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CONTINUUM *Complete*

International

ENCYCLOPEDIA OF SEXUALITY

Updated, with More Countries

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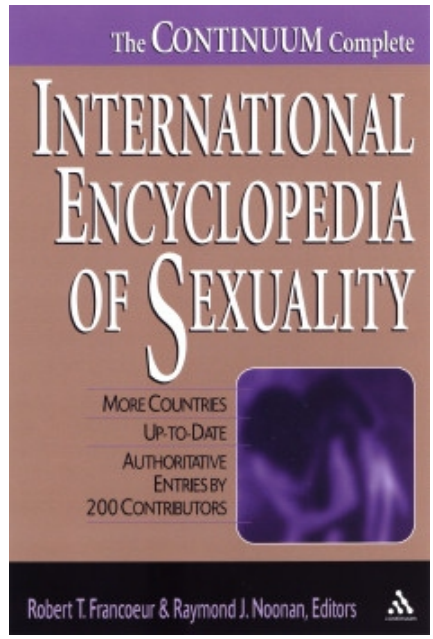

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Portugal

(*República Portuguesa*)

Nuno Nodin, M.A.,*
with Sara Moreira, and Ana Margarida Ourô, M.A.
Updates by N. Nodin

Contents

Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Portugal occupies the western part of the Iberian Peninsula in southwestern Europe. With the Atlantic Ocean on its western border and Spain to the north and east, Portugal has a land area about the size of the state of Indiana, 35,670 square miles (92,390 km^2). It is crossed by many small rivers, and by three large rivers that originate in Spain and flow through Portugal to the Atlantic, dividing the country into three geographic areas. Between the Minho River, which forms part of Portugal's northern border, and the Douro River is a mountainous region with the city of Porto in the southwest corner. Between the Douro and the Tejo Rivers, the mountains yield to plains. South of the capital, Lisbon (Lisboa), and the Tejo River are the rolling hills of the drier Alentejo region. Culturally, the northern region is more traditional and religious and the southern region is more secular and less restrictive in gender and sexual matters.

The nine islands of the Azores stretch over 340 miles (550 km) in the Atlantic, about 900 miles (1,450 km) east of Cape da Roca in mainland Portugal. The Azores is a strategic station on the cross-Atlantic air routes. Madeira, Porto Santo, and two groups of uninhabited islands lie in the Atlantic about 535 miles (860 km) southwest of Lisbon.

In July 2002, Portugal had an estimated population of a little over 10 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years*: 16.9% with 1.06 male(s) per female (sex ratio); *15-64 years*: 67.3% with 0.96 male(s) per female; *65 years and over*: 15.8% with 0.68 male(s) per female; *Total population sex ratio*: 0.93 male(s) to 1 female

(CIA 2002)

Life Expectancy at Birth: *Total Population*: 76.14 years; *male*: 72.65 years; *female*: 79.87 years

Urban/Rural Distribution: 36% to 64%

Ethnic Distribution: Homogeneous Mediterranean stock with less that 100,000 citizens of black African descent who immigrated to the mainland during the independence movements in the colonies after World War II

Religious Distribution: Roman Catholic: 94%; Protestant 6%

Birth Rate: 11.5 births per 1,000 population

Death Rate: 10.21 per 1,000 population

Infant Mortality Rate: 5.84 deaths per 1,000 live births

Net Migration Rate: 0.5 migrant(s) per 1,000 population

Total Fertility Rate: 1.48 children born per woman

Population Growth Rate: 0.18%

HIV/AIDS (1999 est.): *Adult prevalence*: 0.74%; *Persons living with HIV/AIDS*: 36,000; *Deaths*: 280. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Communications: Nuno Nodin, M.A., Av. Fontes Pereira de Melo, 35, 11-B Edificio Imaviz, 1050-118 Lisbon, Portugal; nunonodin@mail.teleweb.pt.

Literacy Rate (*defined as those age 15 and over who can read and write*): 87.4%; education is free and compulsory between ages 6 and 15

Per Capita Gross Domestic Product (*purchasing power parity*): $17,300 (2001 est.); *Inflation*: 4.4%; *Unemployment*: 4.4%; *Living below the poverty line*: NA

B. A Brief Historical Perspective

Portugal's roots reach back to the warlike Lusitanian tribes of Roman times. Having gained independence in the 12th century by the hand of King Afonso Henriques (1128-1185) from a rebellion against his own Castillian mother, Teresa, Portugal was created at the expense of the conquest of territory from the Moors of Morocco who occupied part of the Iberian Peninsula until the 16th century. The country gained its final form after the conquest of the Algarve (Portugal's southernmost region) in the 13th century, and its frontiers have been kept almost untouched up to today. Prince Henry the Navigator (1394-1460) brilliantly coordinated Portugal's expansion that led to a period of great prosperity for the country. In 1488, Bartholomew Diaz reached Africa's Cape of Good Hope. Vasco da Gama followed by reaching India in 1498. By the middle of the 16th century, Portugal had colonies in West and East Africa, Brazil, Persia, Indochina, and Malaya.

In 1581, Philip II of Spain invaded Portugal, precipitating 60 years of occupation and a catastrophic decline in Portuguese commerce. By 1640, when the Portuguese dynasty was restored, the Dutch, English, and French had taken the lead in colonizing the world, although Brazil remained under Portuguese rule until 1822 and the African colonies until the 1970s. After years of weak governments, a 1926 revolution brought a strong, but repressive government into power under the rule of Antonio Salazar. The colonial wars of the 1960s placed a terrible strain on Portugal's economy, adding to the country's standing as Western Europe's poorest country. A successful military revolution in 1974 brought a socialist government into power. Fifteen years later, a "democratic economy" was introduced and industries were denationalized. In 1985, Portugal joined the European Community and, between that date and 1992, the per-capita income tripled so that Portugal was no longer the poorest country in Europe.

1. Basic Sexological Premises

A. Character of Gender Roles

In Portugal, there is an influence of traditional Latin perspectives on male and female roles in society, so that social status is still, in part, related to biological sex. Nevertheless, some significant changes have been occurring in recent years. Traditionally, women were expected to have a passive role in society, although generally assuming a leading position at home, taking care of children, and, in many cases, being responsible for the management of the domestic economy. The male was the decision maker in what concerned major issues at the community level and the main provider of financial maintenance for the household. Women were "naturally" supposed to be good housewives, mothers, and wives.

This situation, a reality for the majority of cases at all socioeconomic levels of society, was maintained and reinforced by the fascist government that ruled in Portugal until 1974. The political and ideological principles of this period, which lasted for 48 years, was strongly influenced by the Catholic Church and also determined social and sexual roles of the male and female. The worship of the Virgin Mary, the *Marianismo*, symbolically reflected the feminine ideal of maternity without sexual involvement to which every women should aspire (Rodrigues 1995).

The Catholic and traditional ideals of the politics and social structure of this era are still a reference for the older generations, but the modernization of Portugal and of the Portuguese society in recent years has brought new values and realities. Women are more and more actively taking part in the social life, and they are also currently the vast majority of the university student population—about 80% of all university students are female. The *machismo*, once a value strongly associated with the male, is now considered a fault more than something positive.

Although it has been commonly accepted for several decades that women should also be gainfully employed outside the home to help support the family, gender differences exist here despite Portugal having one of the highest percentages of working women in Europe. The distribution of males and females according to professional categories, as well as to hierarchical levels, is unequal. Females mostly assume unskilled and lower-level positions and have the lowest salaries (Amâncio 1994). This fact is quite obvious in the Portuguese Parliament, in which after the 1999 elections only 19% of the commissioners were women. However, given the significant increase of college-graduate females, a shift should be expected in the near future.

The professional situation of men and women is not the only area in which gender differences can be found. It is easier for a parent to let a teenage son out at night than it is for a girl to have the same kind of liberty. The so-called sexual double standard also prevails and expresses itself through a more permissive attitude towards men's sexual behavior and a more conservative and repressive posture towards women's sexuality (Machado & Almeida 1996). This way, it is expected and somewhat valued that a male has several sexual partners, whereas the same is disapproved of in a female. However, this double standard has in recent times lessened, with a growing acceptance of female sexuality and the changing in the character of gender roles.

Among a new generation of couples and families, it is possible to find evidence of this change, as young men are more willing to share domestic tasks and are happy to take care of their children. These fathers are proud of their paternity and are assuming the traditional functions of the mother, which is reflected in publicity that uses images of young fathers changing diapers and playing with their infant sons and daughters.

B. Sociolegal Status of Males and Females

According to the Portuguese Constitution, all men and women are equal before the law. Legal majority is achieved at 18 years of age or with marriage after 16. Marriage is allowed at age 16 with parental consent. Nevertheless, as previously mentioned, despite legal gender equality, several differences still exist at various levels of society. To reduce this gap, in 1991, a commission, Comissão para a Igualdade e para os Direitos da Mulher (CIDM, Commission for the Equality and for the Rights of Women) was formed, succeeding a previous organization that had a key role in changing the legal status of women and in achieving gender equality before the law. The main objectives of CIDM are:

- to allow the same opportunities for men and women;
- to reach the same level of responsibility for women and men in what concerns family, professional, social, cultural, economic, and political life; and
- to contribute to the recognition of maternity and paternity as social functions.

Although this commission is mainly concerned with feminine problems and rights, it contemplates the work with men as a way of achieving equality, which is most obvious in the attention given to the questions of paternity.

In October 1999, a new ministry, the Ministério da Igualidade (Ministry of Equality) was created. As in similar ministries in other European countries, the goal is to achieve equality at different levels of society. Gender equality will obviously be one of its main areas of action. [*Update 2003*: In 2001, critics of the Ministry of Equality managed to have this agency eliminated, despite praise from some who originally considered it a useless organization.

[No other relevant event has occurred since 2000 concerning the sociolegal status of males and females except, even if ever so slightly, the fact that it is increasingly obvious that women are taking a more visible role in public and political life, adding strength to the trend previously suggested. Nevertheless, after the March 17, 2002, elections for the Parliament, only 17% of deputies and two Ministers (of Justice and Finances) are women. (The Finances Minister is at the same time the State Minister and has, therefore, the role of supporting the Prime Minister's activities. These two women account for 12% of the 16 ministers in the Portuguese government. (*End of update by N. Nodin*)]

C. General Concepts of Sexuality and Love

As in many other parts of the world, sex and sexuality are uncomfortable topics for most people. Sex and sexuality are mostly discussed between friends, using jokes as a way to lighten the tension involved in these issues. However, in sexual education programs or when asked about sexuality for research purposes, most people will participate and show an interest in the topic. Sex-related issues, such as homosexuality, abortion, and AIDS, are also regular subjects of talk shows and programs on television as well as of reports in the press. Nowadays, a wide range of information and services are available and this has, in turn, influenced and reshaped the general Portuguese conceptions of sexuality in recent years. This fact does not necessarily mean that the Portuguese are very open-minded about these issues. A certain resistance exists towards minority forms of sexual expression, which are more likely to be tolerated than truly accepted.

Love and the existence of steady relationships are considered previous conditions for sexual intimacy with a partner, especially for women. Men, as well as individuals from the younger generations regardless of gender, value the hedonistic and pleasurable aspects of sex the most (Pais 1998). One has to assume that there are significant gender and generational differences over what is or is not considered a steady relationship, and also over other general conceptions of love and sex. In any case, the general picture shows us clearly that sexuality is no longer associated with procreation and that relationships are based on affection towards the partner, rather then in formal structures, such as engagements and weddings.

The two tendencies in love and sex in the Portuguese mainstream society, i.e., the importance of romantic love and the sexual pleasure ideals, are somewhat in conflict: The first implies monogamous relationships and the second reinforces the search for different and multiple sexual partners. However, it is known that a gap exists between what is said and what is done and, when confronted with a choice, most frequently, the romantic ideals lose in favor of a greater sexual freedom.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

Portuguese society has in the past been greatly influenced by the Catholic Church. In the 15th century, the clergy was one of the supporters of the colonial "discoveries" that led to a period of great prosperity for the country. One of the reasons for this support was the opening of new possibilities of evangelism and the spread of the influence of the Church throughout the world. This eventually happened in many parts of the world, in Brazil, India, Macao (China), and Japan, where the Portuguese were the first Westerners to arrive and to introduce the Catholic religion.

The Portuguese Church grew, enriched and hegemonic, especially after the expulsion of the Jews from the country in 1496, which came by royal order, but with a strong Catholic influence. The Holy Inquisition (Tribunal do Santo Ofício), established in the 16th century, was for a long time a powerful means of political and ideological repression that was also used to persecute people with sexual behaviors that were considered deviant, like prostitutes and homosexual men. Women who lived their sexuality freely were often considered witches, especially in the interior of the country. Many of the charges of witchcraft against women were, in fact, the consequence of revenge related to cases of adultery.

