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ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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Contents

HOW TO USE THIS ENCYCLOPEDIA	viii
FOREWORD	ix
<i>Robert T. Francoeur, Ph.D., A.C.S.</i>	
PREFACE	xi
<i>Timothy Perper, Ph.D.</i>	
AN INTRODUCTION TO THE MANY MEANINGS OF SEXOLOGICAL KNOWLEDGE	xiii
<i>Ira L. Reiss, Ph.D.</i>	
ARGENTINA	1
<i>Sophia Kamenetzky, M.D.; Updates by S. Kamenetzky</i>	
AUSTRALIA	27
<i>Rosemary Coates, Ph.D.; Updates by R. Coates and Anthony Willmet, Ph.D.</i>	
AUSTRIA	42
<i>Dr. Rotraud A. Perner, L.L.D.; Translated and Redacted by Linda Kneucker; Updates by Linda Kneucker, Raoul Kneucker, and Martin Voracek, Ph.D., M.Sc.</i>	
BAHRAIN	59
<i>Julanne McCarthy, M.A., M.S.N.; Updates by the Editors</i>	
BOTSWANA	89
<i>Godisang Mookodi, Oleosi Ntshibe, and Ian Taylor, Ph.D.</i>	
BRAZIL	98
<i>Sérgio Luiz Gonçalves de Freitas, M.D., with Eli Fernandes de Oliveira and Lourenço Stélio Rega, M.Th.; Updates and comments by Raymond J. Noonan, Ph.D., and Dra. Sandra Almeida, and Luciane Raibin, M.S.</i>	
BULGARIA	114
<i>Michail Alexandrov Okoliyski, Ph.D., and Petko Velichkov, M.D.</i>	
CANADA	126
<i>Michael Barrett, Ph.D., Alan King, Ed.D., Joseph Lévy, Ph.D., Eleanor Maticka-Tyndale, Ph.D., Alexander McKay, Ph.D., and Julie Fraser, Ph.D.; Rewritten and updated by the Authors</i>	
CHINA	182
<i>Fang-fu Ruan, M.D., Ph.D., and M. P. Lau, M.D.; Updates by F. Ruan and Robert T. Francoeur, Ph.D.; Comments by M. P. Lau</i>	
COLOMBIA	210
<i>José Manuel Gonzáles, M.A., Rubén Ardila, Ph.D., Pedro Guerrero, M.D., Gloria Penagos, M.D., and Bernardo Useche, Ph.D.; Translated by Claudia Rockmaker, M.S.W., and Luciane Raibin, M.S.; Updates by the Editors; Comment by Luciane Raibin, M.S.</i>	
COSTA RICA	227
<i>Anna Arroba, M.A.</i>	
CROATIA	241
<i>Aleksandar Štulhofer, Ph.D., Vlasta Hiršl-Hečej, M.D., M.A., Željko Mrkšić, Aleksandra Korać, Ph.D., Petra Hobljaj, Ivanka Ivkanec, Maja Mamula, M.A., Hrvoje Tiljak, M.D., Ph.D., Gordana Buljan-Flander, Ph.D., Sanja Sagasta, Gordana Bosanac, Ana Karlović, and Jadranka Mimica; Updates by the Authors</i>	
CUBA	259
<i>Mariela Castro Espín, B.Ed., M.Sc., and María Dolores Córdova Llorca, Ph.D., main authors and coordinators, with Alicia González Hernández, Ph.D., Beatriz Castellanos Simons, Ph.D., Natividad Guerrero Borrego, Ph.D., Gloria Ma. A. Torres Cueto, Ph.D., Eddy Abreu Guerra, Ph.D., Beatriz Torres Rodríguez, Ph.D., Caridad T. García Álvarez, M.Sc., Ada Alfonso Rodríguez, M.D., M.Sc., Maricel Rebolllar Sánchez, M.Sc., Oscar Díaz Noriega, M.D., M.Sc., Jorge Renato Ibarra Guitart, Ph.D., Sonia Jiménez Berríos, Daimelis Monzón Wat, Jorge Peláez Mendoza, M.D., Mayra Rodríguez Lauzerique, M.Sc., Ofelia Bravo Fernández, M.Sc., Lauren Bardisa Escurra, M.D., Miguel Sosa Marín, M.D., Rosaida Ochoa Soto, M.D., and Leonardo Chacón Asusta</i>	
CYPRUS	279
<i>Part 1: Greek Cyprus: George J. Georgiou, Ph.D., with Alecos Modinos, B.Arch., A.R.I.B.A., Nathaniel Papageorgiou, Laura Papantoniou, M.Sc., M.D., and Nicos Peristianis, Ph.D. (Hons.); Updates by G. J. Georgiou and L. Papantoniou; Part 2: Turkish Cyprus: Kemal Bolayır, M.D., and Serin Kelâmi, B.Sc. (Hons.)</i>	
CZECH REPUBLIC	320
<i>Jaroslav Zvěřina, M.D.; Rewritten and updated by the Author</i>	
DENMARK	329
<i>Christian Graugaard, M.D., Ph.D., with Lene Falgaard Epløv, M.D., Ph.D., Annamaria Giraldi, M.D., Ph.D., Ellids Kristensen, M.D., Else Munck, M.D., Bo Møhl, clinical psychologist, Annette Fuglsang Owens, M.D., Ph.D., Hanne Risør, M.D., and Gerd Winther, clinical sexologist</i>	
EGYPT	345
<i>Bahira Sherif, Ph.D.; Updates by B. Sherif and Hussein Ghanem, M.D.</i>	
ESTONIA	359
<i>Elina Haavio-Mannila, Ph.D., Kai Haldre, M.D., and Osmo Kontula, Ph.D.</i>	
FINLAND	381
<i>Osmo Kontula, D.Soc.Sci., Ph.D., and Elina Haavio-Mannila, Ph.D.; Updates by O. Kontula and E. Haavio-Mannila</i>	
FRANCE	412
<i>Michel Meignant, Ph.D., chapter coordinator, with Pierre Dalens, M.D., Charles Gellman, M.D., Robert Gellman, M.D., Claire Gellman-Barroux, Ph.D., Serge Ginger, Laurent Malterre, and France Paramelle; Translated by Genevieve Parent, M.A.; Redacted by Robert T. Francoeur, Ph.D.; Comment by Timothy Perper, Ph.D.; Updates by the Editors</i>	
FRENCH POLYNESIA	431
<i>Anne Bolin, Ph.D.; Updates by A. Bolin and the Editors</i>	

