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RAYMOND J. NOONAN, PH.D., CCIES WEBSITE EDITOR

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CONTINUUM *Complete*
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ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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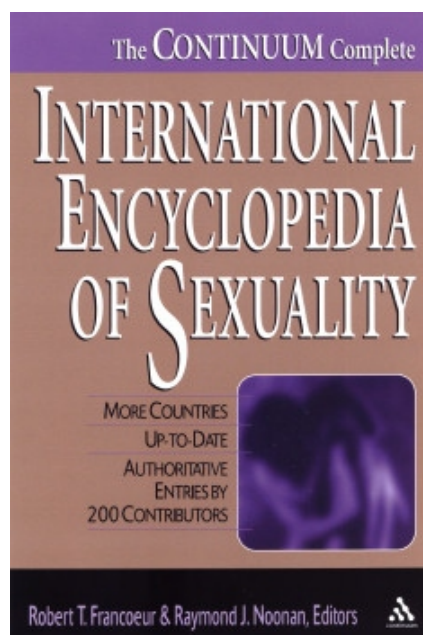
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2. The International Encyclopedia of Sexuality, Vol. 4 (Francoeur & Noonan, 2001)

"... a masterpiece of organization. The feat of successfully compiling so much information about so many countries into such a coherent and readable format defies significant negative criticism."—*Sexuality and Culture*, Paul Fedoroff, M.D., Co-Director, Sexual Behaviors Clinic Forensic Program, The Royal Ottawa Hospital, Ottawa, Canada

3. The Continuum Complete International Encyclopedia of Sexuality (Francoeur & Noonan, 2004)

"... [a] treasure trove. . . . This unique compilation of specialized knowledge is recommended for research collections in the social sciences . . . as well as a secondary source for cross-cultural research."—*Library Journal*, March 15, 2004, p. 64

"... a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the *Continuum Complete International Encyclopedia of Sexuality* remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level."—John Heidenry, editor, *The Week*, and author of *What Wild Ecstasy: The Rise and Fall of the Sexual Revolution*

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Poland

(Rzeczpospolita Polska)

Anna Sierzpowska-Ketner, M.D., Ph.D.

Updates by the Editors

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Poland borders on the Baltic Sea, Lithuania, Byelorussia, Russia, Ukraine, the Czech Republic, Slovakia, Kaliningrad Oblast (Russia), and Germany. The national frontiers contain an area of 120,725 square miles (312,685 km²), making it slightly smaller than the state of New Mexico in the U.S. The terrain is mostly flat plain, with mountains along the southern border.

In July 2002, Poland had an estimated population of 38.63 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 17.9% with 1.05 male(s) per female (sex ratio); 15-64 years: 69.5% with 0.99 male(s) per female; 65 years and over: 12.6% with 0.62 male(s) per female; *Total population sex ratio:* 0.94 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 73.66 years; *male:* 69.52 years; *female:* 78.05 years

Urban/Rural Distribution: 62% to 38%

Ethnic Distribution: Polish: 97.6%; German: 1.3%; Ukrainian: 0.6%; Byelorussian: 0.5% (1990 estimates)

Religious Distribution: Roman Catholic 95%, about 75% practicing; Eastern Orthodox, Protestant, and other: 5%

Birth Rate: 10.29 births per 1,000 population

Death Rate: 9.97 per 1,000 population

Infant Mortality Rate: 9.17 deaths per 1,000 live births

Net Migration Rate: -0.49 migrant(s) per 1,000 population

Total Fertility Rate: 1.37 children born per woman

Population Growth Rate: -0.02%

HIV/AIDS (1999 est.): *Adult prevalence:* 0.07%; *Persons living with HIV/AIDS:* NA; *Deaths:* < 100. (For addi-



(CIA 2002)

tional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 99%, with 97% attendance during eight years of compulsory education

Per Capita Gross Domestic Product (*purchasing power parity*): \$8,800 (2001 est.); *Inflation:* 5.3%; *Unemployment:* 16.7% (2001 est.); *Living below the poverty line:* 18.4% (2001 est.)

B. A Brief Historical Perspective

Local Slavic tribes converted to Christianity in the 10th century and Poland became a great power from the 14th to the 17th centuries. The country was partitioned among Prussia, Russia, and Austria in 1772, 1783, and 1795. After World War I, in which it was overrun by the Austro-German armies, it declared its independence in 1918. Large territories in the east were annexed after a 1921 war with Russia. In 1939, at the start of World War II, the country was invaded and divided by Germany and Russia. Some 6 million Polish citizens were killed by the Nazis, half of them Jews—practically all the Jewish population of the country. After Germany's defeat, Poland declared its independence and was recognized by the United States, while the Soviet Union pressed its claims. Following a 1947 election dominated by the Communists, Poland ceded 70,000 square miles (181,300 km²) to the Soviet Union and received, in turn, 40,000 square miles (103,600 km²) of German territory east of the Oder-Neisse, Silesia, Pomerania, West Prussia, and part of East Prussia.

After 12 years of rule by Stalinist Communists, workers in Poznań rioted to protest rising prices, nationalization of industries, collectivization of the farms, secularization of the schools, and imprisonment of Church leaders. A new, more independent Polish Communist government, which came to power in 1956, reversed some of these conditions. In 1970, new riots broke out in several cities, protesting new incentive wage rules and price rises. In 1980, after two months of labor turmoil crippled the country, the government met the demands of striking workers at the Lenin Shipyard in Gdansk. Following a nationwide referendum that favored establishing a non-Communist government, the government declared martial law and arrested the lead-

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ers of the opposition. An accord was reached in 1989, and a non-Communist government elected in 1990. A radical economic program, designed to introduce a free-market system, led to protests from the unions, farmers, and miners over inflation and unemployment. In 1993, former Communists and other leftists returned to power.

1. Basic Sexological Premises

A. The Character of Gender Roles

The pervasive presence of gender-role stereotypes, consensual expectations about the fashion in which males and females behave, is likely to have a strong and continuing impact on male/female behaviors and on feelings about that behavior in Polish society. Gender roles in Poland were evolving away from the traditional stereotypes after World War II because of the very common situation when women had to look for work outside their homes.