The Marquis de Pombal (1699-1782), the prime minister during the reign of King Joseph, ruled the country despotically, but introduced many reforms and turned the big earthquake of 1755 that destroyed part of Lisbon into a chance to rebuild the capital according to modern principles. He reduced much of the power and importance of the Church and of the Inquisition that was finally extinguished in 1821. This was also the beginning of the end of much of the religious influence in civil society, which was only again regained during the government of Salazar, in the period called the Estado Novo (1926-1974). The three mottoes of this time were *Pátria, Deus, Família* (Fatherland, God, Family) that, like the Holy Trinity, were the moral references of the Estado Novo. This period left several marks in Portuguese society that still has an influential Catholic community.

Of the majority Catholics, 26% go to church regularly and have some degree of religious influence in their lives, whereas 65% are nonpractitioners (Pires & Antunes 1998). Nonpracticing Catholics are believers that do not attend religious rituals, such as the Mass, or go to confession very often.

There is an important difference between the practicing and the nonpracticing Catholics that can help us understand different positions in Portuguese society, and not just those related to sexuality. In general, practicing Catholics have more-conservative positions on such different things as marriage, social intervention, drug addiction, nudism, and tax evasion (Pires & Antunes 1998). Usually in Catholic families, behavioral norms are stricter than in non-Catholic families, and there is a greater concern over the upbringing of children according to religious principles. Most practicing Catholic children go to religious schools that are generally considered among the best private education institutions. The Catholic University is also one of the most prestigious universities in Portugal.

This conservative perspective of the practicing Catholics obviously influences their views on sexuality. In general, they are more repressive over the expression of sexuality, less tolerant towards sexual minorities, and have more-traditional ideas on contraception and abortion. Religious practice is also negatively associated with sexual experience and permissiveness among university students, while the simple fact of being or not being a believer is not a condition to explain these kinds of differences (Alferes 1997). What does influence the beliefs about these issues is, again, the assumption of a practicing or nonpracticing Catholic position.

Lately, some criticisms have emerged among the Catholic community towards the stagnant position of the Church on different subjects related to sexuality. One such criticism is that the Church still associates several different subjects with sin, this way repelling Catholic couples and individuals who do not find in the Church the answers they are looking for in what concerns their private lives (Ferreira 1993). In 1993, an organization of Catholic students, Movimento Católico de Estudantes (MCE), published a document that considered the ideas of the Church on sexuality inadequate and detached from the scientific speech. It also condemned the use of power in ways that affect the individual experience of one's sexuality in areas such as homosexuality, premarital sexual activity, and masturbation (MCE 1993). Despite these critical movements, the Catholic Church still has considerable influence in Portuguese society, and is economically powerful. This became quite obvious in the recent referendum over the legalization of abortion.

As for other religious beliefs and practices, they also have a strong effect on the permissiveness towards sexual behavior. Little is known about these minorities, but one researcher tells us that people that follow these beliefs have attitudes towards sexuality even stricter than the Catholic majority, especially in what concerns prostitution and adultery (Pais 1998). However, more research is needed in this area in order to study the effect of these attitudes on the behavior of people belonging to these groups.

B. Character of Ethnic Values

Portugal is one of the oldest nations in Europe and its actual frontiers are almost the same since the 13th century. There has also been a considerable stability in the constitution of the population in its majority Caucasian character over the centuries. Although having been influenced by several races and cultures throughout history, the Portuguese are essentially a Latin people, with concepts of gender roles and sexuality similar to those existing in other south European Latin countries like Spain and Italy.

After the revolution of 1974 and the independence of the colonies of Guinea-Bissau, Angola, Mozambique, Cape Verde, S. Tomas, and Principe, about half a million Portuguese who lived there returned to the mainland (in fact, many had been born and always lived in Africa). This mass return of people with a different experience and kind of living was socially quite problematic, and a certain xenophobic climate appeared against the newcomers who were pejoratively called the *Retornados* (the ones that returned). The *Retornados* must have had an influence on the concepts and practices related to sexuality of the rest of the Portuguese, for in Africa, there were not as many restraints as the ones that existed on the more conservative mainland. However, to our knowledge, there are no studies about this subject.

[*Update 2003*: Portugal has historically had a tradition of emigration, most significantly during the Age of Exploration/Discovery in the 1500s, when the aim was to conquer new lands and to explore their richness, and in the 20th century, between the 1950s and 1970s, when many Portuguese left the country in search of better living conditions not possible under the then-current political regime. With the recent economical revival and development of the country, this process has practically disappeared, replaced by a mass influx of immigrants from Eastern European countries. However, to our knowledge, no investigation has been conducted on the sexual attitudes and lifestyles of these immigrants from poorer countries, the influence they are having on the Portuguese, or on how these new people are affected and influenced by the culture of their new home. (*End of update by N. Nodin*)]

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

The history of sex education in Portugal begins in the 1960s. Before that, the Catholic Church was responsible for the moral orientation of education, separating boys and girls in public schools, and repressing the study or teaching of sexuality. It was only with the Vatican II Council, which brought new ideas and a different approach to several areas within the Church, that sex education began to be discussed. It was also at this time that new values and attitudes emerged, together with democratic ideals and expectations of liberty.

A new course, "Sexuality, Love, Marriage and Family," started being taught at a seminary in Lisbon, and several articles about sexuality appeared in Christian magazines and newspapers. In public schools, in the existing class "Religion and Morality," mainly taught by priests, the discussion of sexuality was included as a way to guarantee long-lasting and happy marriages for future adults. However, this approach was non-systematic, had no scientific basis, and was frequently inadequate.

In 1967, the Associação para o Planeamento da Família (Portuguese Family Planning Association, or APF) was created, supported by the International Planned Parenthood Federation, which was interested in reaching southern European countries. This organization is not very well accepted by the government, by the Church, or by the most conservative sectors of society, but it has initiated several actions aimed at the training of professionals, as well as implementing a service of family planning for the population.

In the early 1970s, the Ministry of National Education created the Commission for the Study of Sexuality and Education. This commission advocated the abolition of separate education of boys and girls and focused on the need for a different approach, integrated and not fragmented, to the human body in schoolbooks (Roque 1999). This commission became extinct one year after its creation.

The revolution of 1974 that ended the dictatorship in Portugal brought a rapid change to society. But although sex education could be and was, in fact, publicly discussed and defended at this time, the disturbed post-revolutionary atmosphere was not favorable to its introduction in the educational system. Other issues, such as abortion and the equality between men and women, were the main concerns over which new legal and practical measures were brought together. The APF became the main organization responsible for sex education in the school context, with actions carried out by professionals. However, these efforts were very limited and could not respond to the real needs of young people. Teachers were trained as a way to enlarge the reach of its intervention, and later, at the beginning of the 1980s, new programs aimed at young people and supported by the United Nations Fund for Population Activities (UNFPA) were put to into action outside the school context. There was an urgent need to legally regulate sex education, and this came with the 3/84 Law, 24 of March 1984. According to this law:

- The state guarantees access to sex education as a basic educational right;
- The state is the responsible entity for the promotion, diffusion, and organization of the juridical and technical means necessary for a responsible maternity and paternity;
- The school curricula should include scientific knowledge about the anatomy, physiology, and genetics of human sexuality, and should also allow the overcoming of the social discrimination based on biological sex and of

the traditional division of duties between the male and the female;
- Teachers should be trained in sex education as a way to be able to respond to the needs of young people; and
- Parents should also be supported concerning the sex education of their children.

Although approved and authorized, the means to apply it in the school context were never standardized. Children and adolescents only had access to sex education because of the initiative of some teachers and other organizations. These initiatives were never truly systematic. In the meantime, new activities and classes, like "Personal and Social Development," where created to facilitate the discussion of subjects directly related to the reality and practical needs of young people (Vaz 1996). This allowed a more regular introduction of sex and sexuality in the school system, frequently as a response to the requests of the students themselves. Programs for the prevention of HIV also started, because sex education is considered as a way to fight the growing spread of AIDS. Proposals for including sex education in different branches of education have been made and pilot projects have been introduced in some schools.

In 1998, a commission formed by representatives of several ministries presented a report proposing a plan of action for sex education and family planning, in which practical measures are proposed in several areas. Its goal is to provide students with access to sex education and to insure the availability of family planning services. New laws and initiatives are emerging, but a lot of work still needs to be done concerning the regular and effective availability of sex education for the young and also for the general population.

[*Update 2003*: A year later, in 1999, this commission issued a special report (*Relatório Interministrial para a Elaboração de um Plano de Acção em Educação Sexual e Planeamento Familiar—Interministerial Report for the Elaboration of an Action Plan on Sex Education and Family Planning*) that was then approved by the government. In this report, sex education is considered as a part of education and a vital part of health promotion in general. The *Report* also established new goals for sex education in the school context.

[In August 1999, a new law was published (Law 120/99) whose main objective is to affirm the right that every citizen, especially children and adolescents, have to sexual and reproductive health. This law contains the topics that should be addressed in any sex education program in a school setting. These are:

- Human sexuality,
- Reproductive anatomy and physiology,
- AIDS and other STDs,
- Contraception and family planning,
- Interpersonal relations, and
- Gender equality and sharing of responsibilities

[The legal framework existing in Portugal with regard to sex education now contains a number of norms for its application:

1. That sex education should be treated in an interdisciplinary way, i.e., included within all the previously existing disciplines,
2. That all sex education programs should include an articulation between the school and the community (including health services and parents), and
3. That teachers should have specific training for teaching such matters.

However, these norms have not been applied in any systematic way, which means that empirical work and subsequent results are still very scarce, and effective actions are often dependent upon teachers' initiatives.

[Following a political turn to the right after the 2002 Parliament elections, the government is valorizing a conservative approach to the questions of sex education in schools and has signed a protocol with the Movimento de Defesa da Vida (Movement for the Defense of Life), an NGO, that has a known and active social position against abortion. According to this protocol, this organization will be responsible for the training of teachers in matters of sex education. This protocol substitutes a previous one that the Ministry of Education had with the Portuguese FPA (Associação para o Planeamento da Famlia), whose positions are much more liberal. (*End of update by N. Nodin*)]

B. Informal Sources of Sexual Knowledge

Sex and sexuality have become common subjects of television programs and are frequently presented in the media. There is a concerted effort to invite experts to talk about these issues in the media, so that the information that reaches the public is usually of a fairly good quality. A popular and light-reading magazine, called *Maria*, is famous for having a section of responses about the sexual problems of the readers. In the past, this was a major source of informal knowledge on sexuality when very little, if any, information was available from other sources.

Several books about sexuality by both national and foreign authors have been published in Portugal and are easily available. Different institutions working in the field frequently publish and distribute brochures and leaflets on subjects such as contraception, special care during pregnancy, and sexually transmitted diseases. Since the appearance of AIDS, many of these leaflets have also appeared aimed at specific groups of the population, such as women and gay men.

When asked about the sources of sexual information accessed or preferred, most young people will refer to the media, with television at the top of the list. Other significant sources mentioned are friends and the partner or consort (Pais 1996). In fact, sexuality is in great part played and learned in a relational context, both with peers in informal situations and with the sexual partner. In adolescence and even in young adulthood, the information obtained from friends is not always the most correct and is frequently filled with popular false beliefs. However, given the known importance of peer influence, some of the most recent health-promotion and HIV-prevention programs developed in Portugal integrate this new approach through the training of young people. It is expected that these programs will produce a positive influence from peers, instead of a negative one.

Intervention in the influence of the sexual partner is more difficult because it occurs in emotional and intimate situations that are hard to change. A person who has information on how to prevent HIV infection or an unwanted pregnancy might, in any case, engage in risky sexual behavior with a partner because of feelings of inadequacy, low self-esteem, or simply because of forgetfulness in the heat of the moment. It should also be mentioned that a high percentage of young people (about 80%) think they do not need to be enlightened or to have technical support on sexual issues (Pais 1996). Although this percentage is higher among younger adolescents who are not sexually active and tends to get lower as the age increases, these numbers are still very disturbing. They show a great feeling of self-sufficiency in these youngsters that can be the first step to high-risk behaviors because of a lack of correct knowledge.

A significant percentage of young people get information on sexuality (60.6%), contraceptives (49.7%), and HIV

(30.4%) from their parents, with the mother being the most frequently mentioned source of information. A great part also report they would like to have more information from either one of their parents.

In June 1998, a free and confidential telephone helpline, *Sexualidade em Linha* (*Sexuality on Line*), opened to serve the information needs of young people. In its first year, 50,000 phone calls were answered and many more went unanswered because the amount of phone calls far exceeded the service's capability of response. The great majority of callers were between 13 and 18 years of age, and over half were girls (55.9%). The questions that led to the calls were varied. In most cases, the objective was to get information about sex (oral and anal sex, masturbation, virginity, etc.), contraceptives, and counseling for relational problems with the partner (GAEP 1999).

[*Update 2003*: Since pornography is currently easily accessible both by cable television and through the Internet, it is common that teachers in the classroom discover that children as young as 3 or 4, even if more commonly later, view such material. However, because many of the teachers and parents are ill at ease with the subject of sexuality, important opportunities for sex education using the viewing of such material by children are wasted. One consequence is that these children are often left with incorrect sexual information (and sometimes with anxiety) driven by the pornographic material they have viewed. (*End of update by N. Nodin*)]

4. Autoerotic Behaviors and Patterns

A. Children and Adolescents

Autoerotic behavior is common in children and adolescents, but is usually repressed by parents and society, and condemned by religion. This induces some anxiety, especially for the adolescent who masturbates just the same, but often with guilty feelings about it. Adolescents sometimes request counseling over masturbation to know whether it causes illness, impotence, infertility, or pimples, or if it is bad for the health. All these questions reflect popular beliefs about this behavior.