GERMANY	450	NEPAL	714
<i>Rudiger Lautmann, Ph.D., and Kurt Starke, Ph.D.;</i> <i>Updates by Jakob Pastoetter, Ph.D., and Hartmut</i> <i>A. G. Bosinski, Dr.med.habil., and the Editor</i>		<i>Elizabeth Schroeder, M.S.W.</i>	
GHANA	467	NETHERLANDS	725
<i>Augustine Ankomah, Ph.D.; Updates by Beldina</i> <i>Opiyo-Omolo, B.Sc.</i>		<i>Jelto J. Drenth, Ph.D., and A. Koos Slob, Ph.D.;</i> <i>Updates by the Editors</i>	
GREECE	479	NIGERIA	752
<i>Dimosthenis Agraftiotis, Ph.D., Elli Ioannidi, Ph.D.,</i> <i>and Panagiota Mandi, M.Sc.; Rewritten and updated</i> <i>in December 2002 by the Authors</i>		<i>Uwem Edimo Esiet, M.B., B.S., M.P.H., M.I.L.D.,</i> <i>chapter coordinator; with Christine Olunfinke Adebajo,</i> <i>Ph.D., R.N., H.D.H.A., Mairo Victoria Bello, Rakiya</i> <i>Booth, M.B.B.S., F.W.A.C.P., Imo I. Esiet, B.Sc, LL.B.,</i> <i>B.L., Nike Esiet, B.Sc., M.P.H. (Harvard), Foyin</i> <i>Oyebola, B.Sc., M.A., and Bilkisu Yusuf, B.Sc., M.A.,</i> <i>M.N.I.; Updates by Beldina Opiyo-Omolo, B.Sc.</i>	
HONG KONG	489	NORWAY	781
<i>Emil Man-lun Ng, M.D., and Joyce L. C. Ma, Ph.D.;</i> <i>Updates by M. P. Lau, M.D., and Robert T.</i> <i>Francoeur, Ph.D.</i>		<i>Elsa Almås, Cand. Psychol., and Esben Esther Pirelli</i> <i>Benestad, M.D.; Updates by E. Almås and E. E.</i> <i>Pirelli Benestad</i>	
ICELAND	503	OUTER SPACE and ANTARCTICA	795
<i>Sóley S. Bender, R.N., B.S.N., M.S., Coordinator, with</i> <i>Sigrún Júlíusdóttir, Ph.D., Thorvaldur Kristinsson,</i> <i>Haraldur Briem, M.D., and Guðrún Jónsdóttir, Ph.D.;</i> <i>Updates by the Editors</i>		<i>Raymond J. Noonan, Ph.D.; Updates and new</i> <i>material by R. J. Noonan</i>	
INDIA	516	PAPUA NEW GUINEA	813
<i>Jayaji Krishna Nath, M.D., and Vishwarath R. Nayar;</i> <i>Updates by Karen Pechilis-Prentiss, Ph.D., Aparna</i> <i>Kadari, B.A., M.B.A., and Robert T. Francoeur, Ph.D.</i>		<i>Shirley Oliver-Miller; Comments by Edgar</i> <i>Gregerson, Ph.D.</i>	
INDONESIA	533	PHILIPPINES	824
<i>Wimpie I. Pangkahila, M.D., Ph.D. (Part 1); Ramsey</i> <i>Elkholy, Ph.D. (cand.) (Part 2); Updates by Robert T.</i> <i>Francoeur, Ph.D.</i>		<i>Jose Florante J. Leyson, M.D.; Updates by</i> <i>J. F. J. Leyson</i>	
IRAN	554	POLAND	846
<i>Paula E. Drew, Ph.D.; Updates and comments by</i> <i>Robert T. Francoeur, Ph.D.; Comments by F. A.</i> <i>Sadeghpour</i>		<i>Anna Sierzpowska-Ketner, M.D., Ph.D.; Updates by</i> <i>the Editors</i>	
IRELAND	569	PORTUGAL	856
<i>Thomas Phelim Kelly, M.B.; Updates by Harry A.</i> <i>Walsh, Ed.D., and the Editors</i>		<i>Nuno Nodin, M.A., with Sara Moreira, and Ana</i> <i>Margarida Ouró, M.A.; Updates by N. Nodin</i>	
ISRAEL	581	PUERTO RICO	877
<i>Ronny A. Shtarkshall, Ph.D., and Minah Zemach,</i> <i>Ph.D.; Updates by R. A. Shtarkshall and M. Zemach</i>		<i>Luis Montesinos, Ph.D., and Juan Preciado, Ph.D.;</i> <i>Redacted and updated by Felix M. Velázquez-Soto, M.A.,</i> <i>and Glorivee Rosario-Pérez, Ph.D., and Carmen Rios</i>	
ITALY	620	RUSSIA	888
<i>Bruno P. F. Wanrooij, Ph.D.; Updates by</i> <i>B. P. F. Wanrooij</i>		<i>Igor S. Kon, Ph.D.; Updates by I. S. Kon</i>	
JAPAN	636	SOUTH AFRICA	909
<i>Yoshiro Hatano, Ph.D., and Tsuguo Shimazaki;</i> <i>Updates and comments by Yoshimi Kaji, M.A.,</i> <i>Timothy Perper, Ph.D., and Martha Cornog, M.S.,</i> <i>M.A., and Robert T. Francoeur, Ph.D.</i>		<i>Lionel John Nicholas, Ph.D., and Priscilla Sandra</i> <i>Daniels, M.S. (Part 1); Mervyn Bernard Hurwitz, M.D.</i> <i>(Part 2); Updates by L. J. Nicholas, Ph.D.</i>	
KENYA	679	SOUTH KOREA	933
<i>Norbert Brockman, Ph.D.; Updates by Paul Mwangi</i> <i>Kariuki and Beldina Opiyo-Omolo, B.Sc.</i>		<i>Hyung-Ki Choi, M.D., Ph.D., and Huso Yi, Ph.D. (cand.),</i> <i>with Ji-Kan Ryu, M.D., Koon Ho Rha, M.D., and Woong</i> <i>Hee Lee, M.D.; Redacted with additional information</i> <i>and updated as of March 2003 by Huso Yi, Ph.D. (cand.),</i> <i>with additional information by Yung-Chung Kim,</i> <i>Ki-Nam Chin, Pilwha Chang, Whasoon Byun, and</i> <i>Jungim Hwang</i>	
MEXICO	692	SPAIN	960
<i>Eusebio Rubio, Ph.D.; Updates by the Editors</i>		<i>Jose Antonio Nieto, Ph.D. (coordinator), with Jose</i> <i>Antonio Carrobles, Ph.D., Manuel Delgado Ruiz, Ph.D.,</i> <i>Felix Lopez Sanchez, Ph.D., Virginia Maquieira D'Angelo,</i> <i>Ph.L.D., Josep-Vicent Marques, Ph.D., Bernardo Moreno</i> <i>Jimenez, Ph.D., Raquel Osborne Verdugo, Ph.D., Carmela</i> <i>Sanz Rueda, Ph.D., and Carmelo Vazquez Valverde, Ph.D.;</i> <i>Translated by Laura Berman, Ph.D., and Jose Nanin,</i>	
MOROCCO	703		
<i>Nadia Kadiri, M.D., and Abderrazak Moussaïd, M.D.,</i> <i>with Abdelkrim Tirraf, M.D., and Abdallah Jadid, M.D.;</i> <i>Translated by Raymond J. Noonan, Ph.D., and Dra.</i> <i>Sandra Almeida; Comments by Elaine Hatfield, Ph.D.,</i> <i>and Richard Rapson, Ph.D.; Updates by the Editors</i>			

M.A.; Updates by Laura Berman, Ph.D., Jose Nanin, M.A., and the Editors

SRI LANKA972
Victor C. de Munck, Ph.D.; Comments by Patricia Weerakoon, Ph.D.

SWEDEN984
Jan E. Trost, Ph.D., with Mai-Briht Bergstrom-Walan, Ph.D.; Updates by the Editors

SWITZERLAND995
Prof. Johannes Bitzer, M.D., Ph.D., Judith Adler, Ph.D., Prof. Dr. Udo Rauschfleisch Ph.D., Sibyl Tschudin, M.D., Elizabeth Zemp, M.D., and Ulrike Kosta

TANZANIA1009
Philip Setel, Eleuther Mwageni, Namsifu Mndeme, and Yusuf Hemed; Additional comments by Beldina Opiyo-Omolo, B.Sc.

THAILAND1021
Kittiwut Jod Taywaditep, Ph.D., Eli Coleman, Ph.D., and Pacharin Dumronggittigule, M.Sc.; Updates by K. J. Taywaditep, Ryan Bishop, Ph.D., and Lillian S. Robinson, Ph.D.

