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ENCYCLOPEDIA
OF SEXUALITY

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· THE ·

CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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Contents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CONTRIBUTORS and ACKNOWLEDGMENTS1377

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

INDEX1405

For updates, corrections, and links to many of the sites referenced in these chapters, visit *The Continuum Complete International Encyclopedia of Sexuality on the Web* at <http://www.SexQuest.com/ccies/>.

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11. Sexual Dysfunctions, Counseling, and Therapies 275
 12. Sex Research and Advanced Professional Education 276
 References and Suggested Readings 277

Cuba

(República de Cuba)

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Contents

- Demographics and a Brief Historical Perspective 259
1. Basic Sexological Premises 262
 2. Religious, Ethnic, and Gender Factors Affecting Sexuality 263
 3. Knowledge and Education about Sexuality 264
 4. Autoerotic Behaviors and Patterns 266
 5. Interpersonal Heterosexual Behaviors 266
 6. Homoerotic, Homosexual, and Bisexual Behaviors 270
 7. Gender Diversity and Transgender Issues 270
 8. Significant Unconventional Sexual Behaviors 270
 9. Contraception, Abortion, and Population Planning 273
 10. Sexually Transmitted Diseases and HIV/AIDS 274

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Demographics and a Brief Historical Perspective

A. Demographics

MARÍA D. CÓRDOVA

Cuba is the largest island (40,520 square miles, 104,945 km²) in the Cuban Archipelago, composed of the Isle of Youth and some 1,600 isles and cays. Located in the Caribbean Sea, at the entrance of the Gulf of Mexico, Cuba is the westernmost island of the Greater Antilles. Its north shore is washed by the Atlantic Ocean, and the east shore faces the Windward Passage. Cuba is bordered on the south by the Caribbean Sea and on the west by the Yucatan Channel. The Bahamas and United States are the nearest countries to the north, Haiti to the east, Jamaica and South America to the south, and Mexico to the west.

Since Cuba has an east-west-oriented, elongated, and narrow shape, its rivers cannot be long and plentiful. Among the largest ones are the Cauto in the eastern region and the Zaza in the central region. Some relatively low mountain ranges cross the Cuban territory. The most outstanding are: the Sierra del Rosario in the west, the Trinidad mountain range in the central region, and the Sierra Maestra in the east.

The climate is semitropical, with alternating dry and rainy seasons. June through November is the hurricane season. From 1800 to 2001, 176 hurricanes have battered the island of Cuba.

In December 2002, Cuba had an estimated population of approximately 11,217,680 inhabitants. The following demographic features are from the *Anuario Estadístico de Cuba 2001* (Oficina Nacional de Estadísticas 2002) and the *UNDP Informe del Desarrollo Humano, Anuario Estadístico de Salud* (MINSAP 2002), except where supplemented with data from *The World Factbook 2002* (CIA 2002) by the Editors (notated as [WFB]).

Age Distribution and Sex Ratios: 0-14 years: 20.9% with 1.06 male(s) per female (sex ratio) [WFB: 20.6%, 1.06]; 15-59 years: 64.5% with 1.01 male(s) per female [WFB: 69.3%, 1.01 (15-64 years)]; 60 years and over: 14.49% with 0.86 male(s) per female [WFB: 10.1%, 0.86 (65+ years)]; **Total population sex ratio:** 1 male(s) to 1 female [WFB]

Life Expectancy at Birth: *Total Population:* 76.15 years; *male:* 74.20 years; *female:* 78.23 years [*WFB: Total population:* 76.6; *male:* 74.2; *female:* 79.15]

Urban/Rural Distribution: 75.26% to 24.71%; the capital city of Havana has 2,181,535 inhabitants.