B. Adults

Although also slightly influenced by repressive religious-based ideas about masturbation, Portuguese adults are more and more open to this behavior. A recent survey shows that it is accepted by approximately 40% of the population, although another 40% feels it should not be accepted (Pais 1998). However, these figures do not coincide with the percentage of individuals who admit masturbating. In a different survey, 69% of adults reported having practiced masturbation (Marktest 1995). This percentage was surprisingly steady in all age groups studied, 18 to 45, but significantly different between men and women, the former reporting a much higher practice of masturbation than the latter.

In a study conducted by Valentim Alferes (1997) with college students, 74% of the males and 27% of the females reported having masturbated in the month previous to the inquiry. It was also possible to determine that men who had had intercourse masturbated just as much as men who had not. As for women, the number of the ones who had not had intercourse and masturbated, more than doubled the ones who had had intercourse and masturbated. Apparently this means that for men, sexual activity is no impediment to masturbation, whereas for women, genital self-stimulation is more frequent in the absence of sexual intercourse, and rarer in its presence.

Men have a more open attitude about masturbation, but individuals of both sexes have a similar level of acceptance over the performance of masturbation by men and women. Differences exist over the acceptance of masturbation according to religious position, age, and social status: The more religious, the higher the age, and the lower the social and economic status, the less accepting will the individual be towards masturbation (Pais 1998).

5. Interpersonal Heterosexual Behaviors

A. Children

Sexual Exploration and Sex Rehearsal Play

Childhood exploration of the body of one's self and others is common, although usually repressed by parents and caregivers. Most Portuguese adults still have some difficulty admitting that children are sexual persons and are thus curious about sex, especially when the adult is not at ease with his or her own sexuality. This is important because sex education directed at children is basically nonexistent in the school system and is not done at home. However, from a very early age, children try to get information about sex as they can, usually through their peers.

In some cases, sexual experiences start in childhood or early adolescence. In a survey conducted in an urban sample, 15% of the males reported having had their first sexual intercourse before 13 years of age (Marktest 1995). This, however, happens only in the case of the male population, probably caused by early curiosity and partner availability; in most cases the female partner is older.

Among younger adolescents, from age 9 or 10 on, a game called *Bate Pé* (Foot Stomping) is played in small- to medium-sized groups. In this game, each girl and boy alternatively proposes a number to an element of the opposite sex. Each number is related to a given behavior, e.g., number one is a handshake, number two is a kiss on the face, number three is a kiss on the mouth, number four is a French kiss, number five is touching the breasts, and so on. The higher the number, the more daring is the behavior, with sexual intercourse being the upper limit. When the recipient of the proposal refuses, he or she will stomp the foot—hence the name of the game. This game is a common starting ground for the discovery of the opposite sex and of rehearsal without compromise. Needless to say that boys rarely stomp their feet and the numbers rarely pass beyond four or five at age 9 or 10.

B. Adolescents

The fast progress and improvement of life in recent years have affected the lifestyle of Portuguese youth. Major international fashion trends and influences reach Portugal within a few months from the rest of the world. The influence on youth is strongest for music. However, a gap exists between the urban and the rural youth. In the cities, access to leisure and information resources is much easier than in the interior and less-developed rural areas of the country. This makes it difficult to discuss Portuguese youth as a single group, because this cohort contains, in fact, a great range of different people. This should alert the reader to the fact that general information, like most of what we present here, can sometimes be misleading in terms of adolescents who live in different contexts. This fact should also be considered when interpreting information about adults and other groups of the Portuguese population.

Dating

Affective relationships in adolescence are frequent, and dating is common, usually starting at 14 or 15 years of age, at least in Lisbon (Silva, Dantas, Mourão, & Ramalho 1996). Dating is not seen as a first step towards marriage, but as a period of experimentation and discovery of the relationship. This pattern is accepted by the majority of young

people and is slowly replacing the more traditional ideas about how relationships should be, i.e., a phase leading to marriage. Nevertheless, the large majority of young people (92% between 18 and 20 years of age) have marriage in their plans, even if this is an idea that diminishes as age increases (87% at 21 to 24, and 81% at 25 to 29) (Vasconcelos 1998). This probably happens because of social and economic difficulties perceived as obstacles to marriage or simply because marriage is no longer considered a necessary condition for being with a consort.

First Sexual Intercourse and Premarital Sex

Some decades ago, boys usually had their first sexual experience with prostitutes, whereas, for girls, marriage was a condition for starting their sexual experiences (Miguel 1987). The severe social laws that ruled peer and couple relationships at that time strongly disapproved of sex before marriage, but tolerated the sexual behavior of men who used professionals or "easy women" for their first sexual contacts. These easy women were not necessarily prostitutes, but also girls and women who, without great pressure from men, agreed to have sex without being married. These women were, of course, not seen by men as the traditional "marrying type" and were severely socially reproved.

By the end of the 1980s, sex outside marriage was still seen as reprehensible or even as a dangerous behavior, especially for girls (Figueiredo 1988). Ten years later, only 6% of young people considered marriage as a condition for starting their sex life (Pais 1998). Today, affection is the main reason for the sexual initiation of the young, and in fact, most of those who have already had sexual relationships were in love at that time (Alferes 1997). Nevertheless gender differences can still be found in these conceptions, although not as much in behavior. The importance of an emotional involvement with a partner is not considered a prerequisite for sex in the case of boys, as much as it is in the case of girls. This will also influence the psychological situation in which the "first time" takes place. In many cases, there is a strong pressure from the boy to have sex, and the girl will allow it to happen as a proof of her love, even though she might not feel ready for it. For boys, the erotic and hedonistic aspects of love are more important, whereas for girls, romance and love between the partners are the most valuable things.

In any case, sexual foreplay is frequently used as a way to discover sexuality and the body of the partner. There is a sense of inevitability connected with sexual activity in adolescents, for whom their sex life is something that can happen at any time, and often does. However, AIDS is considered one of the main general concerns for these young people, and 96.9% are moderately or very concerned with it (Sampaio 1996).

Despite the fact that sexual activity can, in some cases, be found at ages as early as 12, virginity is still considered something precious for many girls, who are sometimes anxious about the possibility of having lost it because of masturbation, sexual rehearsal, or sexual abuse during childhood. Also, the concept of virginity is not always very clear, and the absence of bleeding during the first intercourse can be interpreted as one still being a virgin.

C. Adults

Premarital Relations, Courtship, and Dating

The pattern of love and sexual relations of younger adults is much like the one of teenagers. People usually get together and date with people they like, even if it is against their parents' wishes. There is a growing acceptance of premarital sexual activity, so that the absence of marriage is not considered a reason for not having sex with a loved one. Most people think that sex without love has no meaning, and this reason is often the determinant of sexual activity among young adults (Vasconcelos 1998).

This also explains the fact that the average age for the start of sexual activity has slightly decreased, at least for women. Thirty years ago, the average age for women starting sexual activity was 21.5 years; presently it is 19.8 years. For men, the average age for the start of sexual activity has been quite stable at around 17.5 years (Instituto Nacional de Estatística 1997). However, this gender gap tends to weaken as age advances. By 25 years of age, the great majority of people have already started their sexual activity, and the difference between the males and the females who have had sex is practically nonexistent.

As for young adults who still have not started their sexual activity, it is mainly because they have not yet found the right person, because they feel they are too young, or simply because they have not yet had the opportunity (Vasconcelos 1998). The start of sexual activity does not happen until certain conditions are met, foremost being a certain perceived level of self-development and the presence of the "right" situation or person.

Nevertheless, the so-called "one-night stands" do happen, 3.3 times more frequently for males than for females (Alferes 1997). Consistently, men are found to have much more positive attitudes towards casual sex and greater expectations regarding the number of future sexual partners. Real or imagined infidelity is also more common in males.

Marriage and Family: Structures and Patterns

The family is the stage where life and social relations play out, and where the major influences of the society become more acute. This means that the characteristics of gender roles discussed earlier achieve their clearest expression. Traditionally, women are responsible for taking care of the house and children, but their growing participation in the workforce has also granted them an important role in the economic sustenance of the family. Their husbands are increasingly involved in domestic tasks. Relationships between the couple, as well as between parents and children, have become more equilateral and democratic (Vicente 1998).

There is a strong consensus among the Portuguese of different generations on considering the family the most important social organization in everyday life, couple life, procreation, relationships between parents and children, as well as the role of the female inside and outside the house. These findings are counter to the idea, sometimes defended, that there is a crisis in the institution of the family.

Crisis or not, demography shows us that changes are occurring in the Portuguese family. The median number of family members has decreased substantially, in great part as the result of a smaller number of children being born, from four in the traditional family to a current average of two (Instituto Nacional de Estatística 1997). Divorce rates have increased to 11% in younger generations, and new forms of family are emerging, such as single-parent families, reconstituted families (families formed by partners previously divorced and most times bringing together children from the previous marriages), and cohabitation. The number of families in which the female is the sole adult responsible for the family has grown to about 5%, greater than the number of single-parent families headed by a male, currently less than 1%.

All of these new realities exist peacefully and are generally unquestioned. The notion of family itself has changed and has integrated these alternative organizations of the household. An example of this is the acceptance of cohabitation as a valid alternative to marriage or, at least, as a first

step prior to marriage (Vasconcelos 1998). Actually, cohabitation is more easily accepted than it is practiced.

Family has truly become a place of relational and emotional belonging, and is no longer a rigid and institutional structure that has its own right to existence. This is true mostly for the younger generations, in which there is a rejection of the traditional institution of weddings associated with a clear gender difference, the functional division of the house tasks, and the idea of the irreversibility of the relationship. For many younger Portuguese, the main principles are freedom of association between the couple and the right to end the relationship when it no longer has any meaning for the persons involved.

Arranged marriages were never popular in Portugal, although they sometimes took place in the past, mainly in rural and interior areas. Frequently, however, marriage was a guarantee of economic sustenance, and it was also maintained for the same reason, mostly for women who depended on their husband to survive. Nowadays, the economic importance of the wedding has not disappeared, but it now has a different meaning since women have established their place in the workplace. Most Portuguese men and women consider economic stability a prior condition for getting married. Usually, couples do not get married before having a stable job or economic situation, although some will still rely on the parents for help and financial support.

Nevertheless, love is the main reason why two people get married. Marriage is thus seen as a public institutionalization of an affective relationship between two individuals, but it is sometimes also a way to legalize a situation of cohabitation when children are born (Vasconcelos 1998). One should not forget that the figure of the *bastardo*, a child born out of wedlock that previously was socially stigmatized, only disappeared from the Portuguese law in 1981, and still plays an important role at a more unconscious level, even among more progressive people.

Marriage is considered as a life project planned by both members of the couple, even if some concessions are involved. It is also considered as an engagement for life, which, curiously, is opposite to the idea of the reversibility of the relationship that most individuals defend. While romantic love is the basis for the marital relationship, its loss is also reason for ending a marriage. Separation or divorce is generally accepted and considered a way to reach the happiness that can no longer be obtained in the marriage. This fact might explain the growth of divorce rates in recent years.

[*Cohabitation*

[*Update 2003*: In 2000, after heated debates in the media and the public sphere as well, a law recognizing cohabitation was approved by the National Assembly. According to this law, two people who can prove that they are living together for a period of at least two years can have access to some of the privileges that are traditionally granted by marriage, such as tax benefits and the possibility of not going to work to support a consort who is ill. One of the main issues in this discussion was the fact that this law considered equally the cohabitation of heterosexual and of gay couples. This led to discussion of several other proposals, some more conservative. In the end, the more progressive law was approved.

[Also worthy of note are new laws designed to protect maternity and paternity (Law 17/95 of June 9, 1995, later modified by Law 18/98). According to these laws, workingwomen have the right to a maternity leave of 120 days. In case the mother has twins, this leave may be extended an additional 30 days for each twin. This leave is mandatory for at least 14 days. The father has the right not to work for two days after the birth of a son or daughter, or to the same amount of days as the mother in cases in which she is physically or mentally unable to take care of the child, in the case of maternal death, or by joint decision of both the parents. (*End of update by N. Nodin*)]

Sexuality and the Physically Challenged

In its Rule Number 9 dedicated to the Family Organization and Personal Dignity Dimension, the United Nations calls our attention to the fact that disabled people should not be denied the possibility to enjoy their sexuality, to engage in sexual intercourse, and to have children. It notes that, because of the fact that disabled people may have difficulties in getting married and in having a family, governments should encourage the existence of the appropriate counseling services for this matter. Therefore, disabled people should have access, as other citizens should, to family planning methods and to reliable information regarding the sexual functioning of their body (Secretariado Nacional de Reabilitação 1998). This concern is also present in the lines of the "Rehabilitation Coherent Policy for Disabled People," a European Council Recommendation signed by the Portuguese Council of Ministries in April 1992 (Secretariado Nacional de Reabilitação 1994).