Women now comprise 45% of total number of employees and 52.6% of the unemployed. However, their part in the workforce creates a semblance of equality between the rights of men and women. The average pay for women is 30% lower than that of men. In Poland, one can observe a visible feminization of certain professions, mainly education and social welfare, because they are so poorly paid. Although the paychecks for men in these professions are the same as women's, men usually try to find better-paying jobs because of their traditional role as providers. During the Communist regime, women had a number of privileges that protected their professional situations. For example, they could retire five years earlier than men and could obtain a leave of absence to take care of a sick child. In the present transition to a market economy, these apparent privileges significantly reduce women's chances in the work market.

Women's efforts to find employment were clearly connected with economic pressures and did not reflect the real situation of women in Poland. The part played by women in the political and social life of the country is rather marginal. Women, for instance, comprise only 10% of the members of Parliament. Feminist organizations are small and not particularly popular, playing an unimportant role in society.

B. Sociolegal Status of Males and Females

From the legal viewpoint, as children, adolescents, and adults, Polish men and women enjoy the same rights. Men and women have the same right to vote and equal rights for education and employment. Children and adolescents attend coed schools.

Current political changes in Poland have created a danger in favor of conservative understanding of social roles, especially for women. The recently propagated family model has a patriarchal character, with the woman professionally inactive and playing only the role of mother. Very restrictive antiabortion legislation has produced a particularly heated discussion of women's rights that is assuming the form of a political campaign. [*Comment 1997*: Election results in late 1995 shifted political power away from the Church-supported government and back to former Communist politicians, in part as a rejection of the Church's antiabortion and anticontraceptive stance. (*End of comment by R. T. Francoeur*)]

C. General Concepts of Sexuality and Love

In Poland, one can find two models of sexuality and love: both restrictive Catholic and permissive European models. While the sexual attitudes of Poles vary depending on gender, age, region of residence, and religious attitude, these two models have existed separately for several decades and have collided occasionally. At present, with the

increasing influence of religion and the Church on political and social life, they are the subject of acute confrontations.

The rural population and city dwellers of rural origin characteristically have strong links with Catholic religious ceremonies and the deep influence of the Catholic Church. This group is also characterized by a low level of education. This group is very numerous, because of the extermination of highly educated Poles during World War II and intensive migration from rural areas to the towns after the war. This group is the main standard bearer for the traditional model of sexuality in which sex and love can be fulfilled only in marriage. In this model, all premarital and extramarital sexual contacts are condemned, only the rhythm or so-called natural methods of family planning are accepted, and the use of other contraceptive methods, such as the hormonal pill and condom, are prohibited.

Among Poles with a higher level of education, one finds sex education based on publications, an acceptance of varied forms of petting and premarital sexual contacts, extramarital sex, liberal attitudes towards different sexual orientations and behaviors, the use of varied forms of contraception, and greater criticism of traditional sexual standards.

In comparing attitudes towards sexuality and love among Poles of different educational levels from different regions of the country, one seems to be dealing with two different societies, the first being attached to traditional attitudes and the second expressing permissive values and attitudes that are more and more popular in the West.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Religious and Political Factors

Since the end of World War II, the people of Poland have generally shared a single ethic, and one religion, Roman Catholicism. According to 1990 research data, 94% of Poles are Roman Catholics and 79% of adult Poles considered themselves religious or deeply religious.

The Catholic faith has been predominant among Poles since the recorded beginnings of the state in the 11th century. The period of the Reformation did not change this situation, despite the proximity of German Lutheranism. The multiethnic Jagiellonian Poland of the 15th and 16th centuries, and the Commonwealth of the Two Nations, as the union of Poland and Lithuania was called until the 17th century, were comprised of at least one-third ethnic minorities who, to a great degree, represented religions other than Roman Catholic. In the first half of the 20th century and during World War II when eastern territories were lost and western lands added, one third of the country's population comprised Jews, Ukrainians, Germans, Byelorussians, and others. These ethnic minorities professed mainly the Jewish, Greek Catholic, Protestant, and Eastern Orthodox religions.

Catholicism has become one of the main elements of the national self-determination and self-image of Poles, possibly as a result of the historical destiny of Poland in the last few centuries, and especially since the 19th-century partitions. Religious ceremonies thus became the occasion for expressing national and political views, which were often of greater social and psychological importance than the pure religious feelings. Also in the 1980s, the Solidarity period, subversion of the totalitarian Communist regime and appointment of a Pole as Supreme Pontiff of the Church in Rome strengthened the political authority of the Church in Poland.

It should be stressed here that Poland is currently undergoing significant changes associated with the democratic processes common in countries of the late Communist re-

gime. At this turning point in our history, the situation of sexology in Poland is determined by two opposing tendencies: the increasing influence of religion and the Church on Polish political and social life, and European tendencies, which are coupled with the reality-based social attitudes to sex and sexual behavior. These opposing influences mark the main line of controversy on moral and legal policy in Poland today. Although there is a visible divergence between sexual behaviors and the formal religious views of society, the restrictive attitude of the Catholic Church is more and more evident, affecting most legal and medical problems as well as sex education.

B. Ethnic Factors

According to unofficial data, ethnic minorities comprise about 5% of the population. Most of them are Byelorussians and Ukrainians. As a result of the invader's policy during World War II, and the change of borders after the war causing the loss of one fourth of the country's eastern territory, most ethnic minorities have disappeared. The remaining minorities, at present, do not demonstrate any particularly characteristic sexual attitudes or behaviors.

3. Knowledge and Education about Sexuality

It needs to be emphasized that sexual education has always been a kind of taboo in Poland. This was clearly reflected in the language used by the state in the past, referring to sexual education as "preparation for the life in a socialistic family." After 1989, sexual education was halted in the schools without any national debate about the relationship between the state and the Church, and the only textbook specially prepared by sexologists for school use was definitely forbidden. This was subsequently followed by introduction of religious instruction in all Polish schools.

Research in 1992 with a nationally representative sample revealed that friends were reported as the principle source of sex information with half of the men and one third of the women surveyed. The second source, reported most frequently by young people in large cities, was publications. Parents hardly ever wanted to provide input into sexual education, preferring to have their children obtain this information in school or from publications. Still, less than 10% of the respondents approved of school as a source of sex information.

