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In the grip of Catholic conservatism: State HIV/AIDS prevention in post-1989 Poland

Abstract

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In this article, I analyse the impact of the Catholic discourse on institutional HIV/AIDS prevention efforts in Poland. I argue that a combination of historical and political factors – including the Church's role in the People's Republic of Poland, the cult of John Paul II, and the signing of the Concordat – positioned the Catholic Church as a dominant political actor in post-transformation Poland, granting it considerable influence over the development of social and health policies. Concentrating on the first decade following the political and economic transformation of 1989, a period during which the Catholic Church solidified its hegemonic position, I critically evaluate the discourse surrounding HIV/AIDS prevention as presented in informational and educational materials funded by public or international resources designated for prevention initiatives. I highlight how recommendations and commentaries frequently diverge from international strategies and guidelines, reflecting a perspective more closely aligned with a conservative Catholic worldview than with an evidence-based and medically informed approach to public health.

Keywords

HIV/AIDS prevention; Catholic Church; public health; sexual health; health policy

Introduction

Dr Magdalena Ankiersztejn-Bartczak, CEO of the Foundation for Social Education, a leading organization dedicated to sexual education, has delivered a stark indictment of Poland's HIV/AIDS prevention efforts in recent press interviews. Drawing on her frontline experience as a counsellor at a voluntary counselling and

testing (VCT) spot in Warsaw, she exposes a shocking misconception among individuals undergoing HIV testing: when asked how they protect themselves against the virus, some erroneously claim reliance on “pills.” Crucially, this does not refer to pre-exposure prophylaxis (PrEP), a scientifically validated HIV prevention method, but rather to contraceptive birth control pills (Jowsa, 2019), revealing a glaring and alarming gap in public knowledge about effective HIV prevention. In 2020 and 2021, nearly four decades after the identification of HIV and the elucidation of its transmission routes, Poland’s National AIDS Centre, a governmental body under the Ministry of Health responsible for HIV/AIDS prevention, education, diagnostics, and antiretroviral therapy access, launched a social campaign titled *Czy wiesz, że...* [Do you know that...]. The campaign’s messaging was strikingly basic, emphasizing facts such as the invisibility of HIV in outward appearance, the safety of common household pets, and the non-transmissibility of HIV through mosquito bites or swimming in public pools, for example.¹ In the introduction to the 1993 Polish translation of Michael Thomas Ford’s book *100 questions & answers about AIDS: What you need to know now*, Prof. Dr Janusz Ślusarczyk, a virologist, immunologist, and the book’s translator, provided expert reflections on the then ongoing challenges of HIV/AIDS misinformation:

Proper educational strategies are essential in preventing the spread of HIV, as they aim to eliminate or modify behaviours that facilitate infection. The task is to make people aware that using condoms must be a natural and integral part of the daily lives of sexually active individuals, particularly those who have multiple sexual partners. Similarly, it is vital that individuals who inject drugs have exclusive access to their own needles and syringes to prevent transmission, etc. etc. No moral, religious, or cultural justification should outweigh the implementation of proven, evidence-based measures to combat the AIDS pandemic. (Ślusarczyk, 1993, pp. 9–10)

Yet juxtaposing Ślusarczyk’s urgent call from over thirty years ago with contemporary assessments of sexual health literacy and the nature of state-led HIV/AIDS prevention in today’s Poland reveals a deeply disturbing continuity: large-scale institutional neglect.² This neglect is largely attributable to the hegemonic influence

¹ The National AIDS Centre states that campaign was developed on the basis of social research on HIV and AIDS knowledge within Polish society, as well as information provided by counsellors from the HIV/AIDS online counselling service and the HIV/AIDS helpline” (Krajowe Centrum ds. AIDS, 2021).

² Since the first HIV cases were detected in 1985, a total of 35,175 infections have been reported in Poland, including at least 6,533 associated with intravenous drug use, 2,699 with heterosexual contact, and 5,531 with sex between men. For more than two decades, however, a strikingly high proportion of newly reported cases—73.2% in 2024—has lacked information on the probable trans-

of the Catholic Church and its conservative moral teachings, which were imposed as normative ethical frameworks in post-1989 Poland.

Focusing on the first decade after Poland's 1989 transformation, this article analyses how the Catholic Church's consolidation of ideological and institutional power enabled it to hegemonically³ reframe the public discourse on sexual health and HIV/AIDS prevention, displacing evidence-based approaches with conservative Catholic norms – a shift whose obstructive impact has persisted across subsequent decades and continues to loom large over public health policy today. I employ critical discourse analysis (CDA), which enables an exploration of the ways in which knowledge, norms, and values were constructed within selected educational materials on HIV/AIDS prevention. The selection of publications was purposive: the analysis concentrates mainly on materials subsidized with public or international funds, widely disseminated, and recommended either as teaching aids for educators or as sources of knowledge for students. I analyse both substantive content and normative elements, including recommendations aligned with conservative Catholic discourse, which makes it possible to assess the mechanisms of hegemony and their impact on institutional HIV/AIDS prevention in Poland.

mission route (NIZP PZH-BIP, n.d.). Surveys consistently indicate a low perception of personal risk: in 2014 as many as over 80% of respondents believed that HIV did not concern them (IPSOS and Krajowe Centrum ds. AIDS, 2014), combined with limited uptake of diagnostic testing and irregular condom use (in 2020, 48% reported never and 26% only occasionally using condoms in the previous 12 months, see ARC, 2020). In recent years, this situation has been accompanied by a dramatic increase not only in new HIV infections but also in other sexually transmitted infections (STIs). Deducting those coming from migrant and refugee populations and the doubling or even tripling of HIV infection cases in the yet-to-be-reformed Polish HIV reporting system, statistics have for decades shown a steady increase of HIV and STI infections. Despite these trends, national public health strategies have for many years consistently overlooked key populations—most notably men who have sex with men (MSM), people who use psychoactive substances and sex workers—whose specific vulnerabilities remain insufficiently acknowledged in official prevention efforts, educational campaigns, or healthcare provision frameworks. Moreover, information on the effectiveness of PrEP and harm-reduction strategies has for the last several years been either ignored or heavily marginalised, due to an opportunist or/and conservative political climate.

³ I employ the concept of “hegemony” in the sense developed by the Italian philosopher Antonio Gramsci, understood as a process through which an institution or social group attains and sustains dominance in society not by means of direct coercion, but primarily through the production of consensus and the naturalization of its own values as universally binding (for a critical discussion of Gramsci's concept, see Laclau and Mouffe, 2001).