Ethnic Distribution: [*WFB:* mulatto: 51%; white: 37%; black: 11%; and Chinese: 1%]

Religious Distribution: [*WFB:* nominally 85% Roman Catholic prior to Revolution; Protestant, Jehova's Witnesses, Jews, and Santeria also represented]

Birth Rate: 12.4 births per 1,000 population [*WFB:* 12.08 births per 1,000]

Death Rate: 7.1 per 1,000 population [*WFB:* 7.35 deaths per 1,000]

Infant Mortality Rate: 6.2 deaths per 1,000 live births; in-hospital live births: 99.9% [*WFB:* 7.27 deaths per 1,000]

Net Migration Rate: -2.9 migrant(s) per 1,000 population [*WFB:* -1.21 per 1,000]

Total Fertility Rate: 1.6 children born per woman

Population Growth Rate: 0.23% (2.3 per 1,000 inhabitants in 2001) [*WFB:* 0.35%]

HIV/AIDS (1999 est.) [*WFB: Adult prevalence:* 0.03%; *Persons living with HIV/AIDS:* 2,800 (2001 est.); *Deaths:* 120.] (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 97%; 99.1% of primary school-age children are actually in school; education is free and compulsory from age 6 to 14 [*WFB: male:* 96.2%, *female:* 95.3%, *total* 95.7%]

Per Capita Gross Domestic Product (*purchasing power parity*): 2,618 Cuban pesos in 2001 (adjusted to the 1997 rate; official exchange rate: 1 Cuban peso = 1 USD) [*WFB:* \$2,300]. The GDP increased 3.0% during 2001, thus continuing a positive trend that began in 1995. However, this accumulative increase did not make possible the recovery of the standard of living and the basic social services (health, education, and housing) that prevailed prior to 1990. The lack of foreign investment and foreign exchange are the greatest obstacles for economic growth. According to the HDI, Cuba ranked 55 among 173 countries in 2002. [*WFB: Inflation:* 7.1%; *Unemployment:* 4.1% (2001 est.); *Living below the poverty line:* NA]

In Cuba, the State is fully responsible for the healthcare of the population. Health is conceived as a fundamental aspect of the quality of life and is also a strategic objective in societal development. The entire population has access to free medical services. In every neighborhood, there are a family physician and a nurse per 176 persons. General family physicians provide healthcare to 99.1% of the population. The budget allocated to health amounted to 17.2% of the total budget in 2001. Per capita healthcare costs covered by the State are US\$162.30.

B. A Brief Historical Perspective

JORGE RENATO IBARRA GUITART

The indigenous population had lived in Cuba for about 10,000 years before they entered into contact with the European civilization. There were three main groups of Indians, in different developmental stages, living under the Primitive Community regime. The Guanahatabeyes survived by gathering plant foods, hunting, and fishing. They lived in caves and only used artifacts made of shells. The Ciboneyes lived along the coasts. Fishing was their main means of subsistence and they knew how to carve stone. The Taínos were the most numerous and developed group. They practiced agriculture and made polished stone and pottery artifacts.

On October 27, 1492, the great admiral, Christopher Columbus landed for the first time in Cuba, and explored some

sites in the northeast of the island. In 1510, a host of 300 Spanish warriors, led by Diego Velázquez, coming from Hispaniola, began the conquest of Cuba. The *conquistadores*, sword in hand and with the Christian cross as a banner, crushed the initial resistance of the natives led by Hatuey, an Indian chief, and began the occupation of the territory. Bloodshed had become the means through which the *conquistadores* forcibly imposed their rule and founded the first seven towns throughout the island.

The intense process of land occupation during the 16th century saturated the land property. Throughout the 16th and 17th centuries, land structure consisted of large haciendas in the hinterland, and small agricultural properties. The latter were located in strips next to towns and within large plantations. In Cuba, feudal production relationships did not take hold because of the scarce population—the Indians were gradually being wiped out—and because production was mainly cattle-raising. On the other hand, Spain had imposed a taxation and monopolistic system that hampered large-scale mercantile production. A subsistence economy prevailed during those early centuries.

From 1512 on, African slaves were brought to the island, but it was not until the 17th century that the large-scale introduction of black slaves began. Changes in land exploitation brought about the partition and sale of land, thus favoring the extension of sugar cane plantations and tobacco-growing lands. The occupation of Havana by the British in 1762 encouraged both free trade and the slave trade. Spain recovered its colony and, years later, promoted reforms under the "Enlightened Despotism" policy, aimed at encouraging the arrival in Cuba of new settlers and of slave manpower, which made possible large-scale mercantile production of sugar, tobacco, and coffee. From 1790 to 1868, the Cuban-born, land-owning class favored reformism and annexation alternatively; the *petite bourgeoisie* and a few landowners showed a trend toward independence from Spain; and the slaves were for abolition.

