

## **THE CONTROVERSY AROUND SEXUAL EDUCATION**

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*V Polsku není dobře promyšlená koncepce psychosexuální výchovy pro hendikepované lidi a ve školách pro těžce mentálně postižené prakticky neexistuje. Problémy spojené se sexuální otázkou patří do nejintimnější sféry lidského života a v Polsku se s ní všeobecně zachází rozpačitě, řada dilemat vztahujících se k sexu se setkává s mlčením.*

*Klíčová slova: Sexuální výchova; vzdělávání; hendikepovaní jedinci*

The two terms sex and handicap very rarely occur close to each other in everyday people's consciousness, in research and analysis. The interest in them increased in the 1990s due to the discussions on the introduction of sex education into schools – its syllabus and books. The research carried out by the Public Opinion Research Centre (PORC) in 1998 showed that 66% of adults consider passing on knowledge and teaching a pro-family attitude as important, with teachers and parents equally responsible for it. However, until 1956 in pedagogy and sociology there was a period *without sex*. On 27 April 1956 the Parliament passed a law allowing abortion not only for health reasons, but also for social, such as families with many children and difficult financial conditions. In many social circles the awareness of the harmfulness of miscarriages, used as a birth control method, as well as the belief in the necessity of education of responsibility for family planning, resulted in progressive doctors, columnists and social activists aspiring to the sex education of society.

On 13 November 1957 The Organizational Committee of Society for Planned Motherhood was set up. From then sex education developed largely thanks to the Society. Educational activities were undertaken. Motions to introduce sex education in schools and to organize pre-marriage counselling in Registry Offices were put forward. Owing to colonel Adam Gasperowicz's endeavours, soldiers were also trained in the subject of sex education. Universities, medical secondary schools, Polish Red Cross posts, teaching secondary schools and the last forms of secondary schools were equipped with adequate literature. This was the result of cooperation between: the Women's' League, General Knowledge Society, Polish Red Cross and youngsters' organizations.

The movement for planned motherhood had many opponents in Poland, similarly as before the war. The idea of planned parenthood paved its way to people's consciousness with difficulty. Even medical staff was occasionally against it.

The issue of raising the school youngsters' awareness met resistance from teachers, and the Ministry of Education did not allow the introduction in syllabi of any content of sex education. In 1960 a course for doctors and teachers of the subject was organised. In 1961 the book by Aleksander Majda titled *Sexual education of children and youngsters: a guide for students, teachers and parents* was published. In Warsaw the first Pre-marriage and Family Counselling Service started, and from 1962 onwards they were almost at every Registry Office. In 1963 short talks concerning sex education were started in schools. The information about family planning was passed to high school students during hygiene and biology lessons.

In 1966 The Ministry of Education started the preparation for introducing sex education in primary schools. A script was drawn up for biology and hygiene teachers and training sessions for them began during summer courses.

Showing the process of sex education in a broad context of preparation for family life helped overcome to a great extent the resistance of social circles. At the beginning, the classes were treated as extra-curricular ones called *preparation for socialist family life*. In his report Mikolaj Kozakiewicz claimed that in 1978 48% of town primary schools and 70% of those in villages did not provide such classes even occasionally.

Following the minister of education's decision from July 1981 the subject of *preparation for family life* was removed, and its contents were added to the form classes in years V–VIII of primary schools and in all years of secondary schools. The form teacher or another appointed teacher was to devote to this subject every other form lesson (19 lessons a year). The detailed programme for the subject of *preparation for family life* was given to teachers on June 4 1984.

Such a state continued until January 1993 when the Polish Parliament passed a law on family planning, protection of the human foetus and conditions allowing abortion. Act 4.2 of the above law obliged the minister of national education to draw up a detailed syllabus.

On 18 August 1993 the Minister of National Education Directive number 26 was released, obliging schools to implement sex education. School psychologists and form teachers took on this problem during form lessons. In order to improve their skills many of them expressed interest in courses or workshops organised by provincial methodology centres, and some of them did a post-graduate study. The sociologist Maria Trawińska, drawing on the results of the report *Family and Sexual Education in Polish Schools 1994/95* points out that 60% of schools carried out the directive from the Minister of National Education and took on this difficult problem.

The amended act about family planning introduced among other things the obligatory introduction in schools of the subject *knowledge of human sex life*. On account of this the then Minister of Education on 19 September 1997 issued Directive nr 17 on the way of introducing to school education and the content of the subject: *knowledge of human sex life*. It was planned that pupils in year 5 would have 5 lessons during the school year, years 6 and 7 – 6 lessons; year 8 – 7 lessons; whereas in all secondary schools there would be one lesson per month, or 10 lessons per year.