A new, Catholic Poland

During the era of the USSR-influenced People's Republic of Poland, the Church served as a crucial point of reference and support for the democratic opposition. However, following the political transformation of 1989, it evolved into a significant political actor, exerting pressure on policymakers and influencing legislation (Borecki, 2008; Chelstowska et al., 2013, pp. 73–98; Kościelniak, 2024). In the same year that Ślusarczyk articulated a bold vision for HIV/AIDS prevention, several landmark events reshaped the Polish sociopolitical landscape. The Concordat was signed between the Vatican and the Republic of Poland, the Sejm passed the Law on Family Planning, Protection of Foetuses and Grounds for Permitting the Termination of a Pregnancy, commonly referred to as the 'Anti-Abortion Law,' and, in 1997, the Constitutional Court ruled against the constitutionality of a provision in the law permitting abortion on social grounds (e.g. poverty). Right-wing politicians framed the demand for stricter abortion regulations as a "gift to the Holy Father" (Chelstowska et al., 2013, p. 87). In 1996, under the SLD-PSL⁴ coalition government, the 'conscience clause' was introduced into the Act on the Professions of Doctor and Dentist. This clause allowed physicians to refrain from providing medical services that conflicted with their conscience. It has since been used to justify refusals to perform abortion procedures⁵ or prescribe hormonal contraceptives, further constraining reproductive rights in Poland.

The condom, the most basic form of mechanical contraception and the most effective method of HIV prevention for sexually active individuals prior to the introduction of pre-exposure prophylaxis (PrEP) and the "Undetectable = Untransmittable" (U = U) principle, has been a source of controversy for decades. This controversy extended even to state institutions tasked with implementing HIV/AIDS prevention programmes. Robert Łukasik, chairman of the board of directors of the Union for People Living with HIV/AIDS. Positive in the Rainbow, recounted in 2017 that the National AIDS Centre discouraged organizations from discussing condoms explicitly. He stated that organizations were instructed to "not talk about condoms directly [...] that you can't [promote condoms] in public" during activities funded by the state (Struzik, 2022a, pp. 98–99). An analysis of social

⁴ The term "SLD-PSL" refers to the governing coalition formed between the Democratic Left Alliance (Sojusz Lewicy Demokratycznej, SLD) and the Polish People's Party (Polskie Stronnictwo Ludowe, PSL).

⁵ There have been documented cases in which physicians who declined to perform certain procedures within public healthcare facilities subsequently provided the same services for a fee in their private practices (see Chelstowska, 2011).

campaigns implemented by the National AIDS Centre reveals that condoms are featured prominently in only two contexts: sexual relations between men (*Prezerwatywa przedłuża przyjemność* [Condom extends pleasure] campaign, 2010) and the European Football Championships (*FAIR PLAY. Gram fair, używam prezerwatywy* [I'm playing fair, I'm using condoms] campaign for UEFA Euro 2012). Both of these contexts, as I argue elsewhere (Majka, 2024), are associated in the right-wing imagination with threats to the heteronormative, national Polish identity, embodied in the figure of the homosexual or ethnic "Other." For many years, ethics and sexual health in Poland were heavily influenced by the pontificate of Karol Wojtyła, known as Pope John Paul II, who was celebrated by conservative media as 'the greatest modern Pole.' Wojtyła labelled anything inconsistent with his papal ethic as part of the 'civilization of death,' which included contraception, such as condoms, despite their proven effectiveness in preventing HIV transmission (Bartoś, 2008; Leszczyński, 2003). In a 1989 address to the Pontifical Council for Pastoral Health Care, Pope John Paul II claimed that "drug addiction and *sexual abuse*⁶ [...] lie at the beginning of the process of spreading the disease," further arguing that "parallel to the spread of AIDS, a kind of immunodeficiency [*brak odporności*] in the sphere of existential values has become apparent, which it is difficult not to consider as a real spiritual pathology" (Janiszewski, 2013, pp. 275–276). In this speech, the Pope condemned all preventive measures, asserting that they fail to address the root cause of the problem and merely circumvent it.

This perspective was later reinforced by Poland's Primate, Józef Glemp, who in 1992 described AIDS as "an evil that first and foremost begins with moral attitudes" (Janiszewski, 2013, p. 278). He further stated that "the spread of the disease depends on disregard for moral precepts, lack of order and sexual abstinence, and drug use" (Janiszewski, 2013, p. 278). Such statements positioned moral failings, rather than structural or public health factors, as the primary cause of the epidemic, thereby obstructing the adoption of evidence-based measures to combat the spread of HIV/AIDS. The Church's discourse emphasized Catholic ethical thought, and the Catholic priests considered the formation of social attitudes, education in accordance with the truth of the Church, and fostering those living with HIV in Catholic virtue as appropriate preventive measures. In the 1990s, this ideological stance seeped into the political and social space in the form of Catholic conservatism, where it coalesced to block the legal and institutional contexts of social norms-related and cultural change for years. Catholic conservatism can be defined as an ideological trend, rooted in the teachings of the Catholic Church, fo-

⁶ Italics mine.

cusing on the protection of traditional moral, social and religious values; based on the belief that social and political life – especially in ethical, social norms-related and cultural issues – should be shaped in accordance with the principles derived from Catholic doctrine (Chrząszcz, 2019; Staudt, 2023).

In 1995, the SLD-PSL government entrusted the Catholic priest Arkadiusz Nowak, caretaker of a centre for people living with HIV in Konstancin in 1990 and active in HIV/AIDS support since the 1980s, with the position of advisor to the Minister of Health on drug addiction [*narkomania*] and AIDS (Struzik & Dziuban, 2022b, p. 19). The same year also saw the creation of the three-year National Programme for HIV Prevention and Care for People Living with HIV and AIDS, which, among other things, emphasized the need to disseminate condoms (through, for example, vending machines in clubs). One of the programme's consultants was Father Nowak, which outraged the Catholic media; Nowak reported that he had raised objections to the passages on condoms, pointing out that the emphasis should be on "systemic, planned family-centred education," fidelity and sexual abstinence (Żurawiecki, 2023, p. 217). The situation was repeated in 2012, when the editor-in-chief of the Fronda.pl portal⁷, Tomasz Terlikowski, was outraged that a Catholic clergyman, Arkadiusz Nowak, would participate in the National AIDS Centre's FAIR PLAY campaign conference, or, in Terlikowski's words, "in the promotion of debauchery and condoms" (Kania, 2012). In an interview with the magazine *Wprost*, Nowak, then president of the Institute for Patients' Rights and (worth noting) Health Education, denied this, saying: "I will not put my hand to it;" he emphasized: "The Church believes that condoms are not the right way to prevent HIV infection. In the Church's view, there are other methods available to a person that guarantee that one will avoid infection. It is the right lifestyle and mutual fidelity. This is the Church's way of fighting AIDS" (Kania, 2012). Further in the interview, Nowak admitted that the Church is aware that there is evidence of the effectiveness of condoms, but religion is guided by morality, not epidemiology, and "[t]here is a person in all of this who has to decide for himself – whether he is a believer or a non-believer" (Kania, 2012). Thus, prevention planted on scientific evidence, state epidemiological policies or state public health programmes, if they conflict with the heteroreproductive teachings of the Church, are reduced to 'atheistic ideology.' Jakub Janiszewski, author of *Kto w Polsce ma HIV? Epidemia i jej mistyfikacje* [Who has HIV in Poland? The epidemic and its mystifications], highlighted the Church's negative attitude toward prevention and positive attitude toward antiretroviral treatment and palliative care, summarizing

