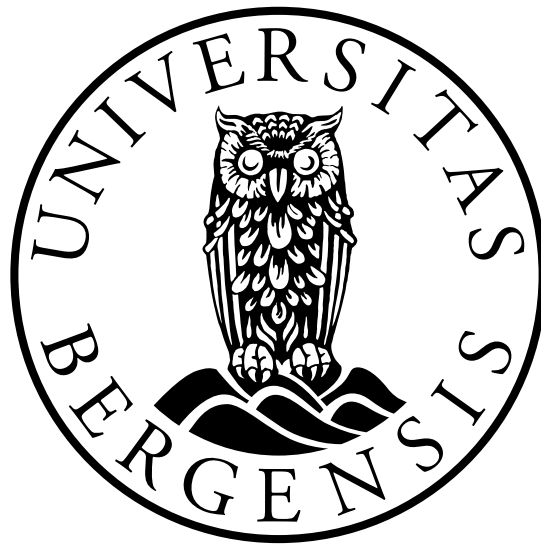


«I feel in danger as a woman»

Impacts of a Strict Abortion Law on Young Polish Women; an Integral Approach

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ABSTRACT

Poland, together with Malta, have the strictest abortion law in Europe. Since 2020, the Polish abortion law allows abortions only in cases when the pregnancy is a result of an unlawful act or when the pregnancy pose a threat to the life of the pregnant women. This thesis explores how the amended Polish abortion law affects the everyday life and well-being of young Polish women as well as the strategies the women have taken in response to the new abortion law.

This thesis is a qualitative, interpretive phenomenological study based on eight semi-structured individual interviews. The study participants are young Polish women, between 25-35 years old. All women were openly pro-choice and had a negative attitude towards the Polish abortion law. Thematic analyses were used to identify codes and themes, and to analyse the data.

This study found that the amended Polish abortion law provoked anger, fear and frustration among the participating women. The anger and frustration were found to be connected to, but are not limited to, what the women perceived as a too close relationship between the state and the Catholic Church and the influence of the Church on state policies. There was a fear of getting pregnant among the participants, which was linked to the lack of access to and trust in the Polish reproductive medical care services. The participant's accounts also revealed strategies, such as saving money for traveling abroad or participating in demonstrations, as ways to cope with the 2020 change of the abortion law.

With the help of Ken Wilber's integral theory, the study demonstrates the interaction between policies and laws, cultural background and individual's experiences and actions. Emotional response, behaviours and the structural environment all influence one another and the interplay between them must be acknowledged to understand how young Polish women are affected by the abortion law. The participating women show a severe distrust in the Polish government, frustration towards the close state-Church relationship and fear based on the lack of access to abortion and reproductive medical support, all which negatively affect their everyday lives and well-being.

Key words: abortion, the Polish abortion law, young Polish women, well-being, Health Promotion, PiS, Poland, integral theory, AQAL

ACRONYMS AND ABBREVIATIONS

ADT	Abortion Dream Team
AQAL	All Quadrants, All Levels, All Lines, All States, All Types
EU	European Union
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer + other genders/sexualities
NATO	North Atlantic Treaty Organisation
NSD	Norwegian Centre for Research Data
NVivo	Digital tool for coding and analysis
PiS	Law and Justice Party
SDG	Sustainable Development Goals
SRHR	Sexual and Reproductive Health and Rights
WHO	World Health Organisation

CHAPTER ONE: INTRODUCTION

Worldwide, the regulatory interventions on abortion has increased during the last few decades, although many nations have liberated their laws others have introduced stricter regulations (United Nations, 2014). According to the World Health Organisation (WHO), the lack of access to safe abortion services pose a risk to the physical, mental and social well-being of women. Ensuring access to abortion care is fundamental for securing health and well-being for all and meet the Sustainable Development Goals (SDGs) related to health and well-being (SDG 3) and gender equality (SDG 5) (World Health Organization, 2021).

On October 2020, the Polish Constitutional Tribunal amended the country's already strict abortion law and ruled abortions on grounds of "severe and irreversible foetal defect or incurable illness that threatens the foetus' life" as unconstitutional (European Parliament, 2021). Abortion is now legal only in cases when the woman's life or health is at risk or when the pregnancy is a result of a criminal act. The aim of this study is to gain insight in how the amended Polish abortion law is affecting young Polish women's everyday life and well-being.

1.1 THE HISTORY OF THE POLISH ABORTION LAW

In 1932, Poland was the second country in the world which legalised abortion in cases where there was a danger to the mother's life, an in cases of rape or incest. The law was later, in 1956, expanded to include medical and "difficult social and economic living conditions", which allowed abortion on demand without state control or mechanisms for reporting (Hussein et al., 2018, p. 11). Even though the law was implemented to support policies of integrating women into the communist workforce and not motivated by feminist values, it was still considered a step forward for women in Poland (Standish, 1998, p. 117).

The next change in the abortion law did not happen until 1993. The Law on Family Planning Defence of the Foetus and the Acceptance of Pregnancy Terminations (hereby referred to as The Act of Family Planning) was passed in the Polish Lower House of Parliament restricting abortion to only apply in three circumstances: (1) when the pregnancy posed a threat to the life or health of the pregnant women; (2) when there was a high probability of severe foetal defect or illness that threatens the foetus' life and (3) when the pregnancy was a result of rape or incest (Standish, 1998, p. 118). The decision on abortion and The Act of Family Planning had a huge momentum in Poland, who had not yet adopted a new Post-communist constitution. The

implementation of The Act of Family Planning was a result of a heated constitutional debate (Bucholc, 2022, p. 82). The law is often referred to as the compromise, because it was implemented with the balance between the Church’s wish for a full ban on abortion and the existing unconditional availability.

The part of the law covering foetal impairment has been the main target of the anti-abortion movement since 1993. In 2017 a draft bill was created and 100 000 signatures from anti-abortion supporters were collected, proposing to remove foetal impairment as a condition for allowing an abortion (Bucholc, 2022, p. 83). However, it was not until 22 October 2020 that the Constitutional Tribunal declared the law authorising abortion on malfunction foetuses to be unconstitutional, thereby imposing a near total ban on abortion.

Year	Risk to mother’s life/health	Rape or incest	Foetal impairment	Economic or social	On request
1918 – 1932	Legal	Illegal	Illegal	Illegal	Illegal
1932 – 1943	Legal	Legal	Illegal	Illegal	Illegal
1943 – 1945	Legal	Legal	Legal	Legal	Legal
1945 – 1956	Legal	Legal	Illegal	Illegal	Illegal
1956 – 1993	Legal	Legal	Legal	Legal	Illegal ¹
1993 – 1997	Legal	Legal	Legal	Illegal	Illegal
April 1997 – December 1997 ²	Legal	Legal	Legal	Legal	Illegal
1997 – 2020	Legal	Legal	Legal	Illegal	Illegal
2020 –	Legal	Legal	Illegal	Illegal	Illegal

TABLE 1: TIMELINE OF THE HISTORY OF THE POLISH ABORTION LAW

In 2015, the current ruling right-wing party Law and Justice (PiS) won the election against the liberal governing party Civic Platform (PO). The conservative political turn in Poland seemed to be part of a worldwide right-wing movement, characterised by the expanding influence of nationalist right-wing parties all over Europe and United States with growing xenophobic

¹ On request abortion was illegal, but was in practice allowed due to the then undefined term of “social and economic” reasons.
² In 1996 an amendment to the 1993 law allowed termination of pregnancies before the twelfth week if they faced personal or financial difficulties, however this law was repealed in 1997 by the Constitutional Court.

tendencies and resistance toward women's emancipation (Szelegieniec, 2018, p. 45). Sexual reproductive health and rights (SRHR) have been one of the most prominent issues of the Polish public debate since the increased influence of the Catholic Church and the fall of the state socialism in 1989 (Mishtal, 2019, p. 182). Since the ruling right-wing party assumed office in 2015, they have attracted thousands of mass protesters in large demonstrations against their frequent proposals to restraint the abortion law (Davies, 2020).

The first major demonstration happened in 2016, in the wake of the first proposal to restrict the 1993 abortion law. Activists proposed a national strike on October 3 2016, asking women to skip work or wear black in protest against the impending ban. Despite being a country mired in political apathy, about 100 000 people took part in 143 protest around Poland, inaugurating the "Black Protests" (Cocotas, 2017). The next big wave of protests happened in October 2020 when abortion on malformed fetuses was declared unconstitutional. The pro-choice activist organisation Strajk Kobiet (Women's Strike) mobilised over 400 000 people in cities all across Poland (Davies, 2020; Strajk Kobiet, n.d.). The controversy and demonstrations regarding the new abortion law continued throughout 2020 and into 2021, when the new abortion law was implemented.

1.2 HEALTH PROMOTION

As this thesis is situated in the field of health promotion, I want to place the topic in the context of health and provide a few guiding definitions. Health is defined as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948, p. 1). Good health is a resource for social, economic and personal development and is therefore a crucial dimension of quality of life (World Health Organization, 1986). When the global community adopted the Sustainable Development goals (SDG) in 2015, all countries committed to ensure good health and well-being through SDG3 and access to sexual and reproductive services through SDG5 and the specific target 5.6 aiming to 'ensure universal access to sexual and reproductive health and rights' (United Nations, n.d.).

The overall purpose of this study is to gain insight in how the amended Polish abortion law is affecting young Polish women's everyday life and well-being. The latter term, well-being, is a debated, subjective and context dependent term, and how to precisely define it still remains partly unsolved (Dodge et al., 2012, p. 222; White, 2010). However, it is often associated with

the formulation “doing well - feeling good”, referring to the state of feeling healthy and happy (White, 2010, p. 160).

In the Ottawa Charter, an outcome of the first international conference on health promotion, the term health promotion is defined as “the process of enabling people to increase control over, and to improve their health” (World Health Organization, 1986). The Charter define five action areas: (1) building healthy public policy, (2) create supportive environments, (3) strengthen community action, (4) develop personal skills and (5) reorienting health care services toward prevention of illness and promotion of health (World Health Organization, 1986). In this study, particular focus will be put on action area 2, 3 & 4, to emphasise the relationship between the participants and their environment and to put focus on their strategies for coping with the amended Polish abortion law. However, all aspects of the Ottawa Charter and the concept of health promotion is relevant and will be used to discuss how the abortion law is affecting the participants everyday life and well-being.

1.3 OBJECTIVES

Although changes done in Polish reproductive health and rights policy is problematised and researched, little empirical literature exist on the recent changes to the strict Polish abortion law and the impacts the law has on young Polish women’s everyday life. With the aim to gain insight in young Polish women’s perceptions of and experiences with the new abortion law, I defined the following overarching research objective:

How are the recent amendments to the Polish abortion law affecting the everyday life and well-being of young Polish women?

The three sub-objectives are as followed:

- How do young Polish women perceive and experience the Polish reproductive policy and the amended Polish abortion law?
- What actions and strategies have young women taken in response to the amended abortion law?
- How do the study participants perceive and assess the Polish public discourse on reproductive health and rights?

1.4 OUTLINE

This thesis is organised into seven chapters. The introduction is followed by a presentation of the theoretical framework and how it is utilized in this study. After the theoretical framework a presentation of the literature review will follow. The fourth chapter details the methods, research design and the ethical considerations taken to ensure a good quality research fitted to my objectives. The next chapter presents the empirical findings of the study, which are subsequently discussed in chapter six. The final chapter, chapter seven, presents the key conclusions and recommendations for further research and practice.

CHAPTER TWO: THEORETICAL FRAMEWORK

To provide a holistic view on the context of the recent amendment of the Polish abortion law, I have applied the integral theory as my theoretical framework. I want to explore how the new Polish abortion law affected the well-being of young Polish women, but also explore the cultural and religious context framing the law. To develop an understanding of the everyday-life and well-being of young Polish women, Ken Wilber's integral theory and four quadrants is used as a tool for analysis, seeking to develop a holistic picture of the environment that these women live in.

2.1 INTEGRAL THEORY

Wilber published his first book in 1977, and over the next 30 years he published research in a number of different areas such as anthropology, philosophy, sociology, healthcare and environmental studies (Esbjörn-Hargens, 2010, p. 34). Weaving together insights from various human disciplines, the integral theory and the quadrant model were introduced in Wilber's book *Sex, Ecology, Spirituality* in 1995 (Esbjörn-Hargens, 2010, p. 34). An integral theory approach to health promotion strives to be multidimensional, reminding us that it is four dimensions of life which acquire equal attention. If one is ignored or privileged over another, it reduces the capacity to respond effectively to health promotion problems and potentials (Lundy, 2010, p. 47).

Wilber's AQAL Model is central to integral theory, representing all quadrants, all levels, all lines, all states, and all types (AQAL) (Wilber, 2014). The integral model pays attention to

human development by acknowledging patterns and multiple arenas for change and growth (Lundy, 2010, p. 47). According to the integral theory there are four perspectives or *quadrants* that must be consulted when attempting to understand an issue (Esbjörn-Hargens, 2010, p. 35). Within each of the four quadrants there are *levels*, which represents the nature of reality and how different realities show up under certain conditions (Esbjörn-Hargens, 2010, p. 41). *Lines* refers to individual or group capacities, such as moral or emotional capacities, the idea being that some areas are more developed than others (Esbjörn-Hargens, 2010, p. 44). *States* are temporary happenings associated with each quadrant (Esbjörn-Hargens, 2010, p. 46). *Types* refers to a consistent style of someone or something, such as a personality type (Esbjörn-Hargens, 2010, p. 49). This study applies the AQAL model, specifically the four quadrants.