The deepening of the contradictions between the metropolis and the colony, and the failure of several reformist proposals, brought about, on October 10, 1868, a war for national liberation and the abolition of the slavery headed by the founding father of the Cuban nation, Carlos Manuel de Céspedes. During this war, known as the Ten Years' War, the Afro-Spanish culture, which brought about Cuban nationality, began to integrate. In this liberation struggle, the insurgent forces faced many divisions and material difficulties and, at its end, the land-owning civilian leadership accepted pacification proposals when there was a relative balance of forces. Other more consistent people's leaders, such as Antonio Maceo, decided to continue the war and issued the "Protest of Baraguá," a document against the capitulations agreed on with Spain.

From 1892 on, after the failure of the first independence attempt, significant activities headed for a new uprising against the colonial power began. José Martí, political leader of the new insurrection being planned by Cuban emigrants, united patriots in exile under the Cuban Revolutionary Party. Some time later, troops were recruited for a national liberation army with the collaboration of 1868-war veterans.

On February 24, 1895, the first uprising took place and a week later, the leaders of the liberation war, José Martí, Máximo Gómez, and Antonio Maceo, landed in Cuba. Martí died in combat a few days after his arrival. The rebel army, known as *mambises*, spread the war throughout the national territory by a successful campaign brilliantly led by Gómez and Maceo. Most of the sugar wealth that was to be destroyed by the insurrectionists was in the western

provinces. As a result of the revolutionary forces' advance, Spain changed its political and military tactics. In a desperate attempt to hold the island, it authorized Captain-General Valeriano Weyler to implement a concentration policy of countryside people in urban centers that brought about the starvation, destruction, and death of a large number of civilians. But this policy also failed, and the colonialists accepted a grant of autonomy to the Island. Nevertheless, Cuban troops went on fighting and controlled rural areas. Under those circumstances, the U.S. battleship *Maine* blew up in Havana's harbor, and the United States, which already had important economic interests in Cuba, declared war on Spain. Thus began the Spanish-Cuban-American war that ended with the defeat of Spain and the signing of the Paris Peace Treaty, authorizing the United States to militarily occupy Cuba for an indefinite period.

In 1901, a Constitutional Convention was called to set the political destiny of Cubans. The United States imposed on the members of the convention the adoption of the Platt Amendment as an appendix to the Cuban Constitution. The Platt Amendment considerably limited the sovereignty of the future Republic. Although it was initially rejected by the assembly, it was finally adopted under Washington's pressure. Thus came into being the Republic of Cuba on May 20, 1902. In 1903, the Trade Reciprocity Treaty with the U.S., an instrument of the economic penetration promoted by the United States to maintain its trade hegemony in Cuba, was signed.

From 1902 to 1933, successive administrations, subordinate to Washington's plans, fostered the large-scale introduction of U.S. capital and the consolidation of an oligarchy allied to them. In 1933, Gerardo Machado's dictatorial régime was toppled, after facing both the negative consequences of the ongoing world economic crisis and the strong opposition of the national revolutionary movement that had come into being in the 1920s. After a period of political instability because of the struggle between progressive and conservative forces, the failure of the 1935 general strike ended the 30-year revolutionary period. Taking advantage of the lack of unity of the revolutionaries, the new dictator, Fulgencio Batista, effectively repressed the resistance of the people's sectors. At this stage, the United States changed its political hegemony methods toward Latin America through the "Good Neighbor" policy that nullified the Platt Amendment in Cuba and paved the way for the signing of a new Trade Reciprocity Treaty and the Sugar Quota Law, which limited the free entry of Cuban sugar into the U.S. market.