TURKEY1054
Hamdullah Aydın, M.D., and Zeynep Gülçat, Ph.D.; Rewritten and updated in 2003 by H. Aydın and Z. Gülçat

UKRAINE1072
Tamara V. Hovorun, Ph.D., and Borys M. Vornyk, Ph.D. (Medicine); Rewritten and updated in 2003 by T. V. Hovorun and B. M. Vornyk

UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND1093
Kevan R. Wylie, M.B., Ch.B., M.Med.Sc., M.R.C.Psych., D.S.M., chapter coordinator and contributor, with Anthony Bains, B.A., Tina Ball, Ph.D., Patricia Barnes, M.A., CQSW, BASMT (Accred.), Rohan Collier, Ph.D., Jane Craig, M.B., MRCP (UK), Linda Delaney, L.L.B., M.Jur., Julia Field, B.A., Danya Glaser, MBBS, D.Ch., FRCPsych., Peter Greenhouse, M.A., MRCOG, MFFP, Mary Griffin, M.B., M.Sc., MFFP, Margot Huish, B.A., BASMT (Accred.), Anne M. Johnson, M.A., M.Sc., M.D., MRCGP, FFPAM, George Kinghorn, M.D., FRCP, Helen Mott, B.A. (Hons.), Paula Nicolson, Ph.D., Jane Read, B.A. (Hons.), UKCP, Fran Reader, FRCOG, MFFP, BASMT (Accred.), Gwyneth Sampson, DPM, MRCPsych., Peter Selman, DPSA, Ph.D., José von Bühler, R.M.N., Dip.H.S., Jane Wadsworth, B.Sc., M.Sc., Kaye Wellings, M.A., M.Sc., and Stephen Whittle, Ph.D.; Extensive updates and some sections rewritten by the original authors as noted in the text

UNITED STATES OF AMERICA1127
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VIETNAM1337
Jakob Pastoetter, Ph.D.; Updates by J. Pastoetter

LAST-MINUTE DEVELOPMENTS1363
Added by the Editors after the manuscript had been typeset

GLOBAL TRENDS: SOME FINAL IMPRESSIONS1373
Robert T. Francoeur, Ph.D., and Raymond J. Noonan, Ph.D.

CONTRIBUTORS and ACKNOWLEDGMENTS1377

AN INTERNATIONAL DIRECTORY OF SEXOLOGICAL ORGANIZATIONS, ASSOCIATIONS, AND INSTITUTES1394
Compiled by Robert T. Francoeur, Ph.D.

INDEX1405

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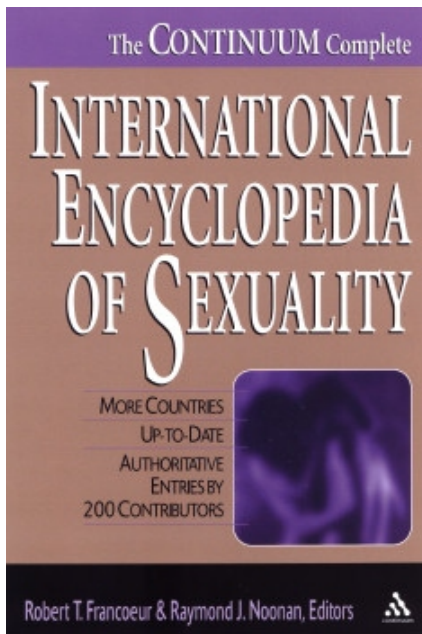
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Contents

- Demographics and a Brief Historical Perspective 479
1. Basic Sexological Premises 480
 2. Religious, Ethnic, and Gender Factors Affecting Sexuality 480
 3. Knowledge and Education about Sexuality 481
 4. Autoerotic Behaviors and Patterns 481
 5. Interpersonal Heterosexual Behaviors 481
 6. Homoerotic, Homosexual, and Bisexual Behaviors 483
 7. Gender Diversity and Transgender Issues 483
 8. Significant Unconventional Sexual Behaviors 483
 9. Contraception, Abortion, and Population Planning 484
 10. Sexually Transmitted Diseases and HIV/AIDS 485
 11. Sexual Dysfunctions, Counseling, and Therapies 486
 12. Sex Research and Advanced Professional Education 487
- References and Suggested Readings 487

Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

In southern Europe, the Greek peninsula projects into the Mediterranean Sea from south of the Balkans. The mountainous, mostly non-arable land of the Greek peninsula is deeply indented by long sea inlets and surrounded by over 2,000 islands, of which only 169 are inhabited; these include Myconos, Lesbos, Chios, Samos, Kerkira (Corfu), Crete, and Rhodes. Greece's neighbors in southeastern Europe are Albania, Former Yugoslav Republic of Macedonia, and Bulgaria on the north and Turkey on the east. With an area of 50,942 square miles (131,940 km²), Greece is about the size of the state of Alabama.

According to the 2001 Census (May 2001), Greece has a population of 10.939 million, with 5.055 million males and 5.204 million females. (The demographic data below is an integration of the National Statistical Service of Greece 2002, and the CIA *World Factbook* 2002).

Age Distribution and Sex Ratios: 0-14 years: 18% with 1.04 male(s) per female (sex ratio); 15-64 years: 67% with 0.99 male(s) per female; 65 years and over: 15% with 0.77 male(s) per female; *Total population sex ratio:* 1.02 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 77.92 years; *male:* 75.39 years; *female:* 80.59 years

Urban/Rural Distribution: 65% to 35%—more than 4 million in the two cities of Athens and Piraeus

Ethnic Distribution: Greek: 97%; other: 3% (2002 est.)

Religious Distribution: Greek Orthodox: 97%; Muslim: 2%; other: 1% (2002 est.)

Birth Rate: 9.55 births per 1,000 population

Death Rate: 9.80 per 1,000 population



(CIA 2002)

Infant Mortality Rate: 6.15 deaths per 1,000 live births
Net Migration Rate: 5.99 migrant(s) per 1,000 population

Total Fertility Rate: 1.29 children born per woman (down from 2.2 in the 1980s)

Population Growth Rate: 0.97%

HIV/AIDS (2001): *Adult prevalence:* 0.2%; *Persons living with HIV/AIDS:* 5,676; *Deaths:* 1,273 people since the beginning of the epidemic. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 95% (*male:* 98%, *female:* 93%) (1993 est.); nine years of schooling are compulsory

Per Capita Gross Domestic Product (*purchasing power parity*): \$10,900 (1999); *Inflation:* 3.8%; *Unemployment:* 9.6% (National Statistical Service of Greece 2002)

B. A Brief Historical Perspective

Because sexual identity, attitudes, and behavior are, in a large part, formed in a nation's sociocultural environment, it is important to sketch out the general ethnic, racial, and socioeconomic character of Greece.

In the past century, Greece has been a country searching for its national boundaries and identity, as well as its economic survival. Being a backward agrarian society, its economy has oscillated between self-subsistence and dependency on external markets. Since the advent of the 20th century, constant territorial and, consequently, demographic expansion has provided the foundations for a rapid development. Greece finally embarked on the process of industrialization, though considerably later than the rest of Europe, and under rather violent and short-lived stimuli. However, this rapid development has produced an imbalance between its economic and sociocultural level. This lack of correspondence is a common aspect of societies that are in a stage of development that is neither well articulated nor well defined, and of societies where coexisting economic, social, and cultural structures correspond to different modes of production. Thus, it can be said that Greek economy is characterized by heterogeneity due to the coexistence of "traditional" and "modern" components of technoeconomic activity. The social structure of institutions, groups, and relations is still in a state of inertia imposed by the past. Social groups and/or classes cannot eas-

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ily and creatively articulate their role in the context of prevailing conditions and available opportunities. The cultural environment is under the pressure of imported models, while the traditional characteristics do not show any signs of endurance. There are clear indications that aspects of Greek social life are altering. For example, the Greek family, an institution that remains a core value and practice in Greek society, and gender roles do not share the characteristics of a specific family model, but are gradually altering and follow at a slow pace the Western European model (Maratou-Alibranti 1999). The “modernizing” trend in Greek society concerns the necessity for greater equality and a decline in patriarchy, where structural links increasingly give way to the negotiation of individualized interpersonal relationships. This may also be perceived as part of the individualizing process.

The achievements of ancient Greece in art, architecture, science, mathematics, drama, literature, philosophy, and democracy are acknowledged by all as the foundation of Western Civilization. Classical Greece reached its apex in Athens during the 4th century B.C.E. In 336, the kingdom of Macedonia, which under Philip II dominated the Greek world and Egypt, passed to his son Alexander. Tutored by Aristotle in the Greek ideals, Alexander the Great conquered Egypt, all the Persian domains, and reached India in 13 years. After his death in 323, his empire was divided into three parts: Egypt under the Ptolemaics, Macedon, and the Seleucid Empire. During the ensuing 300 years, the Hellenic Era, a cosmopolitan Greek-oriented culture permeated the ancient world from the borders of India to Western Europe. The sciences thrived, especially in Alexandria, where the pharaohs financed a great library and museum. Major advances were made in the fields of medicine, chemistry, hydraulics, geography, astronomy, and Euclidian and non-Euclidean geometry.

