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Critical Analysis of Catholic Media Discourse on Health Education as a New Subject in Polish Schools

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Abstract

Health education, as a process of learning a sense of responsibility for one's own health and the health of others, functions in many countries around the world. In 2024, a regulation was issued containing a draft curriculum for a new subject in Polish schools – Health Education. This is a manifestation of gradual legislative efforts aimed at change in Polish education. According to the concept of Michael W. Apple, groups exerting influence on the shaping of educational policy include, among others, religious groups, including those with a conservative orientation. This, in turn, may lead to the creation of inequalities in society. Therefore, the aim of this article was to reconstruct Catholic media discourse (giving voice to representatives of Catholicism) on Health Education as a new subject in Polish schools. The study was guided by the following research question: How is Health Education, as a new school subject, presented in Catholic media discourse? Thirty articles were analysed (radiomaryja.pl, opoka.org.pl, deon.pl, ekai.pl, gosc.pl), using critical discourse analysis in the discourse-historical approach of Ruth Wodak and Martin Reisigl. Supporting concepts were *childhood innocence* and *health/morality binary*. Health Education, as a new subject in Polish schools, was presented in the analysed discourse in a rather unambiguous, negative way. Catholic media equated it with sex education, seeing it as indoctrination and a threat to defenceless students, and even to the entire nation. The reasons for the negative assessment of health education in Catholic media discourse

also included the departure by the authors of the curriculum from traditional values, in favour of an approach focused on scientific knowledge, and the neglect of the aspect of teacher preparation for teaching the new subject. The pressure presented in the analysed discourse ultimately proved effective – health education was no longer made compulsory. This suggests that the influence of religious groups (particularly Catholic ones) on education in Poland does, in fact, exist.

Keywords: health education, Catholic media discourse, critical discourse analysis, Polish school, feminist perspective.

Introduction

Research conducted among Polish students indicates that one in three is suspected of experiencing depression, while one in ten has attempted suicide (Dębski & Flis, 2023, p. 19). According to the Ipsos World Mental Health Day report (2024), only 20% of respondents in Poland believe that the national healthcare system treats physical and mental health issues equally. In contrast, as many as 49% believe that mental health is not regarded as equally important in the country. Given that the definition of health emphasises a state of equilibrium across physical, mental, and social dimensions (WHO, 1948, p. 2) and that this equilibrium appears to be lacking in the public perception in Poland, it is essential to address these imbalances wherever possible. One such opportunity is the implementation of health education in schools, which is considered a fundamental right of every child (Woynarowska, 2012a, p. 11), and should provide all students with equal access to information on broadly understood health, regardless of gender, beliefs, or background. This is particularly important, as Barbara Woynarowska (2012b, p. 15) argues that social inequalities are a key cause of health inequalities, and it is schools that should serve as spaces for reducing such disparities.

I understand health education as a didactic and educational process, in which students develop a sense of responsibility for their own health and the health of others, and learn how to take care of it (Woynarowska, 2012a, pp. 11–13; Przybysz-Zaremba, 2024, p. 169). In Poland, plans to introduce Health Education as a separate subject in schools emerged only in 2023, when the so-called 15 October Coalition (Civic Coalition, Third Way, The Left) came to power. In 2024, draft curricula were published, which pro-

voked considerable controversy, particularly in Catholic media opposing the introduction of this subject. Given the fact that the Catholic Church in Poland still has a significant influence on public affairs (Grzymała-Busse, 2015, pp. 171–187, 343; Grzymała-Busse, 2019), including education, I decided to conduct a study aimed at reconstructing Catholic media discourse on Health Education as a new subject in Polish schools.

Context

Health education in the Polish education system began functioning in 1973 when a resolution was adopted on the state of health of schoolchildren and youth, hygienic and medical care, and the health conditions in educational institutions, as well as the improvement of medical assessment procedures, for the needs of students, and schools. However, it was not until 1997 that it was included in the core curriculum, that is, in documents outlining the knowledge, attitudes, and skills (in the current format of the document) required to be implemented at specific educational stages (Woynarowska, 2008, pp. 446–447; MEN, 2013). Despite numerous revisions of the core curriculum, it was never separated as an independent subject but was implemented within educational and preventive programmes, and within other subjects (e.g. physical education, biology, family life education). The key subject so far addressing issues related to health education in Poland has been family life education which has been a non-compulsory subject from year four of primary school, at every educational level. This subject covered the following areas: family, puberty, human sexuality, life as a fundamental value, fertility, attitudes, interpersonal communication, identity and the multidimensionality of the human being, psychosexual development, and legislation concerning the family (MEN, 2017). It has been the subject of much controversy due to the lack of appropriate teacher preparation and the fact that classes were often conducted merely to supplement teaching hours (Lewicka-Zelent, 2019, pp. 214–218). It has happened that the subject was taught by catechists using textbooks, focused primarily on traditional values (Buchnat et al., 2018, p. 130; Diec-Pietrowska & Paprzycka, 2016, pp. 164–165).

