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Programme of the improvement of medical care for women

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PROGRAMME OF THE IMPROVEMENT OF MEDICAL CARE FOR WOMEN IN THE POLISH PEOPLE'S REPUBLIC

Health care of the population is one of the leading objectives in social policy of the Polish People's Republic. In 1973 a special "Programme of the development of health care and social welfare up to the year 1980" was approved and put into operation by the Government.

On the basis of this programme in 1975 the Ministry of Health and Social Welfare appointed a team of top experts in clinical medicine and public health organisers who prepared a "Report on the state of health and medical care of women and programme of activities for the years 1976-1980". The programme was consulted with women's organizations.

The programme has been prepared on the basis of the complete evaluation of the actual state of health of women, demands in health care and the degree in which those are met. A demographic projections and trends in formations of the Polish family models were also taken into account.

The increasing role played by women in social, economic and cultural development of the country, progressing professional activity and their importance for biological potential of the nation and upbringing the new generation determine the necessity of particular attention of the State in improving the condition of life and work of women.

The basic condition of progress in this field is the special care of women's health and especially in regard to the protection of maternity as well as the health of population in the developing age.

The achievements of our socialist country in this field can be considered as satisfactory.

Increase of life expectancy among women, decrease of incidence and morbidity of many diseases, full accessibility to medical care for women, particularly during pregnancy, labor and post-partum period as well as introduction of law to protect motherhood and assistance to working mothers in care of children, should be listed among the results.

The programme was prepared according to the following principles:

- Health care of women is an integral part of the whole health care system given to the population. All units of the national health care, according to their statutory goals participate in the health care of women. The most important in this aspect are the primary health care units and general out-patient clinics, out-patient clinics for women, for children, dental care, rural health centers and plant or interplant clinics.

- Preservation and strengthening of the biological potential of the nation required a complex approach to the problems related to the reproduction and should be given the priority in health care of women and the population. It has to be supported by the most recent achievements of the medical science implemented in practice.
- Medical care of women includes prophylaxis, curative and rehabilitative activities with an emphasis on prevention as being the most effective.
- Preventive activity should also include children and youth in the context of their future reproductive function. On the other hand health of women before conception, during pregnancy and later, during the appropriate fulfilment of the maternal functions, have an important influence on the biological quality of young generation. All the above mentioned points result in the structural and functional connections of the health care of women with the health care of the young.
- Increasing professional activity of women created the necessity of the development of medical facilities not only in the area of living but also at places of work and training.
- One of the important problems in health care of women is care for women in the menopausal age particularly in aspect of the prevention of cancer and mental disorders.

Having in mind above listed principles the following lines of activities were decided in the health care of women.

I. According to the long term programme of the improvement of health care of young population, all children and youth up to age of 18 have a medical check-up every two or four years in function of age group to evaluate state of health and development. The objective of this medical control is early diagnosis of chronic diseases and disturbances of the development and if necessary appropriate curative or preventive activities.

In age group 14-18 years medical check-up also includes evaluation of sexual development.

National Health Service develops a network of the gynecological out-patient clinics for girls. It cooperates with the Ministry of Education in developing and implementing at schools a programme of "Preparation for family life". Much impact on improving of culture of sexual life of population has the co-operation with social and youth organizations.

In health care of women besides an early diagnosis and treatment of gynecological diseases very important is the care of general state of health. Particular attention should be paid to pathology having potential influence on future reproductive functions like diabetic, anaemia, kidney and liver diseases, cardiovascular disorders, rheumatic diseases. Appropriate treatment and rehabilitation can play an important role in future biological value of women.

II. Particular significance has the extension of knowledge of the methods of family planning. Adequate health education on the psychophysical consequences of abortion especially first pregnancy leads to a decrease of number of legal abortions.

III. Research on human reproduction covering the biological and physiopathological aspects of reproduction, their dependency and consequences are mostly preferred activities of research institutes in Poland. Gradually the research units on human reproduction and perinatology are created at institutes of obstetrics and gynecology. Such units give the highest standard of the in- and out-patient care as well as provide the given area with consultation services. An important step towards the decrease of the incidence of hereditary diseases is the development of the genetical advisory services attached to the institutes of medical genetics functioning as a part of Medical Academies.