2.2 THE FOUR QUADRANTS

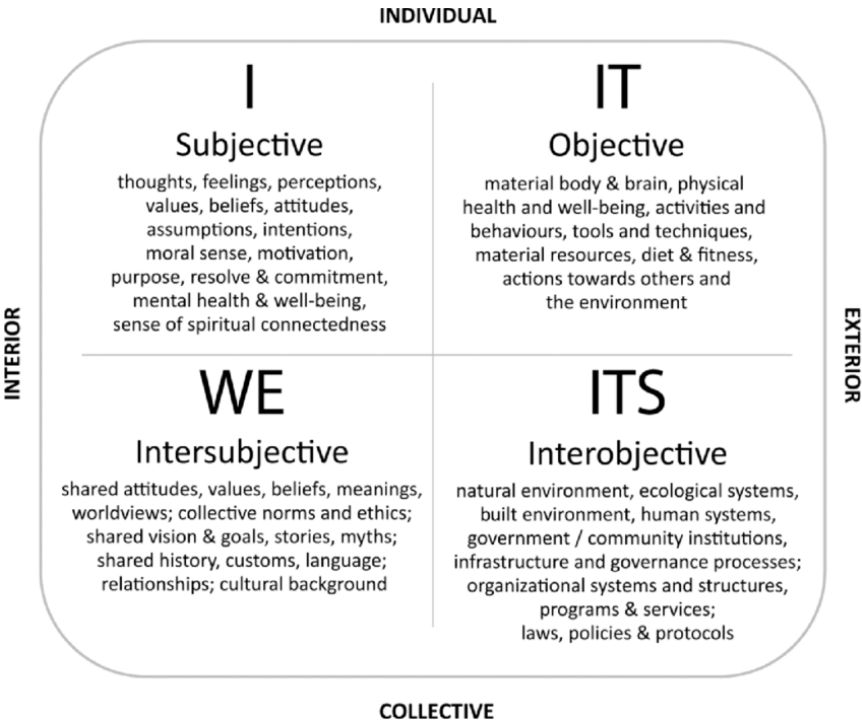


FIGURE 1: THE FOUR QUADRANTS (LUNDY, 2010)

As the name implies the quadrants represents four possible dimensions to an analysis. To put it simply, the quadrant model (figure 1) separates four key viewpoints on human experience along two axes – interior and exterior; individual and collective (Haigh, 2013, p. 175). Wilber claim that the universe as we know it is made up of elements which he calls “holons”, a holon being

“a whole that is part of other wholes” (Tirel, 2012, p. 406; Wilber, 2001, p. 53). The AQAL model looks at the four quadrants individually as distinct perspectives of an experience, but also as parts of the larger whole of reality. The model provides greater insight into an experience, and the complex interrelationships between individuals, communities and organisations.

The individual upper left quadrant, the “I”, represents an individual’s feelings and thoughts (Wilber, 2005, p. 26). The second individual upper right quadrant is the exterior quadrant. The “it” quadrant concerns behaviour and explains what an individual does or consist of (Haigh, 2013, p. 175; Wilber, 2005, p. 26). The collective interior lower left, the “we” quadrant, is about community and culture and a groups’ shared values (Haigh, 2013, p. 175). And finally, the fourth lower right, the “its” quadrant, represents society and the exterior forms and behaviours of a collective (Wilber, 2005, p. 27). The four quadrants are all connected and interact in a number of ways.

For the purpose of this study the focus will be on the four quadrants as an analytic tool for gaining insight into how the Polish abortion law is affecting the everyday life and well-being of young Polish women. *The collective exterior (ITS)* provides insight in how the political environment and the Catholic Church are influencing the Polish abortion law and the discourse on reproductive health and rights, providing a background for further exploration and understanding of how the abortion law is affecting young Polish women. *The individual interior quadrant (I)* covers the individual perceptions and emotions, exploring how the abortion law is affecting the well-being of my study participants. *The individual exterior (IT)* will provide insight into the actions and strategies utilised by young Polish women to cope with the strict abortion law. Finally, *the collective interior (WE)* looks at how the shared attitudes and cultural background is affecting the feeling of community and the Polish public debate. Although each quadrant reflects important aspects of the participants experience with the amended Polish abortion law, a comprehensive understanding of how the law is affecting young Polish women can only be attained in the relationship between the quadrants.

CHAPTER THREE: LITERATURE REVIEW

3.1 SEARCH PROCESS

The presented literature has been collected using several databases, mainly Oria (The University of Bergen library database), Web of Science, ProQuest, and Google Scholar. I used several search words, and different combinations to get a full overview of the available literature. The most relevant search words were Poland + Abortion, but I also used words such as abortion law, Polish Women, PiS, religion, culture, and demonstrations and protests. Because there is limited research done on the latest amendments of the Polish abortion law, most of the presented literature concerns The Act of Family Planning from 1993.

3.2 ATTITUDES TOWARDS ABORTION

When carrying out a discourse analysis to identify how women's reproductive rights and needs in Poland was reflected in the public debate in 2019, Paprzycka et.al discovered two opposing views on abortion (2019, p. 121). In the anti-abortion discourse women are objectified and treated as passive beings, while in the pro-abortion discourse women are empowered and viewed as active and involved individuals (Paprzycka et al., 2019, p. 121). In a survey from the Polish Public Opinion Research Centre (CBOS) from 2016, 38% declared an anti-abortion attitude, against a 18% pro-choice attitude (Herrmann, 2016, p. 3). In another survey from the same study, 82% thought abortion should be available when the women's life is threatened, 76% when her health is at risk and 74% when the abortion is a result of rape (Bozewicz, 2016, p. 3). However, in a survey from the Polish OKO.press done in 2020, 66% supported the right to abortion on demand up to 12 weeks (Chrzczonowicz, 2020). This was an increase from 53% in the last study done by OKO.press in 2019, the greatest change transpiring among young Polish people (Chrzczonowicz, 2020).

Several studies refer to the issue of stigmatisation concerning abortion in Poland (Chelstowska, 2011; Kumar et al., 2009; Mishtal, 2019; Żuk & Żuk, 2017). Kumar et al. define abortion stigma as "a negative attribute ascribed to women who seek to terminate a pregnancy that marks them, internally or externally, as inferior to ideals of womanhood" (2009, p. 628). Concurrently with abortion being labelled as morally wrong and a criminal act, Chelstowska argues that it became a taboo and a topic you do not speak about even with your closest friends (Chelstowska, 2011, p. 99).

Great value is placed upon motherhood in Slavonic cultures, and in popular narratives of Polish history the mother is represented as the heart of the household (Pine, 2001, p. 52) The role of a mother is often associated with the myth of the “The Polish Mother”. “The Polish Mother” is a figure featured in the Polish culture for many years, arising from a difficult national history to give birth and guarantee the maintenance of the Polish identity and nation (Imbierowicz, 2012, p. 140). However, motherhood is not only praised, but also critiqued; Polish women have been and are still participating extensively in the paid labour force (Świgost-Kapocsi, 2021). In a study of gendered domains from the Polish industrialised region around Łódź, Pine identified a feeling of loss among the women who lost their job after the fall of state Socialism in 1989 (Pine, 2002, p. 96). The loss concerned more than the loss of income, the women mourned their workplace because this was a place where they were able to act as individuals away from motherhood and domestic responsibilities (Pine, 2002, p. 96). Without work, the women spoke of their futures as a blank, and their hopes and dreams as reserved for their children (Pine, 2002, p. 102).

3.3 ROLE OF THE CATHOLIC CHURCH

Poland is the most nationally homogeneous country in Europe with a striking attachment to national traditions (Biskupski, 2018, pp. 3-4). The Catholic Church heavily, but positively influenced reconstructions of the Polish nation after occupations by Nazi Germany and by Communist Soviet Union. The Church also played an important role in the reconstruction and improvements of education, social justice, welfare and public health after the world war I (Mazgaj, 2014, p. 9).

The Catholic connection to the Polish national identity was formally splintered in the wake of the Soviet imposition of communism after World War II, which was guided by an open state hostility to the Catholic Church (Kozłowska et al., 2016, p. 830). In line with the Polish political changes in the late 1980’s, the Catholic Church regained their influence on state policy. The Church spread anti-abortion propaganda to highlight the moral issues of abortion, and presented communism and abortion on request as enemies to the biological existence of the Polish nation (Bucholc, 2022, p. 80; Standish, 1998, p. 119). The Catholic Church had a prominent role in the “Round Table Talks” which facilitated the political transition and the peaceful fall of the communist rule in 1989, emerging as an important political player in the democratic post-communist regime (Standish, 1998, p. 121).

The majority of the reviewed articles state the indispensable religious influence in the Polish national reproductive health policies. Gender has become one of the most discussed terms in Poland, since the Polish Bishop in 2013 explained the term “gender ideology”³ claiming it as a danger to the Polish nation and family (Kościańska, 2021, p. 218). Kościańska argue that the current war on gender in Poland is rooted in earlier debates on gender and sexuality and the complicated Church/state alliance under socialism (Kościańska, 2021).

Szocik argue that the Catholic religion today affects all spheres of cultural and social life, and that it has a prominent influence on Polish politics (Szelewa, 2016, p. 742; Szocik, 2021). The Catholic Church has also influenced the public discourse and the official legal language. For example in the abortion law the word foetus was replaced by the term conceived child and pregnant woman was replaced by mother (Szelewa, 2016, p. 758). Similar to their predecessors, the current ruling right-wing party PiS, supports the Church and respect their values and requests in most fields (Szocik, 2021).

3.4 ACCESS TO ABORTION

Research shows that restrictions on abortion do not reduce the number of abortions, but leads to increased morbidity and cases of deaths because women seek illegal or unsafe abortions (Hussein et al., 2018, p. 12; World Health Organization, 2015). Estimated data on the amount of abortions that are carried out in Poland varies and are hard to measure. Pro-choice organisations usually operate with higher numbers than anti-abortion organisations (Hirvonen, 2017, p. 8). The official state provided numbers for legally conducted abortions in 2017 was 1057. However, the Federation for Women and Family Planning estimates that over 100 000 abortions are conducted in Poland every year (Hirvonen, 2017, p. 8).

³ Gender ideology is defined by the Polish Bishop in a letter dated 29 December 2013 as: “the product of many decades of ideological and cultural changes deeply rooted in Marxism and neo-Marxism endorsed by several feminist movements and sexual revolution...According to this ideology, humans can freely determine whether they want to be men or women and freely choose their sexual orientation. This voluntary self-determination, is to make the society accept the right to set up new types of families” (Kościańska, 2021, p. 218).

Research shows that as abortion has been legally prohibited, it has been made inaccessible in public hospitals (Chelstowska, 2011, p. 99). Żuk and Żuk have conducted a study describing the problems of women in Poland based on the limited access to abortion, in vitro fertilisation⁴ and prenatal tests. The study discusses the Catholic influence on the Polish reproductive health care system. Even before abortions due to foetal abnormalities became illegal in 2020, several doctors refused to carry out abortions because of pressure from the Church and right-wing media (Żuk & Żuk, 2017, p. 694). In smaller towns doctors were afraid to perform legal abortions based on social stigmatisation and harassment for “murdering” unborn babies (Żuk & Żuk, 2017, p. 695).

Another issue with access to abortion is the “conscience clause”, which allows individual doctors to refuse to perform abortion, provide birth control and in vitro fertilization on religious grounds (Graff, 2014, p. 433). Signing the conscience clause give doctors the opportunity to refuse to do abortions and handle contraception, and many doctors do this to end harassment and threats (Żuk & Żuk, 2017, p. 695). In the region of Podkarpackie Voivodeship, south in Poland the doctors collectively signed the conscience clause, resulting in zero abortion procedures performed by the public hospital in the region (Kopka-Piątek, 2021). Pregnant women can therefore not be sure if the doctor that determined whether or not their reason for abortion is legitimate, is doing so guided by what is good for her or by their own personal beliefs.

A study by Chelstowska (2011) investigates the criminalisation and stigmatisation of abortion in the public sphere and public health care, and show that it has led to a close monopoly on abortion services in Poland for private health care providers (Chelstowska, 2011, p. 99). The privatisation, the cost and the effort of getting an abortion in Poland is leading women to seek help abroad or online. Illegal abortions are taking place in “underground” communities in Poland. The jobs are often done by medical professionals who are not necessarily trained obstetricians, and with medication that is purchased illegally online (Mecinska et al., 2020, p. 398). In addition Polish women typically travel to hospitals and clinics in nearby countries like Germany, Austria and Slovakia where abortion is freely available (Mecinska et al., 2020, p.

⁴ In vitro fertilization, often referred to as IVF, is a series of procedures used to help with fertility or prevent genetic problems and assist with the conception of a child. Mayo Clinic. (n.d.). *In vitro fertilization (IVF)*. <https://www.mayoclinic.org/tests-procedures/in-vitro-fertilization/about/pac-20384716>.

398). The cost and possible travel expenses disproportionately affects poorer women, making abortion a socio-economic issue (Mecinska et al., 2020, p. 398).

3.5 IDENTIFIED GAPS

Based on the presented literature I have found that there are a number of studies analysing the discourse between anti-abortion and pro-choice, the human rights perspective, the impact of the Catholic Church and the issue of stigmatisation. However, studies covering how women's everyday life and well-being is affected by the Polish abortion law are largely missing. There are several newspaper stories about young Polish women affected by the amended abortion law, but few academic studies. Because the new law is considered a step back in terms of gender equality and gender rights, I believe it is important to study the perceptions and reflections of young Polish women.