⁷ A radical, Catholic-oriented online platform.

the Church's involvement in the HIV/AIDS field this way: "the closer to infection, the colder and harsher, the closer to hospice – the more sympathetic" (Janiszewski, 2013, p. 278).

In the late 1980s and early 1990s, the Catholic Church had a hand in combating prejudice in Polish society against people living with HIV and AIDS: the Pope exhorting mercy, care and support, embracing or grabbing the hand of people living with HIV in public at a time when there was an irrational fear of transmission by mere touch; some clergy instructing that a person's HIV status is not a sin; some priests responding to verbal and physical violence by residents of localities where centres for people living with HIV were being set up, emphasizing the value of Catholic love of one's neighbour and providing help (Owczarzak, 2009, pp. 432–434). In 1990, the Episcopate even published a statement that discriminating against people diagnosed with AIDS was contrary to Christian ethics (Żurawiecki, 2023, p. 144). In the same year, the Ministry of Health stated that action against the spread of HIV and the fight against prejudice against people living with HIV required cooperation between the state, the Church and the media (Owczarzak, 2009, p. 433). In 1993, the National Coordination Office for AIDS Prevention⁸ was established, supervised by Father Arkadiusz Nowak. The inclusion of the Church as an actor, and often a decision-maker, in the field of state HIV and AIDS prevention activities involved paradoxes: for the Church, AIDS was not a sin, but practices such as drug use or homosexual intercourse were considered sinful; condoms represent "a false notion of safety" and "sexual intercourse is proper and morally acceptable, only in the context of heterosexual marriage, as the crowning achievement of honest love and openness to new life" (Rosik, 1997, p. 38). The American anthropologist Jill Owczarzak recalls that at an HIV/AIDS prevention workshop organized by Lambda Warsaw⁹ in 2004, Father Nowak argued that sex is not necessary for human survival and that only the absence of sex can protect against the virus transmission (Owczarzak, 2007, pp. 243–244).¹⁰ She also notes the bewilderment and disbelief with which lay activists approached church-based HIV/AIDS

⁸ In 1999 it was transformed into the National AIDS Centre, part of the Ministry of Health.

⁹ Lambda Warsaw is the oldest LGBTQ+ organization in Poland, founded in 1997, providing psychosocial support, legal counselling, and community advocacy. It also runs educational programmes and maintains the largest LGBTQ+ archive in the country, promoting visibility and fighting discrimination.

¹⁰ Mentioned at the beginning of this article, Professor Janusz Ślusarczyk responded in a humorous manner to calls for sexual abstinence in the Introduction to the Polish edition of *100 questions & answers about AIDS*: "Encouraging young people to abstain from sex has the same effect as explaining to a hungry person that a beefsteak contains unhealthy cholesterol and therefore should not be eaten" (Ford, 1993, p. 12).

prevention, failing to understand how the Church is able to treat a person and their behaviour as two separate spheres, pointing out, as did one MONAR Association¹¹ volunteer interviewed by Owczarzak, that it is, after all, “behaviour that creates a person” (p. 148). A logical consequence of the Catholic discourse on HIV/AIDS prevention was the figure of the ‘undeserving victims’ of the HIV/AIDS epidemic, “innocent beings who cannot defend themselves” (Rosik, 1997, p. 1), in many Catholic publications, which were often funded by state or international funds. This discourse by no means reinforced an attitude of acceptance toward all those living with HIV or AIDS, automatically bringing to mind those who became “infected as a result of their own actions and carelessness¹²” (Rosik, 2001, p. 42).

Against social degeneration

Catholic discourse permeated a great number of publications on the subject of HIV/AIDS that appeared in the 1990s in Poland. In the book *AIDS. Uniknij tego ciosu* [AIDS. Avoid this blow], author Michał Haykowski, a historian and journalist, wrote that “[t]he doctor’s natural ally in the fight against AIDS is the priest [...], [and] the great opportunity for Poland [is] that members of the Universal Church, driven by religious convictions, will protect themselves from the dangers carried by dangerous behaviour [and] [...] will be free from the threat of AIDS” (Haykowski, 1992, pp. 7–8). In the 1994 publication *Człowiek a AIDS* [Human and AIDS], published by the Res Humanae Foundation and financed by the American-Polish Joint Commission for Humanitarian Aid, and recommended, it is worth noting, “by the Minister of National Education for school use and involved in the set of books to help teach the subject Preparation for Family Life and as an aid to conduct educational hours at the secondary school level” (Res Humanae, 1994,

¹¹ MONAR is a Polish non-governmental organization founded in 1981 that provides comprehensive support for people experiencing substance addiction, homelessness, HIV/AIDS, and social exclusion. It operates a nationwide network of rehabilitation centres, shelters, outreach programmes, and reintegration initiatives, grounded in principles of dignity, solidarity, and harm reduction.

