**Problems concerning   
the sexuality education   
in Bulgarian schools**

**A brief overview of the development of sexuality education in Bulgaria**

Тhe traditional understanding in Bulgarian pedagogy and practical educational is that sexuality education is a component of health education. In the 1970’s and 80’s sexuality education (or ‘comprehensive sex education’, also ‘sex ed’) is defined as part of health education (St. Mutafov). “It (sex education) reaches its goals, only when put upon a broader medico-anthropological, psycho-neurological and sexually-hygienic base.”

Although “comprehensive educational programs” were being regulated, during the period from the 1970’s through the 80’s, sex education in Bulgarian schools was characterized by sporadic and short-lived initiatives. These were activities oriented predominantly towards understanding of gender and human sexuality—consistently the information presented to the young adults was about health and hygiene.

The pedagogues—in order to avoid the uncomfortable conversations with their pupils, and to give a more moral overtone to the sexual education—treated the subject within the health and medical problematic: The sex ed was taught in after school educational format to divided, same-gender pupil groups, exclusively in the 8th and 9th grades, and the lecturers were predominantly medical professionals. There were no books, schooling visual aids or handouts to assist the pupils to cope with their psychological and sexual development, and to help them develop healthy models for interactions with the ‘opposite gender’.

The sexual information was presented predominantly by medical professionals and that likely took the sexual education outside the curriculum and cemented its more peculiar statute: as an activity which requires more health and medical skills, rather than pedagogical knowledge. Thus the practice gradually affirmed said health and medical approach to gender issues.

At the end of the 1980’s and the beginning of the 1990’s, as a reaction to the spread of HIV/AIDS, in the educational system of the country emerged the first programmes for sexual health education, which treated the problems of sex ed within a certain system; and offered visuals and learning materials for the pupils, as well as

manuals for the teachers[[1]](#footnote-1).

At the beginning of the 1990’s the first translated[[2]](#footnote-2)2 sexual education programmes were presented. They were a part of a health and educational initiative, created for a regional health educational programme[[3]](#footnote-3)3, aimed at middle schools in Central and Eastern Europe. These programmes were approved by the Bulgarian Ministry of Education and Science for the selective courses available to the Bulgarian students. (t/n The two selective forms of education in Bulgarian education – Compulsory Elective Subjects and Elective Subjects-- are being abbreviated in Bulgarian as ‘ZIP’ and ‘SIP’ respectively; and these two transliterations are being used for the purposes of this paper).

The actual attempts to include rational and pragmatic content in the learning course, which could develop the personal and social skills of the young adults, date from the 1990’s. This new separate subject was officiated in the school program and was called *Social education*. The integrative nature of the subject allowed for the above mentioned translated health educational programmes to be made part of social ed’s modules and themes4. Thus, sexuality education was briefly a contentual part of the subject Social education. However, here the sexual problematic was again set in a medical context.

Throughout 1993–1998 a new project-- *European Network of Health Promoting Schools*-- was developed by The World Health Organization, The Counsel of Europe and The European Commission. Within the projects *European Network of Health Promoting Schools* and *National Health Promoting Kindergartens and Schools Network5* teachers were trained to work with health and educational programmes (mostly translated from other languages, directed towards sexual health), in order to develop school policy of health promotion. Many Nongovernmental Organizations (NGO) insisted that sex education needed to be conceptualized and structured, as well as made into a mandatory part of the school curriculum.

*Health Education Program for Secondary Schools*1 was developed in 1996 and it constituted the first attempt for a systematic approach to health education in schools. In reality, very few schools integrated the programme within their curricula due to the fact that it was not mandatory and due to the understated abilities of the health education to assist the core education,.