In April 2024, the Ministry of National Education in cooperation with the Ministry of Health and the Ministry of Sport and Tourism announced the

launch of work on a new school subject Health Education. The subject was intended to be compulsory for students in grades IV–VIII of primary school with one lesson per week and for students in grades I–III of post-primary schools with two lessons over a two-year teaching cycle (MEN, 2024a; Rzecznik Praw Dziecka, 2024). A draft regulation containing the core curriculum for the new subject was published in October 2024. According to the regulation, Health Education was to consist of eleven sections:

- values and attitudes,
- physical health,
- physical activity,
- nutrition,
- mental health,
- social health,
- puberty,
- sexual health,
- environmental health,
- the internet and addiction prevention,
- the healthcare system.

As can be seen in the core curriculum, the proposed subject included issues related to all three areas of health: physical, mental, and social. Each section contained detailed learning outcomes that were to be achieved during lessons. The draft regulation was submitted for public consultation, which generated many responses in the discussion, including in Catholic media.

Assumptions

In the context of the study presented in this article, two theoretical concepts are key childhood innocence (Robinson & Davis, 2018) and science-based versus values-based education (health/morality binary, Fields, 2008). Both concepts are related to the feminist perspective. Childhood innocence separates the worlds of adults and children. Within this understanding children are perceived as sensitive beings vulnerable to harm whose innocence must be protected at all costs. One of the areas from which they require particular protection is sex education and broadly understood sexuality (Robinson & Davis, 2018, p. 218). As stated by Robinson and Davis (2018, p. 221), this is

the concept most often used in the socialisation of children from Christian families. Therefore, it was selected as a theoretical framework in this study – health education partly consists of broadly defined sex education and the analysed Catholic media discourse may serve as a tool of influence primarily on families who live according to this system of values. The second concept (the health/morality binary) refers to a dualism in approaches to health education, on the one hand focused on strictly scientific facts, and on the other on moral and value-based aspects of such education. The ideal solution would be to combine both approaches; however, studies show that communities embedded in a particular culture or religion tend to predominantly represent a values-based approach (Svendsen, 2018, p. 144). I not only disagree with the idea of protecting children from sex education or focusing exclusively on the moral aspect of education, but above all I see it as a tool of strong control, that may affect public education as a whole by adapting it to the expectations and views of only a part of society (in this case the Catholic one). Therefore, in order to determine whether these concepts are indeed used in Catholic media discourse, they were employed in the formulation of research questions and in the data analysis.

Methodology

Education is a sphere in which the influence of various interest groups comes into conflict both in terms of who manages it and what should be taught. As Michael W. Apple argues (2019, pp. 283–285), among the groups exerting influence on the shaping of educational policy are religious groups, including those with a conservative orientation. It should be emphasised that like any other interest group, they pursue their own agenda rooted in a particular worldview by influencing the functioning of public and universally accessible schools. According to Nancy Fraser's three-dimensional concept of justice and more specifically the justice of recognition (Fraser, 2009, pp. 2–3), the source of social inequalities may be the failure to recognise difference and distinctiveness (Łaszyn, 2013, p. 34) which is evident in the statements of the Catholic Church authorities in Poland, for example in the context of LGBT+ individuals (see Chrzczonec & Klauziński, 2019). Given its strong position in Poland and thus its potential influence on the shaping of educational

policy (including the core curricula for new subjects), I considered it important to examine how the planned implementation of health education in schools is presented in Catholic media discourse.

The study was guided by the following research question: How is health education, as a new school subject, presented in Catholic media discourse?