4. Autoerotic Behaviors and Patterns

A. Children and Adolescents

Retrospective research on the autoerotic behaviors of Polish children and adolescents has been carried out on a few select groups. M. Beisert (1990) found that about 15% of the girls and 29% of the boys remembered touching and manipulating their genitals in a repeated manner during childhood to evoke some pleasant feelings. In most children, an intensification of autoerotic behaviors is observed at ages 5 to 6, during nursery school education. The main purpose of autoerotic behaviors is to awake some positive emotions in oneself. Up to 80% of all children who engage in self-pleasuring consider the pleasure obtained as an autonomous value, while about 12% treat that pleasure as a side effect of fulfilling the need connected with what is termed a stimulation deficit, the deprivation of the need of receiving new and attractive stimuli from the surroundings.

Research demonstrates that there are two types of autoerotic behaviors: one open, observed in children who are unaware of the common negative valuation of that behav-

ior, and the other hidden and characteristic of children who are aware of the forbidden character of that behavior. An important source of information about the need to hide autoeroticism from parents is the child's peers. According to investigations, 80% of parents have never learned about the autoeroticism of children.

Polish literature dealing with sexual education presents two opposite views: an opinion that self-pleasuring is a normal stage of psychosexual development in human beings, and the contrary view that self-pleasuring is a sin reflecting in a negative way on human development. These opinions lead to two contrary educational recommendations. Adolescents appear to be aware of these contradictory views and their implications. Survey data indicate that 90% of adolescent boys and 45 to 75% of girls engage in self-pleasuring. At the same time, 20% of girls and 32% of boys reported fears accompanying their self-pleasuring. Half of those investigated were afraid of parents, siblings, or other people learning about their self-pleasuring practices. The correlation of self-pleasuring and religiousness was not statistically significant in adolescents.

B. Adults

In a 1991 nationally representative survey, 28% of the women and 64% of the men reported engaging in autoerotic behaviors. In other research with university students, 99.1% of the men and 42% of the women reported autoerotic behavior.

5. Interpersonal Heterosexual Behaviors

A. Children

M. Beisert's 1990 investigation reveals an undulatory character in the child's interest in sex. The first inflow is observed before the end of 5 years of age with the next during the prepubertal period, about the age of 10 and 11.

Contacts with other children in nursery school are conducive to some exploratory activities. Up to 56% of investigated adults place their first discoveries connected with gender at that period. The most important source of knowledge are other children, particularly peers. The first discoveries are connected with playing together, bathing, and other hygienic activities. However, the awareness of a strict injunction not to stare at the naked bodies of others, and particularly their genitals, is passed down at a comparatively early age and is widely popularized. The division between erotic play and cognitive activities is a difficult one, especially since sexual curiosity is at the bottom of much of children's play. However, when children want to study their own bodies, they often do it openly and clearly state their interest. In approximately 2.8% of childhood sexual exploration, coercion is a factor.

The cognitive methods are a bit different in families with many children of both genders. When the children in a family are close in age, or when the age interval is larger but older children participate in taking care of the younger, sex differences are not particularly exciting nor do they offer any special discoveries. The situation is similar when a child has no siblings but is brought up in a family with liberal attitudes towards sex.

Many different children's games include an erotic element or produce specific pleasure connected with stimulation of the genitals. Nearly 70% of students surveyed remembered not only the fact of such games, but also all the details accompanying them. Gender was not a factor in such games. Considering all the functions fulfilled by erotic games, such as pleasure, learning, and stimulation, they were grouped separately from other forms of childhood activities. The essence of most games is to imitate a

fragment of adult life. The most popular games imitate adult roles that create an opportunity of mutual touching, undressing, and body manipulation, playing doctor, hospital, nurse, mother and father, king and queen, convalescent home, masseur, or the theater, ballet, and striptease. Among other inspirations for childhood games, direct observation of adult life takes place first, then movies, fairytales, and stories told by others. Imitations of such adult activities that provide excuses for body contact are the most important children's games.

A particular, qualitatively different variety of games is among those designed for only two children. In such games, watching and touching meet the needs of demonstrating a mutual bond. Children embrace each other, kiss, and touch. Such pairs are accepted by their peers, and their range of behavior does not differ from the behavioral patterns of groups. Solitary play also provides an outlet for sexual curiosity and rehearsal, as when a child enacts erotic scenes using dolls, draws pictures of naked girls and boys, or plays scenes that evoke pleasurable excitement.

The second period of interest occurs during the prepubertal age. Up to 35% of children report gaining knowledge about gender differences at the age of 10 or 11 years. The interest is focused on details and confirmation of earlier knowledge and intuition. Watching and touching is limited mainly to the genitals, and the aim is to gain pleasure along with a clear understanding of gender differences. These games occur in pairs, and sometimes in groups of peers of the same and other gender. Boys, for instance, may compare penis length or compete in urination contests. Girls concentrate on bust observations or dressing as adult women. Often pair games are clearly directed at pleasure, and consist of genital exploration and touching without the pretext of playing doctor or hospital.

According to survey data, most Polish children are well aware of the forbidden nature of these erotic games. The punishing attitude of parents towards erotic games reaffirms the fear of childhood eroticism and the unfavorable attitude towards self-pleasuring. Parental dissuasion and limiting the child's time with peers are more-mild forms of unfavorable reaction. However, two thirds of parents who catch their children in such games threaten them, punishing them verbally and/or physically for engaging in them. About 1% of parents do not adopt a punishing attitude, but quietly maintain their differing opinion of such games. Only 10% of parents treat these games as a normal stage in childhood development.

B. Adolescents

Puberty

The period of puberty involves three phases dominated by changes connected with biological, mental, and finally social maturity. In girls, signs of physical maturation generally appear at the age of 10 or 11. About a year earlier, mothers usually take some steps to prepare their daughters for their physical maturation and menarche. Research shows that nearly all unprepared girls react in a negative way to their maturation. Girls in this group usually start menstruating at an early age, around 10 years, and are easily distinguished from their peers by their physical maturity. Not knowing the purpose and course of the pubescence process, they exaggerate the significance of the physical changes, interpreting them as pathological symptoms.

The reactions of boys to the signs of maturation follow a different pattern. Only a small percentage of boys react negatively to the changes. Their negative reaction is usually conditioned by a lack of proper preparation. The male response to puberty shows greater uniformity, with a greater

acceptance of manhood often compensating for some neglect in their sex education.