In the time of democratic reforms, it was the Nongovernmental and Not-for-profit organizations that had major impact on the development of health education and reproductive health education. The NGOs were the major idea hubs. Their initiatives were oriented towards the needs of the young adults and had prevalence over the rigid school activities. According to the UN Social Development Unit in Bulgaria, by the year 2002, the NGOs initiated the publishing of 75 informational materials in the field of sexual health— handbooks, brochures, handouts. These were addressed at the target groups at risk— Roma communities, young adults, people with opioid addictions, homosexual communities, homeless youths, people with history in criminal activities. The work with these groups was mainly outside of school.

In 2002 *A National Programme for Тhe Children of Bulgaria2* was developed and voted, and it stated that the objectives of sexuality education were “a healthy sexual behavior, and preparation for family life and parenthood”; Furthermore, sexuality education was to be a compulsory school subject in grades 1 through 12, taught once per week for a total of 32 or 36 hours in a school year. In *A guide to organizing pupils' health education*[[4]](#footnote-4)3 sexuality education is distinguished as one of the areas of health education and its “contentual component”. Recommended-- both for sex ed, and for the other components of health education-- is “to set out specific goals, tasks, and topics for the separate stages and classes”.

Regarding the idea to make health education a compulsory school subject, presented in the National Programme for The Children (2002) and in other strategic documents[[5]](#footnote-5)1, many new initiatives were undertaken, predominantly from the nonprofit sector, and from institutions outside of the field of education, such as The Bulgarian Ministry of Health, National Center of Public Health and Analyses etc. These initiatives were piloting successful new national, as well as international models for health education in separate schools in different parts of the country.

Different activities-- in and out of school-- were put into effect within the projects for national and international programmes, initiated by the Bulgarian Ministry of Health, in partnership with The United Nations Population Fund and The Global Fund to Fight AIDS, Tuberculosis and Malaria to reduce risky sexual behavior among adolescents and young people. Unfortunately they included limited number of municipalities and schools, and the duration of the initiatives was limited by the duration of the projects. The learning materials for sexual health that were developed and used within the projects for different age groups of pupils were also short lived and did not get universal validity within the mass education. The learning materials failed to be accepted, although some were created by teams of specialists in different fields, who had stated their involvement with the implementation and validation of policies for sexual health and reproductive health promotion among the youth, in order to develop and improve their vital skills and attitudes toward a healthy lifestyle[[6]](#footnote-6).

In 2008 and 2010 The Bulgarian National Assembly voted 2 new strategic documents: *National Strategy for the Child 2008-2018* and *National Youth Strategy 2010–2020*, which aimed to ensure the conditions to effectively exercise rights and to improve the quality of life of children and young people in Bulgaria, as a precursor to their free and productive personal growth. Strategic goals such as ***Improvement of children’s health*** and ***Improvement of sexual health of young adults*** outlined measurements, such as: “ensuring children's access in Bulgarian schools to up-to-date adequate scientific information on sexual and reproductive health issues, prevention of unintended pregnancy, sexually transmitted infections(STIs), HIV/AIDS, abuse of psychoactive substances; as well as systematic health education aimed at building, understanding, attitudes and skills for safe behavior and avoiding risky health practices” , also „creating and implementing new forms of health education in schools, including through the development of *peer-to-peer* educationalapproach”. These measurements were to be taken in order to develop the understanding, attitudes and skills for a healthy lifestyle, safe behavior, and avoiding risky health practices.

The reported results on the implementation of these strategies to date include health education activities, accomplished mainly with the help of NGOs, conducted mainly outside of the school environment - in youth structures and peer education clubs; through informational campaigns, through field work on HIV prevention and STIs, promotion of HIV testing; through mobilization of youth information networks and others.

In conclusion: we could summarize that in the past ten years there has been no significant regulatory document in Bulgaria’s legal framework that has had contemporary and systematic health education in its focal point. Unfortunately to this day the future of the idea for the inclusion of contemporary and systematic health education in the educational system is unclear.