Critical discourse analysis in the discourse-historical approach developed by Ruth Wodak and Martin Reisigl was used for data analysis. This approach takes into account the context in which the subject of the study is embedded and is therefore associated with a lower risk of a one-sided perspective. However, this does not mean that it eliminates researcher subjectivity entirely. On the contrary, CDA scholars emphasise that discourse is about attributing meaning to something from a specific perspective (Wodak, 2008, pp. 188–199; Kosińska, 2017, p. 320). In the analysed material, I searched for discursive strategies understood as “systematically recurring ways of using language characterised by varying degrees of complexity and assigned to different levels of language system organisation” (Wodak, 2008, pp. 195–196). The analysis focused on the following sub-questions representing discursive strategies:

How is it named? Which aspects of health education are emphasised and which are marginalised (values and attitudes, physical health, physical activity, nutrition, mental health, social health, puberty, sexual health, environmental health, the internet and addiction prevention, the healthcare system)? (nominalisation strategy)

In this question the aspects of health education were distinguished based on the sections proposed in the core curriculum for the subject.

How is health education evaluated in the analysed discourse? Which elements of health education are assessed positively and which negatively? What approach to health education is visible in the analysed discourse (health/morality binary)? (predication strategy)

How are the evaluations justified? What argumentation strategies are used to support the assessments concerning health education? Is the concept of childhood innocence used in the argumentation? (argumentation strategy)

How are they intensified or mitigated? (intensification/mitigation strategy)

From whose perspective are the evaluations formulated? Which social groups are represented in the analysed discourse and which are excluded? (perspectivation strategy)

The research material was selected purposively. Using the Google search engine I searched for the phrase “health education” and saved only those texts that concerned the new subject being introduced in Polish schools. During the search, I used incognito mode so that the algorithm based on my previous searches would not affect the results. I did not take into account official statements about the work on the subject published on the website of the Ministry of National Education. In this way I obtained 238 articles. I then filtered the material and selected only those texts that were published on Catholic websites between April 2024 (the announcement of the work on health education) and the date of data collection (2 January 2025). None of the texts meeting these criteria were excluded so the sample was saturated. This narrowed my research sample to 30 texts published on five websites: radiomaryja.pl, opoka.org.pl, deon.pl, ekai.pl, and gosc.pl.

Analysis of Results

In the analysed material the nominalisation strategy related to Health Education as a newly introduced subject was identified 53 times. In 25 of these instances the subject was referred to in a neutral manner. The terms used included: health education, a new compulsory subject, “health education,” so-called health education. Most of the neutral references came from quotations of statements by the Ministry of National Education responding to criticism of the subject. The appearances of “health education” and so-called health education in the texts may be examples of ironic quotation marks used by the author to signal disapproval of the use of the term Health Education as the name for a subject that (in the author’s view) does not serve health at all:

“In fact, for the Ministry of National Education, health is not a core value”
(deon3_12.11.24)

These terms, although not explicitly emotionally charged, function as a kind of emphasis on the superficiality of Health Education as a new school subject when placed in the context of the negative tone of the articles from which they originate. The majority of the terms (53%) are negatively marked and can be divided into two groups:

- referring to one of the proposed areas of health education (sexual health) – anti-family sex education, systemic eroticisation of children and adolescents, aggressive sex education, compulsory sex education, sexualisation, sexual indoctrination,
- equating the subject with a threat – a crime against the individual, moral degradation, an attack on identity, moral corruption, anti-family chainsaw metaphor, neo-Marxist transformation of the education system, promotion of anti-family values.

The nominalisation strategy adopted in the analysed materials, primarily highlights the negative attitude of Catholic media towards the teaching of sex education in schools, which they describe using epithets such as aggressive, compulsory, and anti-family. It is the area of sexual health that dominates within the nominalisation strategy. References to the area of values and attitudes appear only marginally, while the remaining nine areas are essentially omitted. In the second group of terms, which equate the subject with a threat, a clear opposition is visible towards the incompatibility of health education with Catholic values – it is portrayed as something that destroys the family and leads to the moral downfall of the individual.

The analysis of the predication strategy showed that health education in Catholic media discourse is evaluated predominantly negatively (96.2%). The small number of positive assessments of the subject were formulated from the perspective of the Minister of Education and concerned the necessity of introducing it in light of numerous health problems affecting children and adolescents. However, the materials also included positive opinions expressed by bishops:

“[...] some legitimate topics, such as potential online threats or the sharing of children’s images [...]” (ekai1_22.11.24)

“Health education is important.” (radiomaryja10_29.12.24)

These assessments, however, were tempered by further criticism, indicating the use of the mitigation strategy. The negative evaluations were in part formulated in reference to the draft regulation containing the subject’s core curriculum, but most of the statements did not refer to specific elements of the

curriculum and instead addressed generalities, such as the areas covered by the subject or its compulsory nature. Arguments were presented from the perspective of Catholic organisations (e.g. the Polish Bishops' Conference), right-wing politicians (e.g. Przemysław Czarnek – former Minister of Education and Science in the Law and Justice government, Barbara Nowak – former Education Superintendent), right-wing organisations (e.g. the Ordo Iuris Institute, the Polish Federation of Pro-Life Movements), specialists (e.g. a psychologist), and parents. It should be noted that the analysed media primarily gave voice to those individuals and organisations guided by the Catholic system of values.