On the other hand the integrated voivodeship hospitals provide specialistic in- and out-patient services in the fields of complications of pregnancy, gynecology for young girls, gynecological endocrinology, oncology, sexology and subfertility.

IV. Coverage of all pregnant women with the systematic and integrated ante-natal care and its improvement.

Basic organizational step to achieve such an objective is the improvement of the accessibility of the ante-natal care clinics. The existing network in urban areas is in general satisfactory and could be improved by better management. In rural areas care to pregnant women is given by local general practitioners who have short post-graduate training in obstetrics. Gradually together with the increasing number of specialists the rural ante-natal clinics staffed by gynecologists are being set up.

In the industrial health care system special attention is paid to the protection of possible hazard on pregnancy and fertility. All those activities together with health education and together with women's organizations lead to the universal and early ante-natal care. Guidelines for the systematic ante-natal care have been elaborated. As a principle, gynecologists work together with internists and dentists and in cases of high risk pregnancy with other specialists. Particular attention is paid to early diagnosis of existing and possible complications of pregnancy. Such cases are sent to hospitals and if it is required they are referred to more specialised centers.

V. Improvement of the quality of the obstetrical care for mother and newborns.

In this regard the anticipated in the programme improvements in the quantity and quality of in-patient facilities in the field of obstetrics as well as in the provision of more up-to-date diagnostic equipment and other devices for the supervision of the foetus and the course of delivery, have great significance in tackling this problem. A lot of attention is given to the profilactic activities during home visits after the discharge from hospitals, where midwives and community nurses play a key role.

VI. Program of prevention of cancer of the female genital tract and breast.

The programme includes a gradual introduction of pap-smears as routine test for all women visiting out-patient clinic for women, for all hospitalised women and during periodical check up in the place of employment. In function of manpower resources a screening actions for women aged 20 and over are organized every second year. As a routine procedure the palpation of breast is performed by general practitioners and in case of suspicion women are referred to a specialist.

VII. Particular attention is required by inflammatory diseases of female genital tract which should be supported by bacteriological diagnosis, appropriate treatment and followed by rehabilitation. Similar significance should be given to correct diagnosis of the hormonal disturbances particularly in young women. Gradual development of the integrated health care of women in monopause including urinary tract diseases, psychoneurological disorders and early diagnosis of cancer should be noted. The post-operation rehabilitation and balneotherapy in spas is still in wider use.

In conclusion of the programme of the improvement of health care of women basic methodological and organizational activities conditioning the implementation of defined goals were outlined. They are as follows:

- Improvement of material basis of health services in both qualitative and quantitative aspects;
- Training of appropriate manpower;
- Improvement of structure and management at all levels;
- Strengthening of specialistic supervision;
- Development of research.

The discussed programme was started in the beginning of 1976 and soon an improvement of health care of women could be observed.

In urban areas practically all pregnant women are covered with prenatal care. Early registration of pregnant women increased to nearly 50 per cent /1975 - 38.6%/ and average number of prenatal visits is 5.3 /1975 - 4.4/. In order to improve the accessibility of out-patient care, services in those clinics are available in the morning and in the afternoon.

Number of prenatal clinics in rural health centers staffed by gynecologists also increased. In 1975 there were only 449, in 1978 - 730 and now there are more than 800 /56% of all rural health centers/. There is an increase in early diagnosis of high risk pregnancies and consequently increase in number of hospitalised pregnant women. Gradually the network of specialists gynecological and obstetric out-patient clinics expands as well.

In 1978 a research programme on human genetics was introduced in Poland. At present the research in this field is being carried on at six medical faculties and in five research institutes of the Ministry of Health and Social Welfare.

Since 1977 a uniform "Card of pregnancy" was introduced in the whole country and it contains a full range of information.