In the new *Pre-school and School Education Act*, promulgated in 2015, new *state education standards* (the Bulgarian transliterations is ‘DOI’) for health education were defined with a special statute-- by the new definition they were within a group with the DOIs for civic, ecological, and intercultural education, which were all meant to be acquitted and applied in the curricula of general education.

At first glance the differentiation of DOI for civic, health, and intercultural education is a positive point within the Act, for this underlines their importance for the entire system of pre-school and school education. This also suggests the standards’ integrative function regarding all elements of the educational system, including the educational content.

However, the experience from the past 10 years had shown that both the authors of textbooks and learning materials, as well as the teachers, who use the materials in the teaching process, pay the least attention to the educational content of the integrated subjects, such as for example civic and health education.

Today, no one is surprised by the fact that the pupils do not develop systematic and practically significant competences and understandings in the field of civic and health education, despite the presence of integrated school subjects, which-- under regulatory requirements-- should include educational content from the respective fields. In recent years a number of publications regarding national and international surveys, continuously note that the quality of the civic and health education, as offered in Bulgarian schools, is low– thus the civic and health competences of the young adults are being graded as unsatisfactory, compared to their peers from other countries.

The new normative documents (Law and Regulations), much as in the previous ones, regulate the health education curriculum in two ways: 1) integral for other subjects and 2) through learning subjects within *extended education*.

The decision to offer courses which are extending and supplementing the content integrated in other subjects (for example subjects in the field of health, including sexuality education) is made by the school and is regimented by its educational plan, is dependent on the school’s capacity to provide this course, as well as on the demand by the students1.

**Analysis of the normative basis and sexuality education programmes in Bulgarian school**

The current regulatory framework for the secondary education provides learning time for health (and sexuality) education through:

* teaching of subjects of compulsory, extended and additional general education;
* extracurricular and out-of-school forms for health education - club and circle activity; health camps and schools; thematic campaigns; visits to institutions that are relevant to health protection; lectures by various specialists; student initiatives; work on health projects, etc.

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Exhibit Parts II & III from Chapter Sixth of Pre-school and School Education Act

For example, within the learning content of the subjects ***Man and Nature,*** and ***Biology and health education*** required are the following DOIs that have a connection to knowledge and skills relevant to sexuality education:

* (The student) Names organs, systems and their functions, disabilities and diseases; Describes structures of the human body, functions of organs and systems, hygienic rules of behavior and a healthy lifestyle;
* (The student) Applies hygiene rules and norms for a healthy lifestyle and risk-free sexual behavior;
* (The student) Describes and outlines the interactions between genes, stages of individual organisms' development; properties (heredity and variability);

The standards, which are describing knowledge and skills acquired through the students’ Philosophy training (subject Philosophy, cultural and educational field Social Sciences and Civic Education) that can serve as guidelines for sexuality education are as follows:

* (The student) Can focus on the basic aspects of human sexuality (content core "Self-knowledge and reciprocity").
* (The student) Understands the significance of love and sexuality (the core core of Freedom and Responsibility).

Although health education is included as part of the subject ***Biology and health education***, in fact, its curriculum—for the different degrees and classes--provides few units that specifically address the objectives of health (including sexuality) education. For example, the curricula for compulsory and extended ***Biology and health education*** training approved by the Ministry of Education and Science provide the following topics that are meaningfully oriented towards sexual health education: Reproductive system in humans and reproduction; Sexually transmitted infections and contraception; Hygienic rules and norms for healthy lifestyle and non-risk sexual behavior.

The programs of the subjects ***Psychology*** and ***Ethics****1*are no exception— therein are themes (one theme in each subject) devoted to the issues of sexual development: I and my sexuality (*Psychology*) and Love, marriage and family morality (*Ethics*).

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Curricula on the subjects of the Philosophical cycle for grades 9 and 10. С., Ministry of Education and Science, 2000.

Currently, the attempts to conduct health (and sexuality) education in the schools of Bulgaria relate mostly to the training opportunities provided through the regulation of extracurricular training. Each school-- on the basis of its curriculum type-- has the right to develop a learning plan. This learning plan, in accordance to the interests of the pupils and the capabilities of the school, determines the compulsory and elective subjects and allocates the teaching time between them.