The reasons for the negative assessment of health education formulated in Catholic media discourse can be divided into the following groups:

- the inclusion of sexual health as one of the areas – the majority of statements about the new subject equate Health Education with sex education, despite it being only one of eleven thematic areas. Furthermore, the authors of the core curriculum are accused of intending to sexualise or eroticise children, even though none of the content in the document supports such claims. There is a clear tendency to call for the complete elimination of sex education. The use of argumentum ad ignorantiam is evident, that is, the strategy relies on the fact that most of society does not feel the need to read the draft curriculum in detail and is unaware of its actual content:

“Reading the draft regulation leads to the conclusion that ‘Health education’ is to be introduced due to the section titled ‘Sexual health’, which proposes a highly controversial version of sex education that could be called ‘the systemic eroticisation of children and adolescents’, and its consequence will be, among other things, an increase in cases of sexually transmitted diseases.” (ekai2_25.11.24)

“The draft Regulation of the Minister of Education, published on the website of the Government Legislation Centre, contains very harmful [...] permissive sex education principles that represent the systemic corruption of children and adolescents in Polish schools.” (opoka5_21.11.24)

“This subject is to include elements of anti-family sex education.” (radiomaryja1_4.12.24)

- the compulsory nature of the subject – opponents of health education refer to the Constitution of the Republic of Poland, particularly to what they consider a violation of Article 48(1) (“Parents shall have the right to bring up their children in accordance with their own convictions. This upbringing shall respect the degree of maturity of the child as well as the child’s freedom of conscience and religion and its beliefs.”) and Article 53(3) (“Parents shall have the right to ensure their children a moral and religious upbringing and teaching in accordance with their convictions.”) (Constitution of the Republic of Poland). In the explanatory memorandum to the draft regulation, the Ministry of National Education (2024a) states that the role of the school is merely to support parents in developing children’s health awareness. The use of Article 53(3) in argumentation is particularly interesting, as health education as a school subject would not be linked to any religion or specific worldview, but rather to current scientific knowledge (MEN, 2024b). Opponents also draw a contrast with the previously existing subject Family Life Education, which was not compulsory. Arguments appeal to the notion of a parental community, who are undoubtedly concerned with the well-being of their children, and therefore should be the only ones to decide on their education:

“Content introduced in health education violates the constitutional right of parents to educational primacy (Article 48(1) and Article 53(3) of the Constitution of the Republic of Poland) in such a sensitive area as the sexuality and sexual development of the child.” (opoka2_20.11.24)

“Let us remember that the previous subject which covered these issues, that is, Family Life Education, was not compulsory for students.” (radiomary-ja4_8.12.24)

“[...] they [those in power – author’s note] are so shameless that they disregard the rights of parents and civil liberties, as they want to impose everything on everyone as mandatory.” (opoka7_19.11.24)

- lack of age-appropriate content and threat to students – the authors of the core curriculum are also accused of failing to adapt the content to

the age of students, although, according to the authors themselves, it is based on current scientific knowledge (MEN, 2024b). In the statements of opponents of health education, concerns are expressed about the potential consequences of discussing such sensitive topics at school, among peers with varying levels of maturity. Arguments are therefore used that refer to childhood innocence, which representatives of Catholic discourse seek to protect through their opposition. The research material also reveals the fabrication of consequences resulting from the introduction of Health Education – for instance, paedophilia is mentioned as a result of discussing the concept of “informed consent” at school:

“[...] introducing children to sexuality as early as the fourth grade of primary school is – in my view – unacceptable, premature, and the way it is prepared is also unacceptable.” (radiomaryja11_31.12.24)

“I do not believe that school is the right place to discuss sexual health [...]” (deon2_20.11.24)

