the two-pill mifepristone-misoprostol combination, sometimes referred to as “M&Ms”, referencing the popular candy (Podgórska 2009). It appears as though the women who provide online advising to others have gone through the experience themselves, and now help a newcomer who asks for help on the forum. For example, in response to an anxious inquiry from someone who wanted the pills but was concerned about being already in the 10th week of pregnancy,

10 See: <https://www.facebook.com/Ciocia-Basia-728670193835998/> Accessed: June 10, 2018

the answers offered were both reassuring and gave concrete information. One replied: “Stay calm, I’ve conducted an action in the 11th week.¹¹ You can order a set from WoW (Women on Web), but you have to act. It’s best if you order already today”; another replied: “Make the payment as soon as possible. The pills arrive as soon as within five days, as was the case for me. Don’t panic, we’ll be with you” (Podgórska 2009).

Unlike the forum where women are helped with a legitimate purchase from WoW (Women on Waves or Women on Web), on another discussion forum the following advice was offered: “You’re asking yourself whether it’s possible to recover your period on your own? You can do it up to the 12th week using two medications Mifepristone (...) and Misoprostol. I myself have used such cure successfully”.¹² This forum’s participants also offered sales: “I get my supply from Germany. I’m attaching a flyer in Polish language. You want to take care of it quickly, honestly, and discreetly? Don’t wait! In case of questions, please call – I’ll answer everything, help, and offer advice! I give 100% guarantee. I’ll help in conducting the entire cure! Price: 345 zł”. Another seller offered in June 2011: “I’ll sell a set from Women on Web. The set contains 1 pill RU-486 and 6 Misoprostol-200. Price for the set 400 zł, that’s what we paid, but we didn’t need to use them after all. Pick up is possible in person in Wrocław during the evening hours, after prior agreement”. When these sellers are asked for personal contact information by interested buyers, the forum’s webmaster blocks the stream and requests that exchanges of personal information be done via a private messaging board. But in some cases the seller lists the phone number before a webmaster intervenes.

The danger of purchasing medication from a stranger is clear, but such offers are common and appear to constitute another underground market, if not a community of users and sellers. Just as Polish doctors who provide abortion illegally make significant profit, so can sellers of abortion pills online. It is not uncommon to also see a post from a concerned participant urging women to use the WoW website instead. For example, under discussion vignette titled, “Cytotec price”, the post warns¹³: “Ladies, I advise against unknown sources for this, but if you need help I recommend webpage: <http://www.womenonweb.org/index.php?lang=pl>”. As with euphemisms for abortion in the newspaper advertisements, the online sellers of pills have their own, most common is “original set” [*oryginalny zestaw*],

11 To conduct an action [przeprowadzałam akcję] can also be translated in this case as “to walk somebody through it”.

12 The quotes in this and the next paragraph are selected from the discussion forums such as f.kafeteria.pl and interia.pl. See, for example: https://f.kafeteria.pl/temat/f9/spzedam-zestaw-z-wow-tabletki-poronne-p_5235425 Accessed: June 10, 2018.

13 Other feminist organisations have also warned women in Poland against abortion pills that might not be genuine, including <http://www.maszwybor.net/blog/> Accessed: June 10, 2018.

which indicates that the pills were bought from WoW, but for whatever reason they are no longer needed and are therefore for sale.

This virtual community can be interpreted as a form of mobilisation and resistance practices mediated through technology (Cammaerts 2012, p. 127). It is both a site of critical information and advice, but also potentially misleading and unsafe. Yet, these public forums proliferate and streams of discussions on the topic of abortion are long, although some exchanges become little more than aggressive arguments between pro- and anti-abortion rights participant-observers. The privatized home abortion in the context of this virtual community raises questions about the degree to which the normalization of this self-care might work against efforts to legalise abortion. In The Republic of Ireland, where abortion pills via Internet and mail have been widely supplied and used (in addition to women traveling abroad for care) this concern proved unfounded, and in fact the public realisation of home abortions with pills was a compelling reason to legalise abortion on request to 12 weeks there in the May 2018 national referendum. In Poland, however, the situation seems different. The public knowledge of a widespread abortion underground since 1993 has not motivated the state to legalise abortion, despite activists' efforts to use similar arguments as in Ireland to seek liberalisation of the restrictive law. Nevertheless, it remains to be seen whether the increasing home use of abortion pills (as opposed to surgical terminations in the underground) among Polish women may eventually trigger a similar public health concern and legislative change as we have observed in Ireland.