The decrease of newborn mortality can serve as an example of an explicit outcome of the programme implementation. It was equal to 19.9 per 1000 in 1975 and it dropped down to 17.6 in 1978. The greatest decrease can be observed in the intra-partum mortality /0.9/, mortality during pregnancy - 5.8 and in immediate post-partum newborn mortality decreased to 10.9 per 1000 deliveries. There is also a decrease in infant mortality from 25.0 per 1000 in 1975 to 21.3 per 1000 in 1979.

Deaths of women during pregnancy, labour and post-partum period are strictly reported and each case has been thoroughly analysed since 1962.

In 1975 maternal mortality rate was 30.8 per 100 000 live births and 25.9 in 1977.

Mortality rate due to obstetrical cases was 15.2; indirectly obstetrical 5.0 and non-obstetrical 5.7 per 100 000 live births.

Further decrease is to be noted in number of legal abortions from 15.3 per 1000 women in 15-49 age group in 1975 to 15.0 in 1977 and if rate is calculated per 100 live births - from 21.5 to 20.8 respectively.

It should be expected that the implementation of the discussed long term programme will give further improvement of health of women as well as medical care of women and indirectly health of the population in the developing age.

POLAND

ALIMONY FUND

The alimony fund, created by the Act of 18 July 1974 was one of the most fundamental solutions leading to an improvement of material conditions of women, especially of those who take care of their children on their own. The act was introduced in the International Year of Women, and its development and further improvement took place in the first years of the Decade of Women.

The alimony fund is a new institution until now not known either in Polish legislation or in foreign legal systems. The fund was established by the Institute of Social Insurance and is at disposal of this agency.

The fundamental aim of the alimony fund is to provide constant financial assistance to those persons of families who are in difficult material conditions due to the impossibility to exact alimony of persons who are obliged to that payment by court.

Special regard was taken of financial aid to single mothers in broken or incomplete families living in unfavourable conditions.

The payments of the alimony funds are general and granted to everyone residing in Poland to whom alimony was adjudged if execution of the alimony is impossible in whole or in part, and because of that a person is in difficult material conditions, i.e. if monthly income of that person does not exceed 1.400 zl.

An application for alimony benefits comes from the executive body, which states that execution of payment from the persons obliged was not possible and which at the same time states the amount of alimony adjudged. Those statements form a basis for automatic granting and paying alimony by a unit of the Institute of Social Insurance. Alimonies paid from the fund are equal to those adjudged /but not more than 500 zl monthly per person entitled/. According to the regulations, the fact of granting alimonies from the fund does not release a person obliged from that duty, but imposes additional obligations. Payments made from the alimony fund by the Institute of Social Insurance are vindicated from persons obliged to pay, and additional costs /execution, administration of the fund, etc./ form an additional financial duties.

In correspondence to the alimony fund necessary regulations were introduced in order to increase the responsibility of persons obliged to payment of alimonies. This has been implemented among others, by a system of information on the changes of duty station and residence of persons obliged to payment and by introduction of a simplified way of execution of alimonies (particularly from those being imprisoned).

At the same time necessary steps were taken in order to make the fund more popular. That action was carried out by all institutions involved, social organizations, trade unions and enterprises. Mass media had also a great contribution in popularization of the idea.

Experience gained up to the present shows that the goals developed by the idea of the fund have been fully reached. This is proved by an increasing number of users and by growing amount of payments of the fund:

Year	1975	1976	1977	1978	1979
Number of users in thous.	50.1	69.8	81.3	88.9	89.1
Amount of payments in million of zl	192.1	330.9	430.4	484.2	514

Payments of of the alimony fund are first of all granted to mothers and for their children.

The responsibility of the State for the assistance to families in difficult material situation caused by resistance to pay alimonies, allowed institutions involved to have a broader and closer look on the problem.

It also allowed to co-ordinate and to improve other forms of aid to single mothers through more complete information on their material situation or applying to courts for an increase of alimonies. Implementation of the act had also an impact upon the growth of responsibility of person charged with alimonies.

