



VET specialists competencies development in the field of positive parenting teaching (POSITIVE)
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REPORT OF SITUATION OF YOUTH AND YOUNG ADULTS IN POLAND CONCERNING SEXUAL EDUCATION AND UNDERAGE / YOUNG AGE PARENTHOOD

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Introduction

The report provides overview about Polish teenagers and young adults situation in terms of social context, sexual life, family life, reproductive health, as well as sexual, parental and relationship education. It provides statistical data, report of accessibility to reproductive health services, social climate and professionals' and youth's opinion concerning their needs and expectations towards education of sexuality, family and relations.

1. Statistical data

1.1 Sexual initiation

Average age of sexual initiation is ca. 18 years [1] [2], 19,5 years according to Durex report (2010) [3]. In girls group it is 18,7 and in boys 18,1. Last year it is lower. In 1997 the similar research showed that girls start their sexual life in age of 19,3 and boys 18,4 [4]. Before 15 3% of girls and 10% of boys has already started their sexual life, in age between of 15 and 16 - 19% and between 17 and 19 - 51% [2].

1.2 Marriages and divorces

Per 180396 marriages in 2013, there were 66132 divorces in all age groups. In age of 16-19 5033 young women and 716 men entered marriages. In age between 20 and 24: 55708 women and 29256 men. 1666 women before 19 and 2546 men were divorced. In age between 20 and 24 - 7954 women and 29344 men. Over 22% of divorces concerns lasting less than 5 year marriages [5]. It is estimated that ca. 80% of marriages of teenagers who entered marriage because of pregnancy ends with divorce [6].

1.3 Teenage / early age pregnancies in Poland

According to official data in 2001 girls gave birth to 349 children, before age 14 - 55 children, in age of 13 - 7. Between age of 15 and 19 there were 25777 births which were 7% of all births in Poland [7]. In 2011 4,2% births gave mothers between 14 and 19, 18,2% mothers between 20 and 24 [8]. Nowadays number of given births by girls under 15 is similar and varies between 300 and 500 a year. There is no realisable data concerning underage pregnancies in Poland. Because of law regulations strictly limiting access to abortion,



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which supports illegal abortions - the number of abortions in group of teenagers is unknown - and it results the unknown number of pregnancies [7].

1.4 Abortion

Legal statistics show that in 2014 there were 1812 procedures made [9] - 500 more than in 2013 which may be a result of better abiding of abortion law by doctors. The age of women is not published. There is no exact data concerning illegal abortions. It is estimated that the number of all illegal abortion in Poland according to Ministry of Health [10] is: 7-14 thousand, according to nongovernmental organisations it is several dozen thousand.

1.5 Children born from underage parents grown up outside biological families

No statistical data concerning underage mothers and fathers leaving their children were found. Such parents do not have parental rights and officially cannot abandon their children or decide about them by their own.

In general 2013 - 847 newborn babies were left in hospitals for nonmedical reasons (reasons and age of mothers and fathers are not officially given) [9]. In 2011 ca. 19 000 children were living in orphanages and other whole-day care centres - 7% of them were under 3 years old and ca. 7% between 4 and 7. 37 334 is a number of children in foster families in Poland, 30 662 are families related to 40 134 children living in such families. 2868 children were adopted in 2011 - 25% of them were babies under 1 [8].

1.6. Violence in family

Police data (which shows only police interventions) in 2015 there were 97501 victims of domestic violence (in 2014 it was higher - over 105 000 people). Over 69 000 victims were women, ca. 10 000 men and over 17 000 minors. Number of perpetrators was 76 034 people, among which were over 5 000 women, ca 70 500 men, and 306 minors. 48 841 perpetrators were under the influence of alcohol (among them there was only 1 woman and 39 minors). Police interventions resulted with putting children in safe places in 275 cases [19].

14% of Polish were witnesses of violence in family, only 20% of them decided to report it to any institution. The biggest group of them stated that problems are internal family case and nobody should interrupt (21%), than that reporting violence doesn't change situation in family (20%), that it is the witnesses' business (12,5%) and that formalities is too complex for them (8%). 1/3 of Polish doesn't know any institution nor organisation which provides help for domestic violence. Most noticed by witnesses kind of violence were: psychological, phisical, most rarely they were telling about sexual violence [20].

1.7. Legislation and social attitude concerning violence against children

In accordance to international recommendations (UN Convention on the Rights of the Child, UN Committee on the Rights of the Child, Council of Europe and other EU recommendations) since 2010 Polish law has entirely forbidden using physical violence as a tool of upbringing and care of children. Responsibility of protection against violence is laid on state, regional authorities. It is provided also by different NGOs. There are some procedures in case of violence implemented (ex. "blue card" procedure) as well as programs, strategies and tool addressed to different social groups. They are aimed on improvement of children safety.