As the most recent amendments to the Polish abortion law first came into action 27th of January 2021, there is still limited research done on the latest modification. Most of the existing data is therefore based on the 1993 version of the abortion law. Even though the 1993 version was still one of the strictest abortion laws in Europe, I believe there is a need for an understanding of how young women's everyday life and well-being are affected by the implementation of an even stricter law.

CHAPTER FOUR: METHODOLOGY AND ETHICS

In this chapter, I will describe and reflect upon the design and methods used in my research. The purpose of the chapter is to explain my rationale for selection of design, methods and participants of the study. It will begin by giving a brief description of the research approach and philosophical underpinnings of the study. Next, I will present the research design and my selected participants. It follows with a description of the methods used for data gathering and the analytical approach used to analyse the data. The chapter will end with a description of the process of ensuring quality of the research and adequate ethical considerations.

4.1 QUALITATIVE RESEARCH DESIGN

As the main purpose of this study is to explore how the new Polish abortion law is affecting the well-being and everyday life of young Polish women, I collected data from participants with the aim of gaining insight in their real-life experiences. Therefore, a qualitative research approach was the most suitable methodology for this study.

A qualitative research approach is used to explore personal and social experiences and meanings, and the contexts shaping these (Skovdal & Cornish, 2015, p. 5). I have employed a phenomenological research design. The design is used to describe common meanings of a phenomenon for individuals through their lived experiences with this phenomenon, here the Polish abortion law (Creswell, 2016, p. 75).

With regards to the philosophical approach, the study is grounded in an interpretive approach with a constructionist orientation. An interpretive philosophical approach is centred upon the premise that reality exists as people perceive and experience it (Neuman, 2014, p. 102). This approach fitted well with the intention of gaining insight in my participants' realities and exploring their everyday experiences. A constructivist orientation in an interpretative approach assumes that people shape their realities based on their beliefs and meaning (Neuman, 2014, p. 102). As with the phenomenological qualitative research design, the philosophical approach helped shape the study and compare my participants' realities.

4.2 STUDY SITE

Poland is a parliamentary republic, located in central Europe with 16 administrative provinces (The European Union, n.d.). With a population of just under 40 million, it is the fifth most populous country in the European Union (EU) (Biskupski, 2018, p. 3). The data collection was originally planned to take place in the Polish capital, Warsaw. However, due to the ongoing Covid-19 pandemic all data was collected digitally. This meant that I was no longer restricted to a specific area and ended up with an extended study site. This gave me the opportunity to include participants from different parts of Poland, and gain some insight into regional differences although these are not a major focus of my study.

4.3 PARTICIPANTS AND RECRUITMENT

All participants were recruited through the private Facebook group, Nie Jestes Sama (You Are Not Alone). The group is administrated by the pro-choice group Aborcynjny Dream Team

(Abortion Dream Team). The Abortion Dream Team (ADT) is an organisation, which has as its goal to provide immediate assistance for women in need of an abortion, but also to start a public conversation about the reality of abortion in Poland (Sussman, 2019). I emailed ADT with the intention of using the organisation as my gatekeeper for recruiting participants. I was added to their Facebook group where I made a post asking for participants. I used the ADT as a gatekeeper to recruit Polish women who were familiar with the Polish abortion law and the Polish SRHR.

The participants were not specifically selected, but randomly picked from the approximately 20 women who responded to my post. It was not a requirement from my side that they should be activists, but all participants had an interest in reproductive health and rights and voluntarily asked to be a part of my study. All participants were openly pro-abortion. I required from the Nie Jestes Sama Facebook group to make sure that, with a limited number of participants, I would include young women who felt a desire to share information about how the abortion law is affecting their everyday life and well-being. This did of course influence my participants contributions and their opinions do not reflect the general population of young Polish women; this limitation will be further reflected upon in section 4.7.

Participant	Country of Residence	Age
Danuta	Spain	29
Emma	The Netherlands	32
Ewa	Poland	30
Jagoda	England	34
Katarzyna	Poland	32
Magda	Poland	26
Mar	Poland	28
Paulina	Poland	25-30 ⁵

TABLE 2: OVERVIEW OF THE PARTICIPANTS AND THEIR COUNTRY OF RESIDENCE

There was a total of eight participants, all Polish women around the age of 30. As the data had to be collected digitally, I decided to expand the geographical area of my study as Warsaw, the planned location of my study, was not connected to any my objectives. If anything, I believe including women from other regions gave me a more extensive insight to the effects of the Polish abortion law on young women.

⁵ Paulina did not specify her age.

Three of my participants were Polish women living abroad (Spain, England and the Netherlands). By including participants living in European countries other than Poland, my intention was not to investigate why they moved away from Poland, but rather how they perceived the Polish abortion law from where they were now residing. This gave me the opportunity to include perspectives from Polish people not being directly affected by the law, but who still had strong connections to Poland. They all had moved from Poland only a few years ago and regularly went back to visit.

4.4 DATA COLLECTION

The data collection procedure in a qualitative phenomenological study typically involves individual interviews with people who have experienced the studied phenomenon to understand their point of view (Creswell, 2016, p. 77). Eight individual in-depth interviews were carried out in the period from December 2021 to January 2022. All interviews were carried out in English and lasted between 50-80 minutes. In-depth, semi-structured one-on-one interviews are often used in the field of health to appropriately explore personal and sensitive topics (Tong et al., 2007, p. 351). As abortion can be a sensitive topic, it was important that the interview setting was comfortable for my participants. The consent form (Appendix A) was signed by all participants before the interviews. The consent form included my participants' rights, which I repeated during the interview to make sure all my participants knew they could choose to not answer specific questions or withdraw their participation/ answers at any time during the study.

An interview guide (Appendix B) was used to provide a framework for the conversation. The interview guide included three main sections with open ended questions based on the research question and the three sub-objectives. During the interview all participants were informed about the three sections, but were encouraged not to feel restricted by these. Having a semi-structured interview setting meant I altered and added questions based on the natural flow of the conversation. All participants took active part in the interviews, sharing stories and asking questions, resulting in interesting and rich conversations.

4.5 DATA MANAGEMENT

Due to Covid-19, all interviews were conducted remotely via the online platform Zoom. The interviews were recorded on an external tape recorder. For backup I also recorded the interviews with the record function on Zoom with the oral consent of my participants. These were deleted right after the recordings from the recorder were transferred to my computer. The interview recordings were stored in the University of Bergen's SAFE system to ensure that no unauthorized persons could access the data. All interviews were anonymized and transcribed in Microsoft Word within the SAFE system. The transcripts were uploaded to NVivo 12, which is a computer assisted software developed by QSR International for managing and organizing data (QSR International, 2022). The data analyses will be further explained in the following section.

4.6 DATA ANALYSES

I used Braun and Clarke's (2006) six phases of thematic analyses to analyse and structure my findings. Thematic analyses is a method for identifying repeated patterns or themes within a data set (Braun & Clarke, 2006, p. 79). More specifically, I used an inductive (bottom up) approach, which means the identified themes were linked to the data and not made to fit into a pre-existing coding frame (Braun & Clarke, 2006, p. 83). This gave me a flexible analysis which helped ensure that my findings are reflecting my participants contributions.

As stated Braun and Clarke's six phases of thematic analyses (Braun & Clarke, 2006, p. 87) were used to analyse data.

Step 1 Familiarizing myself with the data was done through transcribing and re-reading the collected data. While transcribing the data I made sure to continuously note down ideas and details that stood out. *Step 2 Generating initial codes* was done using NVivo 12, by highlighting relevant and interesting features. In *step 3 Searching for themes*, I combined the codes in broader themes, representing important elements of the data set. *Step 4 Reviewing themes* was done to ensure that the themes reflected the data and that they were meaningful to answer my research questions. I made sure each code fitted the given theme, deleting and creating new themes along the way. *Step 5, Defining and naming themes*, was done to make sure each theme is refined and named to give clear definitions. The final step, *step 6 Producing the report*, the selected study findings was presented and used to produce the final thesis. Despite numbering the phases from one to six, the process was in no way linear and I moved between the phases throughout the analyses process.

4.7 TRUSTWORTHINESS IN QUALITATIVE RESEARCH

Trustworthiness is ensured by demonstrating that the data analysis has been conducted in a precise manner and that the findings are valid and useful. This section will present what Guba identified as the four criteria for trustworthiness in a qualitative research: credibility, transferability, dependability and confirmability (Guba, 1981). Each of the four presented criteria will include the steps I took to ensure the trustworthiness of this study.

Credibility refers to the process of ensuring that your study measures or explores what it is actually intended and ensure that the study is sufficiently descriptive and accurate (Shenton, 2004, p. 64; Yilmaz, 2013, p. 321). To ensure a credible research process it is important to familiarize yourself with the surroundings of your participants before starting the research (Shenton, 2004). I made sure I was fully prepared before starting the data collection, by being up to date on Polish reproductive policy and the general political situation, as well as describing these in the study. The recordings of the interviews made sure that the data was correctly transcribed.

Transferability is achieved if the findings of your study are transferable to similar settings or a wider population (Yilmaz, 2013, p. 320). Because I chose to recruit participants through a pro-choice Facebook group I was aware that all my participants had a pro-choice attitude. I understand that this does not reflect the values of all young Polish women. However, the study will still provide insight in the impacts of the amended Polish abortion law.

Dependability refers to the extent to which similar results could be obtained if the research were repeated in the same context (Shenton, 2004, p. 71). Individual perceptions and experiences are subjective and in a qualitative interview shared as a part of a specific conversation between the researcher and the researched. This situation cannot be repeated however it is important to ensure accurate and thick descriptions of the research process. To ensure dependability I have given a thoroughly explanation of the research design, the methods I have used for data collection and the chosen participants. I have also provided a detailed description of the data gathering process and the data analyses.

Confirmability makes sure that the research is based on the analysis of the collected data, and not derived from the researcher's ideas and characteristics (Shenton, 2004, p. 72). This research aims to present the findings based on my participants statements and opinions. The decisions made in approaching the study, and my role as a researcher will be presented below to make visible my personal values and how these have influenced the research process.

4.7.1 POSITIONALITY

The empirical findings chapter aim to fully elucidate my participants emotions and statements and not my personal preferences. However, it is important as a researcher to reflect upon my role and position as a researcher as it has the potential, and most likely will, influence the research (Creswell, 2016, p. 81). It is especially important when doing research on individuals, exploring a sensitive topic.

The research is influenced by my interests and background.

Firstly, I am a feminist, atheist and pro-choice supporter. Therefore, I support the right to abortion on demand and have a negative perception of restrictive abortion laws. During the interviews I Intentionally decided to share my personal beliefs and opinions with my participants. I did this to encourage a more open conversation and create a comfortable platform for them to share personal stories.

Secondly, I have lived five months in Warsaw during an exchange semester in 2019, but I am not Polish and have no other connection to the Polish culture. I am therefore not personally affected by the new Polish abortion law. Again, it was crucial for me create a comfortable interview setting where my participants felt comfortable sharing personal perceptions without feeling like they are being judged by an outsider. The goal was to make it an enriching conversation for both parts by being transparent about my personal opinions and expressing my interest in and gratitude for their stories.

4.8 ETHICAL CONSIDERATIONS

In any research and especially so when conducting in-depth individual interviews, it is important to act in accordance to ethical guidelines to protect involved participants and ensure the trustworthiness of the research process and findings. As the topic of abortion is sensitive and personal, the issue of informed consent and confidentiality is important to prevent any possible harm.

Prior to conducting the interviews all participants signed a consent form (Appendix A). Informed consent concerns the principle that individuals should not be persuaded into research against their will. Participation should be voluntary and agreed to with full understanding of the implications of participating (Green & Thorogood, 2018, p. 89). The consent form explains the aim of the study and state the participant's rights to ensure full transparency. I made sure to

verbally repeat the purpose of the study and explain how the data would be utilized during the interview. It was also reiterated to the participants that their involvement in the study was voluntary and they could withdraw their answers or participation at any time without giving any explanation. At the end of the interview the participants were encouraged to contact me if they had any questions or concerns throughout the research period.

Abortion is a matter of personal physical and mental health which can have potential emotional negative consequences for my participants. Being a sensitive topic, it might limit the information my participants felt comfortable sharing. The interview guide (Appendix B) did not include questions about personal experiences with abortion or any other health issues, to not in any way force the women to share personal stories or experiences with abortion.

Confidentiality include the right to privacy and the respondents' choice to disclose information (Punch, 2014, p. 47). To guarantee my participants confidentiality, all my participants were promised anonymity and no personal details have been included in the transcripts of the recordings. All participants were given the opportunity to choose their personal Pseudonyms. To ensure that the ethical principles in this research, I applied and was granted permission to conduct this study through the Norwegian Centre for Data Research (NSD) (Appendix 3).

CHAPTER FIVE: FINDINGS

The following chapter will present the findings from my analysis of the eight in-depth interviews. The chapter is divided into two main sections; *Individual perceptions* and *Strategies*, derived from the sub-objectives of my study.

The first section includes the participants' perceptions of the abortion law. The section starts off with an explanation of the participants' political engagement, followed by an overview of their feelings and emotions connected to the Polish reproductive policy. Further it explores the participants' perception of the cultural and religious influences, and the Polish public discourse on abortion.

5.1 PERCEPTIONS

«Abortion is a personal matter and a personal choice, it shouldn't matter what reason is behind that choice, it shouldn't matter, it is just your decision because it is your body and your life» (Emma).