¹² This was an exceptionally unfortunate rhetorical construction, one that reinforced prejudice by appealing to the pervasive narrative of guilt and punishment. In reality, such “carelessness” stemmed from the fact that issues related to sex, sexuality and the use of psychoactive substances were highly politicized in the post-transformation public sphere. As a result, it was difficult to develop an objective, evidence-based preventive message aligned with the principles of harm reduction. Individuals who contracted infections often lacked adequate knowledge of methods to eliminate or minimize the risk of transmission.

p. 4), Father Czesław Cekiera of the Department of Social Psychoprophylaxis at the Catholic University of Lublin thunders in the Introduction:

In the face of the expanding epidemic, AIDS was written about as a disease that improved the state of common morality in many countries. For the loosening of customs and the introduction of free love seemed to have no limits. It turned out that there are limits. Some social groups and countries are clearly degenerating. In the Netherlands, Denmark and California, gay marriage was legalized. In these countries, as in Switzerland, Morocco, France and Belgium, there is a sharp decline in births and high rates of drug abuse and AIDS. (Cekiera, 1994, pp. 6–7)

Cekiera (1994) presents the concept of what he believes to be proper preventive health care, through which “[t]he individual and society have a chance to free themselves from various forms of social pathology, whether from alcoholism, drug addiction, smoking or AIDS” (p. 8). This prevention, he writes, is provided by the Church in Poland, which, through the Oasis movement and numerous neocatechumenal and charismatic groups, conducts preventive activities aimed at “shaping and strengthening pro-social attitudes: attitudes of kindness, love, friendship and empathy” (p. 7), based on “norms of Christian ethics that stand, like road signs, for the protection of health, dignity and freedom” (p. 8). Recommended by the secular state, the book is “a collection of studies on AIDS written from the position of believers” (p. 9), with the titles of some of the texts being “Zaproszenie do spotkania z Chrystusem” [Invitation to an encounter with Christ] or “Kapelan szpitalny: szafarz pokoju” [Hospital chaplain: steward of peace], and the whole tied together by John Paul II’s 1989 address to participants of the International AIDS Conference, in which he blames the spread of the virus on “sexual abuse”, among other things.

Within the framework of Catholic doctrine, the term “sexual abuse” encompasses ‘homosexual acts,’ sexual promiscuity, and sexual activity outside the sacrament of marriage that is not oriented toward procreation. The emphasis in church diatribes is unevenly distributed, with particular focus directed toward homosexuality, especially male same-sex relations. The gluing together of the HIV/AIDS epidemic and the homosexual “degeneration” of the West, exposed in the excerpt from Cekiera’s text quoted above, was to be found in the translation of a pseudo-scientific book by evangelical missionary Gene Antonio, *The AIDS cover-up?: The real and alarming facts about AIDS*, published a year earlier, in 1993, by the Catholic publishing house Exter. The book’s sharply homophobic rhetoric—characterized by the author’s reliance on decontextualized myths, stereotypes, and the dismissal of established medical knowledge—found a receptive audience during a period

in which the Catholic Church was consolidating its hegemonic position within the Polish public sphere. As a prophylactic prescription for the “AIDS cataclysm” caused by “American homosexuals” (Antonio, 1993, pp. 10, 139), the author proposes “the familiar biblical prohibitions on sex life for thousands of years” (p. 162): “[t]he exclusion of all homosexual experimentation, premarital chastity and fidelity during marriage” (p. 165). Representatives of the Polish Catholic Church, even a dozen years after the WHO removed homosexuality from the list of diseases, maintained that the decision was “not a description of medical practice, but a dogmatic record for the use of the lobby” (Augustyn, 2003, p. 18). In the 1990s, Primate Joseph Glemp proclaimed that homosexuals “should get cured” (Biedroń, 2004, p. 210). The culture wars to establish social normality and the conservatism of ruling politicians translated into the way politically ‘controversial’ phenomena were thought of, including in areas of public health.

Thus, in a study conducted in 1997–1999 on the approaches of doctors, nurses and social service workers towards selected issues of HIV and AIDS, the author, Polish sociologist Elżbieta Ciasioń-Przeclawska, noted with concern the identification of homosexuality with social pathology by members of these professional groups, concluding: “Such frequent identification of homosexuality as a social pathology in these, after all, educated professional groups indicates, above all, a lack of knowledge, which is tantamount to the enormous power of negative stereotypes on the issue and entrenched fearful attitudes” (Ciasioń-Przeclawska, 2000, p. 26). Moreover, more than a decade after the routes of HIV transmission had been clearly identified, preventive methods established, and post-exposure protocols implemented, research conducted by Ciasioń-Przeclawska (2000) revealed the persistence of a particular attitude prevailing among certain professional groups. As she observes, “a dominant isolationist attitude is nevertheless evident, recognizing the mechanisms of segregation of infected people from the rest of society” (p. 82). This perspective manifested in proposals for the establishment of a separate network of medical facilities—beyond those already specializing in antiretroviral treatment—exclusively for individuals living with HIV, thereby reinforcing practices of spatial and institutional segregation despite advances in medical knowledge. The results of a nationwide survey conducted by the National AIDS Centre in December 2000 among a sample of over 1,200 students from Poland’s medical academies¹³ revealed deeply concerning attitudes. Nearly two decades after the onset of the global HIV/

¹³ The research conducted was qualitative in nature and included interviews with students in their first and final years of study programmes such as medicine, dentistry, pharmacy, medical analytics, and nursing. It is important to emphasize that during that period, these study programmes were highly prestigious, and recruitment was based on very good high school exam results and entrance

AIDS epidemic, the majority of respondents continued to associate HIV primarily with the so-called 'high-risk groups' identified during the early stages of the crisis, namely, "drug addicts, homosexuals, and those prostituting themselves" (R.U.N. Badania rynkowe i społeczne & Krajowe Centrum ds. AIDS, 2000, p. 15). The survey further indicated that medical students commonly perceived homosexuality as pathological: "As a result of the expressed views of students, it appears that homosexuality (32% of indications) is a pathology to the same extent as prostitution (30.5%) and slightly less than violence (39.5%)" (p. 16).

The Catholic Church's dominance over social ethics in post-transformation Poland, coupled with its disproportionate influence on public health discourse at the expense of secular, evidence-based approaches, resulted in sex, sexuality, and prevention being framed and discussed predominantly through a Catholic moral lens throughout the 1990s. In the 1990s, a number of brochures and guidebooks directed at parents and adolescents, some of them published by Catholic organizations, promoted the Church's social teachings on sexuality, reinforcing a moral dichotomy between "psychological and erotic love" as legitimate only within the framework of marriage "and the sphere of dangers posed by casual, risky sexual contacts, which can hardly be called love" (Rosik, 1998/2001, p. 22). The reader would learn that "the promotion of safe sex ultimately leads to morally unacceptable behaviour, [and] resolution of health problems is not the use of condoms, but proper conduct that respects human sexuality, purity and dignity" (Rosik, 1997, pp. 38–39). Consequently, in post-transformation Poland, condom use was increasingly framed in moral terms (Struzik, 2017, p. 10), a sharp departure from earlier periods. As Owczarzak (2007) notes, during the People's Republic of Poland discourse around sexuality was characterized by a hybrid of "socialist puritanism, exhibited in denials that certain problems existed, and Catholic puritanism, voiced in objections to particular sexualities" (p. 111). The Church's moralizing stance on sexual behaviour, and its resistance to evidence-based prevention tools such as condoms, had significant public health consequences. In the early 1990s, Poland ranked among the lowest in Europe in terms of condom sales (Ford, 1993, p. 90), and by 1999, over half of the population (50.2%) reported feeling embarrassed while purchasing condoms (Markiewicz, 2018). Professor Zbigniew Izdebski further documented cases in which religious pressures were made to lead kiosks and shops to withdraw condoms from sale in the name of moral decency (Izdebski & Ostrowska, 2003, pp. 35–36). The integration of these ideological messages into

exams. Therefore, it can be assumed that the participants in the study possessed a relatively high level of knowledge and social capital.