Once consolidated in power, Batista's military régime considered several international circumstances and consented to a democratic opening whose high point was the calling of the 1940 Constitutional Convention. The Constitution of 1940 endorsed most of the social and political demands of the revolutionary and reformist sectors, but many of them could not be implemented because the required complementary laws were not adopted. After several years of struggle from the opposition, the Cuban Revolutionary Party (Auténtico) came into power in 1944, but it did not implement with enough depth its national-reformist platform. The Auténtico administrations sank the country into non-governance, political administrative crises, corruption, and political skepticism. Then, the Party of the Cuban People (Ortodoxo) was set up, headed by Eduardo Chibás, who launched a series of public campaigns that awoke the national revolutionary awareness.

When general elections were called, Fulgencio Batista began a new coup d'état on March 10, 1952, assuming all powers and suppressing the Constitution of 1940. From then on, the traditional parties were unable to organize a

solid popular resistance movement; thus, new revolutionary organizations came into being resolved to carry on an armed struggle to overthrow Batista's dictatorship. This new stage of armed struggle began with the attack on the Moncada and Carlos Manuel de Céspedes garrisons on July 26, 1953, by a revolutionary movement led by Fidel Castro, who launched a platform of political and social demands in a document titled, "History Will Acquit Me." Also of importance was the struggle of Cuban students led by José Antonio Echeverría, who founded the Revolutionary Directory and organized a head-on fight against the dictatorship, which reached its highest point in the attack on the Presidential Palace in 1957. The failure of reformist alternatives, especially that of the Society of Friends of the Republic, demonstrated the impossibility of a peaceful solution to the national political crisis. Fidel Castro, after some initial setbacks, organized a strong guerrilla movement in the mountains, from where he descended, after defeating Batista, on January 1, 1959.

The recently constituted revolutionary government promoted important measures to guarantee political control and promote important social and economic changes. Among the first of these were the disbanding of the army and of the political parties committed to Batista's dictatorship, and among the latter, the first Agrarian Reform Law and the nationalization of banks and other U.S. companies, as well as the confiscation of the large domestic private companies. These changes, which took place in a relatively brief time period, were accelerated by the hostile policies of the United States toward the Cuban revolution. Although the initial measures of the Cuban government were not socialist, Washington manifested its overt opposition to the path taken by the Revolution by putting an end to the sugar quota, fuel supplies, and the sale of spare parts. Finally, when the revolutionary government radicalized its stands, the United States imposed an economic blockade banning all trade, including medicines and foodstuffs. This blockade not only affects bilateral trade, but also Cuba's trade with the rest of the world.

Those measures, aimed at paralyzing the Cuban economy, were accompanied by an intense subversive campaign fostered by the CIA. The CIA gave material and logistical support to counterrevolutionary groups with headquarters in the United States and also carried on actions on the island. Especially outstanding were their support operations for the counterrevolutionary bands in the Escambray Mountains and the Playa Girón (Bay of Pigs) invasion. But the revolutionary government, whose social change policies were backed by the great majority of the people, mobilized the people and held back the counterrevolutionary offensive. After the Bay of Pigs defeat, the CIA destabilization schemes, aimed at bringing about an invasion of U.S. regular troops, gave way to the October 1962 Missile Crisis. During that crisis, the principled resolve of the revolutionary leadership was confirmed. In this conflict with the United States, Cuba received the solidarity of the Soviet Union and the socialist camp that offered markets for sugar and supplied Cuba with oil, armaments, raw materials, and inputs. Deeply involved in the transformations that were taking place, and in view of United States harassment, the Cuban revolutionaries decided to come together in a single political party that took different names until, in 1965, it became the Communist Party of Cuba (PCC).

In the social field, the revolutionary government developed important programs for the benefit of the general population, such as a literacy campaign, free education and healthcare for all, the lowering of the unemployment rate, and the improvement of social security, among others.

In 1991, with the collapse of the socialist camp and the onset of the globalization process, Cuba started a series of reforms headed toward its inclusion in the world economy, but without relinquishing its socialist-oriented model.