An increase of voluntary payment of alimonies charged without the necessity of execution procedure, has also been observed. Another phenomenon resulting from these regulations is an increase of the effectiveness of vindications compared with payments of the fund:

Year	1975	1976	1977	1978	1979
Percentage of payments vindicated	26.6	40.6	44.6	48.6	55.1

POLAND

UNPAID LEAVES FOR MOTHERS FOR THE CARE OF THEIR CHILDREN UP TO AGE OF FOUR

The institution of unpaid leaves for care of children plays an important role in activities leading to give aid to women to match their professional and family duties. The principle of equality of rights of market women produced an enormous growth of women's professional activity in Poland. That growth was determined both by social and economic changes, and by the growing level of women's education and their professional aspirations. Simultaneously, a growing pursuit of women was observed to provide better living conditions for themselves and their families.

Women play at present a remarkable role in numerous fields of economy and social, political or cultural activities. At the same time they still fulfill an irreplaceable function of mothers. That is why the social policy in the Polish People's Republic has been and still remains to facilitate a woman to match the functions of an employee and those of a mother.

Women's organizations play an important role in the process of inspiring state authorities to deal with social legislation in favour of women. During the seventies a number of solutions have been introduced which enabled them to better reconcile their professional activity with maternal and family duties. Special position in the catalogue of rights of working mothers has the unpaid leave for bringing-up a small child. During that leave a formal employment is extended and in this connection a person involved has a full right to return to the same job on an unaltered conditions.

The institution of unpaid leave was introduced in 1968 but its development took place in the period of 1975-1979, that is during the International Year of Women and the Decade of Women. This process was accompanied by introducing of a number of rights to women taking unpaid leaves. It had an influence on the interest of working mother in taking the unpaid leave. Whereas at the end of 1970 such leave was taken by 50.4 thousand of women which was 1.3% of total number of employment, and at the end of 1974 - 155.5 thousand of mothers to reach 442.6 thousand at the end of 1979.

Consequently, a certain decrease of women's professional activity was observed, specially of those of 25 to 34 years of age, which is a period of highest fertility, and of greatest duties connected with a small child.

Fundamental rules regulating the question of unpaid leaves for working mothers are contained in Article 185 of the Labour Code upon which the employer is obliged to grant such a leave, as well as the Decree of the Council of Ministers, which specified in details the principles of granting the leaves and rights connected with them.

Unpaid leave for working mother is granted to the female employees of all state-owned enterprises and public institutions. Granting the leave is conditioned by a period of employment, which should be minimum 12 months and bringing-up a child up to 4 years; it may be the mother's child or her husband's or an adopted child. If necessary court formalities have been settled.

The leave is granted for a period of not longer than 3 years, or until the child is 4 years old. The period of the leave may be shorter or divided into parts. If, during the unpaid leave the woman gives birth to second child, the leave may be extended by next three years. The leave is given after an application made by the employee. In most cases such applications are submitted after completion of maternal leave.

During the period of unpaid leave for bringing-up children a mother enjoys a number of privileges: a right to medical care for herself and family members, and a number of allowances, such as maternal, delivery allowance, funeral allowance, etc. She preserves the right to other privileges connected with employment, including the right to enterprises-owned accommodation. After the termination of the leave the enterprise is obliged to employ mother on the equal post, corresponding to her qualifications, with salary not lower than that of the time when the leave started.

From the social point of view one of the questions of major importance is to create possibilities for developing of professional qualifications for women taking unpaid leave for upbringing children. During this period a woman may be offered by the employer, a possibility of further education in secondary or high school, post-graduate and doctorate studies. There also exist possibility of undertaking a part-time job in the same enterprise or other or of a cottage work.

The last possibility has a special importance for those families where woman's income forms a substantial part of family budget. Recent data of the Main Statistical Office show that almost a half of the total number of women on unpaid leaves are the female employees of industry.

Introducing the institution of unpaid leave has caused a professional de-activization of a considerable number of female employees; still it created better conditions for proper psychic and physical development of a small child.