As in other European countries, the United Nations 45/96 Resolution, that establishes the rules regarding Equalization of Opportunities for Disabled People, led to the constitution of Law 9 (of May 9, 1989), called "Prevention, Rehabilitation and Integration for Disabled People," which emphasizes the Basic Principles of the Portuguese Constitution (Secretariado Nacional de Reabilitação 1999). As a result of this law, a permanent national organization included in the Social Security and Solidarity Ministry was created in Portugal. This organization, the National Commission for the Rehabilitation and Integration of Disabled People, is responsible for the planning and general coordination of the National Rehabilitation Policy in cooperation with nongovernmental organizations and the sectarian systems of the Portuguese Public Organization.

As an Information Supplier, this commission organized a national Disability Inquiry, and its last results were published in 1996 (Secretariado Nacional de Reabilitação 1996). They included the situations of 142,112 persons and 47,020 families in the Portuguese continental territory. This *National Inquiry of the Incapacities, Disabilities, and Disadvantages* was very important for understanding the Portuguese reality in this area and made it possible to identify particular priorities and strategies.

Its conclusions, elaborated with the support of the National Statistical Institute and the Instituto Nacional de Servicios Sociales of Spain, showed a national disability rate of 9.16%, similar to that of other countries in Europe. It draws attention to the considerable disability rates in children under the age of 9, and also to its major incidence in the periods of the end of the productive life, earlier retirement and retirement (45 to 54 years of age). Also, the disability incidence, especially regarding locomotion, was directly proportional to age.

The *Inquiry* also stated that, in Portugal, the rehabilitation and integration actions are insufficient and centered in the medical-functional dimension, despite the increased number of organizations dedicated to intervention in disability. Furthermore, there is no structured national program associated with the managing of sexuality in the disabled, in particular for those physically disabled, despite the partial actions associated with the intervention of the organizations dedicated to disability, sexology, and family planning (see Section 13D, Research and Advanced Education, Important National and Regional Sexological Organizations).

Incidence of Anal Sex, Fellatio, and Cunnilingus

There is no legal restriction on the performance of oral or anal sex between consenting adults. Both are practices that can take place between couples, married or not, and apparently their incidence is growing. This might be because of the liberalization of sexual practices and the consequent curiosity over alternative forms of sexual experience.

Most people are pleased with the idea or practice of oral sex, either fellatio or cunnilingus, and over 60% report having practiced one or the other (Marktest 1995). Other studies have found values for the practice of oral sex as high as 67%, with no significant differences between males and females (Alferes 1997). In research conducted by one of the authors in a sample of young adults, 46.2% reported having practiced oral sex at least once with a regular partner, while 11.3% had practiced it with an occasional partner and about 1% with a prostitute (Nodin 2000).

The practice of simultaneous oral sex, also known as "69," is also documented, with 58.2% of respondents expressing enthusiasm or pleasure in anticipation of this activity, and a smaller proportion, 51.5%, reporting having practiced it (Marktest 1995). In this case, there is a slight difference between the attitude towards the behavior and the engagement in the behavior, which may happen because the ones who would like to practice it do not have the chance to do it, perhaps for lack of a willing partner.

Opinions are split on anal sex between the male and the female. The proportion of persons who anticipate it with enthusiasm or pleasure, 35.1%, is just about the same as the proportion of those who consider it unpleasant or disgusting, 35.0%, with 22.8% being indifferent about the subject (Marktest 1995). However, 43.3% have tried this sexual practice, especially men.

In the same sample of young adults mentioned before (Nodin 2000), 15.8% report having practiced anal sex at least once with a regular partner, 5% have tried it with a casual partner, and 1.2% with a prostitute.

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. Children and Adolescents

Studies of homosexuality in children and adolescents have not been done, and thus, little is known about its incidence or character.

B. Adults

Incidence and Relational Patterns

There is no consensus regarding the percentage of homosexual individuals in the population. Different studies have arrived at different proportions: 0.7% (Nodin 2000), 1% (Lucas 1993), and 7.8% (Marktest 1995). Others only have specific data related to the incidence of same-sex experience, 2.9% in women and 5.2% in men (Alferes 1997). The marked differences found in these surveys are probably more because of the methodology used to assess the sexual orientation than to a real oscillation of its occurrence in the population. The highest results are obtained in studies made of urban samples, where it is possible to report that individuals who have had a sexual experience with someone of the same gender are mostly in their 30s, have lower educational backgrounds, and are married, cohabiting with a partner, or are divorced or widowed (Marktest 1995).

The prevailing patterns in relationships between homosexual individuals have not been studied, but it seems that it is very close to the heterosexual one, i.e., based on romantic feelings, affection, and sexual attraction towards the partner. This pattern is probably related to the devastating effects of AIDS in the gay community that led to a slow but obvious change in the relational behaviors of this population.

Bisexuality is admitted as a behavior or tendency by a larger proportion of individuals, although sometimes it is a way to dissimulate a homosexual preference. Many bisexuals marry as a way to have a socially acceptable facade, but maintain a secret double life. The existence of this group was highlighted by the advent of AIDS and its spread to women by sexual contact with boyfriends and husbands previously infected in homosexual contacts. These men usually have problems dealing with their sexual orientation and are thus difficult targets for HIV-prevention programs.

Social Status

For over 70 years, homosexuality in Portugal was considered by the law as a behavior against nature and was considered equivalent to the crime of vagrancy. Individuals accused of this crime were kept, sometimes for years, in the *Mitras*, institutions for prostitutes, homeless, and other excluded persons. Others were blackmailed with the threat of being "outed." Prior to 1974, no form of organization or group consciousness existed for gays and lesbians, although some meeting points existed, like bars, mainly for individuals from the upper social classes. It was only during the national revolutionary process, in 1975, that the first organization of gays and lesbians, called CHOR (Revolutionary Homosexuals Collective), appeared, claiming dignity, freedom, and political rights for this minority (Vitorino & Dinis 1999). This collective had some impact in the community, but also had difficulties in gaining associates within a group that had but a vague consciousness of what the gay identity really was. Two years later, CHOR had disappeared.

The 1980s were a decade in which several things changed in the Portuguese society, among them, the questioning of the restricted sexual morality the country lived with for several decades. Echoes of the gay movements in other countries started to appear and the propagation of gay bars influenced a growing awareness of a national gay community.

A new lifestyle appeared, but unlike in other countries, there were no community organizations to support the minority in its needs and rights. In 1991, a homosexual work group (Grupo de Trabalho Homossexual) appeared inside a small left-wing party (Partido Socialista Revolucionário) that became the face of the gay movement in Portugal. However, because of its political association, it could only work as a group of reflection and public intervention.

It was only with the upcoming of AIDS and its impact in the gay community, together with the nonexistence of an active and effective government policy to control this disease, that a slow but growing alert to a need for action appeared. Several nongovernmental organizations appeared in the fight against AIDS, many of them integrating gay individuals. It was within these organizations that a group of people, with support from international organizations, created the ILGA–Portugal (International Lesbian and Gay Association), which quickly gathered a considerable amount of members. Its growth was also largely a consequence of the pioneer use of the Internet, which made it possible to reach gay individuals all over the country. ILGA is responsible for the organization of several successful events, such as the Gay Pride Festival and the Gay and Lesbian Lisbon Film Festival, with consistent support from the Mayor of Lisbon. ILGA, which launched an unprecedented awakening of the gay and lesbian community in Portugal, was followed in late 1997 by another institution, Opus Gay.

These institutions have played an active part in trying to change the several existing discriminatory laws against homosexual individuals. Although Portugal has signed in-

ternational conventions, such as the Amsterdam Treaty, and is a member of organizations that recommend the elimination of legal discrimination based on sexual orientation, it still exists. Most of the time, this discrimination in the Portuguese law is not explicit, excluding homosexual people by omission. Marriage, for instance, is not possible between two people of the same gender, which also makes it impossible for a gay or lesbian couple to adopt children, because, according to the Civil Code, only married couples can adopt children. A gay couple who live together is excluded from the recently proposed laws regarding the creation of cohabitation rights similar to those of married couples. Other legal differences can be found, for instance, the consenting age for same-sex sexual relations is 16 years compared with 14 for heterosexual persons. Individuals who admit to being homosexual are considered unable to enter a military career or the police force, and are also not allowed to donate blood (ILGA–Portugal 1999).

Socially, there is also a lot to be done. All forms of sexual behaviors and lifestyles considered different from the mainstream are usually not very well accepted by the common Portuguese. In a recent survey, a large majority of the population (86.1%) reported negative feelings towards homosexuality (Marktest 1995), although, in general, women were more open than men about the subject. Almost half the people, 48.5%, also think sexual relations should only be allowed between men and women (Pais 1998). Gender identity and sexual orientation are frequently confounded, even among professionals from the social and medical areas, and homosexuality is often associated with effeminate behavior.

Generally, Portuguese people have negative attitudes towards sexual minorities, but demonstrate some degree of acceptance when it comes to people they are familiar with. Perhaps the best word to describe this is not acceptance, but tolerance, which is a general attitude of the Portuguese also in other issues. In this particular case, the tolerance is usually related to the affection that one holds towards the homosexual individual, and that sometimes becomes incongruent with the ideas and positions otherwise held. This, however, is not seen as an internal conflict and is thus not resolved either way. Some degree of tolerance also exists towards public displays of affection between two people of the same sex, even though these are not very common. Gay bashing is almost unheard of in Portugal.

In the specific case of lesbians, they face the double discrimination of being women in a Latin country and of having a homosexual orientation. The lesbian community has much less visibility than the gay community. It is in any case easier for a couple of women to have a relationship or to live together and go unnoticed.

It is only recently that the lesbian community has started to get organized, with the publication of its first lesbian magazine, *Organa*, in 1990, and three years later of *Lilás* (Vitorino & Dinis 1999). The publication of these magazines, and the debate they launched in the lesbian community, allowed the organization of meetings and of small groups that stood for the rights of lesbian women in Portugal. Today, ILGA includes a group of women that integrates many of the members of those previous organizations and that is actively involved in working towards a greater acceptance and demanding of specific rights for lesbians.

7. Gender Diversity and Transgender Issues

A. Sociolegal Status, Behaviors, and Treatment

There are no specific laws in the country regarding transgenderism or transsexualism, only a few court decisions that serve as references about the latter, and these are sometimes contradictory (ILGA–Portugal 1999). According to one of these court decisions, someone that goes through the process of sex change cannot truly become someone of the other gender. The explanations are, in the case of a male-to-female transformation, that the individual cannot get pregnant or maintain sexual intercourse in the same conditions as a woman. Sex change is seen as an error and transsexuals are considered mentally unhealthy people. These ideas are a step back regarding a previous sentence (in 1984), according to which the moral personality of the individual should be respected, the sex change recognized, and the name change accepted by the civil registration.

In fact, name change is possible for any citizen who wishes it and is a relatively accessible procedure, but only when the new name belongs to the same gender category as the previous one or to a gender-neutral name. This last alternative is the one chosen by some transsexuals in order to avoid the complicated procedure to have gender identity recognized. For this, the person has to go through a complicated legal process, and it can only occur with the decision of a court of law.

It is only since 1996 that sex-change operations are possible and occur in Portugal, because the Portuguese Medical Order allowed it to happen. However, no information is available regarding the real number of operations performed in the national territory. The Santa Maria Hospital in Lisbon is the institution that has the major experience with these kinds of operations. Nevertheless, the process to have a sex-change operation is long and implies a severe psychological and psychiatric evaluation to verify whether the candidate is eligible for the process. This difficult process usually takes about two years. Before 1996 and still today, many Portuguese transsexuals went to other countries, like Morocco, or more recently to England, to have their operations done, sometimes under unsafe conditions.

In a study conducted with a sample of approximately 50 transsexual individuals, some of whom were sex workers and others working in various professional areas, the great majority came from rural parts of the country (72%), and many had changed from their birthplace because of their sexual orientation (28%) (Bernardo et al. 1998). This gives us important information regarding the problems that these individuals have to face related to their social adjustment. Besides, most of them do not benefit from social security.

Important problems were identified in risk behaviors and situations. Thus, 30% of these transsexuals knew they were HIV-positive, although only 61% always used a condom. Seventy percent abused alcohol, tranquilizers, or heroin on a regular basis. Fifty-seven percent of this transsexual sample were prostitutes, some having started to work as early as age 11. Eighty-six percent of the transsexual prostitutes were street workers. As this study concluded, "The transgender community in Portugal is an unknown reality, ignored by the public health system. A large majority of its members having a profession that is considered illegal, they do not benefit from any kind of social and medical assistance" (Bernardo et al. 1998).

Besides, transgender persons are not viewed in a positive light by Portuguese society, and so can be ignored, as well as discriminated against. However, as in the case of homosexuality, the traditional Portuguese tolerance is usually prevalent in personal contact with transgendered individuals.