1. Basic Sexological Premises

A. The Cultural Perspective

MARÍA D. CÓRDOVA LLORCA

To understand the sexuality of Cubans, both male and female, nowadays, it is necessary to study the development of “Cubanness” (*la cubanidad*). “Cubanness is mainly the characteristic quality of a culture, that of Cuba” (55). Both the Cuban culture and nation developed together, the former being the source and the expression of the latter. Both are the result of the *mestizaje* of Spanish culture, which was brought from its different regions by its less-favored people, and the African culture brought by thousands of slaves uprooted by force from their various tribes.

This mixture is not exclusive of Cubans, but has unique characteristics in the island. The pre-Columbian Indians, present in all Ibero-American nations, the autochthonous basis of those peoples, were wiped out in Cuba by the colonial régime. The long slavery and Spanish-rule period, the “tutelage” of the Anglo-Saxon northern neighbors, and even the Asian presence, marked the necessary differences with the other American nations of Spanish origin.

The physical location, geography, and climate of the Cuban Archipelago have also left their hallmark on our idiosyncrasy, “The hot climate of our land influences our character . . . makes our blood and mind boil, and often takes hold of our will in irrepressible hurricanes of passion. How is the Cuban soul? How is the result of the melting pot of different civilizations expressed in Cuba?” (55).

“Cuba is an ‘ajíaco.’ A miscegenation of cooking styles, a miscegenation of races, a miscegenation of cultures. A thick broth of civilization that bubbles in the Caribbean stove” (55). The daring Spaniards of the conquest and of the successive colonizing immigrations imported their adventurous temperament, their warrior impulsiveness, their intolerance in the fight against infidels, Andalusian grace, and Castilian chivalry. With them also came a sustained impermanence: “that constant restlessness, that fickle impulsiveness, that temporary nature of attitudes were the primary inspirations of our collective character, fond of impulse and the adventure of excitability and of luck, of the achievement and hope of chance” (56).

With the colony and slavery came the African blacks, brought with no will or ambition, uprooted by force from their country, and forced to work like beasts. This gave rise to their constant rage, their longing to flee, to be emancipated and to change. African culture especially influenced art, religion, and the collective emotional nature of Cubans. “The culture and soul of the blacks, always undergoing a transition crisis, penetrates Cubanness in the miscegenation of flesh and cultures, imbuing it with the juicy, sensual, frolicsome, tolerant, accommodating, talkative emotionality that is their gracefulness, their charm and their strongest resistance strength to survive in the constant boil of upsetting experiences that has been the history of this country” (56).

Cuban men and women, heirs of these roots who grew up in a perennial struggle, first to obtain and later to maintain their independence, always in defense of their mixed-blood culture, nowadays consider themselves satisfied for being Cuban, characterized by: joy and mockery, openness, sensibility, spontaneity, sociability, liveliness, mischievousness, and intelligence, as well as the bad manners on occasion, impulsiveness, a bit of superficiality, and not much self-criticism (39).

Sexuality, deeply rooted in the Cuban identity, is marked by the presence of eroticism in the image of both sexes, for its intentionality to seduce and win over the other, in his or her cult of sexuality. “Cuba is a country in which people constantly look at each other and are undressed by a glance, where skin suddenly appears and clothes become transparent” (71). Eroticism is markedly manifested in all the gestures of Cubans, in all art expressions, especially in dance and in the popular dances known the world over.

Cuban men are perceived as flirtatious, frolicsome, and cunning with women, with high regard for manliness and *machista* par excellence (39)—authoritarian and womanizer. On the other hand, women are perceived as “coquettish, dressy and sexy with men,” and self-denying and faithful mothers and wives.

B. Character of Gender Roles

MARÍA D. CÓRDOVA LLORCA

In a par-excellence male-centered culture, *machismo* and sexism characterize the history of gender roles in Cuba. During colonial times and for a long time in the pseudo republic period, women were always discriminated against: nice married women were discriminated against at home, fated to reproduction and subjected to their husbands. Those considered not-nice, on the streets, were rejected as “easy” or prostitutes, but were tolerated if they kept a low profile.