In January 1998 The Ministry of National Education appointed a Consultative-Advisory Group for the Introduction of the Subject *Knowledge of human sex life* into school education. This group drew up new contents of the programme and rules for implementing the subject.

The legal basis for the beginning of sex education in schools was the Directive of The Minister of National Education from 21 April 1998 on the introduction of the subject *knowledge of human sex life* to schools along with its programme contents. Currently this is 14 lessons for each pupil: 9 lessons with the whole class and 5 hours divided into girl and boy groups. The name of these lessons was changed in 1999 to *education for family life*. These lessons were not planned for moderately and severely handicapped children and youngsters.

Mikołaj Kozakiewicz highlighted four aspects of sex education:

- population education
- sex education
- education in interpersonal bonds and cross-gender communication
- preparation for marriage and family life

Population education is centred on the problem of procreation. It concerns shaping the attitude towards moral responsibility for the birth rate. The main aim is to equate youngsters with methods of contraception, with the problems of abortion and sterilization. It is conducted above all in countries with high birth rates.

Sexual education is based on the traditional Swedish pattern and constitutes preparation for sexual life treated autonomously, separate from marriage and family. The main aim is to familiarize students with safe and reliable forms of achieving erotic satisfaction. Propagating the

use of contraception is to prevent the social effects of unwanted pregnancies in under-age girls. This education concentrates on the physiological sphere of sexual life, that is why it does not affect people's procreative motivation.

The education for interpersonal bond and cross-gender communication connects sex education (sexual awareness) with shaping the humanistic attitude towards the opposite gender's individuals. There are no culturally privileged forms of people's sexual intercourse, such as marriage, having children or family. The equality of women and men in the sexual sphere is especially emphasised. Contraception is advised because it prevents unwanted pregnancy and venereal diseases.

Preparation for marriage and family life links widely understood sex education with preparation for performing future marital and parental roles. Marital and family life is much more widely understood than as sexual intercourse between two people or interpersonal relationships. It is rather expressed in a full range of its psychological, economic and social conditionings and effects. Parenthood is the value and goal of every human being.

In the presented models sex education is treated autonomously and instrumentally. In the first example the point is to teach safe and reliable forms of gaining sexual satisfaction in life. In the second one, the most important thing is to prevent social problems such as unwanted pregnancies or a too low or too high natural birth rate. Which model of sex education should be chosen for the handicapped?

Another classifying criterion of sex education models of the handicapped can be the axiological-ethical position towards human sexuality. It will allow the differentiation of:

- restrictive ethics
- permissive ethics
- the golden mean ethics

Restrictive ethics is characterised by a reluctant attitude to sex, which appears due to teachers' concern about preventing, limiting and refraining from or postponing any sexual behaviour. Sex is a value only as an element of marital love, and procreation the main aim of sexual and marital life. Parenthood is only accepted in marriages. The roles of men and women are perceived as separate but with the men leading.

Permissive ethics is characterised by sex affirmation in different forms. Sex is an autonomous value, essential to achieve happiness and life satisfaction. Marriage is an institution outside sex and procreation is not necessary due to the overpopulation of the world. Psychosexual roles, the needs and structures of women and men are identical. The above assumptions implicate differently than in the previous conception tasks for teachers relying on teaching how to use fully and safely all potential values centred in human sexuality.

The ethics of *golden mean* rates sex positively depending on the context and submits it to other values. Marriage is one of the places for sexual life, an important and valuable institution. Procreation is the coping stone of psychosexual development, called optimisation, but not the maximization of the number of children. There is full acceptance of contraception. It accepts equity, but not identicalness, of men and women complementing their social roles.

Based on the presented models of sex education Kazimiera Nowak-Lipińska differentiates three ways of describing sex education of people with a quite severe mental handicap:

- desexually-evasive orientation
- sexually-totally-approving orientation
- sexually-sublime orientation

The desexually-evasive orientation claims that the psychosexual development of students with a quite severe mental handicap is significantly slowed down, that is why their sex education is redundant and ignorance of sexuality justified.

The sexually-totally-approved orientation perceives sexuality as a value positive in itself and allows any forms of sexuality. It accepts getting married. This orientation shows two courses: the first is sexual hedonism – without the psychological sphere – aims only at sexual pleasure; the other describes sexuality comprehensively and links it to the psychological sphere. It is possible to make so-called protected marriages which are discreetly looked after by a competent social worker. Many relationships are based on tenderness and the feeling of belonging without sexual relations (so called white marriages).