Before conducting the interviews, I had no precognition of the participating women, apart from the fact that they were all members of a pro-choice Facebook group and therefore presumably pro-choice themselves. My presumption proved true; it was prominent throughout the interviews that all participants believe that abortion should be a free choice for all women. It was also prominent that all participants wanted abortion to be something that was talked about without shame, Danuta stated *«I don't want to make this subject a taboo, so I try to be as open as I can»*. All eight women were open and eager to share their experiences and opinions about the amended Polish abortion law.

5.1.1 ENGAGEMENT IN AND FRUSTRATION WITH THE POLISH ABORTION LAW

All but one of the participants explained that they had been engaged in the topic of reproductive health and rights since the government first started suggesting to restrict the already strict abortion law in 2016. Magda shared that she got more actively interested in politics after 2016: *«Before 2016 I was interested in politics, but only in theory. [...] But after [2016] I was very active politically, I was super up to date with everything that was going on in the country»*. Jagoda said that the 2020 changes in the abortion law made her realise that the Polish abortion law was not fair to women:

I used to call myself pro-choice, but it wasn't something I would think about a lot [...], I had my opinions but I wasn't actively interested. When the law started changing I got interested, I was just angry, I realised that what we had before wasn't enough, it wasn't good and it was not fair for women.

Most of the participants explained that they were interested in politics, but that the Polish abortion law had made them more actively engaged. Unlike the other participants, Katarzyna told me that her political interest came over night, *«from 2016 I became interested in politics, it was really from one day to another, a really quick process»*. She explained the change with

a feeling of sudden danger, «from 2016 it was so much more real, we felt, I feel in danger as a woman in my reproductive age».

Most of the women expressed a need to openly show their dissatisfaction with the law and fight for their right to abortion. When asked what made her interested in the topic of reproductive health and rights, Ewa answered:

I don't know if you should use the word interested, I feel like it is more my duty to be in the loop with this situation, I still have the power to fight for myself so this is one of the rights I am 100% willing to fight for.

The participants all communicated frustration and disconnectedness toward the Polish state and a lack of trust in the Polish government.

«Now that I have realised that my country does not give a flying hell about my well-being, I realized that the politicians that run this country are actual Disney villains» (Mar). Katarzyna stated a lack of trust in the government: *«It feels like someone hates you, a strange feeling that your own government want something intentionally bad for you».* She further elaborated: *«We feel abused. I think abused is the right word, we feel abused».*

The latest change in the Polish abortion law has provoked a storm of emotions and reactions from the participants. In addition to frustration and anger, being deprived the right to have control over your own body made several participants react with fear. Six out of eight participants stated that the latest amendment Polish abortion law made them scared, *«I was very hurt, and I expressed it with anger and disappointment, but the feeling inside, I was just so scared» (Danuta).* Ewa echoed the feeling of fear: *«I was scared, I was humiliated, I felt caged like I was held captive in my own country, like the only right I had was to give birth and that is my only right».*

5.1.2 THE FEAR OF GETTING PREGNANT

Disconnectedness and fear were also prominent in the participants attitudes towards being pregnant and having children. Four of the participants stated that the new abortion law did not affect their attitude toward being pregnant, because they were all childless by choice and did not want children regardless of the law. Three of those four women claimed that the latest change in the abortion law made them feel even more confident in the choice of being childless; *«I never wanted to have kids, never in my life. And now I just don't want them even more».*

(Paulina). Danuta also said she felt like it was too much of a risk to have children after the latest amendments to the Polish abortion law:

It didn't [change her attitude towards being pregnant], because I never planned to have kids, so I was just, maybe it made me feel more confident about this decision because it is just this feeling that you risk a bit too much as they refuse to help you in case anything goes wrong.

Many participants said they knew women or families who wanted to have children who now are afraid or insecure about getting pregnant because of the abortion law:

My female friends are more or less my age and I am 27, I can tell they are really scared, deeply afraid. Some girls or couples that were already thinking about having children in the near future say they are willing to postpone unless they are sure that whatever happens the future mother's life will be well taken care of (Mar).

Jagoda highlighted that the fear of getting pregnant was now a bigger part of the public discourse on Polish reproductive health and rights, «*I know that many people, I have seen it in many discussions, they are scared now, many were thinking about getting a baby but now they are scared, they don't want to die basically*».

Katarzyna shared a story about her friend changing her plans due to the latest change in the abortion law:

One of my friends wanted to have more children, and now she doesn't. She also wants to move away to Germany with her family, because she doesn't want to live here anymore, because she has two daughters and she does not want a future like this for the two of them.

5.1.3 THE ROLE OF THE CATHOLIC CHURCH

This section will cover the participating women's perceptions of the Catholic influence on Polish reproductive health and rights. The women's general perception of the cultural and religious influence on the Polish abortion law was prominent in all eight interviews. They were all of the opinion that the Church had too much influence on the national reproductive policy.

Most of the people who are against abortion, who are against the morning after pill are strongly associated with the Church. For me this whole discussion starts, goes on, and ends with the input of the Catholic Church (Ewa).

The Compromise

Several of the participant expressed frustration about the changes made in the abortion law after the end of the communist rule in 1993, *«I can't emphasise this enough but it was not all fine and dandy before 2020. It has been bad for 30 years and now it's just worse, I think people felt like this in 93 too»* (Paulina).

As explained in the introduction, the changes made in 1993 limited the right to abortion to three cases: risk to mother's health, rape or incest and fatal defects, the cause "difficult economic and social living conditions" was removed as a ground for abortion. The Act of Family Planning was referred to as the compromise because it was seen as an attempt to balance the Church's wish for a total ban on abortion and the existing unrestricted access. *«First in 1993 when the compromise was made it was the doing of the Catholic Church and the government of that time. It was the Catholic Church who wanted the total ban and so the compromise was made»* (Magda).

The Catholic Church continued to influence the national reproductive policy. In the words of Katarzyna *«Any law or discussion on changing a law is always in light of Catholic values»*. Several of the participants called attention to the issue of politicians being incapacitated by the Church. Talking about the former liberal ruling party, Emma expressed concern about politicians being afraid to change the reproductive laws:

They [PO] considered themselves liberal, but they were still supporting the Catholic Church and, in my opinion, they were afraid of the Catholic Church. They did not want to change the reproductive laws or make better laws for the LGBT community just because the Catholic Church is against it.

Katarzyna highlighted the power imbalance between the politicians and the Church, stating that *«even politicians who are saying we should divide politics and Church, don't really have the courage to say that the Church has too much influence on our lives and politics»*. This illustrates how my study participants perceive the power the Catholic Church has in Polish policy making, and highlights their distrust in the Polish political parties.

The Conscience Clause

When discussing the abortion law and the Catholic influence on reproductive policies, five of the participants mentioned the conscience clause. A conscience clause permits doctors, pharmacists or other providers of health care not to provide certain medication or health services citing religious conscience as a reason (Mishtal, 2009, p. 161). *«The connection*

between Catholics and health care in Poland is a huge problem, women are dying because doctors refuse to perform procedures because the women are pregnant» (Katarzyna). Paulina expressed her concern by illuminating the issue of not knowing whether or not you can access the help you need through your doctor: «A woman going to the doctor has to think: is this doctor a fanatic? what if he doesn't give me my medication?».

Magda shared a story about a time when she and her boyfriend struggled to access emergency contraception due to the conscience clause. *«The morning pill after is not available for women in Poland without a doctor's note [...] so you need to go to the doctor to get a prescription and then go to the pharmacy and for the morning after pill time is of the essence».*

They were met by 3 doctors who refused to give Magda her contraception, and they spent hours trying to get hold of contraceptives before the fourth doctor gave her a prescription.

We are going to the doctor number 1, and doctor number 1 is telling me "oh sorry it's my conscience it doesn't allow me to give you prescription for morning after pill", so being even more scared, even more frightened, stressed and panicked I go to doctor number 2 who doesn't give me prescription for morning after pill because he doesn't know if I'm not already pregnant, I would have to go to a gynecologist and bring him back a negative pregnancy test from that visit and then he could give me the morning after pill. So, we go to doctor number 3, and then same thing happens and then doctor number 4 give me the prescription.

Magda said the doctors made her feel stressed and angry:

I was 20 and I was super freaked out I knew that I had done everything "right", because my boyfriend and I used protection and it broke and we went to get another protection and the doctors made me feel like I was some super irresponsible teenage slut who just go around having sex all the time and doesn't think about protection at all.

Magda had experienced similar issues with a pharmacist when helping her friend get the morning after pill:

We went to the pharmacy and I have my super freaked out friend by my side and I say "one morning after pill please" and then the pharmacist say "I am sorry I cannot give it to you, it is my conscience it doesn't allow me to" and she tells us to go somewhere else, so I move one meter to another pharmacist at the same pharmacy and get the pill.

Several participants highlighted the difference between bigger cities and smaller towns. Katarzyna said that she had no issues with access to contraception, but knew that other people

struggled: *«I live in a quite big city and I don't have personal problems like this, but people who live in smaller towns and villages have huge problems with access to contraception»*. Emma also shared she was aware of the regional differences to the access of contraception: *«It is easier to get it in a bigger city like Warsaw, compared to a village or a small city, in some villages I know it is close to impossible because of the religious position»*.

Sex Education

All participants indicated that Catholic traditions were prominent in different arenas and therefore influenced people's lives in different ways. Several participants raised the issue of the Catholic influence in school. Five participants stated that they received close to no sex education and the little they did receive was not good.

The worst part for me is the religion classes in public schools [...] I have seen textbooks that openly said that homosexuality is a sin, abortion is a sin and of course sex outside of marriage is a sin, everything is a sin. And you will go blind if you masturbate and all that. If you keep telling that to kids from the age of five or six, of course they are going to believe it (Mar).

Mar recalled that she was told that sex education should happen at home with your family: *«Politicians and teachers at school kept repeating that sexual education should not be taking place in school, it should take place at home. But then again most parents have no data or knowledge»*. Paulina's sex education was done in religion class where she was told that *«you don't have sex until you are married and do not use contraception because it is against Gods will»*. She further elaborated that she was grateful that she did research on sex outside of school and raised concerns about the people that don't: *«It is easy to come across stupid myths and then there is trouble»*.

Motherhood

All participants highlighted that being a mother is a prominent part of the Polish culture, and claimed that the Polish culture and traditions has an impact on how abortion is portrayed today.

We have the term Mother of Poland or Polish Mother which is a concept that came to life in the middle of 19th century when Poland did not exist on the map and there was really important that the Polish nation should survive and the role of the Polish mother was to give birth to the new Polish nation with patriotic and Catholic values (Katarzyna).

Several participants described the ideal “Polish mother” as a role of sacrifice: *«A Polish mother doesn't care about herself she only cares about her kids, she would do anything for her kids and she is also obliged to do so»* (Danuta). Katarzyna stated that being a mother is portrayed as something you are obliged to enjoy, *«as a woman you sacrifice, as a mother you don't have a right to feel frustrated or depressed, you cannot ever put yourself before your child»*. She also said she had heard that women feel like their identities are lost once they become a mother: *«I have heard that mothers feel that they lose their identity, that they are no longer themselves, they are only mothers and that is really gross»*.

Declining Influence

The majority of the participants states that they notice a decline in the power and influence of the Catholic Church in the Polish society, despite their political impact; *«One good thing that I can say is that the position of the Catholic Church is drastically declining, especially among young people and I am super happy to say that»* (Magda).

Despite the experiences of declining influence, all participants emphasised that religion is still a part of their everyday life, traditions and what they see as the typical Polish lifestyle, *«The society is changing pretty dynamically, people get less and less religious, but Catholicism is still a part of our traditions and culture»* (Jagoda). Danuta, now living in Spain, said that she still experienced having what she referred to as a “Polish filter”: *«I would love to wake up one day and not have this burden on my shoulders, I have Polish filters everywhere I go and I would like to wash it off and view the world without this Catholic filter»*. This indicates that the Polish culture and Catholic traditions still are embedded in the participants everyday lives.

5.1.4 DISCOURSE ON ABORTION

Public Discourse

All eight participants said that they believe the Polish public discourse on abortion have changed over the last few years.

Five years ago, there was not so many voices that said abortion was ok, that it is a medical normal procedure, that it doesn't have to be a big deal for everyone. Now these voices are way louder (Katarzyna).

Several participants said that the most significant and important change after the 2020 change of the abortion law was more openness, making abortion a visible and acceptable topic for public discussions.

I think it is a good and important change that more people view abortion as something that does not necessarily have to be a hard decision that it is something you can have if you just don't want children [...] Those voices became louder after 2020, and I think it is a very important change (Katarzyna).

This view was echoed by several participants, among them Jagoda: «*I think that people now talk more openly about abortion*». Emma claimed that she witnessed more people taking a political standpoint, «*I think more people became pro-abortion, some people who had no opinion are right now having an opinion on the law and it definitely put more light on the topic*».

Social media is one platform many people use to express their opinions publicly. Half of the participants said that their social media newsfeeds changed after 2020 and the latest amendments of the Polish abortion law. Ewa observed more people sharing their opinions on Facebook, «*there is no longer any tiptoeing around themes not to step on anyone's toes*». Similar experiences were shared by Emma: «*People started saying their opinions out loud. I could observe on my Facebook that people who were never connected to any kind of activism became interested and shared their thoughts and were active in this topic*». Mar also noticed an increase in activity after 2020, «*a lot of women from my group of friends and other women who I follow have been active on social media during the protest, everyone was posting pictures of the crowds*».