state-sponsored prevention efforts is exemplified by the 1999 youth guide *Wybór należy do Ciebie* [The Choice Belongs to You], distributed in 21,000 copies by the National Coordination Office for AIDS Prevention using Ministry of Health and Social Welfare funds. The guide, authored by the priest Paweł Rosik, casts adolescent sexual and emotional exploration in highly negative terms. Sexual relationships between young people are described as morally suspect and psychologically damaging, while partners are portrayed as inherently unreliable: "Almost never does the partner of a young person turn out to be a responsible and trustworthy person" (Rosik, 1999, p. 20). The guide's treatment of early romantic experiences borders on shockingly alarmist, as in the rhetorical question: "Did a seventeen-year-old boy have to jump out of a window on the tenth floor after reading a letter in which a girl notifies him of her decision to break off their acquaintance? Was he emotionally mature enough to engage in a relationship with such emotional intensity?" (p. 21). Notably, despite its overtly religious and moralistic tone, including a chapter entitled "Więź z Bogiem jako oparcie i źródło wewnętrznej siły" [The bond with God as a support and source of inner strength], the guide was officially presented as a public health intervention: "for adolescents studying in junior high schools and the early grades of high school [aimed] primarily at increasing knowledge about HIV/AIDS and pointing out ways to avoid infection" (p. 5).

Naturalization of Catholic social teachings

In 1996, a state-funded publication entitled *Zagadnienia prorodzinnej edukacji seksualologicznej i profilaktyki HIV/AIDS. Materiały dla nauczycieli realizujących proces dydaktyczny* [Issues of pro-family sex education and HIV/AIDS prevention: materials for teachers implementing the didactic process] was released by the National Coordination Office for AIDS Prevention, using funds from the Ministry of Health. The volume, edited by Professor Jerzy Rzepka, a medical doctor and member of the Polish Academy of Sexological Knowledge, was based on lectures delivered at the Postgraduate School of Sexual Education in Katowice. In the Introduction, Rzepka asserts that the publication "centres around the latest achievements of scientific knowledge, obviously not connected with any ideology" (Rzepka, 1996a, p. 7). However, in his own contribution to the volume, he openly acknowledges the influence of Catholic teachings on his work, expressing his commitment to "always take into account Christian values" (Rzepka, 1996b, p. 9) in his sexological education. Love and sexuality in Rzepka's work are framed exclusively within the context of monogamous, sacramental marriage, and the author underscores

the need to educate for love within the family by referencing St. Paul's *First Letter to the Corinthians*. The religious framing is evident from the opening chapter, titled "Prorodzinna edukacja seksuologiczna" [Pro-family sexological education], authored predominantly by Catholic priests. These contributions construct an explicitly heteronormative model of sexuality, wherein sexual love is understood to be fully realizable only within Catholic marriage. This vision is articulated through the lens of "absolute sexual morality," a term presented by Jesuit ethicist Tadeusz Ślipko, who defines it as a normative framework that "orders the elemental forces of sexual desire in the spirit of a personalistically defined sense of human sexuality in its attribution to the service of human life" (Ślipko, 1996, p. 27). Among the more ideologically charged contributions is the chapter by Dr Władysław Skrzydlewski (1996), a Catholic priest, who pathologizes homosexuality by asserting that 'homosexual acts' "distort the psyche of the partners," and that "the adoption of children by *lesbian or homosexual*¹⁴ couples for upbringing" causes "the children to absorb the personality of the adoptive parents and the atmosphere in the home, with the result that there is a distortion of the children's psyche and a danger of their taking on a *homosexual or lesbian*¹⁵ orientation" (Skrzydlewski, 1996, p. 31). Drawing on Christian ethical thought, he further claims that "people of a different sexual orientation have a particular calling for personal development and participation in the work of salvation through the sacrificial renunciation of different [odmiennych]¹⁶ sexual relations and through working for the spiritual and material well-being of others" (p. 32). It is worth emphasizing that this resource, intended as an official pedagogical resource for teachers within a secular state education system, was published several years after the World Health Organization (WHO) had removed homosexuality from the International Classification of Diseases (ICD), signalling the persistence of outdated and stigmatizing frameworks in Polish institutional contexts. Other contributions in the volume also reflect a clear moralizing tone. For instance, Professor Olgierd Granicki (1996), in his chapter on the history of sexually transmitted infections (STIs) and AIDS, attributes the increase in STIs to cultural and moral decline, including "the promotion of eroticism in literature, cinema, and television" and the "devaluation of ethical and moral norms" (p. 168). He further laments the emergence of "a new morality, *devoid of religious restraints*¹⁷ and fears of infection (effective drugs are available!), or unwanted pregnancy (there are means and methods to prevent pregnancy, and abortion is accessible!)"

¹⁴ Italics mine.

¹⁵ Italics mine.

¹⁶ The Polish word "odmienne" [trans. different] implies deviancy.

¹⁷ Italics mine.

(p. 168).¹⁸ Similarly, in his article “Typ zachowania seksualnego a ryzyko zakażenia AIDS¹⁹” [Types of sexual behaviour and the risk of AIDS infection], Professor Julian Godlewski (1996) proclaims his intention to present only scientific facts, detached from ideological positions: “if I assert that one cannot *contract AIDS*²⁰ through masturbation, this does not imply that I consider masturbation to be either good or bad” (p. 183). Yet while ostensibly focusing on the epidemiological risk of various sexual practices (though he consistently refers to “AIDS” rather than HIV), Godlewski does not refrain from framing these behaviours in terms of their moral alignment with Catholic doctrine.