Conclusions: a-political forms of resistance and their political utility

Acting on their own, Polish women use strategies that not only defy the abortion law, but also stand in defiance of the state and the church, both of which urgently call for more births as a way to “boost morality” and stem the persistent demographic decline. But to what extent can these individualised and privatised strategies be considered a form of protest or resistance vis-à-vis the reproductive governance launched by the religious and nationalist politics of the postsocialist era? Surely, obtaining an illegal abortion or using contraceptives against the church's prohibitions accomplishes precisely what the women want – shaping their lives according to their wishes, plans, and possibilities. However, I would also argue that this could be understood as a form of resistance, however limited politically, and a stopgap strategy for dealing with larger social and collective concerns about reproductive rights and health as well as gender inequality that should be addressed with collective and policy solutions.

Anthropologists who have theorised resistance argue that intention is significant in interpreting whether a practice amounts to resistance, and that some scholars perhaps see resistance where none is present (Abu-Lughod

1990). Others, however, argue that resistance among the “weak” and marginalised populations can manifest in limited and subtle ways (Scott 1985). The spectrum of what constitutes resistance has been extended to include deliberate inaction as an informed, strategic response to power (Halliburton 2011). Contestation can therefore assume a number of forms that are subtle and perhaps based on pragmatic sense, but which undoubtedly form resistance-like practices and express dissent (Lock, Kaufert 1998, p. 13).

Feminist groups advocating for reproductive rights and attempting to bring about more collective action via policy channels have waged most overt resistance in Poland. Nevertheless, these efforts have been without a major effect on the legislation, mainly due to widespread political passivity of the society at large, but also a political climate hostile to any contestations of the church. Significantly, the medical community and the public have generally abstained from joining the struggle. Doctors did little to stop the abortion policy restrictions of the early 1990s. Yet, trained gynecologists and anesthesiologists are fundamental to the functioning of abortion underground. The provision of illegal abortion by Polish doctors can be understood as both a form of resistance to the restrictive law, but also as a way to capitalise financially as doctors can earn far more in their private clinics, and they shield themselves from the potential, or perceived, harassment by the church, leaving women to endure the secrecy and stigma of a clandestine procedure for a large fee (De Zordo, Mishtal 2011).

Moreover, women’s rights as such in Poland have been eclipsed by morality discourses about the “rights of the family”, “foetal rights”, and more recently “embryonic rights” – a trend that has been observed in many geopolitical settings where reproductive governance, religion, and nationalism come together (Morgan, Roberts 2012). Lessons from the HIV/AIDS activism in Poland offer another example that discourages political engagement, wherein the involvement of the Catholic church in AIDS prevention campaign led to the marginalisation of the voices of sexual minorities as activists were eclipsed by the “moral authority” of the church (Owczarzak 2009).

Women’s nongovernmental organisations (NGOs) – better understood in Poland as social or civic groups because they are not service providers but maintain a political advocacy character – have been facing great challenges in trying to generate popular interest in issues would perhaps be more effectively addressed through political action to advance policies (Nowicka 2010, p. 2). This is true not only of advocacy for abortion rights, which is a highly polarised arena, but also for areas where a widespread agreement exists, such as rights to infertility services or rights to sex education in schools – both of the latter are overwhelmingly supported by the Polish population, but opposed by the church and the conservatives (Mishtal 2015).

Yet, any kind of organising is difficult, and political involvement of Poles has been observed to be “marginal” as national opinion poll found that 52

percent believed that involvement in any social movement has no effect on what is happening in the nation (Wciórka 2000, pp. 3-4).¹⁴ More recently, a survey about the attitude of Poles towards different forms of protest indicates that a significant number of 47 percent believe that protest “doesn’t do anything” [*nic nie daje*] (Pankowski 2013, p. 6). These findings are peculiar for a nation where the Solidarity oppositional movement has been the first political movement in the region and instrumental in toppling the communist regime. Likewise, in terms of practice, social action and organising in Poland are extremely low: according to eight polls taken between 1998 and 2012, less than 2 percent was involved in any politically motivated organisation, or women’s organisation, or involved in a specific political action around an issue (Boguszewski 2012, p. 3).

“Alternate strategies” have always been an important part of Polish society’s ways of managing daily life under state socialism (Wedel 1986). What is interesting is that under the new democratic system, the same strategies of informal economies and reliance on extended kin and friend networks prove more effective again (Pine 2002). The same has been shown for present-day Russia, where “individualised strategies” are preferred over collective action (Rivkin-Fish 2005). The preference for private “alternate strategies” rather than political mobilisation is also obvious in the narratives of women in this study who generally view both anti- and pro-abortion rights sides as satisfied in the current situation, since they perceive abortion as available and safe, and thus the restrictive law need not be changed. In other words, there is no need to “rekindle controversies” when each side gets what it wants. This attitude mirrors rather closely the dominant political discourse presented by the state that depicts the current abortion ban as a “compromise” with the church, while in reality Poland’s abortion law is one of the harshest in Europe.