Greece fell under the domination of Roman rule in the 2nd and 1st centuries B.C.E. In the 4th century C.E., Greece became part of the Byzantine Empire, and, after the fall of Constantinople in 1453 to the Turks, a part of the Ottoman Empire. Greece gained its freedom from Turkey between 1821 and 1829, and became a kingdom. A republic was established in 1924, followed by restoration of the monarchy in 1935. In 1940, Greece was occupied by German, Italian, and Bulgarian troops. In the late 1940s, the Communist’s guerrilla warfare ended with restoration of the monarchy; the monarchy was abolished in 1975.

Greece has experienced, although with some chronological differences, about the same population growth as most advanced countries have, despite the mass emigration during the two periods from 1900 to 1922 and from 1951 to 1973. Ever since, emigration has given way to repatriation and the entrance of refugees of Greek origins (*Pontioi*), as well as of foreign refugees and immigrants who came mainly from the former Communist Eastern European countries as well as from Asia and Africa. The massive immigration flow into the country took place in the late 1980s and, especially, after the fall of the Albanian regime in the early 1990s. Most of the immigrants came into the country illegally. Since a legalization process started in 1997, a third of a million migrants have asked for their legalization: 65% are Albanian and the rest come mainly from Eastern European countries.

1. Basic Sexological Premises

A. Character of Gender Roles

In the last 20 years, Greece has been experiencing changes in gender relationships that are altering aspects of family life. Although the institution of the family remains a core value and practice, the foundations are less secure as individualism becomes a stronger force in Greek society.

There is wide agreement that the “traditional” type of patriarchal Greek family has been changing, in line with economic and modernizing forces. Gender relations are at the eye of the storm in these changes. One reason lies in what H. Kataki (1984) discussed two decades ago that is still relevant: the historical coexistence of different types of familial and gender formations and expectations. These, Kataki termed the traditional, the modern, and the post-modern identities of Greek families.

Although Greek society and the state still have patriarchal characteristics, at the family level, even within apparently traditional families, the actual nature of the power relations between men and women is very diverse (Papa-taxiarchis et al. 1992). Equality within the family has always been the outcome of a number of variables, including the ownership of property, social class, the relationship to nondomestic work, education, age, and the personalities involved. Thus, however “traditional” they might be, individual Greek men and women have always been aware of the flexibility and variations possible in gender relationships. Consequently, they often are not experienced with the patriarchal system at the personal level.

There are structured repercussions for gender relations from living in a patriarchal society, e.g., lack of power in political and economic life, but at the family or individual level, gender relations may be played out by the individuals in a far more equitable and nontraditionally gendered manner. Gender relations are constantly mediated through socioeconomic changes, as well as class and educational backgrounds.

B. Sociolegal Status of Males and Females

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

C. General Concepts of Sexuality and Love

In Greek society, the expression of sexuality and “romantic” love are interdependent. Many people believe that sexual pleasure is realized only in a relationship governed by love (Apostolodis 1992; Ioannidis et al. 1991; Mandi et al. 1993). The ability to love is regarded as something special, and individuals who are indifferent to or unable to feel it are held in contempt. In a survey on sexual behavior that was conducted in 1998, 33.5% of the respondents reported that it was totally unacceptable to have sex with someone without loving him or her, and 30% said it was rather unacceptable (Ioannidi-Kapoulou et al. 2001).

Some believe that although the sexual act is possible with someone else besides the “one and only,” true passion and completeness become real only when there is mutual care and devotion.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

In Greece, the majority of the population (97%) are affiliated with the Greek Orthodox religion. There are also some Catholics, a few Jews and Protestants, and a number of Muslims, mainly from Thrace. The Greek Orthodox Church is much more liberal than the Roman Catholic Church in some aspects, allowing divorce (up to three times normally) and remarriage in church. Although archbishops are not allowed to get married, the majority of parish priests are married.

Influenced by the Platonic and Stoic dualism and the Persian Gnostic tradition (Francoeur 1992), Christianity is governed by a dualistic opposition between the soul and the

body, with the soul and mind seeking liberation from the prison of the flesh. Christian faith provides "a special kind of knowledge, gnosis, which the soul can use to transcend this earth and rise to the divine heavenly sphere." Thus, Christianity has awakened in each person the worry of saving one's soul, with this salvation depending on the value of one's personal actions, particularly in the sexual sphere. If the flesh is somehow the source of evil, all sexual practices that are not procreative in character are condemned.

However, there is no correspondence between the official teachings and daily practices, at least in present-day Greece. Greeks regard love and sex as a main part of their existence, as evidenced by the incidence of extramarital relations and abortion, both of which are condemned by the Church. Greece's abortion rate is among the highest in Europe. In reality, Greeks often indicate that they do not consider themselves particularly religious; however, there are the "faithful" who follow the Church's teachings, and the latter does intervene in the sexual life of couples.

B. Source and Character of Ethnic Values

Until the late 1980s, 98.5% of the population was ethnic Greek. Apart from the Muslims, who comprised about 1% of the population, lived in a particular area, and followed their own religious and cultural patterns, there was ethnic homogeneity. With the massive immigration entering the country, Greece is slowly turning into a multicultural society, at least in the urban centers. At this stage, it is obvious that the country was not prepared to receive and integrate so many different cultures. There were 120 different nationalities registered among those asking for legalization, although 91% came mainly from Albania, Bulgaria, Romania, Pakistan, Ukraine, Poland, Georgia, India, Egypt, and the Philippines).

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

It is not an exaggeration to say that in Greece, sexual education is not the target of any systematic and well-planned governmental program. Even today, sexual education is not included in the school curriculum, although a limited few pilot projects have recently been introduced into a limited number of schools. Sporadic knowledge is given as part of lessons in such subjects as anthropology. However, this knowledge concerns more elements of physiology and anatomy than references to the external genital organs, the sexual relationship, or the search for and existence of pleasure in connection with the body and sexuality.

Currently, there is an effort and movement to include sexual education in the schools, although two Ministries, that of Health and Social Welfare and that of Education, have not made clear which one will be responsible for these matters. In recognizing the need for sex education, the government has taken some steps, starting in the early 1980s, by bringing Family Planning under the auspices of the Ministry of Health and Social Welfare. Prior to this move, contraceptive education was mainly handled by the Family Planning Association, a nongovernmental organization (NGO). The Ministry established 46 Family Planning Centers all over Greece to provide genetic counseling, sexual education, information about AIDS and sexually transmitted and gynecological diseases, contraceptives, and so on.

However, a 1991 evaluation of the efficiency and effectiveness of these centers made by the Family Planning Association has shown that the Family Centers in Greece meet the needs of only a very limited number of people. Their geographic distribution is not sufficient, and there does not

appear to be any strategy for a systematic operation. A large number of the centers have departed from the initial aim of their operation and now focus their interest more on medical matters, such as Pap tests and gynecological pathology, rather than on sexual education.

B. Informal Sources of Sexual Knowledge

The inadequacy of formal sexual education programs, and the resultant lack of sexual knowledge in the population, have been detected in a small number of studies carried out by the Department of Sociology of the Athens School of Public Health (Pantzou et al. 1991). Four different research projects, focusing on the general population and on pupils (a pilot study) using quantitative and qualitative methods, have indicated that:

- the mass media as a whole, and television in particular, seem to be the main sources of information for both the general population and young people on matters concerning health and AIDS,
- the majority of high school pupils receive no kind of information on sexuality and AIDS at school, and
- there is a need both for intensification of information on sexual contraception, sexually transmitted diseases, and AIDS, and improvement of the quality and specialization of this information.

4. Autoerotic Behaviors and Patterns

The data on autoerotic behaviors in Greece are very limited. The only available information is that which is derived from the K.A.B.P. (knowledge, attitudes, beliefs, and practices) study in relation to AIDS in the city of Athens (Agrafiotis et al. 1990). A section of this study was devoted to sexual practices, but only one question, in the section on sexual practices that someone engages in with his or her sexual partner, referred to autoerotic behaviors. According to the results, men reported twice the percentage of self-pleasuring than that of women (10.6% and 5.1%, respectively) when they were with their partner. Otherwise, the frequency and the attitudes towards self-pleasuring, both of children, adolescents, and adults have not been examined.