The 1998 report on youth knowledge and attitudes toward HIV transmission and prevention – authored by Dr Barbara Daniluk-Kula, then affiliated with the National Coordination Office for AIDS Prevention, and Professor Andrzej Gładysz, then President of the Polish AIDS Society – opens with a quotation from Pope John Paul II, signalling the integration of religious authority into the framing of public health discourse. The authors, adopting a conservative narrative, attribute the spread of “AIDS infection” among young people to a “crisis of the modern family” and the “loss of the school’s authority” (Daniluk-Kula & Gładysz, 1998, p. 15). They assert that it is “beyond dispute that both parents and teachers must instil in children the necessity of maintaining sexual abstinence” (p. 17), claiming that “excessive sexual freedom,” linked to “attitudes of cynicism, lack of ideals, and a consumerist approach to reality” (p. 15), as well as “undesirable behaviours known as promiscuity” (p. 20), increase and accelerate the risk of contracting HIV “and other dangerous diseases” (p. 15). Within this framework of conservative moral discourse, the primary emphasis is placed on regulating sexuality and constructing non-normative sexual practices as sites of risk and deviance. This perspective overlooks a key insight foregrounded in critical and pedagogical approaches: that many (particularly young) individuals engage in sexual experimentation and

¹⁸ It is noteworthy that the professor of medical sciences expresses a reproachful tone, emphasized by the use of an exclamation mark, when addressing the competence of individuals utilizing available technologies in the domain of sexual and reproductive health. Such rhetorical strategies, marked by affective judgment, are incongruent with the norms of scientific objectivity and evidence-based discourse.

¹⁹ Italics mine. By that time – fifteen years after the onset of the HIV/AIDS epidemic – it was well established in the epidemiological literature that individuals acquire HIV, the virus itself, rather than AIDS, which is the syndrome of opportunistic diseases developing typically after approximately a decade in untreated or undiagnosed persons living with HIV. Notably, neither the editor of the publication nor the National AIDS Coordination Office addressed this significant terminological inaccuracy.

²⁰ Italics mine.

explore diverse forms of relationality. As such, educational initiatives should be grounded in inclusivity and offer the broadest possible range of preventive strategies and informational resources. Narratives concerning the perceived crisis of traditional social institutions, such as the family, marriage, and education, serve as central reference points in conservative and Catholic discourses. These are frequently accompanied by rhetorical expressions of concern, fear, and hostility toward non-normative phenomena and practices (e.g., “homosexuality,” “promiscuity,” or “excessive sexual freedom”), all of which are hallmark features of moral panic. American sociologist Kenneth Thompson (1999) claims that to call a societal reaction “*a moral*”²¹ panic is precisely to indicate that the perceived threat is not to something mundane – such as economic output or educational standards – but a threat to the social order itself or an idealized (ideological) conception of some part of it” (p. 8). Polish sociologist Iwona Zielińska (2015) notes that moral panics typically aim to “affirm and reinforce the traditional axionormative order by punishing deviant behaviour” (p. 65). A key aspect of moral panics is their mediated nature, as they are amplified and sustained by media platforms. Such panics often emerge “during periods of social crises, systemic transformations, or various kinds of change – economic, political – that encompass multiple spheres of social life” (p. 27). The 1990s marked a period of profound socio-cultural and economic transformation in post-1989 Poland. This era was characterized by the emergence of new social norms, increased exposure to Western, capitalocentric models, growing material insecurity driven by neoliberal economic reforms, and the formation of new institutional and systemic frameworks. Within this context, the Catholic Church significantly expanded its hegemonic position by asserting a growing presence in public life—for instance, through the introduction of religious education in public schools—and by shaping dominant worldviews, notably by invoking the moral and symbolic authority of Pope John Paul II. By the late 1990s and early 2000s, the Church had consolidated its role as a key political actor, to the extent that its endorsement was instrumental in legitimizing Poland’s accession to the European Union (Piasecki, 2004). Polish sociologist Joanna Mizielińska (2004), reflecting on the socio-political landscape of Poland in 2004, commented: “The sexual panic we are witnessing in our country primarily concerns values, the power over them, and the hegemony of a singular ethical code that defends ultimate and immutable truths. Paradoxically, as presented in this discourse, it also concerns the need to defend these values” (pp. 117–118).

²¹ Italics in original.

Persons living with HIV and AIDS as heroic figures

Within Catholic discourse, human sexuality is deemed legitimate only within the context of sacramental marriage, which is conceptualized as a space “open to new life” (Rosik, 1997, p. 38). This normative framework, as Ślipko argues, discloses “the meaning of human,” that is, male and female, “sexuality in its orientation toward serving human life” (Ślipko, 1996, p. 27). According to the *Catechism of the Catholic Church* (1993), “each and every marriage act must remain open ‘per se’ to the transmission of life” (§ 2366), and the regulation of conception, permitted only “for just reasons” (§ 2368) when “spouses [wish] to space the births of their children” (§ 2368), is restricted to natural family planning methods (§ 2370). The opposition of John Paul II, and, by extension, the Catholic Church, to the use of condoms as an effective method of HIV prevention during sexual activity contributed to a discursive and ethical framework in which individuals living with HIV were expected to assume moral “responsibility for the lives” of their spouses. Within this framework, such responsibility was understood to necessitate abstention from sexual relations. As Bishop Elio Sgreccia, Secretary of the Pontifical Council for the Family, wrote:

The safest choice from a scientific and moral point of view which respects human dignity is that of abstaining from sexual intercourse: it is a choice that should be seen by the sero-positive spouse as an act of love with respect to the healthy spouse because conjugal love cannot bring death to the loved person; it is a choice that involves sacrifice and heroism, required [...] in married life [being] high tribute to unselfish love. (Sgreccia, 1994, par. 7)

In the *Poradnik (+)* [Guidebook +], a publication addressed to people living with HIV and issued in 1995 by the National AIDS Prevention Coordinating Office, Professor Zbigniew Lew-Starowicz (1995a), a prominent Polish sexologist, contributes an article “Życie seksualne osób żyjących z HIV” [Sexual life of people living with HIV]. In it, he encourages individuals living with HIV to explore what he terms “non-genital lovemaking” (p. 39). Drawing on Taoist and other Far Eastern traditions, he recommends practices such as “experiencing sexual arousal and even achieving orgasm through the stimulation of, for example, the hands, abdomen, neck, and spine” (p. 39). Simultaneously, however, Lew-Starowicz invokes a rhetoric of moral responsibility—closely aligned with conservative Catholic discourse—by urging people living with HIV to abstain from sexual contact altogether for the sake of their partner’s well-being, writing:

If, for example, sex is perceived as a supreme value in life and a measure of self-worth, sexual activity is likely to be continued *regardless of the consequences*. However, if sex is treated

as one of the manifestations of love and friendship, then an infected individual will strive to protect their partner *from even the smallest possible risk*.²² (Lew-Starowicz, 1995a, p. 42)