Despite a more open public discourse, several participants raised concerns regarding the amount of shame and shaming connected to reproductive health and rights. Both Ewa and Magda stated that they discern a lot of shame among their female acquaintances: «*There is a lot of women who are ashamed*», «*so so so so much shame, there is so much shame*». Magda said that the feeling of shame and shaming others is somehow accepted in Poland. When attending one of the abortion protests “Black protests”, Magda was called a “black baby killing whore” by two older women. To this story she added: «*women are taught to feel shame in Poland, especially regarding our body and especially when it comes to reproductive rights*», implying that she thinks that the shame is embedded in the Polish culture. Ewa connected this shame to the influence of the Catholic Church. She said she noticed more shame among Catholic women

compared to her “non-believer” acquaintances: *«I have notice that more believers are ashamed, women coming from Christian families they see this more as an issue».*

Discussions with Friends and Family

Being able to discuss and talk about the latest change in the abortion law with friends and family was pointed out as very important by each and every one of the participants. Several participants said that they live in what they referred to as a “social bubble”, both in real life and online. This bubble consists of people with similar views and beliefs as themselves. Jagoda said she does discuss the Polish abortion law with her friends, but mostly friends with similar views as herself, *«Now I discuss it mostly with friends who have similar views as me, because it is really tiring to discuss this with people who believe women is not entitled basic human rights».* Mar also stated that she keeps to her bubble: *«I also speak to all my close friends and the people I surround myself with in the left bubble, and they all agree with me obviously».* Danuta, who lives in Spain, said that she lives inside this bubble through the internet, *«I basically live in a Polish bubble on the internet, I am not completely on the outside at all».*

Being in their late 20’s or early 30’s, conversations about family and children are a natural part of the participants’ conversations with friends. Most of the participating women said they discussed the new law and regulations with friends who were pregnant or planning to get pregnant in the near future. Because the women experience a lack of reproductive medical support in the Polish health system, several said that the conversations often included planning for trips abroad to do medical check-ups during their pregnancies. Ewa told me about a conversation she had with a pregnant friend discussing the possibilities of going abroad for support and medical follow-ups.

When she decided to get pregnant we discussed all the different scenarios and possibilities like a trip to Czech Republic, Slovakia or Germany to any nearby country. We considered all options, and this is the conversation that happens now when a girl wants to get pregnant or gets pregnant or is already pregnant (Ewa).

Choosing to live in a “social bubble”, meant that some of the participants actively removed friends or acquaintances from their lives. Some shared stories about lost friendships due to different views on the right to abortion and the amended Polish abortion law:

I had some friends who thought that this [the 2020 change] was a good change in the law, but they are not my friends anymore. I wrote on my Facebook profile that if you

think this change is good, we cannot be friends anymore because these are basic rights for me and I can't imagine being friends with someone who thinks the right of a potential foetus is more important than my rights (Katarzyna).

Ewa had a conversation with a Christian friend about their different views on the right to abortion:

At some point in this conversation she said unless... unless something happened, unless my baby was sick, unless I was raped. So, you can have an abortion if you need it, but you are against me having one if I want it? Where is the logic, where is your point of view? And that is how we went our separate ways.

For most of the participants, conversations with family was different compared to the conversations they had with friends. Katarzyna believed that abortion is a more private matter for older generations, compared to her own generation: *«I think that the older generation see this more as a private matter, but my generation see it more like a political matter»*. The participants were also under the impression that the older generation are more religious compared to their generation, *«the older generations are definitely more religious»* (Paulina).

Some participants stated that conversations with their family was briefer and less personal. Mar said: *«I am discussing it with my parents, but it is always very brief. It is more like where do you stand? are you for or against? and that is that»*. Emma said that she had general conversations with her family about the law, but they were never personal. Danuta said that the conversations with her family was mundane: *«yes [we discuss the abortion law], but at some point, this sort of discussion just gets a bit mundane, because what else can be said about the topic?»*.

Despite religious differences, several participants were under the impression that the older generations supported the right to abortion. Emma said that *«the older generations are more conservative and religious but in the topic of reproductive health and rights and the new abortion law the generations are united against it»*.

When asked about the generational difference in the perception of the latest amendments to the Polish abortion law Katarzyna said:

I don't know if it is really a generational thing [...] what I hear from older generations is mostly questions on why politics should decide women's right to choose. The older generation grew up in a time where abortion was legal and then remember it changing with social issues.

This section has uncovered a vast array of emotional reactions to and experiences with the amended Polish abortion law. The participants shared their perceptions of the national reproductive policy, all expressing a severe dissatisfaction toward the abortion law and the close state- Church relationship.

5.2 STRATEGIES

As stated above, the new law provoked anger, fear and horror and I wanted to explore whether or not the emotional reactions to the amended abortion law had an impact on the participants everyday life. This section will present strategies and actions my study participants have taken in response to the new abortion law. The section will begin with the impacts of the new Polish abortion law on the participant's future plans. Further, the section will cover their frustration towards the lack of medical support. Lastly, the women's participation in demonstrations and protests will be explored.

5.2.1 BACK UP PLANS

As presented in section 5.1, several of the participants highlighted the growing feeling of anxiety and stress due to the implementation of the latest change in the abortion law. Some participants stated that they did not experience a change in behaviour, but still accentuated the feeling of stress, «*The new abortion law did not change my behaviour too much but it did change my state of mind and level of stress*» (Magda). Paulina shared feelings of stress and declared: «*I am in constant horror*». Paulina said that her mental health was seriously affected by the implementation of the new abortion law: «*My anxiety and depression got worse*».

Others said the new Polish abortion law generated changes in their behaviour. In addition to affecting her mental well-being, Ewa said that the fear of getting pregnant affected her everyday life. As a result of the fear of getting pregnant Ewa changed her everyday routine:

Honestly, I am trying not to get out of my home too much during the night not to be raped, I am kind of rethinking all the things I am doing in my regular day to day life, to redesign it, to redesign my routine, the whole rhythm of my life to prevent getting pregnant.

Mar said that she was constantly planning for worst-case scenarios:

I am not a very anxious person but I plan everything ahead and I always have a B plan, a backup plan in case I need it. Now I also have a plan C in case my backup plan goes to hell.

To fund backup plans and travelling abroad for a possible abortion, Mar started saving money, «*I was in first or second year of my university course and I started actually saving up the money for this possible abortion that I might one day need*». Ewa also said that she is saving money to go abroad: «*I am saving more money to be able to go abroad to have an abortion if necessary or to go abroad to have the medical examinations that I need to have if I decided to keep the baby*».

Moving abroad and Learning a Third Language

Three of the participants living in Poland stated that they at some point had considered the possibility of moving from Poland to another country, «*I started to research about moving from Poland to somewhere else, it was... I had this feeling that this is just the first step, that it is not the final step of their madness*» (Ewa). All three stated that this was due to the overall political development. Katarzyna considered moving to one of the Nordic countries and said that the latest change in the abortion law made those plans more substantial:

I thought about immigration to one of the Nordic countries, and it was like a maybe in the future plan I will buy this cottage in Sweden, but now it became a more real plan because I feel unsafe in my own country and I just want to escape (Katarzyna).

Mar said that she started learning a third language because she did not feel comfortable in her home country. Her decision happened in the wake of the abortion law, but also because of the negative political statements concerning the Polish LGBTQ+ community, «*I have actually started learning a third language in case I need to flee the country one day*». Katarzyna also stated that she was learning Norwegian. She highlighted that she did no longer make long time investments or planned for a future in Poland:

I even started to learn Norwegian because of that. So, I plan my work, my career and I have in the back of my head the thought that I won't live my life here, and I prepare myself for moving away. That is the main change in my life, I don't seek a house in Poland, I keep my money and look for the possibility of moving.

Ewa also considered moving to another country and stated that she had looked into the possibility of moving to the Czech Republic:

I researched how to move from Poland to the Czech Republic [...] I thought even if my family would like to stay here I would still have them close and I would have the opportunity to visit them without having to get on an airplane or travel for days, so I was very seriously considering moving to Czech Republic.

Danuta, Jagoda and Emma all live in European countries where abortion is legal and easily accessible. They all stated they feel safer living in a country with more liberal reproductive policies. Jagoda said she remembered the day in 2020 when the law changed, and said she had a feeling of safety living in England, «*I remember when the law changed and I thought about it, what would it be like to live in Poland now, I thought oh my God I feel so much safer here, of course I use contraception, but if anything happens I am safe here*».

Emma said she was grateful for the opportunity of moving from Poland, but emphasised that being comfortable with who you are should be possible regardless of where you live:

I am really grateful for the freedom of movement in Europe, so at least when you don't like where you are you can seek happiness somewhere else. But this is not at all how it should be, you should feel comfortable to be who you are in the country you were born in, you shouldn't be forced to change, you should have the option to change, but you shouldn't be forced to change (Emma).

All three women shared a huge frustration concerning the reproductive policy in Poland. Jagoda said that the political situation in Poland was one of the reasons she decided to move, «*The truth is that the reality in Poland was one of the reasons why I wanted to leave*». Danuta also said that the political reality in her home country made her not want to move back, «*I will probably never get back to Poland because I just, I do not want to live in this kind of society*».

5.2.2 SUPPORT

The lack of support given to women during pregnancy, was raised as a huge issue by several of the participants. Ewa shared a story about her friend who paid her monthly wage to check her baby's health during her pregnancy, «*she paid the worth of her monthly wage to just check if the baby is healthy and if she will not in any way be in danger during labour*». She further elaborated and shared her frustration concerning pregnancy check-ups in Poland, calling it a Russian Roulette:

There has been reported cases when doctors lie, they saw something wrong and they lied on purpose so the foetus would not be aborted. So even though you pay the extra cash, you check, you don't know who the doctor is and what his beliefs are, he might lie to you.

Most of the participants highlighted the fact that they were informed about the different options they had in case they ever needed an abortion, but raised concerns for the ones who don't. Several women expressed frustration concerning the Polish law making it illegal to help someone get an abortion, «*In Polish law you can order abortion pills for yourself but if you help someone else you can go to prison*» (Magda). Magda said that this law made her very angry:

It is an awful law trying to suppress any form of solidarity and help and that one makes me the angriest because I am a good citizen and I follow the law, but I have broken that law several times and will break it again if it is necessary.

Several underlined the importance of organisations offering guidance and information about access to abortion. Frequently mentioned was the ADT: «*We have this organisation in Poland called Abortion Dream Team on Tour and they are very active in social media and they keep posting informational posts about what to do in case you need an abortion*» (Magda).

The three participants living outside of Poland all said that the implementation of the latest change to the Polish abortion law reinforced the feeling of support for Polish women, «*Because I live in a "normal" country, I want them to know if they need help they can reach out to me*» (Jagoda). Emma informed her Polish friends that she would support them if they ever needed her help:

I am ready to help my friends if they are in need, for example with buying emergency contraception or even if it would be necessary to invite someone to my home and try to organise an abortion if some other organisation couldn't do it for them.

5.2.3 FERTILITY CONTROL

Contraception was one of the most common strategies for coping with the new Polish abortion law among the participating women. Contraception is accessible and a great everyday strategy to minimise the stress and anxiety concerning the fear of getting pregnant. Some participant said that they used contraception before 2020 and that their perception of contraception and

having sex was not affected by the new amendments to the abortion law. *«I won't say it changed the way I view protection or the precaution issue of sex»* (Mar).

However, several participants said that the 2020 change of the abortion law made them more cautious about protection and having sex. Ewa started using contraception again after a break due to medical reasons. She also expressed that she became more aware of the consequences of having sex and getting pregnant as a result of the new abortion law:

Even though we are using contraception there is still a chance of getting pregnant, so I believe there is a part of being a responsible adult to be prepared for every possible outcome of having sex. [...] You need to sit down and think and decide whether or not you are financially and emotionally ready for all the possibilities.

Others stated that they did more regular check-ups at their gynaecologist. Magda said the new law have made her anxious to miss a contraceptive pill; *«I have regular gynecologically check-ups and I know where to go if I need help with an abortion, but I am still super worried that I might get pregnant and I am double as anxious that I could miss a pill».*

Strategies for Accessing Contraception and the Morning After Pill

As a consequence of the conscious clause many women experience issues with access to both permanent and emergency contraception. As stated in section 5.1.3, Magda several times encountered issues with access to emergency contraception. Danuta also stated that several of her friends had encountered issues when asking to renew their contraception, *«some of them were refused to get more contraception when they were in their late 20s».* They were met with comments like *«oh you are 28, you should not be taking contraceptives pills for so long, when are you going to have children, it's not going to get any better from here».*

Doing research on doctors before asking for contraception was described as a common strategy by the participants. Emma claimed that people often went on Facebook or asked their friends to locate doctors to prescribe contraception, *«I have seen many women asking on Facebook or ask their friends for which doctor who is available and positive towards women asking for contraception».*

5.2.4 DEMONSTRATIONS AND PROTESTS

Taking part in demonstrations and protests targeted at the Polish abortion law was highlighted by all participants as a strategy for influencing politics and coping with the frustration and anger caused by the latest change in the abortion law. Several participants highlighted the feelings of

support and empowerment by attending demonstrations. However, many participants shared growing frustration and hopelessness as a consequence of minimal political impact.

The feeling of support from friends, family and like-minded people was mentioned by several women. Magda said she experienced a growing community in the wake of the first national protests after the proposal to change the abortion law in 2016, *«After the protests in 2016, we the women in Poland who protested, we became a community. We have a lot of Facebook groups, both national and local»*. Katarzyna highlighted how important this support is for her:

I think that it became really important to me to have the feeling of support, being in a social bubble, for example in a Facebook group became very important to me because they give me some kind of hope that even if I get into trouble it will be a solution that I am not alone. It helps me live in this reality and stay sane.