For a couple of years now, several institutions working in the field of HIV prevention and gay rights have organized an annual transvestite gala on the first of December (World AIDS Day) to gather funding for the fight against AIDS. This gala has considerable impact in the media and is also

changing the mainstream idea about the transgendered community. Regardless of that, during Portugal's widely celebrated Carnival holiday, it is common to see men dressed as women without that being considered strange.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

The present Portuguese Legal Code was designed to protect a recent legal accomplishment: sexual self-determination and freedom. Freedom is understood not only as the free use of sex and of the body for sexual purposes, and the individual sexual freedom of option and action, but also as the right of anyone not to endure actions of a sexual nature against one's will. Coercion and public displays that adversely affect a third person or disrespect a person's sexuality are grounds for charging someone with the crime of violating another person's sexual (rights and) liberties.

The behaviors that qualify by law as sexual crimes are:

- A relevant sexual act specified in the penal code;
- Nonconsensual intercourse (coitus);
- Non-consenting artificial procreation;
- White slave traffic;
- Those who profit from adult prostitution
- Child prostitution;
- Exhibitionist actions;
- Pornography (when it involves child corruption); and
- Homosexual actions as specified in the penal code.

Sexual crimes fall under two categories: *Crimes against sexual freedom* and *Crimes against sexual self-determination*. The former involves child sexual abuse (Article 172), adolescent and dependent individual sexual abuse (Article 173), stuprum (Article 174), homosexual actions with minors (Article 175), and prostitution of minors (Article 176). The laws regarding crimes against the sexual self-determination of a child victim distinguish between a minor under age 14 years, a minor between ages 14 and 16 years, and a minor between 16 and 18 years. The penalties for conviction of a crime against self-determination depend of the age of the victim.

Justice statistics show that, during 1995, 306 individuals were convicted for sexual crimes, from a total of 433 victims (62 males and 371 females), of whom 155 were minors under age 14 and 57 between 15 and 19 years of age. However, it is well known that these figures do not correspond entirely to a social reality because of the characteristics of these phenomena: shame, taboo, hidden practices, and the need for medical evidence in order to have a legal process. According to the Legal Medicine Institute, from 1989 to 1993, of the alleged examined victims of sexual abuse, 460 or 76.4% were children or adolescents. From the total of the population studied, 380 or 63.1% did not present evidence of physical sexual abuse during observation. This absence of physical evidence, in part because of the long period of time that passed before medical observation, does not automatically exclude the possibility of abuse. This absence should be reconciled with cognitive, emotional, and affective signs and symptoms (Costa Santos 1998).

[*Update 2003*: After the most recent revision of the law concerning sexual crimes, the distinction between crimes against sexual freedom and crimes against sexual self-determination endures, but the categories considered underneath each of these two distinctions have slightly changed. The updated list is as follows:

[Crimes against sexual freedom:

- Sexual enforcement (Article 163)
- Violation (Article 164)
- Sexual abuse of person incapable of resistance (Article 165)
- Sexual abuse of person in an institutional setting (Article 166)
- Sexual fraud (Article 167)
- Non-consenting artificial procreation (Article 168)
- White slave traffic (Article 169)
- Taking profit from adult prostitution (Article170)
- Exhibitionist actions (Article 171)

[Crimes against sexual self-determination:

- Child sexual abuse (Article 172)
- Sexual abuse upon dependent minors (Article 173)
- Sexual actions with adolescents (Article 174)
- Homosexual actions with adolescents (Article 175)
- Taking profit from minors' prostitution and white slave traffic. (*End of update by N. Nodin*)]

Child Sexual Abuse, Incest, and Pedophilia

No generally accepted definition of what constitutes sexual abuse exists in Portugal. In what concerns pedagogic, therapeutic, penal-juridical, and social intervention, several models of intervention coexist and are applied. However, three criteria are commonly accepted on the base definition of sexual abuse: age differences, power differences, and types of behavior. The different intervention models establish as criteria the maximum age of the victim as 15 or 17 years. Above this age, the action is considered rape or sexual harassment. According to Felix López (1991), child sexual abuse can be singly based in age asymmetry. The age difference implies a biological maturity as well as different expectations and experiences. To João Seabra Diniz (1999), a Portuguese priest and psychoanalyst, the age asymmetry is in itself a violation. It is conceived that the child has desire, but the pathology lies in the fact that the adult is taking advantage of that desire. Children do not have the physical, mental, or symbolic experience that allows them to understand the adult's sexuality.

In Portugal, the child's complaint is followed by the need for evidence. This is a long and painful process for the child. The bureaucratic machine involves a hard interinstitutional process in the several areas of intervention.

The studies published in this area are recent and use professionals as the main research population. These studies are not theoretical but practical, analyzing the national situation and characterizing the cases of sexual abuse. In the report *Violence Against Children in Portugal* (Nunes de Almeida et al. undated), the number of maltreated children is analyzed according to the family context. From the 755 cases of family violence, 13.5% or 102 cases involved sexual practices with female children. The more-affected ages are 10 to 14 years, followed by 6 to 9 years and 4 to 5 years.

The General Health Department, in collaboration with the Family and Child Support Project, implemented yet another investigation, according to which, during 1996, each of 384 health professionals from Health Centers identified at least one case of child abuse involving a minor between infancy and age 19). A second questionnaire revealed that close to half of the victims (47%) were between 10 and 14 years of age, and 28% between ages 5 and 9. When the victim was a female, 48% of the cases occurred between 10 and 14 years, and when the victim was a male, the large part of the cases occurred between 5 and 9 years of age. It is important to mention that 17% of these cases involved a mentally or physically disabled child. In 68% of these situations, there was a family tie between the perpetrator and the victim.

The Justice Ministry Studies and Planning Office (GEPMI) reveals that, during 1996, 137 children under 14

years of age and 65 adolescents between 15 and 19 years of age were sexual crime victims. Of 23 individuals tried for minors' sexual abuse, only 15 were convicted. Of a total of 137 children, 44 were rape victims, 58 coercion, abuse, and sexual fraud victims, 5 were human trade and prostitution victims, 17 were sexual abuse victims, and 13 were victims of other crimes against freedom and sexual self-determination. However, the professionals' experience reveals that many more cases exist besides the ones that were exposed. The fact is that there is a serious increase of cases and a larger visibility of the phenomenon.

In 1990, Portugal signed the Children's Rights Convention in New York and approved it to ratification through the Republic's General Assembly Resolution nº 20/90 in June of the same year. Later, in August, the President of the Republic ratified it. According to Article 8 of the Portuguese Constitution, this convention is a part of Portuguese Law and has an imperative character, which means that it can be applied by the courts. However, because of its generality, it is only used as a reference in the interpretation of the Portuguese laws.

In the sexual child abuse area, we draw attention to Article 19º—*Child protection measures are needed against sexual violence in the family performed by those who are close or by the ones that have legal paternal power.* It is also important to reflect on the 34º Article—*The states should take the adequate measures against all forms of sexual exploitation and violence at the national, bilateral and multilateral level, in order to prevent the child from being drawn to perform sexual illicit activities, to be exploited or involved in other illegal sexual practices and exploited in pornography.* In accordance with these international principles, the Portuguese Law establishes in the 69º Article of the Constitution that *children have the right to be protected by the society and by the state, in order to allow their complete development, specially against all forms of abandonment, discrimination, oppression and also against the abusive exercise of authority in the family and other Institutions; The state gives specially attention to orphan children or children that are abandoned or deprived of a typical family environment*. The law establishes that in cases of sexual abuse, the courts can take the necessary and essential measures that are nevertheless unspecified. These measures are often limited to the total or partial inhibition of paternal power, because most cases of sexual abuse take place within the family and are committed by relatives or by people very close to the child.

The Family Court or the Family and Child Court are the entities responsible for putting in action the needed measures in cases of child abuse. Any person with paternal power (meaning a relative) or someone having child custody can request it, as also can the Public Ministry. A special division of this Ministry that works inside the courts, called Minors Curator, defends and promotes child rights, protecting their complete development and rights. The Public Ministry also defends the state's public interest in the protection of people who are vulnerable and incapable of exercising their rights. According to the law, a situation of sexual abuse must be communicated to the Public Ministry, which will take action using the civil-protection structures and penal actions available against the abuser.

[*Update 2003*: Besides the previously mentioned mechanisms associated with interventions in child abuse situations, there are also special commissions—the Comissões de Protecção de Menores (Commissions for the Protection of Minors) that are nonjudicial official institutions aimed at the prevention or interruption of situations that may negatively affect the physical or moral integrity and welfare of the child or adolescent. These commissions are staffed by a psychologist, a physician, and by representatives from the local political authorities, from the health, education, and social security services, as well as from the court. Their intervention is dependent upon parental (or parental-figure) consent, except when that is not possible, in which cases the court may have a direct intervention. (*End of update by N. Nodin*)]

Sexual Harassment

Sexual harassment is a recent concept in Portugal. For some, it is the result of the changes in the traditional gender roles and of a growing equality between males and females. The fact that women are leaving the house and trying to get a job can be considered as an invasion of the masculine world. Sometimes, the professional dignity of women is the target of abusive behavior.

In Portugal, sexual harassment is all the manifestations of a sexual nature towards someone without that person's consent. The national newspapers and magazines regularly carry stories in which women in particular are victims of sexual discrimination and abuse. This happens mainly in institutions where males are in control. The level of dependency, the threat of unemployment, and the rightful wish to professional accomplishment reveal the exercise of a male power that often works as a barrier to the established equality of rights and opportunities in the professional world. This problem is spreading in a disturbing way, as revealed by the growing number of complaints filed, even though not always ending in legal incriminations. There are no statistics that detail this phenomenon. However, it is calculated that in Portugal, one in three women has already been a victim of this particular type of violence.

It is also common for women to be harassed on the streets by men who consider it as a sign of masculinity. However, this is becoming a rarer behavior, as new values are replacing those associated with the *machismo* culture.

As in the case of sexual abuse, sexual harassment is also based in asymmetries, not only the hierarchical, social, or economic ones, but also on age asymmetries, with the discrepancy being a particular form of power. This is apparent in cases of sexual harassment happening in Portuguese schools. Sometimes girls allow abusive behaviors from teachers in order to get higher grades or simply because they are afraid of retaliation. However, these situations are usually covered by fear and shame, leading to high levels of secrecy. As the Portuguese say: *hidden pussycat with its tail out*.

[*Domestic Violence*

[*Update 2003*: In 2000, a new law concerning domestic violence was approved. According to this law, domestic violence is considered a public crime, which means that a complaint (charge) from the victim is no longer necessary for legal action to be taken. Legal action can now take place after the denunciation by a concerned neighbor or anyone else. (*End of update by N. Nodin*)]

Rape

The crime of rape in Portugal is directly related with the exercise of power. Being perpetrated by the consort or by a stranger, it is punished with imprisonment. When it happens within marriage, it can be the cause of divorce or litigious separation. Rape, like sexual abuse, is not a statistically studied situation as it also involves some secrecy. When it happens inside the family, it is sometimes associated with domestic violence. Fear, embarrassment, and the will to forget, all joined up with self-guilt, keep the victim from filing a complaint. However, the crime does exist, and at a governmental level, there are several projects aimed at the facilitation of the denouncement process, including the training of

police officers to deal with rape victims. There is also a concern over the necessity of interinstitutional articulation in the cases of rape and violence among other situations.

New associations, like the Associação Portuguesa de Apoio à Vitima (Portuguese Association of Victim Support, APAV) or the Associação das Mulheres Contra a Violência (Women Against Violence Association) try to act in a coordinated way to provide support and guidance for the victims. This process tries to protect the victim from a double victimization and the consequences of a long process. In 1995, the APAV assisted 1,238 victims; in 1996, this number almost doubled to a total of 2,300. Adding to this number are all the victims who do not search for help. The majority of people who seek help from these associations are women victims of violence and of physical offenses. In Lisbon, most of these women are between 25 and 35 years of age; in Porto, the situation occurs mostly with women between 36 and 45 years of age.

B. Prostitution

During the 19th century, Lisbon was the capital of an intensive bohemian life. The cultural traditions of this city were characterized by deviant behaviors forbidden by the society. The moral and decency imperatives of a society that lived on public virtues and private habits were exposed by an accepted marginality that went along with popular traditions, such as *fado vadio* (the national song), bullfighting, and a spread of popular language. During this period, the city nightlife had some preferential spaces, particularly the traditional quarters of the Bairro Alto, Alfama, and Mouraria, which were gathering places for devotees of specific socially deviant behaviors. In these quarters, the participants, prostitutes, *fadistas* (*fado* singers), *marialvas* (extravagant, indolent people, usually males), bullfighters, vagabonds, and sailors from all social backgrounds, maintained an open get-together, where all the social distinctions, values, and rules were apparently minimized (Pais 1985). The animation of these times and places is well characterized by popular songs such as this one:

> *Correi a ver em cena as putas grulhas, Do Bairro Alto a corja dos pandilhas, Os fadistas pingões e bigorrilhas, Que de noite incomodam as patrulhas* (Run to see the whores, in Bairro Alto, the gangs, the drunken *fadistas*, by night disturbing the patrols).

These Lisbon night places are presently neighborhoods with a significant popular traditional history. Bairro Alto and Alfama are still important local references in the traditional and modern Lisbon night. However, the changes in the entire social process that occurred in Lisbon with the turn of the 20th century had its effects on bohemian life and prostitution. The places of prostitution and bohemia survived the beginning of the 20th century, but slowly, everything related to them—words, language, body, and movements—started to have a strong commercial value (Pais 1985).