POLAND

EMPLOYMENT OF WOMEN IN THE COTTAGE WORK SCHEME

Experience in the field of professional activization of women shows that the forms of cottage work are becoming more and more attractive for some categories of women, specially those who are mothers of more children, taking care of their children on their own, or have taken unpaid leaves. The attractiveness of this form of employment consists, first of all, in the fact that it enables to reconcile family duties with productive activities without the need of everyday travel to the place of work.

Over 80% of total population employed in the cottage work scheme are women, and their number is still increasing from 148 thousand in 1970 to 190 thousand in 1978.

The cottage work scheme in conditions of an intensive development of national economy has a favourable influence for staff shortage, enables to free some work-stands by switching of selected production stages to cottage work system, influences the increase of the quality of work, and, first of all, makes it possible to create with limited expenses, new work-stands especially in small towns and villages, where possibilities of employment in self-contained plants are naturally limited.

The development of a cottage work scheme takes place, among others, as a result of formulation of a legal basis for modern organization of such a system of employment, a basis of which has been designed and introduced into practice in the International Year of Women and during after years of the Decade of Women.

Particular role in that field plays the Regulation of the Council of Ministers of December 31, 1975 on the employee rights of persons employed in the cottage work scheme, and to executive rules that accompanied that act, i.e. the Order of Minister of Labour, Wages and Social Affairs of June 1st, 1976 on a standard employment contract in cottage work system, as well as the Order of the Minister of Internal Trade and Services of March 21, 1978 on the principles of cottage work organization.

Upon the delegation contained in the Labour Code, the above quoted Regulation has made the status of cottage worker closer to the status of those acting on normal employment conditions. Cottage workers become subject to all fundamental institutions of the labour law and employee rights which may be adopted to

the cottage work scheme, in which the job is usually performed at home without any time limitations, and in the most cases with the assistance of family members. As such:

- a/ the principles of entering in and discontinuation of contracts for cottage work are similar to those for ordinary employment. A contract merely specifies a minimum monthly amount of work in order to provide such a monthly wage which would be a basis for necessary rights and benefits;
- b/ enterprises are not allowed to breake a contract in certain situations /e.g. in case of illness, leave, military training/, and cottage workers are allowed to claim their rights to regain work or to obtain compensation in court;
- c/ the payment for cottage work is secured by the Labour Code, and cottage workers are guaranteed to obtain their payments in case if the work cannot be performed because of the enterprises and fault;
- d/ paid leaves /from 14 to 26 days/ have been introduced;
- e/ female cottage workers have been granted women employment rights i.e. full maternity leave, delivery allowance, protection of employment during pregnancy and maternity leave pay guarantee in case of transfer to other kind of job during pregnancy;
- f/ cottage workers have become subjects of Labour Code regulations as far as work safety and health, health protection, protective cloth and personal protection equipment, benefits in case of accidents and professional illnesses are concerned;
- g/ a general principle of equal treating of cottage work period and employment period has been introduced as far as all rights and benefits depending on the period of employment are concerned;
- h/ cottage workers have been granted all substantial benefits within the social insurance scheme /pensions, illnesses and family allowances, etc./. They depend only on the ceiling earning, being the basis for calculation of those benefits;
- i/ cottage workers may appeal to courts in a way provided for employees in case of any controversial issue.

The plans for further development of cottage work scheme are directly linked with the development of small manufacture. The system of a cottage work has an impact upon an increase of production of labour-consuming or inexpensive products, both for internal market and export.

Development plans foresee a change of branch structure of cottage work scheme. Until now, over 50% of production is concentrated in textile, clothing and leather industries.

The development of cottage work scheme is further conditioned by securing of material resources. In this connection a number of development plans have been outlined as for example a program of development of production of wicker for the needs of basket-making. The plans provide until 1985 adaptation of 300 hectares of new land and restoration of old plantations. The plans of cottage work development are designed from the point of view of exploitation of those raw materials which are easily accessible /e.g. wicker or timber/, or of waste materials /e.g. plastics, textiles, leather, metals, cardboard/.

It is provided that in the years 1981-1985 women on paid leaves and those professionally passive will remain a basic reserve of labour force in the cottage work scheme.