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Every year Child Rights Ombudsman issues report on acceptance of violence against children in family. According to it answers of the question "Do you agree that there are situations which makes one to spank child" were: 10% - strongly agree, 51% - rather agree, 12% - rather disagree, 6% - strongly disagree, 10% - hard to say. In group of people accepting slaps majority were 64% wer men (58% women), older people - 65% (younger - 55%), lower educated - 65% (with higher education - 52%), of low material status - 69% (51% pleased of their material satus), not having underage children - 63% (55% of those having children) [21].

2. Access to reproductive health services and information

Parents are main responsible for educating their underage children about their reproductive health. Right to access information, accessibility to effective, acceptable and accessible methods of fertility regulation is limited not only by parents but also by doctors and pharmacists. Also parents decide about medical healthcare of their children. Social climate is connected with conservative social values. Polish law also allows doctors and pharmacists conducting in accordance of their beliefs.

Table 1. Polish system accessibility to sexual and reproductive life information

SYSTEM

Culture and social climate	Education	Consequences
Conservative system of values, Family life is a political issue	Limited access to information (information based on catholic values – you can't do...)	Limited access to contraception (you can't get it without parent's permission), no access to abortion, limited access to emergency contraception
Sexualisation in media	Message full of myths	Risky sexual behaviours, early pregnancies

Source: own elaboration

Access to contraception is limited in Poland. All contraceptives are accessible only if they are prescribed by doctor. Polish doctors also often refuse to prescribing such drugs because of "conscience clause" connected with their religious beliefs (it is permitted by Medical Profession Act) in the same time promoting natural methods of pregnancy planning. Access to contraceptives before 18 is limited - they are permitted only for people over 16 - with parental agreement (it concerns every medical procedures - also visit to a doctor). At the same time sexual behaviours are permitted for people over 15. The other barrier for using contraceptives of young people is their price - young people often cannot afford it since vast majority drugs is not refunded by country [6]. Morning-after pills since 2015 are accessible without prescription for girls over 15. The other aspect to limitation of access to contraception is refusal of selling such drugs by pharmacists (the scale of the phenomenon is significant but exact data is not recorded). This professional group also uses arguments connected with their religious beliefs and conscience clause.



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According to Polish law abortion is forbidden. It can be performed by doctor only in 3 cases: when it threatens life or health to a woman, when probability of severe disease or damage of foetus is very probable or when pregnancy started by prohibited act (only before 12th week of pregnancy) [10].

Ethical standards require from doctors and pharmacists to indicate other specialists who will prescribe/sell drugs and in case of abortion (even in permitted by law cases - doctors often refuse making procedure) will make termination. Cases of not fulfilling this requirements are recorded.

Underage (before 18) girls and boys do not have capacity to perform in law, which means that they do not have parental authority and cannot decide about their children, cannot decide about entering marriage. Courts decide about their children and decide if they can marry (only if they are over 16) [13].

3. Social cultural context

3.1. Education in families

Parents are responsible and decide about education, information and healthcare of underage children. 55,5% of young people have had talk with their parents about sex (45,5% have never had such talks), 35% of youth said that those conversations were satisfactory. Parents rather talk with daughters – especially high educated mothers (42%) and the most neglected on this field are boys from small villages and small towns, from low educated families. Most omitted subjects in talks with parents are: 53% contraception, 1/3 relationships, 65% sexual initiation, 85% masturbation, 70% HIV/aids, 70% sexual abuse/violence, 61% sexual orientation [14].

3.2. School education

According to Polish law state should provide access to reliable information concerning reproductive and sexual health - especially by common, modern and free from ideology sexual education. Polish schools are obligated to provide education of family life. It should contain issues concerning adult life - also connected with sexual and reproduction health and rights. It is regulated by Family Planning, Protection of Human Foetus and Condition of Admissibility of Pregnancy Termination Act (1993) [12] and Order of the Minister of National Education (2007) [15]. According to this order such classes should be organized in two last years of primary school, in general and VET secondary and high schools - in every class 14 hours a year.

Choice of programs and books depends on teachers. In practise programs are not controlled by educational authorities [6]. Classes of "Preparation for Family Life" are not obligatory for students - about attendance in it decide parents (often by not protesting against it). 86% of pupils had access to such classes at school, 39,6% have never attended them, 14,4% had sexual education only in primary school, 16,3% only in secondary school, 9,1% only in high school and 11,9% on more than one educational level. The Ministry approved four course books - three of them were written by one author. According to research of PONTON - independent group of sexual educators books for Preparation for Family Life are unscientific. Teachers don't have sufficient selection of course books available. Moreover authors ignore research on sexuality and health and / or disseminate stereotypes concerning human sexual life. Books are lacking objective knowledge and are based on the Catholic dogma. They present only ideological approach to the subject, promote traditional family roles of both sexes (especially girls are presented in role of mother - at the same time do not promote father role of boys). Books do not refer to respecting other person's boundaries, sexual abuse, freedom to decide about sexual life. Preventive healthcare issues are marginalized and often