Research shows that the first menstruation in girls and the first nocturnal emission or conscious ejaculation in boys cause a strong emotional reaction. In these specific experiences, the reaction is unfortunately negative, irrespective of gender. Most often, the girls inform their mothers about their first menstruation. However, about 20% try to hide the fact. On the other hand, few boys inform their parents, preferring to boast about it among their peers.

The appearance of a new sexual behavior, namely petting, also marks the pubertal period. Up to 50% of Polish girls admit that an emotional bond with a boyfriend prompted them to start petting. Only an emotional involvement would make them agree to physical contact, although that agreement does not indicate a real need for relieving their sexual tension or taking the initiative to do so. Only a small percentage of girls admit their strong sexual tension and the need to relieve it. Among the reasons reported by girls, curiosity played only a small part in their decision. Much more important was the pressure exerted by the partner, although they did not consider the decision to start petting as being imposed on them. In their opinion, it was the natural consequence of their feelings towards their partners and not the consequence of sexual pressure. Boys more often explained the decision to start petting by their sexual tension. The need to relieve this tension resulted in less sensitivity in choosing their partner. Even a girl they scarcely knew would be acceptable. Polish boys try to start petting at the age of 16 and girls a year later.

Petting sets the stage for first sexual intercourse. According to data from a nationwide representative sample, 12.5% of the men and 6.6% of the women have sexual intercourse before age 16. By age 19, 54% of the men and 43% of the women have had coitus. Every fifth man and every third woman has first sexual intercourse after age 20. For 73% of the women, emotional involvement is the prime reason for initiation. Men most frequently cite emotion and love (41%), curiosity (35%), and the need to become an adult (16%). Only 40% of the women and 46% of the men rate their first sexual intercourse as a positive experience.

C. Adults

The first statistical investigations of sexual behavior were carried out in Poland at the end of the 19th century when Z. Kowalski examined the attitudes of Warsaw University students. More-recent sexological studies were carried out in the 1960s and 1980s with selected groups of students, soldiers, and workers. In 1963, H. Malewska studied the sex life and its determinants in Polish women. The first research of sexual behavior using a nationally representative sample of 1,188 adults was carried out in 1991.

Premarital Relationships

According to 1991 data, 72% of unmarried adults admit to premarital relations. Among married people, premarital relations were acknowledged by 80% of the men but only 50% of the women. This reflects the attitude of women towards virginity. Contrary to men, women paradoxically more often reveal their belief in the need to preserve virginity until marriage.

Single Adults

Data on sexual behavior of single adults in Poland are limited, mainly because of the strong pressure on sex for reproduction within marriage. In 1988, 85% of Polish women aged 37 to 49 were married, 6% were singles who had never married, about 6% were divorced, and 3% were widows.

Marriage and Family

In the 1970 research of Trawinska on values in marriage, adolescent and adult respondents gave priority to fulfillment of emotional needs, love, sex, the chance for self-realization, and achievement of economic success. People who had been married for several years placed the relative lack of conflicts and stability of the union on a par with emotional ties, respect, love, and sex.

The courtship period is short, and up to 60% of marriages are contracted between ages 20 and 24. Despite early marriage, the time of reaching social and economic independence with a separate apartment is delayed. Since the prewar period of the 1930s, the stage of marital childlessness has become shorter. One fourth of all women are pregnant when they marry. As in most European countries, the model of a small family is becoming a standard. A family with two children is usual, less often three children. In a family of two children, procreation is over in three years; with three children, it usually ends in five or six years.

Monogamy

In Poland, marriage is monogamic in character. In the 1991 survey, nearly half of the women and one fourth of the men had had only one sex partner. Monogamic behavior is more common among people from small towns with a primary or secondary school education and a strong religious affiliation. Eighty-five percent of wives and 56% of husbands reported no extramarital sexual experiences. Sporadic extramarital sex was acknowledged by 10% of men and women. Less than 1% of respondents had more than ten sexual partners during their marriage. Extramarital sexual relations are more frequent in respondents over age 40, living in large cities, with a higher education, and better economic status.

Data on attitudes to sex show that for over 85% of respondents, sex is an expression of love and bonding. Sex without any emotional ties is accepted by 14% of women and 35% of men. The frequency of marital intercourse for most respondents ranged from a few times a week to a few times a month.

Divorce

In 1991, Polish courts granted 34,000 divorces. A peak of 53,000 was reached in 1984. The most frequent reported causes for divorce are infidelity (30%), excessive drinking, and incompatibility of character. Usually it takes four to six months to obtain a divorce. Most often, couples seek a divorce after five to ten years of marriage. Usually the divorcing couple has no children or only one child. In three out of four cases, the mother retains custody. About 1% of children in divorces are placed in children's homes or with foster families.

Incidence of Oral and Anal Sex

According to 1991 data, oral-genital sex, usually cunnilingus, is practiced by 30% of Polish men and women. Anal sex is acknowledged by 2.4% of respondents. There are no legal restrictions on fellatio, cunnilingus, or anal sex in Polish law.

6. Homoerotic, Homosexual, and Bisexual Behaviors

The Polish legal code of 1932, as well as the current code of 1969, are among the most progressive in respect to sexuality. Homosexuality was always legal in Poland. The current criminal legislation does not mention homosexuality or homosexual relations at all. As with heterosexual contacts, only the homosexual intercourse of an adult with a

partner under 15 years of age, or forcing a person to have intercourse against his or her will are against the law and liable to penalty.

There is a divergence between liberal legislation and the degree to which homosexual persons openly take part in the social life. The first homosexual movement and organizations started in 1985. At that time, representatives from Warsaw and Wrocław joined the International Lesbian and Gay Association. Programs and discussions with homosexuals appeared on television and the radio. The press published articles about the problems encountered by homosexual persons. The following years marked the appearance of official organizations and clubs for homosexuals in big cities in Poland. Also a homosexual section was organized to fight the spread of AIDS. Until this time, the public had little knowledge of homosexual issues.

In surveys, 4.4% of the women and 6% of the men acknowledged being homosexually active. So far, there has been no research in Poland investigating the character of homosexual relations, behaviors, and sexual patterns. A few publications on this subject have been based on West European and American research. Thus, the main source of information about homosexual issues and lifestyles is the gay press, which provides several local and national publications.

The Catholic Church in Poland maintains a restrictive attitude towards homosexuality. It is described as a "moral disorder," and homosexual activities are condemned as contradictory to the procreative purpose of sex. In the Church's opinion, sexual relations are morally right only in marriage. The Church also maintains that there are many ways to restrain a person from fulfilling his or her unnatural sexual desire.

