Examining Barriers to Family Planning Information, Products, and Services Among Ukrainian Refugees and Host Communities in Poland

Learning brief from stakeholder consultation workshop in Poland
August 2024, revised February 2025

Introduction

In 2022-2023, the Global Public Health in Emergencies Branch at the US Centers for Disease Control and Prevention (CDC), CARE, Women's Refugee Commission (WRC), and the Foundation for Women and Family Planning (FEDERA), with support from the CDC Foundation, partnered to implement a mixed-method research study consisting of a market assessment and barrier analysis to understand barriers to family planning access among Ukrainian refugee women and host communities in Poland. **Click here to read the full report**. To discuss the initial results of the study and expand on key factors that impact access to family planning (FP) in Poland, a workshop was held with relevant stakeholders in Poland in May 2024.

Workshop Overview

Held at CARE Poland's office in Warsaw, the in-person workshop aimed to consult a diverse group of local leaders working to advance sexual and reproductive health and rights (SRHR), and/or cash and voucher assistance (CVA) in Poland. Attendees included project team members from CARE, CDC, WRC and FEDERA along with representatives from key organizations in Poland, including *Ponton Group, epruf, International Rescue Committee, Martynka, Ocalenie, Polish Red Cross/Cash Working Group, Polish Center for International Aid/Cash Working Group, Polish Migration Forum, UNHCR Poland, WHO Office in Poland*.

Workshop activities included presentations on initial findings from a market assessment and barrier analysis; role play and group discussions on the identification and prioritization of barriers on the individual, social and institutional levels; and recommended strategies to overcome these barriers.

Summary of Key Findings from the Mixed Methods Study

Provision of FP services in Poland: Provider Perspectives	Uptake of FP - Supply-Side Factors: Ukranian Refugee & Polish Women Perspectives	Uptake of FP - Demand-Side Factors: Ukranian Refugee & Polish Women Perspectives	Cash & Voucher Assistance (CVA) for FP
• FP requires a prescription & 1-3 visits with a provider • Same-day & telemedicine appointments for emergency contraception are available but expensive • Supply chain for contraceptives has not been affected by the war • Providers have biases related to refugees, Roma community and people with disabilities • Adolescents are required to have a guardian during provider consultations which can limit their access to FP	• Public care has long wait times to see providers - private care is faster but more expensive • Costs for FP methods are not reimbursed by public health system • Ukrainians have access to the public health system but navigating it is challenging • Physicians can deny access to FP if it is not aligned with their values, which sows distrust among Polish women who seek FP care	• Pills & IUDs are the most popular methods, aside from condoms • Polish & Ukrainian refugee women pay extra for private care to bypass barriers in public care • Some Ukrainian refugee women return to Ukraine for FP care or source FP methods from Ukraine to avoid barriers in Poland • Misinformation, social stigma and lack of knowledge about obtaining FP methods prevent some women from using FP	• Ukrainian women vary in level of need for CVA and note that healthcare is more expensive in Poland • Ukrainian refugees struggle to access loans & certain bank services • Clarity around access to benefts is lacking for Ukrainian women • Physicians, NGO reps, women support the use of CVA for FP methods • Women advised to pair CVA with education on FP and information on navigating the health system

Workshop Findings & Insights

Key barriers to accessing FP highlighted by workshop participants

Following a presentation on the key findings from the mixed method study, workshop participants discussed and expanded on key barriers to accessing FP in Poland, informed by their experience. These barriers, organized as individual, social and institutional level barriers, include:

Individual

- **Economic:** lack of financial resources to pay for consultations and FP commodities especially among adolescents; no reimbursement for contraceptives supported by the public health system
- **Language and culture**: too few doctors and pharmacists speak Ukrainian, informational materials lack customization to reach target groups, including lack of quality translation of content in required languages
- **Knowledge gaps**: lack of understanding of the Polish healthcare system including the laws and processes related to accessing FP and lack of knowledge related to SRHR including sexual education and FP
- **Fear:** fear of being criticized or judged by a healthcare provider
- **Mistrust:** lack of trust in healthcare providers, lack of confidence in the healthcare system including negative perceptions of service quality, comfort and unsafe conditions to access care; mistrust of information that has been poorly translated (by NGOs and others) which is seen as non-credible