“Female sexuality always occupied an important place in the system of values, as norms of virtuous behavior, mainly during the 19th century. This was very evident in the periodicals of those times” (71). The ideal woman was a dedicated mother, giving birth to all the children she conceived, modest, a faithful wife, passive, and only responsive to male sexuality.

Men were seldom mentioned in the press, and if so, it was only to reassert their masculinity. They could make use of their sexuality as they pleased. Infidelity was accepted as inherent to the male role. Their wives guaranteed their descendants, since they were only the mothers of their children. Generally, sexual fantasies and enjoyment were only fulfilled outside the home with lovers and prostitutes.

On the other hand, marriage was the cornerstone of Cuban society. Frequently, it became a business to preserve or rescue family economy. Nevertheless, if discreet, concubinage and cohabitation were allowed. Cohabitation was very frequent with actual and freed slaves and among the peasants.

Sex-related crimes like abduction, rape, pederasty, and prostitution were dealt with in a sexist manner. Women were always considered guilty, and were even criticized for accusing men.

Homosexuality was also discriminated against. Although socially rejected, it was not considered a crime in the Civil Code adopted in the 1950s. Full divorce was legalized in 1934, much earlier than in other Latin American countries.

The hallmark of the 1959 victorious revolution also left its imprint on gender roles. Equality of rights is recognized in the Constitution of the Republic, which, in Chapter 1, Article 9, states: “. . . all able-bodied men or women will have the opportunity to obtain employment, enabling them to contribute to the ends of society and to meet their own needs” (24).

The 1961 literacy campaign, the free access to compulsory and lay education, the sustained programs of prevention and healthcare for all, especially women, children, and youngsters, as well as the massive incorporation of women in the social and labor fields, and their resolute and demanding participation have had a gradual influence in all spheres of life: in their family, with their husband or partner, and even in the way of living their sexuality.

In Chapter IV on the family, it is recognized that: "Marriage . . . is based on the absolute equality of rights and duties of the spouses, who should undertake home-keeping and the comprehensive education of their children by common effort, in a manner compatible with the social activities of both" (24).

C. General Concepts of Sexuality and Love

C. ALICIA GONZÁLEZ HERNÁNDEZ and
C. BEATRIZ CASTELLANOS SIMONS

In Cuban everyday life, sexuality is associated with the couple's erotic and love relationship, which is true, but limits or stereotypes the concept to one of its spheres, leaving out all its wealth, diversity, and complexity.

Sexual life is, in essence, a dialogue, an interaction, between persons of the same sex and of the other sex, including all kinds of relationships with the desired and/or loved person.

Sexuality is a personality dimension, built and expressed from the moment of birth and during the whole lifetime, through a set of representations, concepts, thoughts, emotions, needs, feelings, attitudes, and behaviors that make up a psychologically and physically male or female sexed being, which goes beyond the couple's relationship and is evident in all that a person is and does in his or her personal, family, and social life.

Therefore, the study and description of couple relationships will allow us to probe the feelings, and the physical and spiritual experiences that are the *raison d'être* of one the most important gifts of life: pleasure and love. But limiting sexuality only to that aspect will not cover the wide range of communication that takes place in the interactions that may occur during the lifetime of a human being.

Sexuality is developed and expressed as a manifestation of personality in several dimensions and qualities to be discussed as follows:

- Individual: Sexuality develops in the inner self that always defines itself as a human being possessing sex. It is perceived from within, and is projected without, in masculinity or femininity. This unique and unrepeatable personalized character of sexuality, as an expression of identity, makes it possible to explain the diversity of ways of living and feeling it, its flexibility and malleability, the fact that its paths are not predetermined, and that each human being can approach them in a unique manner leaving his or her imprint on them. At the same time, the individual is projected in a unique manner in the remaining dimension of his or her partner, the family, and society—thus the undeniable social content of sexuality.
- The couple represents the transcendence of sexuality to an essentially social-interaction dimension where the meeting with the other self takes place. Emotional and erotic bonds are established in physical and spiritual communication, when giving and receiving pleasure, satisfaction, love, and happiness. The human couple, as we understand it, is a dialectical dyad that differentiates itself from other persons, but each member of the couple keeps, at the same time, his or her identity, without relinquishing her or his self. When, on the contrary, there is symbiotic union, where one member of the couple absorbs the identity of the other, the couple ceases to be a space for growth, the full expression of sexuality, and self-realization of personality.
- The family is the first socialization agent of personality and sexuality. It is the most stable reference group throughout life in the formation of values, convictions, behavior patterns, conceptions, and sexual attitudes. Family bonds boost human communication and emo-