5. Interpersonal Heterosexual Behaviors

A. Children

Sexual exploration by children between ages 3 and 5 in nursery school has been observed. The first discoveries are connected with gender and take place mainly among peers. Different kinds of games (playing doctor and nurse, mother and father, or king and queen) imitate adult roles, sometimes producing specific pleasure connected with stimulation of the genitals.

Later on, at the age of 10 or 11 years, children's interest is focused on details and confirmation of earlier knowledge on gender differences. At the prepuberty age, they are usually engaged in self-pleasuring activities that occur either in pairs or in groups of peers of the same and other gender, as well as alone.

B. Adolescents

Puberty Rituals and Adolescent Sexual Activities

In the pubertal period, children are more interested in matters related to emotional/sentimental relations and sexuality. In a survey on "Attitudes of parents on the information of their children on HIV/AIDS and STIs" funded by the Center for the Control of Infectious Diseases (KEEL), 68.6% answered that the mother is the one who talks to children on issues relating to sexual behavior. It is also noticeable that parents avoid discussing with their boys topics

such as masturbation, orgasm, and abortion, while, with the girls, besides masturbation and orgasm, they avoid discussing homosexuality (Ioannidi et al. 1997).

Although there are no particular puberty rituals, the occurrence of the first menstruation and the first nocturnal emission or ejaculation are the signs of sexual maturation. These events, however, are not celebrated in any particular formal way in the family or among relatives.

Premarital sexual activities, especially in large cities, are no longer socially condemned. In a survey of sexual behavior that was conducted on a national general population sample aged 18 to 49, it appears that people start their sexual activity between the ages of 16 and 20. There are differences among men and women, and this gap appears to be closing compared to the past where, in the 1950s, the difference was six years, while at present, it has diminished to two years. Thus, boys start at the age 16 to 18 and girls 18 to 20 (Ioannidi et al. 2000).

Research also showed that the most frequent types of contact are through hugging, deep (open mouth) kissing, petting above and below the waist, sleeping together (without sexual intercourse), and oral and vaginal sex.

In a 2002 survey on virtual sex among students aged 18 to 23 of technological colleges in urban cities, all of the respondents (100%) claimed that virtual sex (TV, Internet, or video) is an important source for sexual information; 95% of males and 89% of females believe that the Internet is the best way to communicate sexual information and to start sexual relations without fear with people of different cultures through the practice of Internet sex (Kampoura et al. 2002).

C. Adults

Premarital Courtship, Dating, and Relationships

In a society in which major social and cultural transformations are taking place, it would be misleading to present facts and opinions that seem definite and absolute. However, it does seem obvious and clear that there are great differences concerning premarital relations and courtship among urban and rural settings.

In today's predominantly urban and anonymous setting, young people often have access to automobiles that allow an exceptional degree of privacy in their courting. The practice of dating enables young Greeks to find out about one another, to improve their own interpersonal skills, to experiment sexually if they wish to, and, finally, to select a marriage partner.

In more "closed" rural communities and small villages, premarital relations and courtship are not yet the norm before marriage. Although freer than in the past, young adults, and especially women, do not have the opportunity of dating their future spouse. The idea of arranged marriages and matchmaking (*proksenio*) is still present; the difference is that now women have the right to choose which matchmaking will end in marriage. In some areas, a dowry (*prika*) is still required.

In anthropological literature on family life in Greek villages, reference has frequently been made to the importance of family honor—involving the sexual behavior of women, access in public and social life, and the successful execution of parental and spousal roles (Dubisch 1986). Strikingly, two generations later in a metropolitan center, reference to such values still appear to underlie some attitudes and behavior.

Single Adults

Up until the last two decades or so of the 20th century, a large proportion of Greek men and women found their primary identification in their family, and moral approval was

given to those who fulfilled traditional expectations of being "good" husbands and "housewives." The proportion of those who remained single was very low and, as a result, data on their sexual behavior and relationships are limited.

However, certain groups, mainly the younger and more educated people, are adopting more-contemporary attitudes towards family and marriage, giving greater priority to their personal rights and self-fulfillment as individuals. Nonetheless, the number of children born to unmarried women is the lowest in Europe. In 1999, the number of children born outside marriage was 3,890, compared to 96,753 who were born to married couples. In 1995, 5% of all the families were single-parent families (Kogidou 1995).

Marriage and the Family

The Greek family seems to be going through a period of transformation, following the patterns of all other industrial societies. The number of marriages decreased from 7.78 per 1,000 people in 1953 to 6.41 in 1985, 5.77 in 1990, and 5.28 in 1998. On the other hand, the number of divorces is rising.

The typical Greek family unit is monogamous: Greeks may marry only one person at a time. Second, it is increasingly nuclear, although occasionally a grandparent or other relative may live with a family group. Third, it is increasingly egalitarian, with wives becoming much more assertive and husbands more flexible than they were even a decade ago.

Divorce and Remarriage

The divorce rate, although low compared to other European countries, has been rising steadily in the last decade. Divorces more than doubled between 1979 and 1995—from 4,716 to 10,995, according to the Greek statistical service. The divorce rate has risen from 82.0 per 1,000 marriages in 1982 to 124.2 per 1,000 marriages in 1993.

According to the statistical data on the culpability of a divorce, it is evident that there has been a great change in the mentality and structure of the Greek family. In a total of 5,684 divorces reported in 1980, men were held culpable for the breakdown of 2,162 marriages and women for 1,144. In a total of 6,360 divorces reported in 1989, after amendment of the divorce law, the culpability numbers were 280 and 294, respectively. In addition, the above numbers indicate that "no-fault" divorces are on an upward trend, reaching about 75% of all divorces.

The majority of divorces are obtained after five to ten years of marriage. Also, the majority of divorcing couples have no children or only one child. In 1989, 1,730 divorced couples had no children and 1,520 had only one child. Although both divorced parties may experience difficult times, ex-wives, in particular, may face severe economic problems, especially if they have to raise young children. In the past, when most wives were not expected to work outside the home, courts frequently awarded alimony to divorced women. Now, after adoption of a new Family Law in 1983 that considers women capable of earning their own living, they receive alimony only for a period of three years. After this period, the alimony is automatically interrupted, without considering the possibility that a woman may not find a job. Courts award child custody to mothers rather than to fathers in most cases. However, the courts usually require that the fathers provide child support. A mother cannot retain the children's custody if she is a drug or alcohol addict, mentally or physically disabled, or psychopathic.

The Greek Orthodox Church allows a person to get married up to three times in his or her lifespan. Although there are no statistical data, it is estimated that 90% of those who obtain divorce will marry again—especially now that di-

voices are easier to get and provoke less social disapproval than ever before.

Marital and Extramarital Sexual Behaviors

In a 1998 research study on the sexual behavior of the general population aged 18 to 49 in relation to the risk of HIV infection, respondents were asked if they were involved in a parallel relationship in the last five years. It is interesting that 214 men and only 47 women (in a sample of 2,000 people) admitted that they had a parallel relationship during this period. Among these 261 people who had parallel relationships, 82 described themselves as married (Ioannidi et al. 2000).

According to some opinion polls, however, both men and women, although satisfied with their sexual life, express their desire for even greater sexual activity. In addition, men, in higher percentages than women, report extramarital relationships with at least one partner. In addition, it can be said that there is a kind of tolerance on this matter. For instance, the extramarital relationships of important political persons do not constitute a cause for political disgrace or resignation, as is common in some other European countries.

Incidence of Oral and Anal Sex

The survey conducted by the Department of Sociology of the National School of Public Health (Agrafiotis et al. 1990) has revealed some interesting results in relation to the sexual practices of the general population. The representative sample drawn from the general population of Athens, which really covers one third of the total Greek population, consisted of 1,200 people aged 16 to 65. Generally, for all practices, men reported higher percentages than women. This included vaginal sex (97.3% of men vs. 94.5% of women), oral sex (36.3% vs. 19.3%), and oral sex with body-fluid transmission (8.2% vs. 3.5%). Anal sex was also reported at double the rate of that of women (10.8% vs. 5.1%).