“[...] the term ‘informed consent’ is promoted in Health Education. – If there is informed consent, then sex is acceptable; if there is none – it is wrong. [...] A logical consequence of adopting such a criterion is also the recognition of paedophilia or prostitution as proper, acceptable, good sex.” (opoka6_13.11.24)

- departure from traditional values – Catholic media operate within a specific value system, which is evident in the analysed material. They demand a shift away from Health Education focused on health (as seen in ministerial discourse) towards education centred on values and moral aspects. The articles show that opponents of Health Education, who are also Catholics, expect public education to be subordinated to their values, namely: marriage as a union between a woman and a man is the only morally acceptable form of relationship, through which the Polish state exists. According to many opponents of Health Education, any departure from this model constitutes indoctrination and a threat. These messages are reinforced through emphasis, exaggeration, and the highlighting of contrasts:

“In the ministerial regulation the words ‘marriage’, ‘husband’ or ‘wife’ do not appear even once (!).” (opoka3_21.11.24)

“[...] the subject of health education is a tool to shape such a society, it is a direct path to the suicide of the nation and the Polish state.” (radiomaryja3_21.11.24)

“This is a message that is deprecating and strikes at the family.” (gosc2_14.11.24)

“According to the vision of the Ministry of Education, sexuality is to serve pleasure, not marriage, not the family, not love. [...] As something natural, relationships involving several people or homosexual couples will be presented.” (radiomaryja7_18.11.24)

- lack of teacher preparation for delivering the subject – criticism of the plans to introduce the new subject also includes the issue of insufficient teacher preparation. Such a subject has not existed before, so it is doubtful that teachers will have the appropriate qualifications by the time the subject is implemented in schools:

“Why is the new subject being introduced at such a pace? Who will teach it? Why can’t teachers be given a year or two to prepare?” (deon2_20.11.24)

Analysed materials were strongly emotionally charged. As part of the intensification strategy, I identified the use of enumeration, rhetorical questions, hyperbole, exclamations, metaphors, comparisons, and appeals to authority without simultaneously providing specific data:

“What I find unacceptable is the lack of sensitivity and tact I see in the core curriculum for health education, and the level of sensitivity to children’s emotions is comparable to that of medical students faced with the intense embarrassment of a woman giving birth, while the whole group stares between her legs without asking [...]” (deon2_20.11.24)

“The decisive day of the battle for the innocence of Polish children has come.” (opoka3_21.11.24)

“What the Ministry of Education is proposing contradicts scientific knowledge: medical, sociological, and psychological. American studies have shown that more than 2/3 of American girls who started sexual activity at the age of 13–14 were unable to describe themselves as ‘very happy.’” (opoka3_21.11.24)

Only 6% of the excerpts falling within the intensification strategy were favourable towards the new subject. All of them were formulated from the perspective of representatives of the Ministry of National Education:

“Health education will be a compulsory school subject regardless of the opinion of one organisation or another [...] every child should receive the same scope of information ‘based on knowledge, not on prejudice and superstition.’” (deon1_12.11.24)

Mitigation strategy was used much less frequently. In nearly all of the identified excerpts (88.9%), it was formulated from the perspective of the Minister of Education:

“Sexual life, sexual health is just one of the components. It is much more important to approach this subject as one that is a response to the mental health crisis.” (radiomaryja7_18.11.24)

In response to the criticism of the new subject, she emphasised that it is not strictly sex education, as perceived by opponents of health education, and that it includes many other important topics. The remaining statements aligned with the mitigation strategy referred to the fact that health education is indeed important and is already being implemented in other subjects, and therefore should remain so:

“After all, none of us is against health education being implemented in Polish schools, as it is already carried out in various classes.” (radiomaryja5_24.11.24)

“Health education is important. Fine, let it be, but only with content accepted by everyone.” (radiomaryja10_29.12.24)

The phrase “health education is important” indicates the only point of agreement between the Ministry of National Education and the opponents of introducing Health Education. They object to its proposed form – as a separate compulsory subject – but do not express negative opinions about areas other than sexual health. It can therefore be concluded that they oppose only what conflicts with their worldview. Their stance shows no willingness to compromise. This, in fact, brought about the desired outcome – on 16 January 2025, Minister Barbara Nowacka announced that health education would be a non-compulsory subject after all.