All eight participants participated in one or several protests between 2016 and 2020. Several of the participants expressed feelings of hope and excitement from the earlier protests in 2016 and 2017: *«The ones in 2017 was... I don't want to say enthusiastic, because there was nothing to be enthusiastic about but there was hope. We were setting our boundaries and demanding that they would not cross those boundaries»* (Danuta). Ewa said the power of standing together felt amazing, *«there were amazing emotions, we were filled with the whole, the whole group going together we were the same minded, so the mutual understanding between us and the mutual understanding of the whole crowd was amazing»*. Jagoda also highlighted the feeling of empowerment:

On one hand it was this anger and frustration, in a way I did feel helpless because I knew if they really want to do it they will no matter how many people go on the street, but at the same time in was a strong sense of empowerment in this.

Several participants recognised increasing frustration as the protests grew bigger but still failed to impact the political decisions. Katarzyna said that she could sense a change in the atmosphere of the crowd from 2016 and the one in 2020:

The experience really changed from 2016 till now. Five years ago, we felt quite safe and had more hope. It was many people who protested, we were powerful and felt like we were capable of change. It felt like wow we had such power and then suddenly no power at all [...] Now the whole nation feels hopeless.

Jagoda and Magda both emphasised the frustration and feeling of helplessness after the implementation of the latest changes in the abortion law, «*it was more of this helplessness after the implementation in 2020, because there were so many protests and they still implemented it, what can actually be done to change this?*». Magda explained a distinct emotional shift in the crowd:

First there was energy fuelled by rage and fear, then there was frustration, more frustration and when we had to protest over and over again and nothing changed and with the 2020 change came a wave of a new frustration and hopelessness. Why are we doing this? Nothing is going to change, a lot of resignation (Magda).

Despite feelings of helplessness and frustration most of the participants underlined that going to the protests felt right and important, «*even though we most likely can't change anything, I still felt like going to the protests was the right thing for me even just to be together and scream and get out some of that anger*» (Magda).

CHAPTER SIX: DISCUSSION

This study set out to explore how young Polish women's everyday life and well-being is affected by the latest change in the Polish abortion law. Being members in a pro-choice Facebook group, all women were openly pro-choice and therefore against the current Polish abortion law. All had the impression that abortion is and should be a personal choice, free and available on demand for all women. The participants shared frustration and fear concerning the new abortion law and gave insight into what strategies they use to cope with it. The following chapter will discuss the key elements presented in the empirical chapters, within the framework of the four quadrants of the integral theory. The discussion will be supported by relevant literature and the action areas for health promotion presented in the Ottawa Charter.

Ken Wilber's four quadrants is, as explained in chapter 2, four key viewpoints on human experiences. In this context, the individual interior (I) represents the thoughts, feelings, attitudes and well-being of individuals. The in-depth interviews gave great insight in the participants perceptions and feelings concerning the Polish abortion law and their views on the Polish society and public discourse. The individual exterior quadrant (IT) will focus on the activities

and behaviours of the participating women. This includes the strategies they have taken in response to the latest amendments to the Polish abortion law. The collective side of the four-quadrant model may seem less relevant in a study concerning the everyday life and well-being of individuals, however it is crucial to understand the context of the experiences and emotions expressed by the participating women. The collective interior (WE) concerns the shared values, meanings, history and the shared cultural background. Here, the quadrant will be used to understand how the new Polish abortion law has affected the participants' perceptions about the shared cultural values, traditions and the public discourse in the Polish society. The collective exterior (ITS) cover the government, laws and policies. It here concerns the development of the Polish abortion law and the role of the Catholic Church in this process.

This is not to suggest that these elements exist separately, instead the four quadrants are closely connected and influence each other. To understand the complexity of the individual experience of the amended abortion law, one must consider the interconnected nature of the four quadrants. This chapter is divided into three sections, aiming to give attention to the interplay between the four quadrants. The four quadrants are paired; the first section covers the interaction between the collective exterior and the individual interior, the second section covers the link between the individual interior and individual exterior, and the third section covers the interconnection between the interior collective and the exterior collective. This way I will be able to attain a comprehensive understanding of how my participants' experiences and strategies related to the abortion law affects their everyday life and well-being.

6.1 COLLECTIVE EXTERIOR AND INDIVIDUAL INTERIOR

The collective exterior makes up the surrounding environment, including government, laws and community structures and play an important role in shaping the individual interior, the participants' emotional reactions. Action area (2) in the Ottawa Charter states that health cannot be separated from other goals and highlights the link between people and their environments: "The inextricable links between people and their environment constitutes the basis for a socioecological approach to health" (World Health Organization, 1986).

The reproductive policy and the amendments done to the Polish abortion law is causing anger, frustration and fear among the participating women. This section will explore possible

explanations to how and why the abortion law has provoked these feelings. To highlight the interplay between the two quadrants, I will both discuss how the Polish abortion law has affected the participant's feelings and well-being, as well as how these emotions have affected the participants relationship to the Polish state.

Anger and Frustration

Witnessing an unprecedented retrogression in access to abortion can help explain the anger and frustration expressed by the participants, and serve as a reason for why young Polish women view abortion more as a political matter on the contrary to a private one. Each and every participant expressed frustration concerning the 2020 amendments done to the Polish abortion law. They also shared a dissatisfaction towards the Polish government, explaining that the frustration was rooted in a number of disappointments. The Law and Justice party (PiS) came to power in 2015, immediately threatening to restrict the access to abortion. In 2016, the first bill was presented to the parliament, proposing to allow terminations of pregnancy only if the mother's life is at risk and to increase the maximum jail term for abortion practitioners (Agence France-Presse, 2016). This was the first step towards a stricter abortion law and the start of a number of protests and demonstrations.

The individual interior, being influenced by the collective exterior, have affected the participant's political engagement and relationship to the state. The emotional reactions to the amended Polish abortion law resulted in a growing political engagement among the participating women, and several said that the new abortion law made them more aware of their political influence. A large part of the participant's frustration appears to be embedded in anger towards the government based on the feeling of being deprived the right to have control over your own body. The participants shared that they were angry, because they felt like the government ignored their health and well-being. Several stated a need to express their frustration and anger, but experienced limited political impact. The lack of political impact can serve as an explanation of their frustration. Several also underlined the shift of emotions during the pro-abortion demonstrations from 2016 to 2021. After years of hope, empowerment and strength in 2016 and 2017, the 2020 amendments to the Polish abortion law felt like a defeat and the participants shared they experienced hopelessness and resignation.

Fear

The participant's frustration was also expressed as fear. Fear is an adaptive response, and an appropriate short-lived fear can help us to respond when being exposed to critical situations. However, when individuals are exposed to a certain type of fear over time it can lead to excessive anxiety and fears associated with phobias, negatively shaping individual health and well-being (Quirk, 2017, p. 1). The fear expressed by the participating women was first and foremost presented as a fear of losing control over their own bodies. World Health Organisation defines good health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (World Health Organization, 1948), accentuating the importance of good mental and social well-being.

Good mental health does not necessarily mean a total absence of negative or bad emotions. All people experience sadness and anger, emotions which are an important part of a fully lived life. Good mental health is a dynamic equilibrium which enables individuals to use their abilities in harmony with universal values of the society, in social settings, to cope with adverse life events and live in harmony with their body and mind (Galderisi et al., 2015, pp. 231-232). It is when you are unable to attain this harmony that you can experience long term negative effects on your mood, thinking and behaviour. The empirical data indicate that living in fear of the Polish abortion law has negative effects on young Polish women's everyday-life and well-being. Paulina shared that the implementation of the amended abortion law made her anxiety and depression worse. Meaning that her emotional response to the amended abortion law was not short-lived, but negatively affected her mental health. This indicates that the collective exterior has a direct impact on the participants well-being.

Another prominent fear among the participants was the fear of getting pregnant in a situation where there is lack of medical support and access to abortion. Several participants said that the 2020 abortion law had influenced their thoughts on getting pregnant. Mar, Danuta, Katarzyna and Paulina all explained that the new Polish abortion law didn't change their attitudes toward getting pregnant, because they never wanted children. However, both Paulina and Danuta explained that the new law made them feel more confident in that choice. Danuta explained it with a feeling that she risked too much by having children in a country where you are refused help in case anything goes wrong. This indicate that the fear of getting pregnant is closely connected to the distrust towards the Polish reproductive health and rights services (see section 5.2.2) and the participants' negative attitudes to the conscience clause. Going to the doctor and

not knowing whether or not he will give you the appropriate treatment or tell you the truth about your pregnancy will generate limited trust in the reproductive health care services.

The negative attitudes towards getting pregnant can also be connected to the Polish culture, where the role of the mother has been cited as particularly prominent (Pine, 2001). Many of the participating women shared frustrations towards what they saw as unrealistic expectations to Polish mothers. The values of the “the Polish Mother” contrasts with their own views on gender and motherhood. Several participants claim that many women in Poland are victims of shame and critique because the choices they make as mothers are contradicting to the values of “the Polish Mother”.

State-Church Relationship

A great quantity of the participant’s frustration and fear seems to be embedded in the close state-Church relationship. It was eminent throughout all interviews that the participating women consider the role of the Catholic Church in Polish politics as being too prominent.

The participants raised concerns about the role of the Catholic Church in schools and in sex education. The participants claim that there is a general lack of information about sexual matters in the Polish society. Several shared they received very limited sex education, and that the education, if at all in place, often involved being told to not have sex before marriage and not to use contraception because it is considered a sin (see section 5.1.3, p. 25).

Lack of information and openness surrounding reproductive health and rights can serve as a contributing factor to the stigmatisation and shame surrounding abortion, as presented by the participants. This resonate with Chelstowska’s assertion that when abortion is labelled as morally wrong and made illegal, it makes it a taboo topic, making it harder for young Polish women to seek support (Chelstowska, 2011, p. 99).

The World Health Organisation list stigmatisation of those seeking abortion and among health care workers, high cost and the refusal of health care workers to provide abortion based on religious beliefs as barriers to access safe and respectful abortions, all which are prominent in the Polish abortion policy (World Health Organization, 2021). The WHO 2022 Abortion care guideline, emphasise the importance of decriminalising abortion to prevent criminal penalties and stigmatisation for anyone who have an abortion or assisting with an abortion (World Health Organization, 2022, p. 24). Several participants shared frustration concerning the conscience clause, which permits providers of health care not to provide certain medication or health services based on their religious conscience. This can make it more difficult for Polish women

to access legal medical services such as contraception. This issue will be further explored in section 6.2.

A large part of the dissatisfaction towards the Catholic Church seems to be rooted in older historical happenings, and the close relationship between the national reproductive policy and the Catholic Church. The Polish Catholic Church for real emerged as an important political actor after 1989, being an important contributor to the fall of the communist rule. This gave them power and position in the Polish state. Spreading anti-abortion propaganda with moral injunctions concerning abortion and the right to life, the Catholic Church was a significant contributor to the 1993 Family Act, restricting the abortion law (Bucholc, 2022, p. 9). Several participants blame the Church for “the compromise” made in The Act of Family Planning in 1993. Mazgaj highlights the positive influence of the Catholic Church in reconstructing the Polish nation after occupations by Nazi Germany and Communist Soviet (Mazgaj, 2014). Over the years of occupation and war, the Church gained enormous moral authority in Poland as defender of society, national interests and the country’s cultural and historical heritage (Grzymała-Busse, 2017).

The first attempts to liberate the Act of Family Planning happened already in 1993. It was proposed by the newly elected left-wing dominated parliament, but the amendments were vetoed by the still-sitting right-wing president Lech Wałęsa to avoid conflict with the Catholic Church (Caytas, 2016, p. 70). Presidential elections in 1995 gave Poland a new left-wing president, and liberal amendments to the abortion law were again attempted. The bill was challenged in the Constitutional Court, but the needed two-thirds majority was not secured before new elections returned a pro-life majority to power (Caytas, 2016, p. 71). The left wing-party returned to power in 2001, but the abortion law was not addressed by the new government as a result of an ultimatum presented by the Catholic Church; the Church guaranteed support in the referendum for Polish EU accession in exchange for silence and inactivity on the issue of abortion (Caytas, 2016, p. 72). Szelewa and Szocik argue that the Catholic religion today still affects all spheres of cultural and social life, and that it still has a prominent influence on Polish politics (Szelewa, 2016, p. 742; Szocik, 2021). The participants highlighted this power imbalance between the politicians and the Church, Emma claiming that the politicians are afraid of the Catholic Church.

Lack of political impact, frustration and fear seems to have generated a strong sense of distrust in the government. Several participants highlight that they do not feel like the

government act in their best interest or care about their well-being. The expressed frustration and distrust indicate that the participants distance themselves from the state, the politicians and their policymaking. This is was also prominent in the participant's wording during the conducted interviews. The women rarely used the word "government" or "state" when expressing their frustration toward the new Polish abortion law. Some expressed their frustration toward Poland as a country, while others used more general terms like "them", "they" or "someone" when addressing the government, state or the Catholic Church. This could imply that the participants do not want to associate themselves with any of the Polish political actors.

6.2 INDIVIDUAL INTERIOR AND INDIVIDUAL EXTERIOR

The individual interior, the women's reactions and emotions, directly impact the individual exterior, their behaviours. The internal emotions, developed as a reaction to the amended Polish abortion law, shape the participating women's behaviours which in turn influence their health and well-being. The Ottawa Charter highlights the importance of enabling individuals to increase their control over and improve their health, by finding ways to cope with their environment (World Health Organization, 1986). This section will make use of the emotions and experiences presented above and explore how these have affected the participating women's everyday life and the strategies they have adapted in response to the Polish abortion law.