Women were less likely to respond to questions concerning sexual practices, (37% vs. 9%). Age groups also showed a considerable variation in sexual practices, with younger groups mentioning a wider variety of practices and a higher rate of them. Those who were 16 to 22 years old were less likely to practice vaginal sex (92.6% vs. 96%) and more likely to practice anal sex (14.9% vs. 8%). Oral sex was over 40% for the age group 16 to 30, but declined to 5.3% in age group 51 to 64. Of course, whether this difference is related to age, to religious and moral objections, or simply to an unwillingness by the older generation to admit to such practices is open to debate.

The above results were more or less confirmed by Malliori et al. (1991) with a representative sample of 1,980 Athenians of both sexes, 15 to 49 years old. According to these results, 95.5% of the females and 96.5% of the males employ ordinary intercourse, 35.6% of the females and 45.5% of the males use additional fellatio practices, 32% of the females and 40.5% of the males employ cunnilingus, and 10% of the females and 17% of the males use anal intercourse. Greek law contains no legal restrictions on fellatio, cunnilingus, or anal sex.

6. Homoerotic, Homosexual, and Bisexual Behaviors

According to the first scientific research conducted by the Athens Medical School (Hantzakis 1992) in an unrepresentative sample of homosexual men, about half of the sample of 213 men were single without ever being married, and either lived alone or with a parent or relative. The majority of these gay men's sexual activity is taken up in the three behaviors of

self-pleasuring, fellatio, and anal intercourse. In addition, the majority claimed to have heterosexual contacts as well. This can be partly attributed to the fact that, in Greek society, there are different kinds of homosexuals (i.e., gays and bisexuals) and a mixture of tolerance and taboos coexist. As a result, many gay men are forced to get married and pass as heterosexuals, whereas, in reality, they are bisexual or psychologically and emotionally exclusively homosexual, although engaging in some heterosexual relations.

In a survey on gender identity and HIV risk among gay men (Vassilikou et al. 1999), it appeared that, with regard to sexual identity, young gay men frequently pass through an initial identity crisis, which harbors dangers both for their mental and physical health. There was no specific model of a gay man encountered, but rather many and diverse ways of living with being "different." It also emerged that the first disclosure (coming out) in most cases is made to another or other gay men, and their subsequent disclosures are to persons whom they believe will accept them anyway. Disclosure to the family is made either through a third person or through protracted persistent processes or not at all.

The legal age of consent for homosexual men is 17 years. The legislation of 1981 can force STD testing of homosexual men.

7. Gender Diversity and Transgender Issues

Greek society does not provide for any special gender roles, such as the *hijra* of India or the *berdache* among Native Americans. Among the registered prostitutes, 66 are transsexuals who had their surgery abroad, as, in Greece, these operations are not performed.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sexual Behaviors

Child Sexual Abuse and Incest

The phenomenon of child sexual abuse has only recently been surfacing in Greece as an issue of concern among professionals, researchers, and the public, following a long period of denial that continues to exist in many settings. This change can be partly attributed to the altering of society's general attitudes towards sexuality, as well as to the appearance of AIDS. The term "child sexual abuse" does not exist in Greek criminal law; there are, however, many provisions that specify offenses that infringe upon a child's purity. These offenses are rape, seduction of a minor, indecent assault, incest, and pimping. When the person culpable of such an offense is a parent, a teacher, or a minor's guardian, the punishment is particularly severe. In the seduction of a minor, the younger the child, the harsher is the punishment. If the child is less than 10 years old, the penalty can be at least ten years imprisonment; if the child is between 10 and 13 years, the penalty can be between five to ten years; the penalty is five years imprisonment for children 13 to 15 years of age. For the offenses of rape, incest, and pimping, the prosecution is automatic, *ex officio*, while for the rest of the offenses, the prosecution continues only if the sufferer or his or her legal representative brings a charge against the perpetrator.

In cases of child sexual abuse, it is not possible to ascertain the incidence of pedophilia, because this category is not included as such in the offenses that infringe upon a child's purity. There are no data on incest, and it is very difficult to estimate the extent of the phenomenon, as the cases registered in police records involve rape or pregnancy (Artinopoulou 1995).

All types of sexual offenses are socially condemned. Although there is no statistical evidence, a study of child sexual abuse among an unrepresentative sample of Greek college students, conducted by the Department of Family Relations of the Institute of Child Health (Agathonos et al. 1992), has shown that the phenomenon in Greece is unexplored and its magnitude very likely underestimated. Among the 743 respondents, 96 students (13 men and 83 women), or 13%, had experiences of sexual victimization, while 230, or 31%, had sexual experiences that did not contain the element of victimization. In one third of the group with the sexual victimization cases, the abuse had been intrafamilial; in one third of the cases, the perpetrator was known to the child. The remaining perpetrators were strangers. In men, perpetrators were, on average, 12 years older, while offenders were, on average, 22 years older than abused women.

Sexual Harassment

Although Greek legislation does not distinguish this category of behavior, sexual harassment, especially by males in the workplace, is not uncommon.

Rape

Although Greece, according to the statistical data of the United Nation's Report, had the lowest number of rapes per 100,000 women in 1992 (only 2 rapes compared to New Zealand with 254 rapes), scientific studies have shown that only 15% of rapes are reported to the authorities. From police records, the 6% associated with rapes is considered as a relatively low percentage according to an international bibliography (Tsingris 2000). However, it is not indicative of the situation, since many cases are never reported to the police.

According to the legislation, the penalty for rape is between five and 20 years imprisonment. As of early 2003, an ongoing discussion was expected to come to the Parliament for voting a law that includes the punishment of marital rape.

B. Prostitution

Prostitution has, for many years, been a socially accepted practice, especially for young Greek men. Given traditional rules of virginity for women and the expectation of masculine behavior, including sexual prowess, for men, prostitutes were both an outlet and schooling for many men. Nowadays, particularly in the urban centers, young men are more likely to have a girlfriend with whom they have sex.

In Greece, the number of professional prostitutes who are registered is 406. They have a health book and are obliged to report twice a month for health inspection at a special clinic of the Ministry of Health and Welfare. After 1990, with the entrance of illegal migrants into the country, especially from ex-Communist Eastern European countries, the number of unregistered sex workers has risen, and it was estimated that Greece then had as many as 17,000 sex workers. This estimate included Greek women, although the majority here are migrants (Kornarou et al. 2002). According to a survey on condom usage by non-registered prostitutes carried out during the period 1995 to 1997, where 1,805 prostitutes—560 Greeks and 1,245 foreigners—completed a questionnaire, the usage of condoms is low. More specifically, the usage is significantly lower among women of Albanian descent, the prostitutes of older age, and the heroin users (Nestoridou et al. 2002). Alongside the unregistered female prostitutes, there is also an unknown number of male and adolescent prostitutes, mainly in Athens and Thessaloniki.

C. Pornography and Erotica

Despite legislation that prohibits the production and distribution of pornography and erotica, both hard- and soft-core pornography is easily accessible in Greece. In addition,

during the last decade, there have been a few telephone "hotlines," which are extremely expensive. Many kiosks sell pornographic magazines, and pornographic videotapes are unofficially available to anyone over age 18. However, these tapes are not openly displayed, and there is an unwritten code of communications between the customer and the shop owner.

9. Contraception, Abortion, and Population Planning

A. Contraception

Unlike other countries, where a considerable amount of social research has been carried out on attitudes of the population towards contraceptive methods, in Greece until the appearance of AIDS, there were only a few studies on such issues.

There are no official data for the use of contraceptive methods. Research data suggest that condoms and coitus interruptus are the two most familiar methods used (Ioannidi et al. 2000). Estimated data from the Department of Family Planning in the Gynaecological Clinic of Areteio Hospital (Athens) concerning the use of contraceptive methods in the last 5 years in Greece present the following figures: condom 45%, coitus interruptus 20-30%, pill 2%, and IUD 10%.

Indicative of the situation are the findings of research carried out on a national sample of 4,560 women aged 15 to 44, concerning the socioeconomic factors that determine reproduction in Greece: 70% of the women reported withdrawal as the first contraceptive measure, and abortion, which is still considered as a contraceptive method, was reported by 42% of the women (Simeonidou et al. 1997).