The Portuguese legal code does not penalize the act of prostitution, but only a third party who profits by it. The prostitute occupies a marginal legal and social status, a sort of no-man's land, which can be more or less accepted. There are no specific data on how many people engage in this practice, but it is a well-known fact that prostitution has increased in recent years. This phenomenon daily involves thousands of individuals—prostitutes (women, men, or children), pimps, and clients. With the spread of services with sexual connotations, such as erotic phone lines and luxury prostitution (also existing in Portugal), we could draw wrong conclusions about this activity. As in the beginning of the 20th century, prostitution is not viewed as an individual act, but as a commercial enterprise that involves three individuals (the prostitute, the pimp, and the client). In some cases, prostitution occurs in environments involving specific social and economic situations, such as:

- Growing up in large families;
- Child labor;
- Abandonment and emotional privation;
- Parental alcohol-abuse problems;
- Familial disintegration;
- Rape; and
- Unemployment.

Prostitution raises issues of human rights, especially when it involves the sexual abuse of minors. The rising number of children in prostitution—boys and girls in their early teens—is the result of a large demand mostly by married men from all social classes, usually in their late 30s. Frequently, these men are still burdened with some taboos towards sexuality, but they find in prostitution a way to break away from tensions existing in their strict and conservative familial structure. On the other side, the demand for prostitution by young people has been diminishing. Before the 1970s, it was a tradition in Portugal for a young man to initiate his sexual life with a prostitute, sometimes with the father guiding that visit. This process marked the social role of the prostitute. Presently, information and counseling services in sexuality, sex education, and the fear of HIV/AIDS, have brought young people to initiate their sexual life earlier than in the past, but now in the context of an emotional involvement. One exception to this new pattern are young men from the interior of the country who enter compulsory military service and are stationed in the major Portuguese cities like Lisbon and Porto. These two cities are Portugal's main centers of prostitution, as well as a strategic entry passage for women and children from African and Latin American countries who become involved in prostitution.

Although the issue has not been studied, it is a fact that Portugal's strategic location between the rest of Europe and the countries of Latin America and western Africa, along with its tourism industry, make it a key element in the international child-prostitution nets. At present, a large number of prostitutes are also drug addicts who find in this activity a way to make money. Addiction and prostitution thus become a vicious circle of slavery. Although many think prostitution is a highly profitable activity, the fact that it is a marginal activity means that all profits are immediately used to pay bills. There are no credit lines.

Several social solidarity organizations are dealing with this problem, working side by side with prostitutes in their own activity places, providing humane and therapeutic assistance, and working for the social reinsertion of the prostitutes through professional and career training. Others provide medical support, information, and assistance. Drop-in centers exist, as well as mobile units that take professionals to places where prostitutes work. The abolition or legalization of prostitution is a hot topic of discussion. Legalization could be a way to provide effective legal, psychological, and medical support for this work group that otherwise cannot access it.

C. Pornography and Erotica

As in other industrialized countries, pornography has gained an important place in Portugal. One has only to open the advertisement pages of a Portuguese newspaper or magazine to realize the numerous pornographic materials available. Sexuality has become a major, greatly magnified social factor, invading our lives through television, films, and magazines.

Before 1974, any kind of public or private display of pornography was forbidden and severely punished. As a result, the local production of pornographic magazines and videos did not develop in Portugal, so today, Portugal is more an importer than a producer of pornography. In the 1990s, markedly amateur pornographic films became a commercial venture. At the same time, Portugal was increasingly chosen by many foreign filmmakers and magazine owners as a cheap place to produce pornographic material.

The current visibility of pornography has made it the center of a heated debate in Portugal. Despite the fact that the first sex shops opened only a half-a-dozen years ago in Lisbon, pornographic films and magazines have been available for a long time in different kinds of shops (even in supermarkets) or through mail catalogues. There is even a cable network that broadcasts pornographic films three nights a week. While these broadcasts are popular with a considerable number of Portuguese, including teenagers, the older generations strongly oppose this development.

In general, Portuguese men have a more open attitude towards pornography, which they view as a way to improve their sexual life and as a source of diversion and entertainment. Women tend to consider pornography as immoral, and think it can degenerate in pernicious habits, and should thus be forbidden (Pais 1998). Sexual liberation seems stronger among younger age groups and also among people from higher social classes for which pornography is seen as a diversion that can improve the sexual life.

In a society just starting to develop its sex education programs, and still fighting against all kinds of anti-sexual prejudices—cultural, moral, and religious—pornography is still viewed as pernicious because of its contents.

9. Contraception, Abortion, and Population Planning

A. Contraception

Contraceptives are widely available at pharmacies, hospitals, and health centers. Since 1985, contraceptive pills, IUDs, and condoms have been freely distributed at the various family planning services available. Condoms are also distributed by institutions involved in the prevention of HIV infection. The emergency contraceptive pill, depoprovera, which was not well known until quite recently, became available in late 1999 after some resistance from some public and private sectors of the society. However, unlike the contraceptive pill that can be easily bought in Portugal without a medical prescription, the emergency contraceptive has to be prescribed by a doctor. RU-486 or mifepristone is considered an abortifacient, and is therefore illegal.

The female condom was available in the past, but is not presently, mainly because they were not profitable. Sterilization is also available, and in the Maternidade Dr. Alfredo da Costa, one of the oldest and most important women's hospitals in Portugal, it is performed only after a careful evaluation of the request by a team of a gynecologist and a clinical psychologist.

More recent methods of contraception, like hormonal implants or injections, are available, but used only by a minority. The great majority of Portuguese women use the pill. In the youngest age group, 15 to 19 years of age, studied by the 1997 Inquiry on Fertility and the Family (Instituto Nacional de Estatística 1997), the pill was used by 55% of women, while in the following age group, 20 to 39 years, it is the method used by 70% of the women. In any case, the pill is followed in popularity by the condom among women, whereas for men, the condom is the most used method from adolescence on. A significant proportion of individuals use the IUD. It is the method chosen by 10% of all women, although older women use it more than younger ones.

Among adolescents, where sexual activity is frequently unplanned and occasional, coitus interruptus has been used by as many as 37% of all individuals (Pais 1996). In those conditions, most times it is the only method available. Nevertheless, young adults will also use it, as well as the rhythm method, both easily fallible methods used because of the lack of knowledge related to their real efficacy to prevent a pregnancy. The first of these two is reportedly used by 9.5% of all individuals, whereas the second, many times not used in a proper way, is reported by 3.2% in the same age group (Nodin 2000).

The percentage of individuals who have not used contraceptives in their first sexual contact is very high, 65% of women and 73% of men. However, it is clear that in the younger generations, the gap between the first sexual intercourse and the first use of contraception is decreasing, when compared with older generations (Instituto Nacional de Estatística 1997).

B. Teenage (Unmarried) Pregnancies

Portugal has a severe problem with teenage pregnancies and it has one of the highest rates of adolescent mothers in Europe. This situation is because of several factors, some of which are external and some of which are internal to the adolescent. Among the external factors, one can point to the nonexistence of sex education in schools, the difficulty that many parents have in talking about sexuality, and the lack of resources aimed at youngsters regarding family planning, especially in the rural areas where they are most needed. The internal factors are related to the idea that contraceptives are hard to obtain and to an inhibition related to the discussion of contraceptive use with the sexual partner, among others.

Among today's younger generations, the proportion of women who had their first child before 20 years of age is 3% (Instituto Nacional de Estatística 1997). In the past, this figure was significantly higher, but the social context was also significantly different. In fact, people got married younger, and because of this, many teenage pregnancies occurred within wedlock and thus in a more favorable context for the mother and child.

Almeida (1987) conducted a large research study with teenage mothers in a women's hospital. He found that the civil status of the mother had an important influence both socially and emotionally. Unmarried teenage mothers had more problems with the family and a greater intention to have an abortion. Besides that, they also had important medical complications, such as hypertension, pre-eclampsia and eclampsia, premature babies, and small babies for gestational age. However, when the father of the child was positively interested and not absent from the situation, these problems were alleviated.

Teenage pregnancies are generally not well accepted by the Portuguese family, and there are cases of girls being thrown out of their parent's home when their condition is discovered. For these, the solution is to move in with their boyfriend or with his family, or to resort to one of the existing institutions that shelter single pregnant women and mothers who have no place to go. However, in most cases, the family eventually accepts the pregnancy of the girl and tries to find the resources to receive the newcomer. This usually is done with the help of the grandparents or great-grandparents of the baby. Nevertheless, the pregnancy has a significant impact on the life of the girl, often leading to the abandonment of immediate plans of having a proper education.

Among girls who come from lower social backgrounds, in which one of the main life goals is the constitution of a family, pregnancy during adolescence means gaining status. Maternity, in these spheres, is a way to become socially accepted and recognized as a woman (Vilar & Gaspar 1999). Teenage pregnancy might challenge the traditional sexual morality, but it can also be a way for the girl to get closer to her family, to her baby's father, and most of all to her child. The child becomes, for many, a reason to be.

[*Update 2003*: The frequency of unplanned sexual intercourse, as well as of unwanted pregnancy leads to frequent abortions being used as a "contraceptive" method. This situation is also the result of a true lack of effective family planning programs and sex education. Many of these pregnancies, especially those that happen during adolescence, can be of serious risk to the mother or unborn infant, if not followed up medically. (*End of update by N. Nodin*)]

C. Abortion

The Portuguese law on abortion was created in 1984 and changed in 1997. Currently, abortion is allowed at different times of gestation, according to the reason behind the decision to interrupt the pregnancy:

- Before 12 weeks, when a serious and lasting effect to the physical or psychological health of the pregnant women is present;
- Before 16 weeks, in the cases in which the pregnancy resulted from a rape; and
- Before 24 weeks, when there are strong indications of serious disease or malformations of the unborn baby.

Several attempts have been made to change the law to make it more extensive, but without any success. The strongest of these attempts occurred in 1998, when a national referendum, the first in the history of the Portuguese democracy, was conducted over the legalization of abortion after 12 weeks by request of the mother. This referendum launched a large-scale public debate over abortion, and several movements were formed for and against this law. Catholic sectors of the Portuguese society, in particular, responded very strongly against any kind of liberalization of abortion. However, participation in the referendum was very weak, below 50%, and the results showed a clear split in public opinion over this subject, with the number of responses against the liberalization only slightly outnumbering those in favor.

The existence of a restrictive law on abortion doesn't mean that women will not resort to it when confronted with an unwanted pregnancy. In fact, a recent national study showed that, for young adults, abortion was the option of 74.3% of women faced with an unwanted pregnancy (Nodin 2000). According to the national statistics, 5% of all Portuguese women have used abortion at least once (Instituto Nacional de Estatística 1997). However, in this area, as in others, the actual number is very likely higher than the reported number. Most times, women will not admit to having resorted to abortion as much as they really have. This is still a subject restricted to the privacy of couples and families and not spoken out loud. The legal penalty for abortion, which can be up to three years in jail for the woman, has been applied only a very few times. More often, the abortion provider has been prosecuted and convicted. But even in these cases, a legal charge or complaint is necessary for the process to begin.

While the number of legal abortions performed in hospitals in 1995 and 1996 were less than 300 annually, it is estimated that an average 20,000 to 22,000 occur every year in illegal situations (Rosendo 1998). These illegal abortions are the frequent cause of serious health problems and subsequent hospitalization of the women involved. Some, but not the majority, of the providers of illegal abortions have medical or nursing training. The use of traditional techniques, such as the insertion of objects into the uterus or the ingestion of toxic substances, is not as common as it was in the past, but it still occurs. Many Portuguese women also resort to abortion clinics in Spain, where, curiously, the law is very similar to the Portuguese law, except that there it has had a more liberal application that allowed the opening of abortion clinics. In 1998, 30% of all clients in one Spanish abortion clinic close to the border were Portuguese women.

Abortion is more frequent in women after the age of 20, which is also the average age for the start of the sexual life of the Portuguese. The incidence of abortion increases after age 35, and after age 45 about 70% of all pregnancies end up interrupted (Instituto Nacional de Estatística 1997). Abortion is also more common in women with a low socioeconomic status and education. However, these are also the ones who have more conservative attitudes towards abortion (Vasconcelos 1998).

[*Update 2002*: The issue of illegal abortions made news headlines in January 2002, when Maria do Ceu Ribeiro, a nurse, was sentenced to an eight-and-a-half-year prison term for running an abortion clinic and performing illegal abortions in a town north of the city of Porto in northern Portugal. Her clinic and its services were an open secret in the area. Most of her 42 codefendants, including 17 women charged with having an abortion, were acquitted by a panel of four judges. Six people who provided a referral network, and one woman who admitted to getting an abortion, were ordered to pay a fine or spend three months in prison. The trial produced considerable discussion and debate in this nation of 10 million, which has the strictest laws on abortion of any nation in the European Union outside Ireland. Abortion-rights advocates claim that between 20,000 to 40,000 illegal abortions are performed each year, and some 5,000 Portuguese women show up at hospitals each year with complications from illegal abortions (Lyall 2002). (*End of update by R. T. Francoeur*)]

D. Population Programs

Unlike other industrialized countries where fertility rates started to decrease at the end of the 19th century, in Portugal this tendency is quite recent. It started in the 1960s, but the decrease was quite significant, and in less than 20 years, between 1970 and 1989, the fertility rate that was one of the highest in Europe dropped from 2.8 to 1.5 children per women (Bandeira 1994). One reason for this is the changes in the mating and marrying patterns of the population, formerly restricted by social norms, but recently replaced by individuals and couples taking control over their fertility. Women are delaying the birth of their first child, many times in favor of a professional career.