As unveiled in the previous section, the amended Polish abortion has cause growing feelings of anxiety, stress and fear. This has forced young Polish women to make alterations to their everyday lives and routines. Mar said she planned for worst-case scenarios and how to tackle a possible future pregnancy. Others experienced more drastic changes to their everyday lives. Ewa said she redesigned her everyday life and routines because she was scared of getting pregnant. She stopped going out after dark, to prevent getting raped. This shows that the implementation of the new abortion law did not just affect her well-being in terms of being scared, but the fear also influenced her behaviour.

Several participants expressed that the amended abortion law and the fear of getting pregnant made them more aware of the consequences of having sex. Being protected and using contraception was one of the strategies used to deal with the fear of getting pregnant. The

participants who were already on contraceptive pills said the law made them extra attentive to how they were managing their contraception and several expressed anxiety around missing a pill. Others started using contraception as a result of the amendments done to the abortion law.

The conscience clause can make it challenging for Polish women to access contraception (Žuk & Žuk, 2017). Several participants highlighted the difference between bigger cities and smaller towns, saying that women living outside of the big cities experienced more trouble with getting prescriptions to contraception, which could be connected to the stigmatisation and harassment doctors in smaller towns experience. To go to a gynaecologist for contraception is associated with embarrassment and shame for many Polish women (Obuchowska et al., 2020). Being met by professionals who refuse to help you, can generate more shame and stigmatisation and be harmful for individuals. As a strategy to avoid uncomfortable encounters with doctors, women ask in private pro-choice Facebook groups or among their friends for doctors who is available and positive towards contraception.

The combination of stigmatisation, personal experience with the conscience clause and reading about women dying because they are refused abortion can make young Polish women sceptical to seek reproductive medical support in Poland. The Abortion Dream Team (ADT) works to prevent stigmatisation, provide evidence based information about contraception and medical abortion based on guidance from the World Health Organisation (Front Line Defenders, n.d.). ADT also arrange trips from Poland to neighbouring countries for Polish women who need an abortion. Several participants spoke highly about the organisation, highlighting the importance of having organisations to spread safe information and support to prevent stigmatisation and shame.

Research show that restrictive abortion laws increase maternal mortality and morbidity rates, while also failing to reduce the number of abortions (Hussein et al., 2018; World Health Organization, 2015). Federation for Women and Family Planning estimated in 2010 that approximately 80 000-200 000 Polish women terminate their pregnancy every year, with 10-15% of these induced abroad (Hirvonen, 2017, p. 8). Official data show that there were approximately one thousand legal abortion reported in Poland each year between 2015-2020. 90% of these was on the ground of “severe and irreversible fetal defect or incurable illness that threatens the fetus’ life”, which since 2020 is considered unconstitutional and illegal (Amnesty International, 2022; Eurostat, 2021; Statista, 2021). As for the first 10 months of 2021 only

about 300 abortions were accessed in Polish hospitals (European Parliament, 2021). The Polish Association of Defenders of Human Life (Polskie Stowarzyszenie Obrońców Życia Człowieka) operates with much lower number ranging between 8000-13 000 abortions each year (Hirvonen, 2017, p. 8). With no official records of backstreet abortions and abortions induced abroad on Polish women, it is impossible to provide accurate data for the number of abortions induced in Poland each year. What is certain is that the number of lawful abortions is very low. Based on the presented numbers, it is plausible to assume that the number of abortions on Polish women induced abroad will rise as the national Polish abortion law is restricted. Several of the participating women emphasised that if they ever got pregnant they would go abroad if they needed an abortion. Some also stated that they would go abroad to do medical examinations if they ever got pregnant and wanted to keep the baby, implying a major distrust towards the national reproductive health care system in Poland.

Because abortion on demand is illegal in Poland today, the access to abortion depends on the financial capabilities and the resourcefulness of women. Mecinska et al. found that abortion becomes a socio-economic issue when it is not universally accessible (2020, p. 398). Some participants stated they saved money specifically to afford a possible abortion abroad, but recognised they were economically privileged to be in a position where saving money for a trip, pills or medical support from abroad was possible, emphasising that this is not a solution for all.

Another, prominent, more permanent strategy to cope with the new abortion law and the overall political culture in Poland was to emigrate. Three of the five participants living in Poland had considered moving to another country. Investing time by learning a third language, doing research, saving money and withholding future plans in Poland indicates that their plans are significant. The three participants already living outside of Poland stated that the political situation in Poland was one of the reasons they decided to leave. All expressed gratitude towards the freedom of movement in Europe, feeling safer living in a country with a more liberal abortion law.

The Constitutional Tribunal's ruling of October 2020, imposing a near total ban on abortion, generated reactions, nationally and internationally with protests erupting all over Europe (Amnesty International, 2022; Davies, 2020; European Parliament, 2021). As stated in the previous section the amended Polish abortion provoked political engagement in all participants.

The demonstrations concerning the amended abortion law first started in 2016, when PiS first put forward a bill to the parliament that would allow terminations of pregnancy only if the mother's life is at risk and to increase the maximum jail term for abortion practitioners (Agence France-Presse, 2016). The demonstrations continued and grew bigger as PiS continued to push towards a stricter abortion law until they succeeded in 2020. The participants' interior emotions influenced their actions, and they used demonstrations as a strategy to cope with their frustration and express their political engagement. Being a part of a "social bubble", surrounded by people supporting each other was highlighted as important and gave the participants hope and courage to deal with the consequences of the abortion law.

The participants' actions also impacted their emotional reactions. Lyons et al developed the term "communal coping", referring to a process which occurs when a stressor is perceived as "our" problem rather than "my" or "your" problem (Lyons et al., 1998, p. 583). Research on community events suggest that people benefit from confronting a stressor together. Immediate collective action appears to create less psychological damage than being singled out as responsible for dealing with a stressor or described as a victim (Lyons et al., 1998, p. 582). This was supported by the participants who emphasised the feeling of comfort and support when engaging in demonstrations. Being in company of like-minded people gave them hope and courage to deal with the consequences of the abortion law. Despite generating feelings of support, the demonstrations also negatively affected the participant's emotions. The lack of political impact from 2016 until today generated hopelessness, anger and frustration among the participating women.

6.3 COLLECTIVE INTERIOR AND COLLECTIVE EXTERIOR

The collective interior covers the shared attitudes, values and beliefs, which all are affected by the amended Polish abortion law. Shared values and the public debate are also closely connected to individual experiences and actions and therefore closely connected to all quadrants. Health and reproductive rights have been one of the most prominent issues of the Polish public debate since the increased influence of the Catholic Church and the fall of the state socialism in 1989 (Mishtal, 2019, p. 182). It is a controversial issue, with contrasting values and perceptions. This section will explore how the amended Polish abortion law has influenced the public debate and feeling of community.

Based on the reviewed studies and conducted interviews, two main tendencies were discovered. On the one hand, the reproductive health and right discussion, and the new Polish abortion law has generated distance. The participating women distance themselves from the Catholic Church, the Polish state and from their friends. However, on the other hand, the implementation of the new Polish abortion law has also created more openness and solidarity.

Increasing Polarisation

Intense state-Church relations have characterised the Polish political system since the 1960's, especially so since the fall of the Communist state in 1989. Catholicism is still strongly connected to the Polish culture and rooted in deep emotional attachment. As stated, Szocik argue that the Catholic religion still affects all spheres of cultural and social life, and that it still has a prominent influence on Polish politics (Szocik, 2021). However, there is an increasing trend of political polarisation and a steady decrease in the number of religious believers.

Firstly, the affiliation with the Catholic Church is differentiated across the country (Sadlon, 2021, p. 7). Several of the participants in this study highlighted the Catholic differences between villages and smaller towns compared to bigger cities. This was also prominent in the issue of stigmatisation among doctors and the extent of the conscience clause. Due to this stigmatisation there is a disproportionate accessibility of reproductive medical support for young Polish women.

Secondly, the attitude towards the Catholic Church differs according to age, with Poland being the leading country in the world in terms of the gap between the religiosity of people under the age of 40 and older people age 40 and above (Sadlon, 2021, p. 7). In addition to influencing the political sphere, the Catholic Church has an emotional force in the Polish population. Safeguarding the historical, cultural and ethical values of the Polish nation through wars and occupations, the Catholic Church operated as a sense of identity and source of comfort for many Polish people (Hruby, 1982, p. 318). This can serve as an explanation to why older people are more connected to the Catholic Church and the Catholic traditions compared to younger people. The generational differences were emphasised during the interviews; and participants claimed that older generations are more religious and more conservative compared to younger generations, while also stating that they notice a drastic decline in power and influence of the Catholic Church among young Polish women.

Thirdly, in line with the previous statements, there has been a significant shift in moral sensitivity in Poland over the last few years. In 2016, only 12% declared religion as the only justification for moral imperatives, which is a significant decline compared to the 24% obtained

in 2009 (Sadlon, 2021, p. 8). This manifest a more secular morality among Polish people, especially so in the youngest generation.

Parallel to the religious polarisation, the same structural changes happened within the Polish political sphere. Poland was viewed as a model for democratisation for Eastern and Central Europe after the collapse of Communism. Poland immediately sought to meet reform requirements for joining the EU and the North Atlantic Treaty Organisation (NATO), and later supporting the democratisation of the neighbouring countries (Petrova, 2021). However, since PiS assumed power in 2015, the party began undermining the independence of the judiciary and constraining public media and certain expressions of civic activism, resulting in rapid plunge in democracy rankings (Freedom House, 2022; Petrova, 2021; Tilles, 2021).

A study on the Polish population's different attitudes, expectations and experiences with democracy in Poland expose a deeply divided society with limited tolerance for those who hold different views and trouble with accepting compromises (Traczyk, 2021). Two thirds of the more than 2000 surveyed people in Poland reject the idea that, despite different opinion, most politicians are patriots who have the good of Poland at heart (Traczyk, 2021). This is also prominent in this study's findings. As described in chapter 7.1, the participating women distance themselves from the state. They expressed a severe distrust towards the ruling government, several stating that they do not feel safe in their home country. This arguably affect the feeling of community and the connection to the state.

The amended Polish abortion law has created discussions in public and private settings all over Poland. To have friends and family to discuss the new Polish abortion law with was identified as important by the participating women. Several claimed that they created what they referred to as a "social bubble", both online and offline, to find support in a group of people sharing the same values as themselves.

Several participants shared that they chose not to discuss SRHR issues with friends and family members with whom they don't share the same point of view. Other said that they lost friends due to conflicting values concerning the latest change in the abortion law. By distancing themselves from people who don't share the same values, the women contend that the issue of abortion is a fundamental part of their moral compass and underline the importance of the support generated by shared values.

More Openness and Solidarity

As perceived by my study participants, the implementation of the new Polish abortion law has also created more openness and solidarity. In 1956, the abortion law was expanded to include social reasons. According to Standish (1998, p. 117) and experiences shared by the participants, abortion was a common and accessible service. Research conducted in 1958 demonstrated that religion did not affect attitudes towards abortion to the same extent as in the contemporary Polish society (Sadlon, 2021, p. 9). This indicates that the more recent abortion discourse was heavily influenced by the growing influence of the Catholic Church on Polish politics during the 70's and 80's (Kościańska, 2021). Most participants emphasised that older generations are usually more religious and conservative compared to the younger generation, but because abortion was legal between 1956 and 1993, the topic received less attention compared to the public debates happening today.

When asked about the generational differences on the perception of the new Polish abortion law, several participants emphasised that abortion was more of a personal matter to the older generation, compared to the more political nature of today's debate. Several claimed that young people are more progressive and louder than the older generation, which can create the illusion of a generational gap.

Despite the religious differences, several participants rejected a generational gap and explained they was usually met with great understanding and solidarity from the older generation in their fight for more liberal reproductive rights. Jagoda for example explained that her mother had opened up to her emotionally when they were discussing the new Polish abortion law. She described the experience of sharing frustration and anger towards the law with her mother as empowering. Rather than creating a gap between generations, the issue of reproductive health and rights seems to bring generations closer together.

The Ottawa Charter highlights the importance of community action and the empowerment of communities to give individual ownership and control over your own endeavours (World Health Organization, 1986). The shared frustration and anger inspired Poles all over the world to arrange and attend demonstrations and protests. The participants said that by attending demonstrations and protest they experienced a sense of community and support. Even though some of the participants shared feelings of hopelessness because the demonstrations gave no results or action by the government, the events were used as a strategy for coping with the new

Polish abortion law and develop a sense of ownership and control of their reproductive rights. Most of the participants highlighted the empowering feeling of community action.

The participants also experience a positive development in the public debate on reproductive health and rights. Demonstrations was arranged not only in Poland, and the new Polish abortion law received international critique for being contrary to international and European human rights standards (Human Rights Watch, 2022). In Poland, the implementation of the new Polish abortion law and the hundreds of protests and demonstration have generated more media coverage than ever. One study participant described this change as the only positive outcome of the new Polish abortion law. The participants shared that the growing media coverage generates a more open public discussion, meaning that abortion is portrayed as a common medical procedure and more women are talking openly about having abortions. In spite of the many obstacles, this could possibly in the long run create less shame and taboos concerning reproductive health and rights, which could be a step toward a more open and less stigmatising Polish society. However, the empirical findings reveal that there is still a long way to go before young Polish women can live unencumbered by stigmatisation and shame.

6.4 LIMITATIONS OF THE STUDY

One of the main limitations to this study was its size. The research was undertaken as a part of a 30-credit master thesis, giving limited time to collect, manage and analyse the data. The time constraint made it necessary to limit the number of participants, and it is therefore not possible to draw broad and universal conclusions about young Polish women's experiences and views.