7. Gender Diversity and Transgender Issues

An estimated 1,000 Poles are transgenderists or transsexuals. The research of J. Godlewski indicates there is one male-to-female transsexual for every seven female-to-male transsexuals. Five hundred persons have had hormone treatment and 400 surgery. The development of therapy for transsexuals started in the 1980s. In Poland, there are about 100 unions or cohabiting couples in which one partner is a transsexual and five where both partners are transsexuals. Two marriages were contracted legally.

Polish legislation, in principle, allows the change of gender, but no law regulates the surgical treatment of a transsexual. According to the Polish Criminal Code, it is comparatively easy to have one's sex/gender and name corrected in a birth certificate. A correction in the birth certificate is a necessary condition for further surgical treatment.

There are no legal restrictions on transvestites. However, transvestism is a marginal phenomenon in Poland.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Sexual Abuse, Incest, and Pedophilia

Child sexual abuse has only recently forced its way into the social consciousness and scientific research. Investigations in 1991 revealed that 5% of the girls and 2.5% of the boys under the age of 15 years had had sexual contacts with family members, and 7.5% of underage girls and 17% of boys with virtual strangers.

In Poland, sexual contacts (coitus and coital equivalents) between children and their siblings (including adopted sibs), parents, and grandparents are subject to

legal punishment. The penalty for incest ranges from six months to five years imprisonment.

Polish criminal law forbids sexual contacts with minors under 15 years old. The term "sexual contacts" includes coitus and coital equivalents, fellatio, cunnilingus, anal sex, and digital-vaginal/anal penetration. The penalty for such contact can be up to ten years imprisonment. However, sentences of six to 24 months are not uncommon.

In cases of sexual abuse of a minor, it is impossible to ascertain the incidence of pedophilia because this sexological category is not included in the diagnosis. In these cases, some perpetrators exhibited a pedophilic character. In other instances, the victim would not be considered a child, being a postpubertal adolescent.

[Clergy Sexual Abuse

[Update 2002: In early 2000, the Vatican received several complaints that Archbishop Juliusz Paetz, of Poznan, Poland, had been sexually molesting seminarians in the Poznan seminary. The Archbishop was a longtime friend of Pope John Paul II and had spent more than a decade in the Vatican, including four years working in the Papal household. In November 2001, after the initial complaints from seminarians to newspaper editors brought no action and the Vatican ignored written complaints, Wanda Poltawska, an 81-year-old Polish psychiatrist and longtime friend of Pope John Paul II, brought the matter to the Pope's attention. However, the Vatican did not act until local priests issued a call for the archbishop's resignation, and the seminary rector forbade the archbishop to visit the seminary unless he was accompanied by one of the seminary priests. When a subsequent Vatican investigation found the claims were credible, the Pope accepted the archbishop's resignation on March 31, 2002 (Allen 2002; Tagliabue 2002abc). (End of update by R. T. Francoeur)]

[Domestic Violence

[Update 2002: In 2000 and 2001, the Open Society Institute (OSI, Budapest) sponsored a series of media campaigns to combat violence against women. Although a third of women in Poland acknowledged that they had been victims of domestic violence, OSI claimed that Polish authorities had failed to recognize it as a grave social problem. On the contrary, after a new government entered into power in the fall of 1997, the situation deteriorated. Violence against women was neglected and presented, even in the international arena, as an issue of marginal importance. The result was a failure to implement comprehensive legal and policy changes aimed at preventing and combating violence against women more effectively.

[Despite some positive changes, the criminal justice system remains, in general, unresponsive to women's needs. The police continue to treat domestic violence as a family matter and either refuse to intervene or provide only ineffective intervention. Although domestic violence was sometimes publicly prosecuted, the police frequently collected evidence improperly and left the burden on the woman's effort. Victims filing complaints usually have to wait several years before their case is tried in court. In the meantime, the perpetrator usually continues to live under the same roof with the victim, even if they are divorced, which leaves the women vulnerable to further violence and other forms of pressure from the perpetrator. Convicted perpetrators usually receive the lowest possible sentence, which in 90% of the cases is then suspended. Legal actions taken against perpetrators of domestic violence often perpetuate further violence, and the rate of recidivism in these cases is very high.

[There is no doubt that the existing legal and institutional framework does not provide adequate protection to women and children victims of domestic violence. On the other hand, however, OSI argues that the existing laws need to be applied and enforced. Existing gender-based stereotypes and prejudices against women have a negative impact on the performance of the criminal justice system in domestic violence and rape cases. Too often, men's violence against women is justified, while women are perceived as provocateurs and, in fact, responsible for the violence they experience.

[While OSI and other civil rights groups work to increase awareness of domestic violence and its prosecution, social awareness that domestic violence constitutes a major threat to women's health, and even lives, remains very low in Poland (Open Society Institute 2001). (End of update by R. T. Francoeur)]

Paraphilias

There are no statistics on cases or the incidence of paraphilias in Poland.

Sexual Harassment

As of 1995, Polish legislation did not distinguish this category of behavior. [Update 2002: By late 1996, however, the situation had changed somewhat as central European countries and corporations began to be influenced by publicity in the news media and by the policies of Western European and American companies conducting business in Eastern Europe. In 1996, Poland's main government television channel ran a prime-time docudrama about sexual harassment, followed by a discussion with a studio audience and telephone calls from viewers. Despite the message to women workers that if they took their case to court, they could win, Poland has weak labor and civil-rights laws that have been largely untested in court because so few sexual harassment cases have been filed. Only 5% of those responding to a 1996 Polish newspaper poll said they had encountered cases of sexual harassment at work. Adding to the reluctance of Polish women to report cases of sexual harassment is a heritage of 40 years of Communist rule in which they accepted and endured sexual harassment as the norm. Today's harsh economic circumstances also encourage women not to complain. "We have a long way to go in raising the consciousness of women and men and making them realize what is not appropriate," Urszula Nowakowska, director of Warsaw's Women's Rights Center, a pro-bono group of lawyers, has reported. In the summer of 1996, Ms. Nowakowska appealed to the visiting lawyer-wife of U.S. President Clinton, Hilary Rodham Clinton, to help by urging large Western corporations to drop what she called their "double standard." She was referring to the tokenism of many Western and American corporations which issue policies against sexual harassment for all their offices worldwide, but then seldom let the employees in Western European branches hear of these policies and fail to enforce their policies when charges are brought (Perlez 1996). (End of update by R. T. Francoeur)]

Rape

In Polish law, rape refers to coitus or coital equivalents (fellatio, cunnilingus, anal sex, and digital-vaginal/anal penetration) using force, violence, threat, or taking advantage of someone's vulnerable situation. The penalty for rape is between one and ten years imprisonment. A person under the age of 15 years cannot give legal consent to sexual intercourse. The concept of statutory rape does not exist. Within the legal category of rape, two types of rape are singled out: rape involving qualified cruelty involving brutal injuries to

the body or mind; and collective or gang rape. Application of the law prohibiting marital rape requires real evidence of the use of force or coercion.