Each school is given the freedom to develop their own learning plan, particularly in the additional elective disciplines (i.e. health education). The requirement is for the learning plan to be approved by the principal of the school. This is the reason why the supporters of the idea of ‘comprehensive health education in the schools of Bulgaria’ aim their efforts at the elective subjects. However, small number of schools take advantage of the possibility to develop their own learning plan with health education in the additional elective disciplines, because of the limitations of budget, attitudes, teachers’ qualification etc.

During the first 9 years of political reforms after 1989, The Bulgarian Ministry of Education and Science recommended and approved programs and materials for SIP and ZIP in health education1, which presented to the young adults information from a health and medical standpoint, concerning the period of development from 12 to 18 years of age, and which provoked interest in the forthcoming anatomical, physiological and psychological changes. Thus, the main goal, which were set by the programs were to heighten the health and sexual knowledge of the students. To this effect were the areas: Anatomy and reproductive organs of the male and female; Physiological developments throughout puberty; Safe sex and means of contraception; Sexually transmitted infections; Conception and pregnancy; Sex and love; Sexual violence; The role of gender and some psychological and social issues in gender liaisons; Homosexuality; The concept of family and parenthood.

After the year 2000 new set of programmes and materials—both from Bulgarian or foreign authors--made their way into the educational aerial, mainly for

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*Program Yearbook for the subjects Philosophy, Ethics, Law, Logics, Social education*. C., Bulgarian Ministry of Education and Science, 1992; Bostandzhiev, R. et al. *In the world of the intimate*. C., Prosveta, 1991; Shapiro, S. *Introduction to sexuality*. S., Soros Foundation (Open Society foundation), 1992; S., Shapiro, C. *AIDS*. S., Open Society Foundation, 1992; Brecken, D. and D. Mesi. *Guide to Sexuaility Education*. С., Central Institute for the Improvement of Teachers (DIUU), 1992.

the selective school subjects (predominantly for the purposes of SIP). These programmes and materials were very different from their predecessors-- they followed the good international models for introduction to new knowledge in that that they attempted to combine the traditional way of presenting objective scientific information, relating to biology and hygiene, with innovative methods of provoking the formation of values and the development of skills. The main attribute of the programmes and materials in question was the inclusive content, the attempt to dismiss sexual stereotypes, as well as the attempt to instill actual values in sexual relations. The examining of values and behaviors was mainly through content, regarding ***sexual behavior*** ***at risk***: unintended pregnancy, abortion, AIDS, STIs, sexual misconduct sexual violence; and sexual preference. The thematic selection took into account the independence and self-reliance, that are rather typical for human behavior in that age. Discussions and reflection on risk-laden situations and on models of sexual behavior aimed to lay the foundation of responsibility and responsible choices for one’s own health and the health of the sexual partner; as well as responsibility, regarding the consequences of each choice.

The inclusion of such content in textbooks allowed for a broader and interdisciplinary treatment of the health issues. This improved the probability of sex education being regarded as a school subject that develops important life skills and values in pupils. The latter (the development of life skills and values) has been a focal point of activists in recent years who demand a *systematic education* in the schools of Bulgaria. The World Health Organization defines the life skills as a set of psychological and social competences and intrapersonal skills, which help the individual make informed decisions, think critically and creatively, solve problems, communicate effectively, foster healthy relationships, be empathic with the others, overcome obstacles and manage their life in a healthy and productive way.

The presence of sex education in schools demands the presence of trained teachers, who do have base and/or continuous training or qualification to teach courses in the subject matter.