Social

- **Taboo:** not a cultural norm in society to speak about sexuality and sexual health
- **Religion:** the perception that some groups may have adverse influence on Polish society related to family planning by at times framing sexuality as 'inappropriate' or 'morally unacceptable'
- **Generation gap:** perception that healthcare providers are from an older generation and unrelatable

Institutional

- **Waiting times:** long waiting times for an appointment with a service provider, low availability of service providers in Poland's national healthcare system
- **Complexity of the public health system:** it is challenging to navigate and confusing to understand how to obtain and maintain a PESEL number (needed to access services)
- **Lack of provider guidance:** belief that providers largely do not inform patients/clients about FP options perhaps due to lack of knowledge or time
- **Conscience clause**: some providers use Poland's 'conscience clause' to justify denying FP services such as prescriptions for contraceptives based on their personal beliefs
- **Access for adolescents:** adolescents under age 18 must be accompanied by a guardian when seeking health care which limits their ability to access information and services autonomously
- **Women's representation in politics**: low representation of women in politics contributing to laws that restrict FP access
- **Inadequate policies:** lack of a unified health policy in line with WHO standards in Poland
- **Sexual education:** lack of quality sexual education supported by institutions, including schools
- **Bank access:** gaps in access to banking systems
- **Limited public funding:** inadequate sources of funding for SRHR NGOs in Poland

Stakeholder Recommendations

Key Barriers	Stakeholder Recommendations to Address
Individual level	
Economic	• Explore **CVA for health supplies and services including FP and consultations required to access it** especially for Ukrainian refugees. This may help prevent women and girls from returning to Ukraine, and endangering themselves, to access care. • Consider including the **cost of transportation** when providing CVA to support FP access. • **Combine CVA with training/customized information** for recipients on SRHR and how to access the Polish health system. • Advocate for mechanisms to **reimburse women for the cost of FP**.
Language & Culture	• **Invest in proper translation** of materials as mistakes can make information look non-credible, even if it's good information • Change formats of existing information, customize materials for different targets audiences and **ensure good information is available in various languages and shared through relevant channels** to reach different groups • Ensure programs **account for the needs of people who are often excluded**. Aim to reach the Roma community, people with disabilities and other marginalized groups.
Knowledge gaps	• **Pair CVA with education on SRHR and navigation of the Polish health system**. Translate existing materials from the Ministry of Health into different languages. Provide educational sessions during CVA distributions. • **Improve access to reliable and credible information**, ensuring the right language for the right group, in the right form. • **Raise awareness using various approaches**, including through social media and webinars in schools. Invest in public information campaigns using various channels to reach as many people as possible (use of public media, Polish Radio/TVP).
Fear	• **Target doctors and pharmacists** with sex positive quality sexual education. • **Abolish the provider conscience clause** that makes it legal for providers to deny care that does not align with their values, including FP.
Mistrust	• **Invest in proper translation** of materials as mistakes can make information look non-credible, even if it's good information.
Social level	
Taboo/ Religion	• As SRH is a sensitive topic, **engage groups without leading with a SRHR discussion directly**, but introduce it as part of a larger discussion. • **Offer sexual education and/or discuss SRH topics in small groups**, including women only and adolescent only groups, to improve comfort levels. • **Increase the availability of sex positive sexual education** as sex is still taboo in Poland.
Generation gap	• **Target doctors and pharmacists** with quality sex positive sexual education.