The sexually-sublime orientation treats the sexuality of mentally handicapped students as the integral sphere of human beings, stressing that sexuality is secondary to the emotional sphere. Education should help in experiencing own sexuality. Supporters of this orientation are reluctant to agree to marriages between handicapped people.

In Poland, sexuality, its manifestations and expression by mentally handicapped students are treated as socially unwanted, thus totally excluded from their life. Ignoring and preventing sexuality is desexually-evasive orientation. It can be explained in two ways. People with a quite severe mental handicap are perceived and treated as ‘eternal children’ and concentration on the intellectual defect results in ignoring natural, typical to all human beings biological changes leading to sexual maturity.

Research conducted in western countries has shown that the process of sexual development and somatic changes of handicapped youngsters proceeds similarly to their able-bodied peers.

The issues of the sex education of handicapped people and the needs in this respect prove to be an essential and cross-disciplinary complex of points. There is no integration, physiotherapy, activation without this aspect of life. During the period of adolescence the sexual need develops and increases. It is integrated with other needs, especially with the need for emotional contact. According to Andrzej Jaczewski, the sexual need of mentally handicapped people is very great, it appears earlier and sexual experiences are stronger than among the average population. It is connected with the damage to the core mechanisms resulting in sub-core mechanisms controlling innate sexual reactions. This is because sexual behaviours are not influenced by hindering intellect, education or morality and predominate over intellectual ones. However, Georg Feuser and Hanna Olechnowicz claim that the deeper the mental handicap, the less sexual need and aspiring to its realization. Yet most researchers agree with the thesis that there is a connection between the level of mental handicap and forms of sexual need realisation.

Every human being has the right to express their sexual needs and sustaining intimate relationships but in practice the rights to sexuality of handicapped people are ignored and not respected. The causes of limitations can be located in propagated patterns and behaviour styles. Our cultural model of ideal sexual attraction bears complexes, especially among girls who suffer from body defects. Suppressing sexual expression (gestures, facial expressions, interest in the opposite sex, autoeroticism) restricts freedom in girl/boy contacts and becomes the reason for inhibitions. The shaping of anxiety attitude and preserving stereotypes connected with fulfilling certain social roles becomes the reason for inhibitions and a sense of guilt.

There are many common problems in education, school organization, individual and group life during the maturing and development of able-bodied and handicapped individuals but the difficulties which are encountered in the education of the handicapped are always multiplied compared to those occurring in the education of the able-bodied. For many teachers, classes and talks about sex are difficult. Another obstacle during talks is the communication barrier. The communication contact is frequently limited to basic issues connected with school life and conducting such conversations, even by well-intentioned teachers, is extremely difficult. Parents whose children attend boarding schools do not usually know what their children already know about this topic or what they should know for the time being.

A. Jaczewski supports education through parents because they know their children best and are their role models. They also have the right to choose the best form of sex education. However, parents of handicapped children rarely talk to them about sexuality. In many families this topic determines a kind of linguistic, cross-generation as well as an opposite gender taboo but it is parents who play the exceptional role in this respect. It is they who build the sense of self-esteem and sexual acceptance. Attention to appearance, hygiene and emphasising the gender by clothes or hairstyle is especially important to children whose looks differ from a typical image of a child. The pre-school and school period is the time to learn sexual roles, shaping ideas of masculinity and femininity. The isolation from peers makes observation and common exchange of experiences impossible, and makes children dependant on parents. Parents should also pay attention to toys which they buy for their handicapped children, since they are usually rehabilitation toys and do not prepare for performing the future roles of a woman or man.

Children and youngsters of a quite severe mental handicap have their own desires, dreams and expectations connected with their lives. The impossibility of realising them is frequently a painful truth, which parents and teachers of their children or pupils must face. It is extremely hard to give the child the sense of usefulness and make them believe that the impossibility of having a family does not undermine their role in life.

Physical and hormonal changes during puberty are a natural part of a mentally handicapped child's life cycle. The phases of psychosexual development most frequently occur in a similar way as for people within the intellectual norm, but if they are delayed they demand from parents and teachers actions beyond age standards, i.e. longer hygiene training.