The minimum penalty for convicted rapists is three years imprisonment. However, depending on the type of rape, the prison sentence can range from six months to over five years. According to the data collected by Polish sexological expert witnesses, the majority of convicted rapists were drunk when they committed the crime.

B. Prostitution

In Poland, neither heterosexual nor homosexual prostitution is subject to criminal penalty. However, in 1952, Poland signed the United Nations Convention, undertaking an obligation to abolish prostitution. Inducing or soliciting another person to prostitution or profiting from another person's prostituting him- or herself are subject to legal penalties of one to ten years.

There has been a steady decline in the demand for prostitutes since 1987 because of the growing concern about AIDS. Statistics on the total number of prostitutes in Poland are not available. The police estimate that there are about 12,000 prostitutes working in Poland. There are no houses of prostitution, but there are call-girl agencies, massage parlors, and other avenues of contact.

C. Pornography and Erotica

The development of democratic liberties in Poland since 1989 has been accompanied by a growing access to pornography and an increasing number of pornographic publications on the market, even though the law prohibiting production and distribution of pornography is still in force. Despite legislation, both hard- and softcore pornography are easily accessible in Poland today.

In recent discussions, there has been some pressure to extend the meaning of pornography to include erotica and introduce more-rigid restrictions. The controversy is complicated by the lack of a clear definition of pornography. Some forensic experts, referring to the criterion of social harm, want to limit the meaning of pornography only to materials dealing with sexual relations with animals and children, and cruel or violent material. The dispute over pornography is part of the more general discussion about sexual liberalism or rigorism.

9. Contraception, Abortion, and Population Planning

A. Contraception

The lack of sexual education in recent decades has affected negatively contraceptive behavior. Data from a 1988 POLL survey with a nationally representative sample, from the Polish Family Planning Association and other sources, revealed that the number of women who used oral contraceptives and intrauterine devices (IUDs) was not higher than 10%. About a third of those polled reported using coitus interruptus as their contraceptive method. Another third used a method based on the menstrual cycle, sometimes only the calendar method. A lack of information about contraceptive methods and prejudice against contraception has created favorable circumstances for acceptance of the so-called natural methods promoted by the Church. In a 1988 study by W. Wróblewska of a nationally representative sample of 1,266 teenage mothers, about 90% had no knowledge whatsoever about contraceptive methods.

B. Teenage Unmarried Pregnancies

In the 1988 study of 1,266 teenage mothers published by the Family Planning Association in 1992, W. Wróblewska

reported that the youngest mother was 13 years old and nearly 50% were age 19. At the time of childbirth, one fourth of the teenage mothers were unmarried. Polish law makes it difficult for girls to contract marriage at the age of 16 or 17. Girls who wish to marry at that age must obtain a special license. Girls who are not yet 16 cannot marry.

Prior to getting pregnant, a large group of these mothers, 41.2%, were professionally active. One third, 37.6%, were attending school. The research did not confirm the hypothesis that these mothers had poor relations with their parents and were using pregnancy as an excuse to leave home. Only 9% of the teen mothers described the atmosphere in their homes and family relations as not too good or even conflictive. Over 80% of the teenage mothers came from two-parent families and 80% of the parents of teenage mothers had at least an elementary education. Generally, the girls were brought up in large families and had many siblings. The mothers of most respondents had started their own procreation earlier than other women of their generation.

Nearly 40% of the teenage mothers did not anticipate the possibility of becoming pregnant, or even realize such a possibility, when they became sexually active between the ages of 11 and 19. Only 15% of the respondents knew anything about contraceptive methods. Only 10% mentioned the contraceptive pill, IUD, condom, and calendar method. They were totally unfamiliar with other contraceptive methods. Only a third of these teenage mothers had even the minimum knowledge of how to protect themselves against pregnancy when they first engaged in sexual intercourse. Books, publications, and magazines were the basic sources of information for 61% of the mothers. Friends and acquaintances provided information for a third of the respondents. Slightly under a third, 28.2%, learned about contraception in school. Sexual partners were the source of information more often than parents. Only one in ten teenagers reported parents as a source of knowledge. More rarely cited was a doctor or nurse.

C. Abortion

Under Communist rule, from the end of World War II to 1989-1990, abortion was legal and widely used by Polish women despite the opposition of the Catholic Church. A restrictive law, enacted in March 1993, was overturned in October 1996. The situation, however, remains volatile and unpredictable.

Between 1956 and March 1993, abortion was legal for medical indications, when the pregnancy resulted from a crime, mainly rape, and for social reasons, such as the difficult circumstances of the woman. This law allowed for abortion in the first 12 weeks of pregnancy.

According to official statistics, the incidence of abortion remained stable for 15 years prior to 1993, with about 133,000 abortions per year, or 19 abortions per 100 live births. This statistic does not include abortions done in private clinics. Some sources estimated that an additional one million abortions were performed each year in private clinics, with about 30,000 of these being for women under the age of 18 years.

In 1992, pressure from the Catholic Church supporting a repeal of the liberal abortion law was evident in a new Ethical Code adopted for physicians. This code allowed abortion only when the mother's health or life was in danger, or when the pregnancy resulted from rape or incest. In practice, this code eliminated all prenatal fetal examinations and abortion of malformed fetuses. In addition, contraceptive information was to be given by the physician only when required by the patient or in special cases. The new Ethical Code was a real paradox, because it was much stricter than the then-existing liberal law.