A prominent limitation is that all eight of my participants was openly pro-choice and had the same perception of the new Polish abortion law. This choice was deliberately made to ensure that the participants were interested to talk about the perceptions and experiences with the new Polish abortion law. Had the study been bigger, I would have made sure to include women with various backgrounds, ages and perceptions. This would have provided a more holistic understanding of how the new Polish abortion law is affecting young Polish women.

My role in this research was as an outsider, something which may have affected the information given to me and my understanding of this information. Especially so when the participants were describing national policy, culture and traditions. Because I am not Polish, the descriptions of situations, experiences and perceptions could be exaggerated and/or based on stereotypes and therefore not necessary reflect the majority of the Polish people.

English being the participants' and my second language could also have affected the data. Although their level of English was good, the participants may not have been able to express themselves the same way as they would have done talking Polish.

I would also have preferred to meet my participants face to face, to have a more relaxed interview setting than what a Zoom call can provide. However, the conversations went well and I was able to connect with all women, even through the screen.

CHAPTER SEVEN: CONCLUSION

This study set out to explore how the amended Polish abortion law has affected the everyday life and well-being of young Polish women, what strategies they use to cope with it and how they perceive the Polish public discourse on reproductive health and rights. The shared experiences and emotions were analysed using the four quadrants of the AQAL model, focusing on the interplay between the interior and exterior quadrants. This study found that the amended abortion law provoked a wide range of emotions which have generated action and strategies, affecting their everyday life and well-being. Presented in summation below are the results of the analyses.

The women shared frustrations towards the amended Polish abortion law and the feeling of losing control over their own body. The frustration was expressed as anger towards the ruling government, and the retrogression in access to abortion it has generated. Frustration was also expressed towards the close state-Church relationship existing in Poland and in Polish politics. The participants were concerned about the stigmatisation and shame surrounding abortion and sex in Poland. They explained that the shame and stigmatisation was embedded in religious and cultural traditions and beliefs. Further, the close state- Church relationship was the source of the participants' frustration concerning the conscience clause, sharing personal experience with being denied access to contraception. The participants also shared that the abortion law made them scared; scared to go outside after dark, scared to build a future in their home country and scared they might get pregnant. A combination of this resulted in a severe distrust and disconnectedness towards the Polish state and government.

My findings revealed several strategies undertaken by my study participants to cope with the amended abortion law. They all participated in demonstrations and protests, as a way of influencing politics and coping with their frustration and anger. All participants highlighted the importance of a community with people sharing the same values. To cope with the fear of getting pregnant several participants said they were extra attentive to their contraception. Several participants started saving money to be able to afford going abroad for a possible abortion, while others shared plans of moving to another country because of the political reality in Poland.

According to the study participants, the public discourse on abortion changed after the latest amendments to the Polish abortion law. The participants experienced a more open public debate on reproductive health and rights. More women are now talking openly about abortion as an acceptable medical procedure. However, there is also an increasing negative trend of religious and political polarisation in the Polish society. Poland has a steady decrease in the number of religious believers and a growing distrust in politicians.

The study shows that the participating women's everyday life and well-being indeed is affected by the amended Polish abortion law. The findings expose deeply concerned women, who don't feel like their health and well-being are prioritised in their home country. Frustration, anger and fear has negatively affected the young Polish women's mental health and have forced them to make changes to their daily routines. Notably, however, more research would be needed to prove this to be true and cover a broader representation of Polish women. Followed is a presentation of recommendations for further research.

7.1 RECOMMENDATIONS FOR FURTHER RESEARCH AND PRACTICE

1. *Socio-economical differences* – Abortion in Poland is a socio-economic issue. My participants all had access to information and resources to acquire reproductive medical support if needed. It would be interesting for future studies to focus on women from lower socio-economic statuses and look at the possible differences between them.
2. *Religious women* – All participants in this study dissociated themselves from the Catholic Church. Further research could be done on the perceptions and experiences of the amended Polish abortion law among religious Polish women.
3. *Women traveling abroad* – Further research on women travelling abroad for abortions can help build better and more resource sufficient services for Polish women who seek to terminate their pregnancy abroad.
4. *Long term consequences* – Long term consequences of the amended abortion law should be further explored and uncovered to develop a deeper understanding of how the abortion law is affecting young Polish women.
5. *Provide information* – For now, the Polish abortion law is strict and safe legal abortion is close to impossible to obtain. It is therefore important to provide information on legitimate and safe options for abortion. It is also important to promote openness and acceptance to prevent stigmatisation and break down taboos.
6. *International advocacy and action* – The issue of abortion needs clearer European policy. To advocate for a clear political commitment to a universal reproductive policy across Europe, coordinated action between pro-abortion organisations, health service institutions and governments across borders is needed.

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APPENDICES

APPENDIX A: CONSENT FORM

Are you interested in taking part in the research project, “The Polish Abortion Law: A phenomenological study of the everyday life and well-being of young Polish Women” ?

This is an inquiry about participation in a research project where the main purpose is to gain insight in young Polish women’s perception of the new Polish abortion law. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project

The main objective of this study is to explore the implication of the new abortion law on the everyday life and well-being of young Polish women. This will be explored through personal attitude, individual action, and socio-cultural and religious context.

The main objective will be explored through three questions:

- What is the perception of the Polish reproductive policy and the new Polish abortion law among young Polish women?
- What actions and strategies have young women taken in response to the new abortion law?
- How do Polish women perceive the contrasting cultural and religious values expressed in debates surrounding the national reproductive policy?

The objective will be explored by conducting in depth-interviews with 8-10 voluntary participants conducted in-person or on a digital communication platform such as ‘Zoom’. The study is part of a master thesis in the Global Development Theory and Practice master program at the HEMIL-institute at University of Bergen. The information collected in this project will be anonymous and used solely for the purpose of this project.

Who is responsible for the research project?

The University of Bergen is the institution responsible for the project.

Why are you being asked to participate?

This study will include 8-10 Polish women. The study involves young Polish women of different age, background and geographical placement. Participants in this study have expressed interest in sharing their perceptions and reflections around the new Polish abortion law.

What does participation involve for you?

If you choose to take part in this project, this will involve that you participate in an interview

with the researcher. This includes a conversation about the topics described above, where you will be asked to share personal opinions and reflections about the Polish abortion law and the Polish reproductive rights.

The questions are not designed so that you have to answer questions about your personal experience with abortion. There will not be any questions concerning your own health or your personal religious beliefs. It is the participant's right to refrain from answering questions they do not want to answer, and to answer questions in the manner they feel comfortable with.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purposes specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

Access to your personal data will only be available to the master student and researcher, Fredrikke Hornfelt Andersen and prof. Haldis Haukanes who will be the supervisor of this project.

Your contact information and name will not be shared with any other people. The information will be stored in a password encrypted computer software and coded if necessary. Personal information about you will not be described in the published thesis to ensure that you are not recognizable in the publication.

What will happen to your personal data at the end of the research project?

The project is scheduled to end July 1st 2022. After this, all personal data and all digital recordings will be deleted.

Your rights

As long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and
- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent. This consent can be written by signing the consent form below or given orally, recorded on a digital platform after reading this consent form and before starting the interview.

Based on an agreement with the University of Bergen, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact:

- University of Bergen via Fredrikke Hornfelt Andersen (fredrikke.hornfelt@hotmail.com) or Haldis Haukanes (haldis.haukanes@uib.no).
- Our Data Protection Officer: University of Bergen: post@uib.no
- NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Project Leader
Haldis Haukanes

Student and Researcher
Fredrikke Hornfelt Andersen

Consent form

I have received and understood information about the project “The Polish Abortion Law: a phonological study of the everyday life and well-being of young Polish women” and have been given the opportunity to ask questions. I give consent:

- To participate in an in-dept qualitative interview

I give consent for my personal data to be processed until the end date of the project, approx. July 1st 2022

(Signed by participant, date)

Appendix B: Interview Guide

Research objective:

How is the new Polish anti- abortion law affecting the everyday life and well-being of young Polish women?

- What is the perception of the Polish reproductive policy and the new Polish abortion law among young Polish women?
- What actions and strategies have young women taken in response to the new abortion law?
- How do Polish women perceive the contrasting cultural and religious values expressed in debates surrounding the national reproductive policy?

Research question 1: Emotions, individual

How did you first get interested in in topic of reproductive health and rights?

How did you first come to learn about the proposition to change the abortion law into its current version?

What was your first reaction to the proposition of changing the law?

What was your reaction when the new abortion law was implemented?

Have you discussed reproductive policy with your friends?
If yes, in which manner?

Have you discussed the new abortion law with your family or your partner?
If yes, in which manner?

How does it feel to discuss reproductive policy with your friends?

How does it feel to discuss reproductive policy with your family?
Is it a difficult or sensitive subject?

Among you and your female friends/ acquaintances, how has the new law affected your attitudes to becoming pregnant? Is this something you discuss or talk about?

Research question 2: Actions

Has the new abortion law affected how you live your life from one day to another? your everyday life?

If yes, how?

Has the new abortion law affected your political engagement?

If yes, how?

Did you participate in any of the demonstration or protests taking place after the implementation of the new law?

If yes, could you tell me a bit more about the experience?

Has the new abortion law changed your view on fertility control?

If yes, how?

Research question 3: contrasting cultural and religious values

Do you believe the discourse on reproductive health and right changed in Poland since the last changes in the Polish abortion law was implemented?

If yes, how?

Do you seek comfort or support in people sharing your own values when it comes to reproductive health and rights?

If yes, how?

Is your generations' perception of reproductive policy and the new abortion law different compared to older generations?

If yes, how?

How prominent do you feel the position of the Catholic Church is in Poland and Polish policy?

How would you assess the role of the Catholic Church in the national reproductive health and rights discussion?

Which other actors are important?

How is pregnancy and motherhood represented in Polish entertainment such as TV, radio and movies?

What about abortion, how is that represented?

How is pregnancy and abortion represented in Polish social media?

NSD NORSK SENTER FOR FORSKNINGSDATA

Assessment

Reference number

950685

Project title

The Polish Abortion Law: a phonological study of the everyday life and well-being of young Polish women

Data controller (institution responsible for the project)

Universitetet i Bergen / Det psykologiske fakultet / Hemil-senteret

Project leader (academic employee/supervisor or PhD candidate)

Haldis Haukanes , Haldis.Haukanes@uib.no, tlf: +4755589259

Type of project

Student project, Master's thesis

Contact information, student

Fredrikke Hornfelt Andersen, fredrikke.hornfelt@hotmail.com, tlf: 98033368

Project period

06.12.2021 - 01.07.2022

Assessment (1)

23.11.2021 - Assessed

Our assessment is that the processing of personal data in this project will comply with data protection legislation, so long as it is carried out in accordance with what is documented in the Notification Form and attachments, dated 23.11.2021. Everything is in place for the processing to begin.

TYPE OF DATA AND DURATION

The project will process general categories of personal data, special categories of personal data about political opinions, religious and philosophical beliefs and health data until 01.07.2022.

LEGAL BASIS

The project will gain consent from data subjects to process their personal data. We find that consent will meet the necessary requirements under art. 4 (11) and 7, in that it will be a freely given, specific, informed and unambiguous statement or action, which will be documented and can be withdrawn.

The legal basis for processing general categories of personal data is therefore consent given by the data subject, cf. the General Data Protection Regulation art. 6.1 a).

The legal basis for processing special categories of personal data is explicit consent given by the data subject, cf. art. 9.2 a), cf. the Personal Data Act § 10, cf. § 9 (2).

PRINCIPLES RELATING TO PROCESSING PERSONAL DATA

NSD finds that the planned processing of personal data will be in accordance with the principles under the General Data Protection Regulation regarding:

- lawfulness, fairness and transparency (art. 5.1 a), in that data subjects will receive sufficient information about the processing and will give their consent
- purpose limitation (art. 5.1 b), in that personal data will be collected for specified, explicit and legitimate purposes, and will not be processed for new, incompatible purposes
- data minimisation (art. 5.1 c), in that only personal data which are adequate, relevant and necessary for the purpose of the project will be processed
- storage limitation (art. 5.1 e), in that personal data will not be stored for longer than is necessary to fulfil the project's purpose

THE RIGHTS OF DATA SUBJECTS

NSD finds that the information that will be given to data subjects about the processing of their personal data will meet the legal requirements for form and content, cf. art. 12.1 and art. 13.

Data subjects will have the following rights in this project: access (art. 15), rectification (art. 16), erasure (art. 17), restriction of processing (art. 18), notification (art. 19) and data portability (art. 20). These rights apply so long as the data subject can be identified in the collected data.

We remind you that if a data subject contacts you about their rights, the data controller has a duty to reply within a month.

FOLLOW YOUR INSTITUTION'S GUIDELINES

NSD presupposes that the project will meet the requirements of accuracy (art. 5.1 d), integrity and confidentiality (art. 5.1 f) and security (art. 32) when processing personal data.

Zoom is a data processor for the project. NSD presupposes that the processing of personal data by a data processor meets the requirements under the General Data Protection Regulation arts. 28 and 29.

To ensure that these requirements are met you must follow your institution's internal guidelines and/or consult with your institution (i.e. the institution responsible for the project).

NOTIFY CHANGES

If you intend to make changes to the processing of personal data in this project it may be necessary to notify NSD. This is done by updating the information registered in the Notification Form. On our website we explain which changes must be notified. Wait until you receive an answer from us before you carry out the changes.

FOLLOW-UP OF THE PROJECT

NSD will follow up the progress of the project at the planned end date in order to determine whether the processing of personal data has been concluded.

Good luck with the project!

Contact person at NSD: Markus Celiussen