Institutional level	
Waiting times	• Prioritize and promote **schemes to make access to contraception faster** while ensuring safety and quality, such as through the use of telemedicine/phone consultations.
Complexity of the public health system	• Improve ways to **reach Ukrainian refugees** (and other marginalized groups) with **information on navigating the Polish healthcare system** • **Translate existing materials on navigating the health system into multiple languages**. • **Promote the existing HelpDesk** to receive guidance on navigating the health system. Ensure operators are **multilingual**. • Propose that the MOH organizes a **central place for people to get information on how to navigate the health system**.
Lack of provider guidance	• **Target doctors and pharmacists** with quality sex positive sexual education.
Conscience clause	• **Abolish the provider conscience clause** that makes it legal for providers to deny care that does not align with their values, including FP.
Access for adolescents	• Advocate for **youth to be able to receive health care** without the presence of a legal guardian.
Inadequate policies	• Advocate for **legalization of surgical contraception for women** in Poland (tubal ligation) • Advocate for **access to emergency contraception (EC) without a prescription**. • Advocate for **youth to be able to receive health care autonomously**, without the presence of parents/legal guardians • Advocate for the **government to enact policies to improve access to quality SRHR education**.
Sexual education	• **Sex positive, sexual education is needed at all levels,** from young children to adults, including parents, teachers, doctors and pharmacists. **Train teachers, doctors and pharmacists** to support sexual education, **educate parents** to prevent them from passing misinformation to the next generation and make efforts to **reach adolescents with SRHR education**, especially as the age of consent in Poland is 15. • **Prioritize improved access to quality, credible sexual education.** NGOs and other organizations can support but the government should be responsible for providing long-term, quality sexual education. • Create a **single source of reliable, evidence-based SRHR information**, led by institutions. • **Ensure SRHR educators are well qualified. Beyond having the basic** level of education required, educators should be experienced and passionate about SRHR to do their work effectively. Remove unqualified people (culture, mentality) from health education. • Support the rollout of Poland's working group on sexual education's **new sexual education curriculum**. Curriculum will be available by fall of 2024. • Include **SRHR in higher education** coursework.
Bank access	• Advocate to improve the **ease of opening a bank account** to support access to finance.

Limited public funding	• Increase public funding for NGOs working in the SRHR area.

Next Steps

The intent of this brief is to circulate it widely to SRHR activists, stakeholders, organizations supporting related programs and decision-makers who have the ability to effect positive change to advance SRHR for all in Poland. Specifically, project team members and participants engaged in this workshop will work collaboratively to disseminate this information and pursue partnerships to implement and build upon the ideas generated above.

Key groups to engage include Polish governmental institutions including:

- the Polish ministries of education and health
- the National Health Fund
- Polish academics from the field of SRHR
- the Society for Gynecologists and Obstetricians
- National Chamber for Physicians and Dentists
- National Chamber for Pharmacists
- the FRS Foundation (Fundacja na Rzecz Różnorodności Społecznej)
- the Mother and Child Institute
- UN agencies such as UNHCR, WHO and UNFPA and other bodies active in the SRHR space

Acknowledgements

The project team thanks all of the workshop participants for sharing their time, expertise and ideas to advance SRHR in Poland, including:

- *Marcelina Kurzyk (FEDERA)*
- *Sofia Wasilenko (FEDERA/ PONTON Group of Sex Educators)*
- *Katarzyna Przybyś-Makuch (epruf)*
- *Representative of International Rescue Committee*
- *Nastya Podorozhnya (Martynka)*
- *Mahdieh Gholami (Ocalenie)*
- *Agnieszka Osuch (Polish Red Cross/Cash Working Group)*
- *Agnieszka Nosowska (Polish Center for International Aid /Cash Working Group)*
- *Weronika Brączek (Polish Migration Forum)*
- *Małgorzata Suraj (UNHCR Poland)*
- *Aleksandra Kusek (WHO Office in Poland)*

Workshop facilitators: *Karolina Maciorowska (CARE), Paola Castiati (CARE), Antonina Lewandowska*

Suggested citation: Maciorowska, Karolina, and Allison Prather. "Examining Barriers to Family Planning Information, Products and Services among Ukrainian Refugees and Host Communities in Poland. Learning Brief from Stakeholder Consultation Workshop." *CARE.org*, August 15, 2024.

This project was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $518,169 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.