The fundamental dimension of experiencing pleasure and expressing intimacy—particularly through genital sexual contact, which is central to the well-being of individuals who experience and seek to act upon sexual desire—is, in the context of the sexual lives of people living with HIV, relegated to the realm of playful immaturity. According to Lew-Starowicz, such sexual activity is depicted as being pursued “regardless of the consequences,” thereby casting it as irresponsible and morally suspect. This interpretation is further reinforced by another contribution by Lew-Starowicz in the same guidebook, *Młodość a AIDS* [Youth and AIDS] in which he argues that “paradoxically, the problem of AIDS contributes to a reorientation of worldview – *we are moving away from hedonistic and consumerist attitudes*, delving into spiritual and non-material values [...] changes in lifestyle *deepen psychological maturity* and bonds with others [...] such values as a sense of [...] responsibility for oneself and others, friendship, love, altruism, and self-sacrifice are discovered and developed”²³ (Lew-Starowicz, 1995b, p. 38). This sexological framing, wherein psychological maturity and moral responsibility are positioned as the outcomes of adapting to a chronic condition, bears striking resemblance to Catholic discourses of redemptive suffering. It secularizes the narrative found in Catholic bioethics, in which the cessation of sexual relations by people living with HIV is construed as the “highest tribute to selfless love” (Sgreccia, 1994). Similarly, in *Życ z wirusem... Poradnik dla osób żyjących z HIV* [Living with the virus... A guidebook for people living with HIV], Dr Irena Głowaczewska—an epidemiologist and former head of the National AIDS Prevention Coordinating Office, as well as Undersecretary of State in the Ministry of Health and Social Care and Chief Sanitary Inspector (1997–1999)—describes the “renunciation of further sexual life” as “the most responsible decision” (Głowaczewska, 1999, p. 68). In both Catholic and secular public health discourses, then, people living with HIV are cast in a heroic light: expected to demonstrate self-sacrifice, with the moment of diagnosis reframed as a transformative threshold into heightened spirituality, emotional maturity, and ethical refinement.

A markedly different perspective emerges in numerous Western popular science publications on HIV/AIDS prevention and living with the virus, translated into Polish during the 1990s. These texts tend to portray individuals living with HIV as autonomous subjects, endowed with agency and decision-making power

²² Italics mine.

²³ Italics mine.

concerning their sexual lives. For instance, in *What you can do to avoid AIDS* by Earvin “Magic” Johnson, the question “if I have HIV, can I have sex?” is met with an affirmative answer, encouraging prior communication with a partner, the use of condoms, and the practice of “safer sex” through which “[one] can greatly reduce [their] chance of giving HIV to someone else” (Johnson, 1992, p. 95). And a seropositive person “also greatly reduce[s] [their] chances of being reinfected by someone with the virus or of getting another STD” (Johnson, 1992, p. 95). This perspective highlights concern not only for the partner but also for the health of the person living with HIV. Similarly, in the already mentioned 1993 publication *100 questions & answers about AIDS* the response to the question “Can people with HIV infection still have sex?” is pragmatic: “Just because someone is infected with IV does not mean that he or she must stop having sex. What it does mean is that people infected with HIV have to properly use a condom every time they have oral, vaginal, or anal sex” (Ford, 1993, p. 68). The guide underscores the importance of informing one’s partner about their serostatus, acknowledging that “[c]ondoms can break or be defective, so even though using condoms reduces the risk of transmission, there is still some risk” (Ford, 1993, p. 68). Although the translated book *Straight talk about sexually transmitted diseases* advises seronegative persons to avoid “any kind of sex – oral, anal, or vaginal – with an infected partner, an IV drug user, or a person who has had sex with either of those two” (Brodman et al., 1993, p. 88), for people living with HIV, the publication offers constructive advice: “[y]ou will be obligated in the future to inform any potential sexual partner about the risk if you are a carrier of herpes or HIV, as these cannot be eradicated from the body”²⁴ (Brodman et al., 1999, p. 135). These examples demonstrate a stark departure from a purely moralistic narrative, focusing instead on pragmatic prevention strategies, informed consent, and the shared responsibility for minimizing risks, allowing people living with HIV to retain their autonomy and dignity.

It is true that prior to the introduction of highly active antiretroviral therapy (HAART) in 1996, an HIV diagnosis was widely regarded as terminal. The initially approved antiretroviral medication, zidovudine (AZT), offered only limited delay in the progression of immunodeficiency leading to AIDS (Darbyshire et al., 2000). However, the principal modes of HIV transmission and effective preventive measures, most notably, the correct and consistent use of condoms²⁵, had been

²⁴ The quotation taken from the second edition of *Straight talk...*, translated back into English from the Polish translation.

²⁵ As HIV/AIDS prevention specialists Dr Dorota Rogowska-Szadkowska and Dr Łukasz Łapiński (2010) write: “[A] high-quality condom, if properly put on and used correctly from the beginning of sexual contact, and if it neither slips off nor breaks, provides 100% protection against infec-

identified relatively early in the epidemic. From a medical standpoint, therefore, there was no justification for prevention strategies that prioritized the promotion of sexual abstinence over condom advocacy. This is particularly pertinent given that any competent clinician, psychologist, or sexologist recognizes that scientific authority, no matter how robust or well-articulated, does not uniformly reach or persuade all individuals, nor does it automatically produce behavioural change, such as the expectation of complete sexual abstinence (pre- or extramarital), as advocated by some conservative actors.

In the socio-political context of 1990s Poland, a time marked by the increasing influence of Catholic moral discourse, condoms emerged as a site of ideological contestation. They proved so incompatible with the dominant state-sanctioned prevention narratives that, throughout the entire history of the National AIDS Prevention Coordination Office (later renamed the National AIDS Centre), no major public health campaign explicitly endorsed condom use as a core prevention tool. Catholic-affiliated publications similarly marginalized the condom, either through complete omission or the use of euphemistic language. For instance, in *Poradnik dla rodziców. Jak rozmawiać z dzieckiem o AIDS?* [Parents' guidebook: how to talk to your child about AIDS], published by the Catholic Social Movement KARAN, the term "condom" does not appear even once in the chapter addressing the medical facts of HIV/AIDS. Instead, risk is described obliquely, e.g., "You can contract the HIV virus [...] through sexual intercourse with an infected person"²⁶ (Rosik, 1998/2001, p. 13), or referred to using vague language: "When [sexual abstinence or mutual fidelity between two seronegative partners] are not fulfilled, WHO recommends the use of *measures that reduce the risk of infection* during the entire sexual act" (Rosik, 1999, p. 10).²⁷

Three decades of Catholic health prevention

Catholic discourse, characterized by its demonization of condoms and its emphasis on fidelity and abstinence, has profoundly shaped the landscape of state prevention and health policies in Poland, extending beyond sexual health into fields such as addiction therapy (Struzik, 2021a, p. 108). The virtues of strong willpower and

tion. Condom damage does not result from flaws in the manufacturing process but from incorrect use" (p. 75).