Another significant demographic phenomenon affecting Portuguese society is the aging of the population. Until 1960, the proportion of people 65 years of age or older was a constant 5% to 6%; in 1991, it was 14%, and still growing. Nevertheless, there are significant differences between the rural interior and the urban littoral, the former having more older people than the latter. This situation is mostly related to migratory movements that led a considerable proportion of the rural young population towards the cities and towards other countries, like France, Germany, Switzerland, the USA, Canada, and South Africa, in search of better living conditions (Barreto & Preto 1996).

Bandeira (1994) has interpreted the aging Portuguese demographic situation as decaying and entering a potentially irreversible process. According to this author, serious

actions need to be taken in order to deal with this situation, but not much has, in fact, been done. He also argues that it is the government that should be responsible for a turnover in politics, facing the reality of the situation and supporting the high costs of having and rearing offspring, as well as creating the conditions for the resettling of the population in the interior.

Some of the more recent actions aimed at the promotion of population growth are related to the protection of maternity and paternity. New laws protect women against discrimination at work based on pregnancy, and grant them bigger maternity leaves, to a minimum of 6 weeks and maximum of 100 days. The working mother's right to breastfeed her child for at least a year after birth is also now guaranteed. For the first time in Portuguese legal history, the father now has the right to a work leave of up to 20 days subsequent to the birth of a child, and also has the possibility of absence from work to feed the child in case breastfeeding is not possible. Similar rights have been granted to grandparents when they are the baby's caretakers.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

In Portugal, the sexually transmitted disease surveillance and treatment history goes back to the 19th century with the March 27, 1879, founding of the Consulta de Moléstias Syphilíticas e Venéreas of the Desterro Hospital in Lisbon, under the direction of the prominent Portuguese physician, Thomaz de Melo Breyner. Later, in the second decade of the 20th century, the Lisbon and the Porto Dispensários Centrais de Higiene Social centralized the surveillance of venereal diseases according to Law 14-803 of December 13, 1927.

Since the 1980s and the demise of the free and confidential Central Dispensaries, monitoring STDs has become the responsibility of the Reference Health Services. Two of these services are the Dermatology service of the Curry Cabral Hospital in Lisbon and the Sexually Transmissible Diseases service in the Lapa Health Center, also in Lisbon. Nowadays, in Portugal, notification is compulsory for gonorrhea, syphilis, and the soft ulcer, all of them bacteriogenic STDs.

In 1993, the results, conclusions, and recommendations of a descriptive, cross-section, longitudinal, and retrospective study regarding sexual behavior in Portugal were published. This report, known as *Portuguese Unprotected Sexuality* (Lucas 1993), focused on the adult population, ages 18 to 49, living in cities with 10,000 or more inhabitants in the continental territory. It was supported by the World Health Organization (Social and Behavioral Investigation Unit of the AIDS Global Program) and by the National Commission Against AIDS. It showed that 12% of those surveyed admitted to having had a sexually transmitted disease. The results showed that STDs were more prevalent in the metropolitan areas of Lisbon, Porto, and in the Algarve (in the south of the country), and more common after the age of 25. The incidence of the various STDs was 5% for gonorrhea, 4% for hepatitis, 2% for herpes, and 1% for cases of syphilis and urethritis (Santos Lucas 1993). It is important to note that the data were self-reported and so it can underestimate the reality.

At the end of 1997, the Dermatology service in the Curry Cabral Hospital and the Lapa's Health Center noted the stabilized number in cases of syphilis and the lower incidence of gonorrhea and *Chlamydia trachomatis*. It is, however, important to note that the 1997 data of the STD service in Intendente, an area of Lisbon traditionally associated with prostitution, draws attention to the fact that only 20% of the prostitutes were not infected with an STD, and the percentage of gonorrhea and chlamydia infections was above 30%.

Regarding the future of STDs in Portugal, Cardoso (1997) pointed out some difficulties related to the surveillance and treatment of these diseases that are responsible for our intermediate position between developed and less developed countries. These difficulties should be overcome by the reorganization of the STD services in Portugal, with real accessibility and confidentiality of the medical services, with free complementary exams for diagnosis and medication, with the epidemiological evaluation (overcoming sub-notification), and also with counseling.

B. HIV/AIDS

In Portugal, human immunodeficiency virus infections and AIDS have been reported since 1983. The Epidemiological Vigilance Center of the Portuguese Health Institute in Lisbon collects the national data respecting the universal criteria of the Centers for Disease Control in the U.S. The Comissão Nacional de Luta Contra a SIDA (National Commission Against AIDS, or CNLCS.), an organization connected to the Ministry of Health, characterizes the national situation and organizes the national policy, priorities, and strategies in accordance with the United Nations AIDS (UNAIDS) policy.

According to the quarterly and annual information of this Commission, Portugal has had an annual increase of AIDS-related cases since 1983, the first year of notification (Carvalho Teixeira 1993). The official national values do not totally characterize the Portuguese reality, because they do not include untested, undiagnosed, and unreported people.

Since 1985, the year of the first 18 notified cases (and not the time of the primo-infection or first diagnosis), most cases have been related to homosexual and bisexual individuals, the same tendency as in the majority of European countries. This remained the case into the 1990s. Before 1993, the second most affected group were the heterosexuals who were not IV-drug users, as was already the trend in the rest of the Europe. After 1993, the heterosexual transmission of the virus in African emigrants from the Portuguese ex-colonies was overtaken by the greater number of reported cases of HIV/AIDS in IV-drug users (Prista Guerra 1998).

At the end of the first three months of 1999, the national percentages of accumulated cases according to the mode of viral transmission were distributed as follows: 45% homosexual or bisexual, 27% heterosexual, and 12.5% IV-drug abuse related. In 1996 and 1997, IV-drug users represented 53.8% and 61% of the total affected people, respectively (Ministério da Saúde 1997). The rates provided by the Comissão Nacional de Luta Contra a SIDA (1999abc) for the third quarter of 1999 also showed a significant increase in the HIV-infection rate in IV-drug users (46.9% in September, 46.5% in June, and 45.8% at the end of March 1999).

In the period between January 1, 1983, and September 30, 1999, 26.1% of the total number of AIDS-related reported cases was from heterosexual transmission, 19.2% was from homo-/bisexual transmission, and 1% was from vertical transmission (mother to child).

Since the beginning of the AIDS-epidemic situation, Portugal had, as of September 30, 1999, a total of 6,263 reported cases, of which 3,928 had already died because of the disease (86.2% with opportunistic infections, especially tuberculosis). Of the affected individuals, 85.8% were between 20 and 49 years.

Another existing trend in the national data is the increasing incidence of cases in the female population, although affected men still represent the large majority, as in the rest of Europe at the end of the third quarter of 1999, with the proportion 84.2% for men and 15.7% for women.

Even though the majority of Portuguese cases are HIV-1 infections, there is a great impact of HIV-2 infections and of infections with both viruses. Most European countries do not have specific numbers for HIV-2 infections, because it is almost nonexistent in those countries and the rare cases are simply combined with HIV-1 cases. In Portugal, 4.5% of cases are HIV-2 and 1.7% are infections with both viruses. Most of the notified cases until 1999 were concentrated in the capital, Lisbon, in the second major Portuguese city, Porto, in the north, and in Setúbal, approximately 30 km (18.6 mi) south of Lisbon.

Because of the epidemiological surveillance, several centers for HIV testing are available, as well as information sources from nongovernmental organizations (NGOs) and social solidarity institutions, such as Abraço (the Hug Association), Fundação a Comunidade Contra a SIDA (Foundation to the Community Against AIDS), and the Liga Portuguesa Contra a SIDA (Portuguese League Against AIDS), among others (see list at the end of the chapter). Several therapeutic resources are also available in the central and local health institutions.

Finally, it is important to note the national specificity and intervention priorities in the prevention and treatment areas of the HIV infection. In less than two decades, Portugal ranked highest regarding the dissemination and impact of HIV in Europe, and does not yet follow the stabilization trend of central and northern Europe.

Prevention, the most important weapon against AIDS, will be achieved by the reduction of risk behaviors on an individual level, but mostly by decisive investment in serious improvements in socioeconomic conditions, as well as in the educational and cultural arenas, i.e., in reducing risk situations on a community level.

These objectives imply a global Health Education Policy reaching the individuals who are considered the most vulnerable according to the data, such as homosexual and bisexual men, women, young people, children, drug users, prostitutes, people in jail, and ethnic minorities. Aspects of extreme relevance are condom access and their systematic use, with national information and promotion campaigns, free condom distribution, and initiatives created by drug-abuse prevention programs; real access to anti-HIV antibody testing; a generalized respect for informed consent and confidentiality; and the systematization of multidisciplinary structured responses for the affected persons, and particularly the creation of psychological and socioeconomic structures, such as domestic support. All of these are factors that reduce the personal, social, and financial costs of the AIDS phenomenon (Machado Caetano 1997).

[*Update 2002*: According to the latest data published in late 2002 by the Centro de Vigilância Epidemiológica das Doenças Transmissíveis (Center for the Control of Contagious Diseases, or CVEDT), from July 1 until December 31, 2001, 1,282 cases of HIV infection had been detected (of which 709 were of non-symptomatic individuals, 94 of AIDS Related Complex (ARC) and 479 of AIDS). Of these, 615 were caused by drug use, 517 were caused by heterosexual intercourse, and 104 by homo- or bisexual intercourse.

[During 2001, 2,543 cases of HIV cases were registered by medical doctors (incidence rate of 257.5 per million inhabitants), with 1,045 cases of AIDS (incidence rate of 105.8 per million inhabitants), and 469 of AIDS-related deaths reported. The most common way through which people were infected was via drug use (1,339 cases), followed by heterosexual intercourse (955 cases), and finally, by homo- or bisexual intercourse (179 cases). There were also six cases of vertical transmission and one case of AIDS in a child.

[The main tendency of HIV infection in Portugal is that of a growing number of infections because of intravenous drug use, and a diminishing number of infections because of heterosexual intercourse. The exception to these numbers is that of the infections by the HIV-2. Of the total group of seropositives (76.6% of which are between 20 and 39 years old), 54.6% belong to the "drug addicted" category of infection and 30.2% to the "heterosexual" group. Something similar happened to the total group of people with ARC, that is, 45% of these belonged to the first category of infection and 29.7% to the second.

[Until the end of 2001, there were 8,710 deaths related with AIDS, of which 342 were associated with the HIV-2 infection and 126 associated with the combination of HIV-1 and HIV-2 infection.

[The prevalence of HIV infection is higher in major urban centers like Lisbon, Oporto, Setúbal (because of the region's low economic situation and elevated number of drug users), and Faro (because of it being a high tourist region). Taken altogether, these urban centers have an average of 200 cases for each 100,000 inhabitants. Besides the cities, other areas of high incidence are those close to the border with Spain.

[According to UNAIDS, the estimate of HIV infections in Portugal is between 30,000 and 50,000 persons. Because of this fact, one of the designated areas of priority intervention for the CNLCS (Comissão Nacional de Luta Contra a SIDA—National Commission Against AIDS) is identification of the epidemiological character of the HIV infection, in particular, for small but vulnerable groups such as pregnant women, people in prison, young school-age people, drug users, sex workers, ethnic minorities, and mobile populations, in order to implement adequate actions of information and education. (*End of update by N. Nodin*)]

[*Update 2002*: UNAIDS Epidemiological Assessment: The HIV/AIDS Surveillance System in Portugal started in 1985 and some cases were identified retrospectively. At the beginning of the epidemic, notifications were predominantly of AIDS cases, but gradually clinicians reported cases in all stages of disease progression.

[Portugal has both HIV-1 and HIV-2 circulating in the general population, and notified AIDS cases attributed to HIV-1 are 94.6% and cases attributed to HIV-2 are 3.9% of the total; dually infected AIDS cases (1.4%) have been reported.

[The overall incidence of AIDS and the annual number of reported deaths rose steadily until 2000. The HIV/AIDS epidemic shows a mixed pattern, with the proportion of AIDS cases decreasing in injecting drug user cases and with a noticeable increase in cases attributed to heterosexual contact. Trend analysis of surveillance data reflects the diversity of the HIV/AIDS situation in the country, but young adults are most affected.

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

Adults ages 15-49:	26,000	(rate: 0.5%)
Women ages 15-49:	5,100	
Children ages 0-15:	350	

[An estimated 1,000 adults and children died of AIDS during 2001.