The rather individualised practices of Polish women, including defying the state’s calls to bear more children and seeking abortion clandestinely, stand in clear opposition to the increasingly radical Polish state governed by the Law and Justice party, elected in 2015. The Law and Justice party – a far right administration running on a nationalist, anti-immigrant, and pro-rural poor platform – fiercely opposes abortion rights and is aligned

14 Wciórka reports (2000, p. 3-4) that the reasons for political passivity in Poland are typically observed as cultural and seen as the effects of state socialism, including: lack of civic and democratic traditions, the discrediting of the concept of “social work” or “civic work”, lack of organisational skills necessary to civic engagement, low civic awareness, lack of a sense of influence on national affairs and one’s surroundings, lack of faith in the effectiveness of civic engagement augmented by the negative opinion of Polish politics, lack of a developed “new middle class”, and underfunding of education as well as low education about civic engagement. Wciórka also reports that grassroots movements are not “attractive” for mass media, therefore such movements are unable to become an element of mass culture or cultural “imagination”.

with the agenda of the Catholic church. The administration welcomed a bill to ban abortion altogether which was submitted by the Catholic organisation *Ordo Iuris* Institute, and ushered it through the legislative process in 2016. However, the Polish society, led by an organised effort from the feminist community, pushed back with great force in what became known as “Black Protests”, effectively forcing the government to withdraw the proposal. This powerful reaction was unusual in light of the “anti-political” and mostly invisible forms of protest common thus far, and has been explained as triggered by the severity of the legislative proposal in which both women and doctors would have been criminalised (Korolczuk 2016, p. 98). Another such abortion ban proposal has been moving through the legislation in 2018, triggering a new wave of protests. In addition, women’s strategies to bypass the abortion ban and curb fertility amidst what the state and the church see as a demographic “crisis”, establishes a contentious relationship to the religio-political hegemony. The Polish state’s turn to the extreme right is also reverberating internationally. Specifically, in 2017 and 2018, the ruling Law and Justice party took steps to dramatically reduce the power of the court system by passing a new retirement law, which lowered the age of forced retirement from 70 to 65. This reform effectively purged the legislative system of some of the most experienced judges, and allowed the state to appoint its own, more conservative picks. As of September 2018, the European Union launched a lawsuit against Poland in the European Court of Justice to challenge the state’s undemocratic law (Strupczewski 2018). This is significant for reproductive rights for two reasons. First, the escalation of illiberal policies proposed by the Law and Justice party signals emboldenment, which bodes poorly for Polish democracy and human rights. Second, the unprecedented legal action on the part of the European Union in the highest European court signals that the EU may indeed become involved from “top-down” when fundamental rights are being eroded.

At the societal level however, questions remain about the degree of political engagement to force change from below. From the perspective of social movement theory, which identifies three kinds of protest logics: logic of numbers (mass demonstrations), logic of damage (destruction or disruption), and logic of bearing witness (public performance and civil disobedience) (Cammaerts 2012, p. 121), Polish women’s own “unofficial” bi-politics of controlling their reproduction might be interpreted as a fourth category: the logic of clandestine civic disobedience, wherein more than just bearing witness, they actively subvert established laws and controls. But Kligman (1998), who has written about Romanian women’s experiences under Ceaușescu’s abortion ban, might argue that while circumventing the system bypasses the obstacles, it also encourages one live with them, as the dissent is not in the public space.

The recent and ongoing street protests have had an important effect of

halting the 2016 abortion ban (and further legislative attempts in 2017 and 2018), however such one-off reactions, mobilised mainly against specific instances of legislative proposals, may not be enough to hold onto the already extremely meager reproductive rights, or much less liberalise them. Even the thriving abortion underground in Poland – its existence more clearly acknowledged by the state in recent years – has had no impact on the larger reproductive politics. Even among those active in the Polish feminist community there exists a deep “disaffection with all political parties and, more generally, with any hope that conventional politics ever responds to feminist demands or values” (Detwiler, Snitow 2016, p. 2). Indeed, individualised dissent or non-engagement in conventional politics risks invisibility and is unlikely to produce any kind of progress in advancing reproductive rights, and it can indeed be argued that the power of politics remains in engagement (Hussein, Cottingham, Nowicka, Kismodi 2018). It will be important to track the effects of these “anti-political” approaches empirically and ethnographically to examine how such approaches impact access to healthcare, and experiences of women and men in reproductive decision-making in Poland and in other geopolitical contexts where aversion to conventional politics creates forms of extra-political resistance. These effects will be particularly important to track when considering the lives of women who cannot afford clandestine abortion, and women with precarious legal status (e.g., immigrants) who cannot take the risk or lack the know-how of pursuing illegal services. These research and theoretical questions are also significant in understanding the processes by which reproductive policies are shaped and re-shaped (Andaya and Mishtal 2016) because they represent an important measure of social justice and the state of rights in ostensibly liberal democratic nations.

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