Also in 1992, the Parliament rejected by majority vote a liberal proposal prepared by the Women's Parliamentary Group and instead accepted the antiabortion proposal of the Catholic Nationalist Party (ZChN), which forbade abortion. The sole exception was that of a danger to the pregnant woman's life. The proposal for a national referendum was not accepted by the Parliament. Meanwhile, research revealed that 56% of Poles were definitely in favor of abortion rights for women, 24% approved of some such rights, and only 13% were definitely against abortion rights.

In March 1993, the increasing influence of the Roman Catholic Church on Polish social life was a major factor in parliamentary enactment of a new law that replaced the 1956 liberal abortion-rights law with the most restrictive abortion law of any Eastern European country. A year after enactment of the 1993 restrictive law on abortion, critics pointed out that the number of clandestine abortions had increased, with unscrupulous physicians offering to provide an abortion for any women able to pay the equivalent of US\$350 to \$1,000. The average monthly income was only about \$200, with half of the population earning below the poverty line, defined as \$80 a month. Some travel agents offered "abortion trips" to the Ukraine at 8 million zloty, or about \$400.

The 1993 law permitted abortion only when the pregnancy threatened the life or "seriously threatened" the health of the mother, when there was "serious and irreversible malformation of the fetus," or when the pregnancy resulted from "criminal action" (i.e., rape or incest). These provisions were further limited by many restrictions. For example, in the case of danger to the mother's health, supporting statements were required from two physicians independent of the acting doctor. And while prenatal tests were required to prove that the fetus was malformed, another section of the law appeared to allow for extensive prenatal tests, such as amniocentesis, only when there was reason to suspect a serious problem, as when a pregnancy occurred in a family with a history of genetic illnesses.

In March 1995, Poland's strict antiabortion law faced a painful test in court when a 37-year-old divorced woman, who was already supporting a 10-year-old child, persuaded a doctor in private practice to terminate her pregnancy. The physician was brought into court to face charges of violating the 1993 abortion law. If convicted, he could have spent two years in prison and had his medical license suspended for up to ten years. The woman's lover, who could only contribute about \$10 to the child's support but gave her the equivalent of \$125 for the abortion, faced up to two years in prison. Like other incidents of illegal abortion, this case became a legal issue when the child's father reported the woman's abortion because she refused to have his child (Perlez 1995).

In August 1996, the lower house of Parliament moved to liberalize Poland's restrictive abortion law, despite strong opposition from the Roman Catholic Church and its political allies. The bill, backed by the former Communists who dominated the Parliament after the November 1995 elections and a leftist opposition party, would allow women to end pregnancies before the 12th week if they could not afford to raise the child or had other personal problems. Early amendments, however, required counseling and a three-day waiting period for women seeking an abortion, and penalties of up to ten years in jail for aborting a woman against her will, or after the fetus can survive outside the womb. Opinion polls suggested that most people favored this liberalization, although 90% of those polled were nominally Catholic. (In 1993, President Lech Walesa, a devout Catholic, had vetoed a similar bill.)

In October 1996, despite a huge campaign against the bill including a silent march on Parliament by 30,000 Poles, the lower house overturned a veto of the new law by the Senate with a 228-to-195 vote and 16 abstentions; Aleksandr Kwasniewski, the president, had already promised to sign the new bill.

Under this legislation, women would again be able to end pregnancies before the 12th week if they face financial or personal problems. However, abortion is available only after counseling and a three-day waiting period. The law also provides for sex education in the schools and less-expensive birth control. Despite enactment of the new law, polls suggested that antiabortion sentiment has been rising, and that Poles, about 90% of whom are at least nominally Roman Catholic, are almost equally divided on the question. The future of abortion legislation in Poland, thus, remains uncertain.

[Update 2002: According to government figures, the number of legal abortions in Poland plunged from 11,700 in 1992 to 1,240 in 1993, when the restrictive law went into effect. In 1999, the latest year for which figures were available at press time, there were only 151 legal abortions in Poland. Women's rights groups have estimated that as many as 200,000 women have illegal abortions each year in Poland, often paying exorbitant fees and subjecting themselves to dangerous procedures. Efforts to revise the 1993 law and remove some of the restrictions failed in the legislature in 2001 (CRLP 2001). (End of update by R. T. Francoeur)]

D. Population Control Efforts

The model of a small family is at present predominant in Poland. There are certain premises for the advisability of a pronatal population policy with a model of families with two, or to a lesser degree, three children. The opposite model of uncontrolled fertility is promoted by the Catholic Church and is related to the Church's campaign to limit contraception and sexual education and prohibit all abortions.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

The epidemiological situation of STDs was investigated by H. Zielinski and A. Stapinski in 1992. In the first years after World War II, there was a significant increase in venereal diseases, especially syphilis, which was epidemic. At the time, there were an estimated 100,000 to 150,000 cases of syphilis a year in a population of 23 million. The therapeutic program, the so-called Action W, which included education, prevention, and outpatient clinics in every city, produced positive results and the epidemic was controlled. By 1954, early symptomatic syphilis had decreased to about 2,200 cases annually, about 8 cases per 1,000 people.

Between 1963 and 1969, there was another rapid increase in syphilis to 52 per 1,000 people, and the incidence of early syphilis (symptomatic and asymptomatic syphilis stages 1 and 2) to 66.6 cases per 1,000 people. The incidence of gonorrhea, which reached a low level of 80 per 1,000, also increased, although not so rapidly, to exceed 153 cases per 1,000 in 1970.

A new program of syphilis and gonorrhea control produced positive results. In the 1980s, the incidence of syphilis decreased steadily until 1989. In 1989, the number of new cases diagnosed was 4.6 per 1,000; in 1990, it was 4.8. In 1990, new cases rose to 4.9 per 1,000, a 5% increase. The 1991 incidence of early symptomatic syphilis remained stable from 1990, 2.8 per 1,000. However, the 1991 incidence of early asymptomatic syphilis was 9% higher than in 1990, while the incidence of late syphilis decreased by 16%. Simi-

larly, the 1991 incidence of diagnosed gonorrhea decreased by 34% from 1990, less than 10% of what it was in 1970. In 1991, nongonococcal infections of the urogenital tract was 14% less than it was in 1990.

Information about the incidence of condyloma and genital herpes are fragmentary and have been included in the statistics only since 1990.