²⁶ There is no implication that exposure to the risk of HIV acquisition necessarily requires engagement in unprotected sexual intercourse.

²⁷ Italics mine.

sobriety, foundational to the abstinence-based model of care that dominated for decades, are critiqued by Magdalena Bartnik, president of the PREKURSOR Foundation for Social Policy specializing in harm reduction, who terms this framework as an “abstinence tyranny” [*zamordyzm abstynencji*] (Struzik & Dziuban, 2022a, p. 279). These principles have effectively become slogans of contemporary Poland’s punitive, disciplinary state apparatus, which seeks to safeguard conservative values (Struzik & Dziuban, 2022b, p. 22). Polish sociologist Justyna Struzik further observes that “similar to the abstinence-driven drug-free model, which ignores the fact that people use various substances and that pharmacology (e.g., substitution therapy) can effectively treat addiction, HIV prevention in Poland somewhat overlooks the fact that people engage in unprotected sexual encounters and does not openly promote condom use in this context” (Struzik, 2020, p. 125). While UNAIDS, the United Nations programme advocating for effective HIV/AIDS prevention, emphasized in 2010 the imperative of adopting so-called combination prevention, which includes widespread access to condoms, harm reduction initiatives, and the destigmatization of sexual diversity, the Polish government, despite presenting itself as liberal and oriented towards individual freedoms,²⁸ terminated the *Seks w moim mieście* [Sex in my city] campaign. This campaign engaged men who have sex with men (MSM) and individuals using psychoactive substances but it was discontinued following moral panic incited by Catholic and right-wing media regarding its priority population (Ferfecki, 2013). It is important to underscore that prevention constitutes an organized state system of interventions grounded in evidence-based science, aimed at mitigating diseases that impose significant epidemiological and economic burdens (see, WHO, b.d.). Effective prevention should not be subordinated to short-term political agendas, as such instrumentalization risks shaping community health through the prism of dominant ideologies. This approach, by neglecting socio-structural conditions and potentially retraumatizing vulnerable populations, may produce outcomes antithetical to its intended goals. Rather than equipping society with effective tools for risk reduction or elimination, it exacerbates existing challenges.

Dr Katarzyna Malinowska-Sempruch, author of the draft for Poland’s first National Programme for HIV Prevention and Care for People Living with HIV and AIDS, described the Catholic Church’s role in shaping HIV/AIDS prevention policies during the 1990s as “generally not very good” when interviewed by

²⁸ Between 2007 and 2014, the governing coalition in Poland consisted of the centrist Civic Platform (Platforma Obywatelska, PO) and the agrarian Polish People’s Party (Polskie Stronnictwo Ludowe, PSL).

sociologist Justyna Struzik. While acknowledging a brief period during which the Church, represented by Arkadiusz Nowak, contributed positively, she emphasized that “introducing our version of Catholic mentality into the rest of the activities was no longer helpful” (Struzik, 2022b, p. 149). Malinowska-Sempruch contends that the Church’s influence on health policy endured for an extended period, sufficiently long for Catholic conservative discourse to become deeply entrenched in the political sphere, thereby impeding the adoption of effective prevention strategies consistent with international standards. Within the Polish context, the use of condoms—arguably the most fundamental method of HIV and STI prevention—has become emblematic of this tension. Mateusz Liwski, president of the Res Humanae Foundation, notes that in the early 1990s, condoms were “practically not a taboo topic,” with educational materials incorporating condoms and instructions on their proper use routinely produced (Struzik, 2022c, p. 134). Condoms were freely available at counselling centres and MONAR facilities and were occasionally distributed in secondary schools (Ford, 1993, p. 96). However, a marked shift occurred subsequently: state institutions responsible for funding prevention programmes began excluding condom procurement from the budgets of non-governmental organizations. Agata Dziuban of Sex Work Polska recalls that “[in 2016,] we received 45,000 [PLN in funding from the National AIDS Centre], on the condition that we could not purchase condoms, because that was still considered too controversial” (Struzik, 2022d, p. 288). Dr Agnieszka Walendzik-Ostrowska, a pedagogue and sexual health expert, summarizes the situation succinctly: “It is the specificity of Polish Catholicism that determines the fact that the chief state institution responsible for public health does not allow the purchase of condoms, despite their proven effectiveness as a preventive tool” (Struzik, 2022e, p. 205).

Conclusion

The immediate aftermath of the 1989 transformation in Poland marked a period of significant institutional flux and socio-political ferment (Struzik, 2021b). The vision of liberal democracy unfolded within a complex arena of competing power relations among various political actors and social institutions, notably the Catholic Church. It can be argued that the dominance of Catholic social ethics throughout the 1990s, along with transplantation from the West of the most stringent version of (individualistic) neoliberalism, contributed to what sociologists Justyna Struzik and Agata Dziuban (2022b) describe as a “largely

absent or withdrawn state – a state largely delegating its tasks to non-governmental organizations [...] implementing a minimum of tasks in this particular field of public and health policies” (p. 24), particularly on morally contentious issues from the perspective of Catholic conservatives, such as HIV/AIDS and sexually transmitted infection (STI) prevention and harm reduction. For many years, campaigns led by the National AIDS Centre focused predominantly on topics deemed appropriate within the prevailing prevention framework, such as awareness of transmission routes, the importance of HIV testing, personal safety, familial care, knowledge of serostatus, and adherence to antiretroviral therapy (Pataj, 2021, p. 136). However, these initiatives addressed primarily “socially safe” issues and lacked substantive support or institutional engagement with key populations disproportionately affected by HIV/AIDS due to structural, legal, and social inequalities. Concurrently, highly effective preventive interventions, including condom distribution, pre-exposure prophylaxis (PrEP), and harm reduction strategies, were marginalized by the state, which, under conservative influence, framed them as facilitators of promiscuity rather than as responsible health practices benefiting individuals and their sexual partners, thus the whole society. This marginalization reflects the broader discomfort of Catholic-based conservatism with both the key populations most affected by HIV/AIDS and the prevention methods that challenge traditional moral paradigms.

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