tional ties. Within the family, life is reproduced, when the couple or the individual freely decide to have a descendant. It is within this group that girls and boys, since early ages, learn the male and female behavior models, from which they build their identity and gender role, essential processes for the development of sexuality

- Society is the widest context in which the individual interacts and communicates with persons of both sexes throughout his or her life in a great diversity of activities: in games, studies, work, and participation in community life from the intellectual, political, artistic, scientific, or recreational points of view. From this dimension come culturally predominant gender models and patterns, from which the individual's sexuality is learned and evaluated. Therefore, that dimension is inherent to our total being, a human being that undoubtedly transcends biology. It isn't a mechanical exact replica of the world of social relationships. Its essence is completed and fulfilled in spirituality, in the subjective that exists as concrete reality in a unique and creative personality, capable of transforming the physical and cultural environment and itself in daily praxis.

In Cuba, from January 1959 on, objective and subjective changes of great significance have taken place in the way of life of both sexes, especially in the exercise of all the facets of women's performance, bringing about the progressive development of an ever-comprehensive male and female sexuality, on the basis of the principles of fairness and collaboration.

Although it is unquestionable that large strides have been taken towards a more responsible, pleasant, and happy sexuality, myths, taboos, and prejudices that prevent living this important sphere in all its fullness still persist. Therefore, since the 1960s, a National Sex Education Program, which will be explained further on, is being implemented with the aim of overcoming all the obstacles that still prevent many human beings from being sexually fulfilled, responsible, and authentic.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

MARÍA D. CÓRDOVA LLORCA

The triumphant Revolution in 1959 brought about an increase in social justice and equality patterns, among them in religious freedom. As Aurelio Alonso, a renowned Cuban researcher, states: "Up to 1959, discrimination was not a State policy, but of the religions themselves. Catholicism was the hegemonic religion, which assured its supremacy through a close relationship with the dominant classes" (69).

From that date on, the different religious beliefs that characterize Cuban syncretism, acquired equal footing in the discourse of the State. This syncretism is nurtured by the African religions brought by the slaves during the colonial period, and by the Catholicism of the Spaniards: "Catholic aspects are present in African religions and African religious aspects are present in Catholicism" (69). However, the equality in the political discourse and in the exercise of law, was not automatically assimilated in the people's minds. Therefore, various forms of discrimination took place, at certain moments, on the part of some institutions. "Having religious beliefs became a deficit, an 'ideological weakness'" (69).

At the beginning of the 1990s, religious freedom increased qualitatively after the IV Congress of the Communist Party and the 1992 constitutional reform. "The fact that believers of all religions could join the Communist Party implied a tacit change in the way of evaluating religious faith among us, that is to say, a rectification" (69). Also, dur-

ing those years a significant increase in the membership of the Christian religions took place, for example in the Evangelical and Baptist churches, among others.

[*Comment 2003*: In connection with sexuality, there are certain differences within the religious mosaic of today. This is, for example, the case of Santería, as the “Regla de Ocha” is known in Cuba.

[Santería, arising from the Yoruban culture, is practiced, with different degrees of commitment to their religious beliefs, by men and women of different races, ages, educational levels, professions, and sexual orientation.

[The Yoruban religion consists of a group of deities possessing their own mythology, whose symbolic content becomes essential elements to be imitated by the initiated. Thus, a son or daughter of Shango, a deity considered “hot,” because his sphere of action has to do with fire and war or burning virility, will try to make those characteristics part of his or her personality traits, in order to establish a singular relationship with Shango’s nature.