During the puberty period handicapped youngsters are in a very difficult position. The crises of maturity begin. Youngsters feel shy and incapable. They learn to hide their interest in sex. Erotic games take place. Reactions are strong. A lot of girls and boys react negatively to somatic changes occurring during the period of puberty. They are frequently accompanied by the feeling of anxiety, uncertainty, anger or even despair. The main reason for the negative perception of the changes is above all the lack of understanding. The tendency to compare themselves and superficial judgement in this sphere of attraction are especially painful and cruel.

The family in such a situation must support, strengthen and stabilize self-esteem, and not avoid difficult topics. The psychologist Małgorzata Kościelka claims that lack of a socially developed concept of mentally handicapped people's adulthood, including the dimension of masculinity and femininity, leads to a situation where this dimension on the grounds of family and even more institutional education is ignored, neglected or even consciously or unconsciously eliminated.

Dilemmas connected with the sex education of mentally handicapped people become the more serious the less the child is able to control their own development in this sphere. If the parents are open to education, then it is their responsibility to make decisions concerning forms of behaviour, sexuality and realising the child's psychosexual needs. Otherwise institutional help is necessary and sometimes outsiders take over these responsibilities totally. Some handicapped children come from families where there are negative occurrences, such as alcoholism, educational inefficiency, poverty, single parenthood, etc. Among special school pupils there are also students with multiple handicaps.

The Polish law states that sexual contact with a person of a limited capability of understanding the situation is punishable. Article 198 of the Penal Code from 1997 in chapter XXV on crimes against sexual freedom and morality says: *Someone who uses the helplessness of another person or resulting from mental handicap or mental disease the lack of capability of this person to understand an act or directing with their actions, leads her/him to maintain a*

*sexual relationship or to submission to another sexual activity or to perform such activity, is punishable by imprisonment from 6 months to 8 years.* Such legislation stops completely the sexual life of mentally handicapped people. Without negating many difficult issues – for example protecting these people from abuse – it is necessary to consider whether limitations, prohibition or the atmosphere of a deep taboo result from concern for their own good or the egoistic approach of society, avoiding confrontation with difficult issues connected with them. The key to the realisation of the right to love is authentic integration.

To sum up:

In Poland there is no well-thought-out conception of psychosex education for handicapped people, and in schools for a quite severe mental handicap it is practically non-existent.

Problems connected with sexual issues belong to one of the most intimate spheres of human life, and in Poland they are universally treated as embarrassing, and a range of dilemmas related to sex is met with silence. Even among experts from the Commission for Psychosocial Aspects of Handicap, the conditioning and diverse problems connected with handicapped people's sexuality are not quite known or understood.

Teachers should create conditions protecting the handicapped's sexual needs, help parents and families in understanding and accepting this so important area of handicapped people's life. It is crucial to swap the overprotecting attitude for aspiration to independence, allowing access to information and a wide range of specialist education, to maintain peer relationships, and to respect the right to intimacy.

It is also important for parents to pass on knowledge and feelings connected with sexual life, yet the problem of the puberty of mentally handicapped youngsters is treated peripherally in Polish literature, so parents do not have the possibility to gain knowledge on this topic, although in recent years they have spoken more bravely on intimate life, and come forward with the necessity for training devoted to this problem frequently expecting clear answers containing concrete ways of solving this problem, just like a plan of action.

A lack of sex education results in the fact that mentally handicapped people become helpless towards their own sexuality and unable to control their emotions or behaviours. The only proper way to avoid these problems can be matter-of-fact sex education, adjusted to the handicapped person's level, conducted at home and school.

## Shrnutí

### Kontroverze kolem sexuální výchovy

Učitelé by měli vytvořit podmínky ošetřující sexuální potřeby hendikepovaných lidí, pomoc rodičů a rodin v pochopení a akceptování této tak důležité oblasti života. Je rozhodující umožnit přístup k informacím a velkému množství speciálního vzdělání k získání rovných vztahů a respektování práva na intimitu.

Je také důležité, aby rodiče předávaly znalosti a pocity spojené se sexuálním životem. Dosud problém dospívání mentálně postižených je okrajově zpracovaný v polské literatuře, takže rodiče nemají možnost získat znalosti tohoto tématu, ačkoli se v minulých letech začalo mluvit více o intimním životě a přišlo s potřebou vytvořit konkrétní plány, jak řešit tento problém.

Nedostatek sexuálního vzdělání vyplývá z faktu, že mentálně hendikepovaní lidé jsou bezmocní ve své sexualitě a neschopní kontrolovat své vlastní emoce a chování. Jediná možná cesta předejit těmto problémům je skutečná sexuální výchova, přizpůsobená úrovni hendikepovaných, vedená doma i ve škole.