B. HIV/AIDS

Serological examination for HIV status for people at risk was inaugurated in Poland in 1985. Of the 2,426 cases of HIV infection detected by November 1992, 1,776 were drug addicts. The real number of carriers is at least three times larger. Between 1985 and November 1992, 118 cases of AIDS were diagnosed. In this group, 58% were homosexual or bisexual, 30% heterosexual drug addicts, 10% heterosexual, and 2% unknown. Over half the 118 had died as of November 1992.

In 1989, A. Stapinski et al. published the data of the Institute of Venereology in Warsaw on the prevention of HIV infection in drug addicts. Noting "that the infection spreads rapidly in this population," the authors predicted "a further rapid spreading of this infection in this risk group," and recommended providing addicts with free syringes, needles, and condoms. They also recommended systematic intensive training of personnel in drug treatment and rehabilitation centers, as well as extensive informational education of all adults.

Also in 1989, D. Weyman-Rzucidlo et al. reported on the prevalence of HIV infection in a group of 1,297 homosexuals. In Poland, as in Western Europe and the United States, "homosexual and bisexual males are the group of high risk for HIV infection."

Dermatovenereological outpatient clinics provide HIV testing for anyone who wants to be tested and medical care for those needing it. Provincial clinics are also engaged in training health-service workers and providing health education in their own districts.

A program for AIDS prevention and control prepared by A. Stapinski in 1988 includes multidimensional activities: staff training, diagnostic facilities, research units, and prevention of infection by sexual contact, blood, needles, and syringes. Much attention was given to protecting health-service workers against infection, and to health education for at-risk groups and the general population, especially adolescents. Voluntary testing for HIV antibodies is encouraged, and stress is placed on preventing discrimination against persons who are HIV-positive and have AIDS.

[Update 2002: UNAIDS Epidemiological Assessment: By the end of 2001, 7,303 HIV infections have been reported. Most of the infections are seen in Warsaw, Gdansk region, and Katowice (south). Injecting drug users are systematically screened in treatment centers, outpatient clinics, and residential homes. All other groups are tested on a voluntary basis. Diagnosed HIV-infected cases are registered in a national HIV database using the name for identification, excluding those testing anonymously. A switch to anonymous reporting is being planned. From 1995 to 1999, annual numbers of newly diagnosed HIV infections were relatively stable, ranging from 539 to 638. Among HIV cases reported in 1997 to 1999, 53% were injecting drug users, 6% homosexuals, 3% heterosexuals, and 37% not determined. Underreporting is estimated to be 25% and has been increasing in Gdansk region; estimates for the number of cumulative HIV infections at the end of 1996 have been put at 10,000 to 12,000.

[Prevalence data comes mostly from ongoing testing programs. Prevalence among injecting drug users is esti-

mated between 15% and 50% in Warsaw, and is probably lower elsewhere. Since known positive injecting drug users are not retested, data presented cannot be used as an estimate of prevalence, nor can they be used as incidence estimates, because seronegative persons can be tested several times and seropositive persons may have been infected for several years. The numbers of drug users have reportedly been increasing in recent years. However, there is a shift from injection drug use to oral and inhaling practices; nevertheless, since 1993, there is an increasing number of HIV infections among injecting drug users in some parts of the country.

[No data on pregnant women were provided. Nationwide, levels of reported STDs have been stable and relatively low in the recent years. However, in some western regions of Poland, there is an observed increase in STD levels. Prostitution has substantially increased at the borders of Poland and Czech and German borders; levels of STDs in those areas have increased as well. In a survey of homosexual men, very few reported having had an HIV test. In addition, there is still stigma associated with homosexuality, reflected in the low number of those voluntarily identifying themselves as homo-/bisexual; the number of infections in this subpopulation may, therefore, be underestimated.

[The estimated number of adults and children living with HIV/AIDS on January 1, 2002, were:

Adults ages 15-49:	14,000 (rate: 0.1%)
Women ages 15-49:	NA
Children ages 0-15:	NA

[No estimate is available for the number of adults and children who died of AIDS during 2001.

[No estimate is available for the number of Polish children who had lost one or both parents to AIDS and were under age 15 at the end of 2001. (End of update by the Editors)]

11. Sexual Dysfunctions, Counseling, and Therapies

The diagnostic criteria developed by Masters and Johnson are accepted by some Polish sexologists, while others follow the *DSM-III-R*. Clinicians specializing in sexology require personality evaluation before sexological diagnosis. Sexual dysfunctions are viewed in the psychodynamic categories and diagnosis connected with the evaluation of neurotic mechanisms and personality disturbances.

There are two departments of sexology associated with the medical schools in Warsaw and Krakow. Outpatient clinics in all the larger cities and towns provide diagnosis and treatment for sexological patients. These clinics employ some 70 medical doctors with clinical specialization in sexology, and also some psychologists.

12. Sex Research and Advanced Professional Education

A. Institutes and Programs for Sexological Research

The following are organizations for sexological research in Poland:

The Polish Medical Association, Medical Center of Postgraduate Education, Department of Sexology and Pathology of Human Relations, Director: Kazimierz Imielinski, M.D., Ph.D. Address: ul. Fieldorfa 40, 004-158 Warsaw, Poland.

The Medical School of N. Copernicus, Department of Sexology, Director: Julian Godlewski, M.D., Ph.D. Address: ul. Sarego 16, 31-047 Krakow, Poland.

The Academy of Physical Education, Sexual Division of Rehabilitation Faculty, Director: Zbigniew Lew-

Starowicz, M.D., Ph.D. Address: ul. Marymoncka 34, 01-813 Warsaw, Poland.

Polish Sexological Society, Sex Research Department, Director: Anna Sierzpowska-Ketner, M.D., Ph.D. Address: ul. Marymoncka 34. 01-813 Warsaw, Poland. Correspondence: ul. Londynska [n'] 12/13, 03-921 Warsaw, Poland. Programs are offered on sex offenders, sexual dysfunctions, transsexuals, and the handicapped and sexuality.

Postcollege, graduate programs and courses are provided for psychologists and medical doctors by the Medical Center of Postgraduate Education, Department of Sexology and Pathology of Human Relations. A medical specialization in sexology has been available since 1985 for psychiatrists and gynecologists. Training is also provided by the Polish Sexological Society, with certification of Clinical Sexologists since 1991.

B. Publications

The Polish Sexological Society publishes the quarterly *Sexology*. Correspondence: Londynska 12/13, 03-921 Warsaw, Poland.

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