In a study carried out by the Institute of Social Preventive Medicine (2001), 50% of the male population used the condom in their sexual relations, and 21.7% used coitus interruptus. Six in ten women admitted that they used the contraceptive method suggested by their partner. One in ten women used a method of their own choice (pill 4.8% and IUD 3.6%).

What is evident in comparison with other European countries is two particularities of the Greek situation in regard to the attitudes towards contraceptive methods. First, Greek society has not fully adopted the use of modern methods of contraception. According to the statistical data provided by the pharmaceutical companies (Margaritidou et al. 1991), such methods are not easily available and their use is relatively low (i.e., IUD sales are 20,000 annually). Thus, the condom, which is available through pharmacies, supermarkets, and kiosks, is still the most widely used method of contraception. Second, there is a tendency for many Greek couples to prove their fertility by not using contraception and resorting to frequent abortion. It is worth noting that while many countries reported that abortion concerns a very small percentage of women and is considered "marginal" behavior from a psychosocial point of view, in Greece repeated abortion and withdrawal are the most widespread methods of birth control (Agrafiotis et al. 1990).

As for education in the contraceptive methods, it can be said that the state or medical practitioners provided little systematic information until the founding of the Family Planning Centers after 1982. Some of these centers provide contraceptive methods free of charge to persons who are not insured, while the National Health Insurance organization does not cover the costs of contraception.

B. Teenage Unmarried Pregnancies

The recent doubling of the teenage pregnancy rate, and its continued increase, can be mainly attributed to several reasons. First is the lack of information on ways to avoid an undesired pregnancy. It has been estimated that in countries

where adolescent sexual education is put into practice, the percentage of undesired pregnancies is kept relatively low. Second, biological maturation of girls now comes earlier than in the past. And third, premarital sexual activities start at a younger age now than they did in the 1940s and 1950s. Many of the expectant teenage mothers, however, decide to terminate their pregnancies, being fearful of both the medical and social consequences. Thus, parallel to the teenage pregnancies, teenage abortions are increasing. This was evident in recent research on European levels, where the U.K. and Ireland, for example, presented as a major problem the high incidence of births in adolescence, while in Greece, the problem focused on the increase of abortions in this age group (Ioannidi et al. 2002).

C. Abortion

Since 1986, abortion has been legal in Greece, and a great number are conducted in the private sector. There is no official registration of abortions and the data provided by the National Statistical Service of Greece refers to abortions taking place in National Hospitals only, which is not a representative figure. According to the National Report of the General Secretariat of Equality in Greece (2000), the estimated number of abortions is 100,000 to 120,000 cases per year. The fact is that the abortion rates are high, and, according to estimates by gynecologists, the number of abortions equals the number of births (Kintis 1996). Greece possesses the highest percentage of abortions among the European countries.

In research carried out by the National Center for Social Research (E.K.K.E.) in 1988, it was found that the ratio between abortions and live births was nearly one to three. Forty-three percent of all Greek women in the sample reported at least one abortion or miscarriage. In the study conducted by the Family Center in Thessaloniki (Anapliotis 1985), it was found that a large number of women, around 64% aged 16 to 46 (and over), had an abortion, with the ratio between abortion and live births being 1:8 to 1:3 per woman, respectively. Thus, it can be said that repeated abortion is a "norm," a traditional form of birth control, especially for Greek women who have already acquired the desirable number of children.

The above evidence indicates that abortion in Greece is not considered a moral issue of any dimension, and there is a general lack of guilt about the subject. In a recent study (Ioannidi et al. 2001), only 26% of the general population considers abortion a totally unacceptable practice. One explanation provided for this behavior is that the traditional importance of the mother role, and the constraints concerning the expression of female sexuality, come into conflict with the symbolic and real meaning of modern contraceptives (Naziri 1988). Both men and women use the "unwanted" pregnancy that usually ends up in abortion as evidence of their continuing fertility, whereas modern contraception would create doubts about this.

The law allows for abortion until 12 weeks of pregnancy. The National Health System covers the expenses and provides the right of three days full-paid leave. Despite this, only a few women use the National Health System and their insurance fund for abortion, while there is still a substantive use of private gynecologists for unreported abortions. This can be partly attributed to the fact that private abortions are usually performed immediately, in contrast to the state system that requires some bureaucratic procedures and, therefore, involves delays. Finally, it must be stressed that only a vocal minority associated with the Orthodox Church was against the legalization of abortion, though, in general, the Orthodox Church, unlike the Catholic, is not so

absolute in its teachings and is more tolerant in its attitudes towards people's practices such, as birth control, abortion, and so on.

D. Population Control Efforts

In the last decade, Greece's population growth rate has dropped to 0.97% annually, compared to the rate of 12% to 13% before World War II (National Statistical Service 2000). The government's aim is to promote population growth with financial incentives, such as allowances, houses, and reduced military service. However, the birth-rate still remains very low and is related mainly to socio-cultural and economic aspects.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Incidence, Patterns, and Trends

There are no data available on STD prevalence. The only available data that EKEPAP (Centre for the Surveillance and Intervention of Epidemics 2000) could provide were the total numbers of reported cases in the year 2000 for the following STDs on which they keep a record: chlamydia: 66; gonorrhea: 103; syphilis: 100; and hepatitis B: 234. For these diseases, however, there are no data concerning the individuals' gender, age, and so on.

Despite the lack of official data, some conclusions can be drawn from a study that attempted to describe the epidemiology of several major sexually transmitted diseases in Greece during a 23-year period (1974 to 1996). The patient population examined included individuals that had visited the outpatient clinic of Andreas Syngros Hospital, which is a national referral center for venereal diseases. The selected STDs studied were syphilis, gonorrhea, nongonococcal urethritis, genital warts, and HIV/AIDS infection. According to these findings, the incidence rate by sex shows an overall decreasing trend, with slight variations during the study period. In contrast, the incidence of HIV-infected and AIDS patients follows a constant upward trend. The researchers concluded that the incidence of STDs in Greece is characterized by much lower rates than those observed in other countries around the world. These findings may, however, change in the next few years in view of the large number of individuals migrating into the country from Eastern European and other countries (Strategos et al. 2000).

As far as the tracing of STDs and HIV/AIDS, one should take into account the following: There is no compulsory registration of HIV/AIDS in pregnant women. Since 1994, KEEL, in the framework of its surveillance of HIV infection in our country, has suggested to gynecologists to report these cases. There is no compulsory testing for HIV in pregnant women; gynecologists usually suggest it to women and they decide whether they want to take the test or not. Moreover, there is no compulsory tracing to HIV-positive people, but health professionals try to persuade them to keep a contact with their physician. There is also no compulsory registration of STDs, either in pregnant women or the general population, although gynecologists suggest it, as in the case of HIV testing. According to EKEPAP, it is not in the priorities of the Department of Public Health to trace STD cases.

Availability of Treatment and Prevention Efforts.

In Greece, there are two public dermatological hospitals for the treatment of STDs, with 200 beds in Athens and 60 beds in Salonica.

In Greece, the Ministry of Health is responsible for the design and implementation of public health policy. In the

case of STDs and HIV/AIDS, an independent body has been established, named the Hellenic Center for Infectious Diseases Control (KEEL), which has undertaken the task of implementing preventive policy on a national level. In 1992, KEEL was recognized as a legal entity subject to private law, and it operates in collaboration with other relevant departments of the Ministry of Health and other organizations, both in the public and private spheres. Priority on STDs and HIV/AIDS prevention and/or care policies, is given mainly to women sex workers and mobile populations (gypsies and migrants).

B. HIV/AIDS

Epidemiological facts on STDs in general, and HIV/AIDS in particular, permit policymakers in Greece not to prioritize these issues as major public health problems. It should be noted here that the spread of infectious diseases in our country follows an epidemiological model that is different from the other Western countries, where a higher number of cases is reported among intravenous drug users along the zone that extends from Spain to the former Yugoslavia. In Greece, the number of homosexuals and heterosexuals infected is higher than the number of drug users. An important number of women have also been infected. A possible explanation for this exception can be attributed to the fact that a development of modern industry has emerged in the above-mentioned areas, which Greece did not follow. Thus, it can be said that "the socio-cultural difference is mirrored in the socio-epidemiological distribution rejecting in this way the myth of cultural homogeneity in the Mediterranean because of the difference among Greece and countries like Italy, Spain, France" (Agrafiotis 1991).