*The Regulation on* Unified State Requirements *for Obtaining* Professional Qualification *of Teachers* presented to future teachers an opportunity to receive training in the field of health education[[7]](#footnote-7)1. But as was recently stated in a report by the Bulgarian Ministry of Health[[8]](#footnote-8)2, which evaluated the contemporary state of the sexual education in Bulgaria, “**school hygiene and health education** are morally old and are an ineffective paradigm for academic presentation of health education.” Needed is a new system of training of teachers - both initial training in pedagogy and continuous education for teachers. Thus, a new system for teacher training would be created that is based on the current trends in the implementation of the basic and continuing qualification of pedagogical specialists. The experience of countries with traditions and successes in sexuality education shows that the acquisition of a full qualification is a result of a systematic and continuous teacher training, which assists the development of the teachers’ special professional and pedagogical skills, their group work experience, as well as contributes to their own personal growth.

The brief review of the current legal framework of sexual education in the Bulgarian school makes it possible to draw the following conclusions:

(1) Existing standards for learning content that are relevant to achieving the goals of sexuality education do not create the conditions for systematic (comprehensive) schooling at the Bulgarian school.

In the compulsory educational the issues of the human sexuality are present more as a claim, rather than as an actual integrative component of educational content in the subjects ***Man and nature***, ***Biology and Health Education***, ***Psychology***, ***Ethics***, ***Philosophy***. In addition to episodicity, it is characterized by unilateralism and repeatability - the same topics are presented to students of different ages. It should not be expected of said limited educational content to lead to changes in attitudes and lifestyle of students and to promote healthy non-risk sexual behavior.

(2) In curricula and textbooks for grades 6, 8, 10 and 11, the issues of the human sexuality are addressed mainly in the health-medical context. One of the reasons for this is that the content of health education is an integral priority of the subject ***Biology and Health Education,*** (and that includes sex education). This implies that the focus of the work with young people in schools is on the provision of natural scientific knowledge of gender, and it is mainly concerned with its reproductive functions. Biological and medical information is brought to the fore and the psychological, socio-cultural and philosophical aspects of sexual issues are neglected. In other words, it does not take into account the fact that education in sexuality has a pronounced humanitarian aspect. Even part of the tasks of health education, such as the building the young people’s social and vital skills, is unrealistic within the framework of natural science, whose content is mainly focused on learning about nature and the human influence on it.

(3) The strong centralization in the education, the lack of autonomy of the educational institutions in the implementation of school policies have negative impact on the development of health education (sex education being part of it) in local schools.

The state regulations give schools the freedom to organize sex education as additional training, but the choice to organize such forms depends primarily on the financial condition of the schools and the availability of qualified pedagogical staff. As a result, elective subjects such as Health education or Sexuality education are rarely available to students, and only in a limited number of schools.

In the general case, attempts to organize sex education beyond compulsory schooling are limited to one-time activities, such as one class talk; a lecture by a medical practitioner; visits to a health institution and one-day general school events to celebrate international health campaigns, prevention of risky sexual behavior and others.

The content analysis of extra-curricular and out-of-school curricula, methodological guides, and classroom schooling aids shows that—again—the focus is on sexual health. Although some programs tend to provide wider opportunities to students for reflection on their own behavior, still a healthier approach is essential to constructing the educational content.

In the scarcity of educational content both in the core curriculum and in the selective subjects at school, it is evident that the pupils’ understanding of sexuality and gender relations depends entirely on the attitude of the teachers towards the sexuality as psycho-social issues, and on their professional ability to integrate extracurricular content.

(4) At the moment the Bulgarian teachers – in their larger part -- are unprepared to mandate educational process, conducive with the goals of sexual education. The overwhelming number of the evaluations suggests that the majority of the teachers not only lack specific knowledge in this area, but they do not implement interactive educational methods, which hinders them in meeting the needs of today’s youth.

Without a doubt the key to effective and qualitative work in schools is the good qualification of the teachers. Needed are strong criteria for educational accreditation and standards for the professionals in the field.