Conclusions

Health education, which combines issues related to physical, mental, and social health, is becoming, in the era of emerging pandemics, increasingly frequent mental health disorders, and the isolation of individuals from society leading to difficulties in social functioning, an inseparable element of general education. The Ministry of National Education, aiming to introduce a new subject, seeks a gradual reform of the Polish education system, which should ensure equal access to knowledge for every individual. Catholic communities play a major role in shaping educational policy in Poland, regardless of the ruling party. Through this, they influence the process of upbringing and socialisation of individuals, which, as a result of their actions, is deprived of equal access to knowledge. Therefore, it was important to examine how they perceive health education. The aim of this article was to reconstruct Catholic media discourse, that is, media giving voice to Catholic communities, on Health Education as a new subject in the Polish school. The analysis showed that the subject was referred to both neutrally (mainly the official name of the subject or terms such as new compulsory subject were used) and negatively. Negatively marked expressions focused primarily on one area of the proposed health education, namely sexual health, although the term sex education was used in media discourse. In this context, expressions such as sexual indoctrination and systemic eroticisation were used. The analysed discourse thus revealed a misunderstanding of the concept of sex education. It was assumed to be something exclusively related to eroticism, which is not true. Sex education includes issues related to sexual health, human sexual

rights, gender, gender identity and roles, sexual orientation, eroticism, pleasure, and procreation (WHO, 2010). Sexual health was the main area included in the nominalisation strategy. In addition, there were references to the area of the *internet and addiction prevention* (in the context of opponents' statements) and *mental health* (in the statements of the Minister of Education). The remaining areas were omitted. Health Education in Catholic media discourse was predominantly evaluated negatively. Exceptions were statements defending it from the Ministry of National Education, which emphasised the importance of implementing Health Education across all areas of health (not only those related to sexuality), as well as a few exceptions referring to the areas of the *internet and addiction prevention* and *values and attitudes*. Critical voices were justified with reference to five factors: the inclusion of sexual health as one of the areas, the compulsory nature of the subject, the lack of age-appropriate content and the perceived threat to students (thus referring to the concept of childhood innocence; Robinson & Davis, 2018), the departure from traditional values on which health education should be focused (thus favouring an approach centred on morality in line with the concept of Fields, 2008), and the lack of teacher preparation to conduct classes. Although most statements were strongly emotionally charged and employed linguistic elements indicating an attempt to manipulate the message (in the intensification strategy, I identified enumerations, rhetorical questions, hyperbole, exclamations, metaphors, comparisons, appeals to authority), some of the arguments stemmed primarily from concern for the well-being and innocence of children. Others, however, exploited the ignorance of recipients who may not have read the full version of the draft core curriculum and manipulated facts. For example, it was claimed that the core curriculum does not mention marriage as a union between a woman and a man, whereas the draft regulation includes the provision: discusses family models (MEN, 2024c, section VI. Social health), which covers the issue of marriage. There was also manipulation of the Constitution of the Republic of Poland (Article 48(1), Article 53(3)), with claims that these articles indicated a ban on introducing health education as a compulsory subject. The argument emphasised parents' right to raise their children (including in a religious and moral sense) according to their own principles, which does not exclude participation in the classes proposed by the Ministry of National Education. The mitigation strat-

egy was identified primarily in the statements of representatives of the Ministry and the authors of the curriculum and was implemented by indicating the reasons for the necessity of introducing health education in schools – by these entities health education was evaluated positively. Evaluations were formulated from the perspective of Catholic organisations (e.g. the Polish Bishops' Conference), right-wing politicians (e.g. Przemysław Czarnek – former Minister of Education and Science in the Law and Justice government, Barbara Nowak – former Education Superintendent), right-wing organisations (e.g. Ordo Iuris Institute, Polish Federation of Pro-Life Movements), specialists (e.g. pedagogues, psychologists), and parents. Except for a few positive statements, these persons and groups formulated unequivocally negative evaluations. No other statements focusing on the positive aspects of introducing the new subject in Polish schools were cited, perhaps aiming to create the illusion of a negative reception of health education by society as a whole.

The only point of agreement between representatives of the Ministry of National Education and those quoted in Catholic media discourse was the recognition that health education has the potential to be something important. However, in the analysed discourse, I did not observe any willingness to compromise, but rather a desire to exert pressure in order to adapt the Health Education project to the demands represented by Catholic communities within the discourse. It can be concluded that this pressure ultimately proved effective – after all, the Ministry of National Education abandoned the compulsory nature of Health Education. This suggests that the influence of religious communities (particularly Catholic ones) on education in Poland does indeed exist and remains strong. The question remains – should public education be a battleground for ideological conflicts, or rather a process based on scientific knowledge, impervious to external influences?

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