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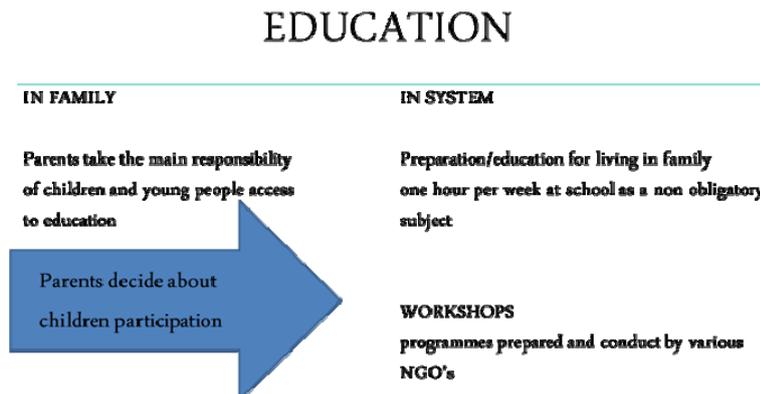
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give misleading information. Information about contraception is limited and promote natural methods as more effective methods of fertility control. Way of resenting sexual orientation may strengthen homophobic attitudes among students [16]. Teachers of Preparation for Family Life are: religion teachers (over 24%), biology teachers (almost 14%), pedagogists (13%), history teachers (9,5%), Polish language teachers (8%) and others - also psychologists, not connected with school educators and other teachers (over 31%) [17].

3.3 Parental skills education

Parental skills are mostly based on socialisation in families, tradition and social-cultural traditional values. Majority of Polish families is based on paternal system. Situation of families has been changing during last years ex. the system gives fathers opportunity to take parental leave, there are social campaigns promoting even role of both parents in families - especially conducted by different NGOs. At schools 65% of youngsters attending „preparation to living in family” classes had no education concerning parenthood and family life [17].

Graphic 1. Reproductive and sexual life education in Poland



Source: own elaboration based on [17], [18].

4. Teens opinion

According to youth education and talking about sexuality, relationships and reproductive health is essential (89% of young people taking part in Ponton research find such education important to be present at school) [17]. Youth expects reliable knowledge, subjective approach to them, well prepared educators, involving and interesting way of conducting classes. Young people would rather have such classes separately for boys and girls with somebody they can trust (ex. external educators or teachers they have good relationship with). Most interesting topics for youth are: contraception, body change and physiological issues, adolescence, masturbation, sexual techniques (the claim to be ashamed of such conversations at the same time), sexual initiation. Girls are also interested in pregnancy - how to take care of her and the foetus, sexually-transmitted diseases, healthcare - accessible services and drugs as well as what they can expect from their partner and on what they are obligated to agree (boundaries and ways of respecting them). Boys are interested also in legal issues such as establishment of paternity, obligations of father (also underage), alimonies etc. [18].



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It is worth noticing that most recently reasons for not participating in Preparation for Family Life classes at school are: boredom, not meeting expectations concerning educational methods, given knowledge, low teachers' competence. Young people do not also like "medical brochures, books and films" which are not user-friendly, materials based on ideologies (especially religious) and using inappropriate language (too medical or too childish).

Opinions of beneficiaries and youth were collected on December 2015 by Fundacja po DRUGIE by semi-structured interviews in group of 10 youth workers and 15 boys and girls - wards of correctional centres in Poland.

5. Beneficiaries / educators needs

According to involved into a project specialists (educators, teachers, psychologists, pedagogists) sexual education, education about reproductive health are also essential. According to relationships they find conscious and responsible entering into relationships and sexual life as very important. They would like to have better access to educational programs which are reliable, scientifically proven. They are rather interested in classes scenarios than traditional course books.

Beneficiaries needs are connected with good involving youth methods and tools of education and building good full of trust atmosphere during classes. They also would like to receive support connected with their own limitations such as insufficient knowledge, shame, lack of appropriate vocabulary and knowledge talking about what is and about what is not appropriate, if they should talk about their own experience etc.

While facing teenage pregnancy and underage parenthood they would like to have better knowledge about accessible system support for youngsters, their parents and legal guardians [18].

CONCLUSIONS

1. Polish system does not support modern built in accordance of WHO guidelines reproductive health policy. Educational programs should meet WHO strategy which contains access to reproductive and sexual health education including family planning.
2. Sexual education and parental building programs should be directed to all young people.
3. More programs focused on social competence in general should be created.
4. Programs officially introduced to schools should be based on a actual, reliable knowledge.
5. Programs should involve youth into its own education (basing on non-formal education methods).
6. Education and other interaction should concentrate on cooperation between children/teens, school and parents.

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