[No estimate is available for the number of Portuguese 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. Concepts of Sexual Dysfunction

The diagnosis of sexual dysfunctions is usually done according to the existing specialty international disorders classification systems, such as the *DSM* and the *ICD*. However, despite the fact that several sexuality surveys have been conducted in the Portuguese population, questions about dysfunctions are usually left out of them. This reflects the secretive way that the Portuguese deal with these difficulties. Sexuality is a difficult subject to discuss of its own right, and all the problems affecting it are even more. The most frequent strategy used to deal with sexual difficulties is silence. It is only with some difficulty that someone will talk to a physician about a premature ejaculation problem or vaginismus, and when they do, it is usually with a professional that they trust. However, it is estimated that a large number of sexual dysfunctions go unreported.

There is a significant gender difference in the experience of these problems. For men, for whom sex is yet a means to prove their masculinity and virility, sexual problems are a major concern, especially impotence. Men make a great investment in their sexual performance and abilities, and when something goes contrary to expectations, catastrophic scenarios are built and self-esteem is severely affected. As for women, in the past they were supposed to serve their husbands sexually disregarding their own sexual pleasure. This way, many times there was not even the awareness of the existence of a sexual dysfunction when orgasm was not experienced. Today, women are more aware of their own sexuality and are able to seek help when they feel they need it, even though they are not as likely as men to seek help. In the Alferes 1997 survey of sexually experienced individuals, 100% of men had experienced orgasm, but only 88.5% of women had. In the portion of people who had not had sexual relations, all of the males had experienced orgasm, while only 35.5% of women had experienced it.

The sexological tradition in Portugal is strongly connected to a cognitive and behavioral perspective of sexuality. Nevertheless, nowadays, the different institutions working in this field have a broader approach to sexuality. The echoes of the International Conference for Population and Development held in Cairo in 1994, in which major emphasis was given to sexual and reproductive health, are having its effects at different levels. A greater concern is being devoted to the special sexual and reproductive needs of individuals in a holistic approach to the problems they face. To accomplish these goals, true efforts are being made especially by nongovernmental institutions (NGOs).

B. Availability of Diagnosis and Treatment

Diagnosis and treatment of sexual dysfunctions are available in hospitals in the main urban centers. The cities where specialty sexology services can be found are: Porto, Coimbra, Leiria, Lisbon, Faro, and Ponta Delgada (in the Azores). Many private practitioners, either medical doctors or psychologists, offer their services in other parts of the country. However, not all the people can afford to go to these consultations, nor do they frequently know of their existence. In 1998, the Portuguese Society of Clinical Sexology (Sociedade Portuguesa de Sexologia Clínica, SPSC), together with a pharmacological company, created a telephone helpline called SOS Dificuldades Sexuais (SOS Sexual Difficulties) aimed at an adult public with sexual dysfunctions. The main goal of this helpline is to provide counseling for people with sexual problems, and also to work as a guiding service to indicate which services, both public and private, are available for these kinds of problems.

C. Therapist Training and Certification

Until the 1990s, no specific sexological training was available in Portugal. There was a hospital tradition that provided practical and also theoretical training for psychiatrists, gynecologists, and professionals from other medical specialties that had an interest in sexuality. Others had their training abroad in countries where this kind of training was available. Many of the great names of sexology in Portugal today, like António Pacheco Palha, Francisco Allen Gomes, José Pacheco, Júlio Machado Vaz, or Júlio Silveira Nunes, had their training as part of their specialty training or abroad.

In 1984, following the first Portuguese Congress of Sexology, a commission was formed to create a Society of Sexology, which the following year had a total of 116 members. One of the main and primary goals of this society was to promote and regulate the scientific training in sexology in Portugal. In 1992, the society began seriously exploring the legal, practical, and pedagogical aspects of organizing a postgraduate course that would grant a certified title of sexologist.

The first postgraduate course in sexology was a two-year program started in 1995 with a group of 14 medical doctors, psychologists, and nurses; a second course started in 1998. This course, organized by the SPSC, is actually the only one that grants a certificate for Sexual Therapist in Portugal. This course is interdisciplinary and aimed at professionals with some experience in the area. It has a duration of two years divided into four semesters: The first semester is solely theoretical, the following two are theoretical and practical with the discussion of clinical material provided by the students and teachers, and the last semester is devoted to the elaboration and execution of a research project.

12. Sex Research and Advanced Professional Education

A. Institutes and Programs for Sexological Research

As in other behavioral areas, there is little sexological research. The tradition of research is incipient and lacks appropriate articulation between universities and companies that would provide financing and practical application of the results of the research. The few research studies that exist within Portuguese sexology occur mainly in universities, usually associated with psychology, medicine, and sociology, and also in the hospitals and centers that offer specialty services in human sexuality.

B. Post-College and Graduate Programs in Sexology

There is no graduate level course on human sexuality. There are some initial efforts in short-duration advanced courses on the subject, but they are infrequent and irregular. There are, however, two postgraduate courses on human sexuality in the country, one of them a master's degree course.

The first postgraduate course in human sexuality ever to occur in Portugal was organized by the SPSC in 1995 (see Section 12C, Therapist Training and Certification, above). In the meanwhile, a private university, Universidade Lusófona, organized a master's degree course in sexology that started in 1998. Many of the teachers of this course are connected to the SPSC and are, thus, the same as the ones in the postgraduate course provided by that society. The master's degree is, however, mostly theoretical and does not grant the title of sexual therapist as the postgraduate course does. The theoretical areas discussed in the master's degree are:

- The historical, social, cultural, and anthropological aspects of sexuality;
- The human sexual response;
- Gender identity and its disturbances;
- AIDS and other sexual transmitted diseases;
- Research methods in sexology;
- Diagnosis and evaluation of the disturbances of the human sexual response;
- Treatment of the disturbances of the human sexual response;
- Minority sexual and erotic preferences;
- Couple therapy;
- Sex education and family planning; and
- Data analysis techniques in sexology.

Although these courses have played an important role in extending the offering of sexological training programs in Portugal, professionals from different areas recognize the need for a more appropriate approach to sexual problems. Many have to deal with these kinds of problems and have no appropriate training to handle them.

C. Main Sexological Journals and Periodicals

Acta Portuguesa de Sexologia, Hospital de São João, 4200-319 Porto, Portugal; Tel:/Fax: +351-225-508-384; email: psiquiatria.fmp@mail.telepac.pt.

Sexualidade e Planeamento Familiar, Rua da Artilharia Um, 38, 2º Dto., 1250-040 Lisboa, Portugal; Tel: +351-213-853-993; Fax: +351-213-887-379; email: apfportugal@mail .telepac.pt.

There are also some periodicals related to AIDS worthy of note:

Abraço, Tr. do Noronha, 5, 3º Direito, 1250-169 Lisboa, Portugal; Tel: +351-213-974-298; Fax: +351-213-957-921.

Informação SIDA, Apartado 1980, 1058-001 Lisboa, Portugal; Tel: +351-213-129-290; Fax: +351-213-129-299.

D. Important National and Regional Sexological Organizations

Sociedade Portuguesa de Sexologia Clínica, Serviço de Psiquiatria, Hospital de São João, 4200-319 Porto, Portugal; Tel:/Fax: +351-225-508-384; email: psiquiatria.fmp@mail.telepac.pt.

Associação para o Planeamento da Família, Rua da Artilharia Um, 38, 2º Direito, 1250-040 Lisboa, Portugal (with branches in Porto, Coimbra, Lisbon, Alentejo, Algarve, and Azores); Tel: +351-213-853-993; Fax: +351-213-887-379; http://www.apf.pt; email: apfportugal@mail .telepac.pt.

Telephone Helplines:

Sexualidade em Atendimento (APF), +351-222-001-798.

Sexualidade em Linha, 800-222-002; Ap. 1191, 1054 Lisboa Codex, Portugal; email: sexualidade@ipj.pt.

SOS Dificuldades Sexuais, 808-206-206.

Lesbian, Gay, Transgender, and Bisexual Organizations:

Grupo de Trabalho Homossexual (Partido Socialista Revolucionário), Rua da Palma, 268, 1100 Lisboa, Portugal; Tel:/Fax: +351-218-882-736.

ILGA–Portugal, Rua de São Lázaro, 88, 1150-333 Lisboa, Portugal; Tel: 218-873-918; http://www.ilga.portugal .org; email: ilga-portugal@ilga.org.

Opus Gay, R. Ilha Terceira, 34, 2º, 1000 Lisboa, Portugal; Tel: +351-213-151-396; http://homepage.esoterica.pt; email: anser@esoterica.pt.

HIV/AIDS Organizations:

Abraço, Travessa do Noronha, 5, 3º Direito, 1250-169 Lisboa, Portugal; Tel: +351-213-974-298; Fax: 213-957-921; http://abraco.esoterica.pt; email: abraco@mail .telepac.pt.

Associação dos Direitos e Deveres dos Positivos e Portadores do Vírus da SIDA, Quinta das Lapas, Monte Redondo, 2560 Torres Vedras, Portugal; Tel: +351-261-312-331; Fax: +351-261-312-322.

Centro de Respostas Integradas de Apoio à SIDA, Avenida da Imaculada Conceição, 153, 4700-034 Braga, Portugal; Tel. +351-253-261-500; Fax: +351-253-609-994.

Comissão Nacional de Luta Contra a SIDA, Palácio Bensaúde, Estrada da Luz, 153, 1600-153 Lisboa, Portugal; Tel: +351-217-210-360; Fax: +351-217-220-822; email: CNLCS@cnlcs.min-saude.pt.

Fundação Portuguesa a Comunidade Contra a SIDA, Rua Andrade Corvo, 16, 1º, Esq. , Portugal; Tel: +351-213-540-000; Fax: +351-213-160-000.

Gabinete de Apoio a Doentes com SIDA, Rua João António Gaspar, 40, Bairro Marechal Carmona, 2750-380 Cascais, Portugal; Tel: +351-214-861-429; Fax: +351-214-861-420.

Liga Portuguesa Contra a SIDA, Rua do Crucifixo, 40, 2º, 1100-183 Lisboa, Portugal; Tel: +351-213-225-575; Fax: +351-213-479-376.

Movimento de Apoio à Problemática da SIDA, Avenida Cidade Hayward, Blocos C1 e D2, Caves Vale Carneiros, 8000-073 Faro, Portugal; Tel: +351-289-864-777; Fax: +351-289-846-598.

Projecto STOP SIDA, Centro Laura Ayres, Rua Padre António Vieira, 12, 3000-315 Coimbra, Portugal; Tel: +351-239-828-771.

SOL Associação de Apoio a Crianças Infectadas pelo Vírus da SIDA e Suas Famílias, Rua das Praças, 55, r/c, 1200-766 Lisboa, Portugal; Tel: +351-213-625-771; Fax: +351-213-625-773.

Disability and Rehabilitation Organizations:

Liga Portuguesa dos Deficientes Motores, Rua Sítio Casalinho da Ajuda, 49 Frente, 1300 Lisboa, Portugal; Tel: +351-213-633-314.

Secretariado Nacional de Reabilitação e Integração das Pessoas com Deficiência, Avenida Conde Valbom, 63, 1050 Lisboa, Portugal; Tel: +351-217-929-500.

Sexually Transmitted Diseases Organizations:

Centro de Saúde da Lapa, Consulta de Doenças Sexualmente Transmissíveis, Rua de São Ciro, 36, 1200 Lisboa, Portugal; Tel. +351-213-957-973.

Prostitution Support Organizations:

Associação "O Ninho," R. Actor Taborda, 30, 3º Dto, 1000-008 Lisboa, Portugal; Tel: +351-213-426-946.

Centro "Drop In," Travessa do Maldonado, 3, 1100-329 Lisboa, Portugal; Tel: +351-218-853-249; Fax: +351-218-869-784.

Espaço Pessoa, Travessa das Liceiras, 14/16, 4000 Porto, Portugal; Tel: +351-222-008-377.

Child Sexual Abuse Support Organizations:

Associação Chão dos Meninos, Bairro António Sérgio, Avenida da Liberdade nº 100, 7000 Évora, Portugal; Tel: +351-266-731-079; Fax: +351-266-371-079.

Instituto de Apoio à Criança (IAC), Largo da Memória, 14, Portugal; Tel: +351-213-624-318; Fax: +351-213-624-756.

Domestic Violence Support Organizations:

Associação de Mulheres Contra a Violência, Al. D. Afonso Henriques, 78, 1º esq, 1000 Lisboa, Portugal; Tel:/Fax: +351-218-124-048.

Associação de Apoio à Vítima, Rua do Comércio, 56, 5º esq, 1100 Lisboa, Portugal; Tel: +351-218-884-732, Fax: +351-218-876-351.

Comissão para a Igualdade e Direitos das Mulheres, Avenida da República, 32 1º andar, 1093 Lisboa, Portugal; Tel: +351-217-983-000.

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Comissão Nacional de Luta Contra a SIDA (CNLCS) do Ministério da Saúde. 1999b (June 30). *A situação em Portugal a 30 de Junho de 1999* [*AIDS: Portugal's situation at 30 June 1999*]. Lisbon: Informação Centro de Vigilância Epidemiológica das Doenças Transmissíveis, Instituto Nacional de Saúde Lisboa.

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