Universities and educational institutions for further qualification of professionals in pedagogy need up-to-date educational programmes for the current and the future teachers. These programmes need to be conducive with the world tendencies in methodology and planning of health education—both in the “promotion of health” paradigm, and in the broader context of educating in personal growth and social skills.

The system for preparing the teachers should be based on the contemporary approaches for fundamental and continuous qualification, and also it should also assist in the teachers’ personal development and growth, which will inevitably improve the quality of the overall education in the country. A system for control of the teachers’ performance is needed, including feedback and supervision from independent evaluators.

**Mariana Mincheva - Rizova, Ph.D**

1. Bodzheva, Е., Bostandzhiev, R., Kabakchieva, Е. and P. Randev. *The prevention of AIDS depends on you and me. Experimental lecture course for students in the 9th grade.* S, 1988; Teacher’s manual to the course *The prevention of AIDS depends on you and me*. C., 1988; Methodical outlines for the sexual education course *In the world of the intimate* for students between the 6th and 8th grades. С.,1989; Bostandzhiev, R., Kabakchieva, Е. and P. Randev. *In the world of the intimate*. Students textbook for students in the 6th, 7th and 8th grades. S., Prosveta, 1991. [↑](#footnote-ref-1)
2. 2 Shapiro, S. *Introduction to sexuality*. S., Soros Foundation (Open Society Foundation, 1992; S., Shapiro, S. *AIDS*. S., Soros Foundation (Open Society Foundation, 1992. [↑](#footnote-ref-2)
3. 3 The project was undertaken by the Soros Foundation (Open Society Foundation).   
   4 Annual Curriculum in Philosophy, Ethics, Law, Logics, Social education. C., Bulgarian Ministry of Education and Science, 1992; Valova, V., *Health and power*. S., Open Education Centre, 1995.

   5 The project is coordinated between 1993-95 together with National Centre for Health Prophylactics and Bulgarian Association School and Health [↑](#footnote-ref-3)
4. 1 Pencheva, Е. et al. Health and educational program for the Secondary School. Bulgarian Ministry of Education and Science, C.,1996.

   2 National Programme for the Children of Bulgaria. Bulgarian Ministry of Education and Science, S., 2002.

   3 Organisation and Management of the Activities in Vocational and Special Schools for 2002/2003. Bulgarian Ministry of Education and Science, C., 2002.

   4 National Programme ofSchoolandPre-school Education Development (2006-2015 г.);National Programme for Prevention and Control of HIV andSexually Transmitted Infectionsin the Republic of Bulgaria, 2008 - 2015. [↑](#footnote-ref-4)
5. 1 National Programmeof School andPreschool Education Development (2006-2015 г.);National program for prevention and ontrol of HIV andSexually Transmitted Infectionsin the Republic of Bulgaria, 2008 - 2015. [↑](#footnote-ref-5)
6. *Alphabet for you and me-* curriculum and educational pack for sexual and reproductive health for students 5th-8th grades, 2002; *Peer Education Training of Trainers Manual* , UN Interagency Group on Young Peoples Health Development and Protection in Europe and Central Asia, 2003; Kotzev, D. et al. *Handbook for sexual and reproductive health for leaders of summer camps*, S. 2004; *Handbook for engaging the youths in prgrammes for sexual and reproductive health*, Family Health International YouthNet Program, 2006; Veronica Kozareva, George Bozhilov– Godo, *Risks and dangers in the young age*, Instructions for teaching „Peer to peer”, Foundation Partners Bulgaria S. 2010; *Handbook for the „Life Skills”* *program,* Peace corps- Bulgaria, 2007. [↑](#footnote-ref-6)
7. 1‘School hygiene and health education’ is a mandatory subject in universities that offer degrees in education. [↑](#footnote-ref-7)
8. 2 *Sexual and reproductive health education*. Project "Extended national program on reproductive health”. Bulgarian Ministry of Health and United Nations Population Fund, S., “Data Agency”, 2000. [↑](#footnote-ref-8)