The reporting of AIDS cases in Greece is compulsory (A1/6824/4/7/83). The first surveillance system was initiated in Greece in 1987, four years after the first reported AIDS case in 1983. However, HIV case reporting was implemented in Greece in 1998. It is anonymous, confidential, and mandatory by law (B1/5295/7-8-1998). In KEEL (Center for the Control of Infectious Diseases), there is an office for the epidemiological surveillance of HIV/AIDS infection in our country. In 1998, EKEPAP (Greek Center for Epidemiological Surveillance and Intervention) was also established as a department of KEEL, attempting to keep a record of all STDs reported.

Every six months, an edition of KEEL is published, including the latest epidemiological data, where the following data were reported (June 2001).

The total number of people who live with HIV/AIDS in Greece in the year 2001 (June) is 5,676 persons, 60 of whom are below 15 years of age. The number of women who live with HIV/AIDS in Greece is 883, and most of them are 25 to 39 years old. It should be noted here that these figures might be differentiated slightly, if one takes into account a number of infected people who prefer to go abroad and have an HIV test in order to preserve their anonymity.

The total number of people infected with the HIV virus in the year 2000 was 552, of whom 519 were 15 years of age or older. Among them, 120 women were reported being infected with the HIV virus, all of them above 15 years of age, and the majority being 25 to 39 years old.

There is no official data on the number of people who lived with HIV/AIDS in Greece in the years prior to 2000, because systematic recording of HIV and AIDS cases has only been established from 1999 onwards (KEEL 2001)

The total number of deaths caused by AIDS in the year 2000 was 67 people, 53 men and 14 women, most of whom belonged to the age groups of 30 to 39 and 45 to 54 years. The total number of deaths caused by AIDS since the beginning

of the epidemic is 1,254 people, 1,104 men and 150 women. The majority of these people were 25 to 49 years of age.

As for the prevalence of HIV/AIDS-related routes of transmission, 378 people have declared transmission through heterosexual contact (181 men and 197 women); 19 cases referred to mother-to-child transmission, 1,248 homo-/bisexual male contact, 83 intravenous drug users (61 men and 22 women), and 435 cases (372 men and 63 women) by other routes of transmission.

Overall, sexual transmission accounts for the vast majority of reported HIV adult and adolescent cases. Most of them are men (40%) who have been infected through homosexual intercourse, and approximately 15% are men and women who have been infected through heterosexual transmission. There are signs of increasing trends in both homo- and bisexual men, and heterosexuals. Heterosexual transmission shows, in fact, a faster rate of increase in recent years, while the proportion of heterosexually infected women increases over time (KEEL 2000).

[Update 2002: UNAIDS Epidemiological Assessment: Through December 2001, a cumulative total of 5,859 HIV-seropositive persons, 2,254 AIDS cases, and 1,299 deaths from AIDS have been reported at the national level. Among newly reported HIV cases during the 2000 to 2001 period, 26.94% are men who have sex with other men, 17.78% are heterosexuals, and 2.98% are injecting drug users. The route of transmission is yet to be determined in 51.86% of cases.

[HIV prevalence is low among injecting drug users. During 2000 to 2001, no prostitutes were reported to be HIV-seropositive.

[HIV testing is mandatory and systematic in blood donors and recommended for pregnant women, STD patients, injecting drug users, and persons at high risk for HIV. Case reporting is mandatory and confidential by law for both HIV and AIDS cases at the national level. Infection Disease Units, HIV/AIDS Reference Centers, district, regional, university, and private-sector hospitals and laboratories report cases in real time. Retrospectively updated registries include cases since 1982.

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

Adults ages 15-49:	8,800 (rate: 0.2%)
Women ages 15-49:	1,800
Children ages 0-15:	< 100

[An estimated less than 100 adults and children died of AIDS during 2001.

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

11. Sexual Dysfunctions, Counseling, and Therapies

A/B. Concepts of Sexual Dysfunction and the Availability of Treatment

Even at the end of the 20th century, the sexual act in Greece seems to be shrouded by myths and antiscientific attitudes and approaches that lead to the superficial management of sexual dysfunctions.

It was only at the end of the last decade that some private institutions, both in Athens and Salonica, began to deal with sexual therapy. Having a better mechanism for preserving a patient's privacy, they brought the problem up for open discussion, recognized it, and helped in its demystification. The acceptable methodology for the diagnosis and therapy of sexual dysfunctions is based on the protocol of I.S.I.R. (International Society of Impotence

Research). Impotence is regarded as a symptom of both psychological and organic problems. According to the statistical data of the Andrological Institute, which specializes in male impotence, from a sample of 5,000 patients treated, 25.1% of impotence was because of psychogenic causes, 24.6% by organic causes, and 50.3% resulted from combined causes. The distribution of cases according to age has shown that problems exist in all age groups, with more cases between the ages of 40 and 50. In addition, the analysis of cases according to profession and social class has shown that the problem is present in all social classes with more or less the same frequency. From the same data, it is evident that one in four men in Greece has some kind of sexual dysfunction. (The name "Andrological" reveals the distinction of science into two specialties related to sex. From a sociological and cultural point of view, it is interesting to see how this will operate in Greece.)

12. Sex Research and Advanced Professional Education

Agrafiotis pointed out the need for sexual research in Greece in the early 1980s. But it was the advent of AIDS that forced these matters to emerge somewhat into the public consciousness and policy. In Greece, there are no institutions engaged in sexological research on a regular basis. Research on sexual matters is conducted occasionally and by different research teams without any national coordination. Among the teams engaged in various kinds of sexological research are:

University of Athens, Department of Psychiatry. Director: C. Stefanis. Address: 74 Vas. Sophias Avenue, Athens.

National School of Public Health, Department of Sociology. Director: Demosthenis Agrafiotis. Address: 196 Alexandras Avenue, Athens.

National School of Public Health, Department of Epidemiology. Director: A. Roumeliotou. Address: 196 Alexandras Avenue, Athens.

A Syngros Hospital. Address: 6 Dragoumi, Athens.

Family Planning Association (FPA) Address: Evrou & Pontoiraklia 1-3, Athens 115 28.

Athens Medical School, Department of Epidemiology and Hygiene. Director: D. Trixopoulos.

Hellenic Society of Paediatric and Adolescent Gynaecology (HSPAG). Director: C. Kreatsas. Address: 9 Kanarie str, Athens.

The Department of Psychiatry, the FPA, and the HSPAG offer sex education programs for parents.

Undergraduate courses are provided to doctors by the Medical School, but only as part of the general curriculum (knowledge of organic systems), and are not intended to be a study of human sexuality as such. There is no medical specialization in sexology, and the psychiatrists or gynecologists who wish to specialize in this field should go abroad. The question of sexology as a scientific field is not fully recognized, and there is always a controversy on this matter. As a result, psychologists, sexologists, psychiatrists, and psychoanalysts try to determine their domains of competence. On the other hand, the Department of Sociology of the National School of Public Health explores various issues related to sexuality, and, in general, the social sciences include sexuality and sexual issues in their area of research.

There are no Greek journals or periodicals on sexuality.

A Final Remark

The issue of sexuality in Greece has yet to be adequately studied. Overall, there is an urgent need for a more systematic investigation of the coexistence of traditional and mod-

ern values because of the social particularities of the Greek society and their influence on current sexual attitudes and behaviors. As far as sexual relations are concerned, it appears that couples are well protected from STDs and HIV/AIDS, as the use of condoms is higher than in other European countries. This is explained by the particularities of Greek society, where modern contraceptive methods were never practiced.

Overall, although Greek society and the state still have patriarchal characteristics, there are clear indications that aspects of family life are altering. This is evident in the later age of marriage, increasing rates of divorce, the increase in female participation in the paid labor force, and the very slow increase in single parenthood. The power relations between men and women are very diverse and are played out by the individuals in a far more equitable and nontraditionally gendered manner.

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