[Shango, besides representing masculinity, is also considered the owner of the batá drums. The ritual dance performed for this deity is full of sensuality and eroticism, highlighting, with non-ambiguous and extremely expressive movements, the part of the body where virility and masculinity resides.

[Oshun is another deity in whose rituals, parties, and dances there is an element of sensuality, which excites the senses and provokes sexuality. She is considered the owner of the rivers and the goddess of love. Her daughters could be the archetype or, maybe, the stereotype of Cuban women disseminated throughout the world: sexy, provocative, loving, passionate, and sex symbol. (*End of comment by Sonia Jiménez Berrios*)

[*Comment 2003*: On the other hand, the Christian churches have historically considered sexuality taboo, and therefore, that topic is not mentioned. However, in the current world, and particularly in our country, in some Christian denominations, there has been an opening in their dealing with sexuality because of its importance in the education of children and youngsters and in the adoption of healthier sexual behaviors.

[For Christians, sexuality is part of God’s creation. Men and women were created as sexual, sexed beings. However, sexuality can only be fully expressed in the context of marriage. Among the purposes of sexuality in marriage, according to Christian denominations, are: satisfaction of the need for company and companionship, togetherness and stability of the couple, and mutual pleasure and enjoyment, as well as reproduction.

[All sexual practices outside of marriage, like premarital sex, adultery or conjugal infidelity, and homosexuality, are not approved by Christianity. According to Christian precepts, the persons who engage in those sexual practices run physical, psychological, and moral risks, although, at present, some denominations have assumed more flexible stands on this matter. Another non-approved practice is induced abortion. For some Christians, it is a way of putting an end to the life of a human being. (*End of comment by Daimelis Monzón*)

3. Knowledge and Education about Sexuality

MARIELA CASTRO ESPÍN

Cuba has traveled a long way in research on sexuality, sex education, and counseling. The outstanding studies and medical care provided by the medical doctors, Celestino Alvarez Lajonchere, R. Bustamante, and Ángel Custodio Arce, among others, date back to the beginning of the 20th century.

From 1959 on, sex education has been a priority of the Cuban social model. Since 1962, the Federation of Cuban Women (FMC) and the Ministry of Public Health launched campaigns and national programs addressing the problems of women’s sexual and reproductive health. Later on, a working group was set up, headed by the FMC. Early in 1970, the Ministry of Education and the Young Communist Union joined the working group. This group defined the main priorities of the National Sex Education Program to be implemented through public policies, mainly centered on childhood, the young, and on equality of woman’s rights (34).

In 1976, as a result of the institutionalization process in which the Constitution was revised, the Standing Commission for Children, Youth, and Women was established in the National Assembly of the People’s Power of the Republic of Cuba (Parliament). The National Working Group on Sex Education (GENTES), officially implemented in 1977, became part of the parliamentary commission.

In that context, the Provincial and Municipal Commissions on Sex Education were established to implement the National Program in their territories, and the same entities of GENTES were represented.

The actions of the National Sex Education Program had greater coverage and became more complex. Thus, in 1989, GENTES became the current National Center of Sexual Education (Centro Nacional de Educación Sexual, CENESEX), whose mission is to manage sex education policies in Cuba and coordinate the participation of governmental entities and civil society organizations in charge of education, counseling, therapy, social communication, and community work in the field of sexuality.

Since the early 1960s, this program, has maintained an interdisciplinary and intersectoral approach. It is aimed at the Cuban population as a whole, regardless of age, sex, sexual orientation, cultural level, and physical, sensory, and intellectual capacities. Among their objectives, the following stand out:

- Development of sex education as part of the individual’s comprehensive education.
- Promotion of sexual health as a fundamental part of the quality of life in the different age groups and population segments.
- Systematic reflections at the social and community levels that modify stereotypes and prejudices and promote attitudes and behaviors favoring the development of a healthy, full, and responsible sexuality.

These are the objectives that, at present, guide educational, research, healthcare, community work, and social communication actions in the fields of education, counseling, and sexual therapy, which are carried out by different government entities, especially the Ministries of Health (MINSAP), Education (MINED), and Culture (MINCULT), as well as by civil society organizations, such as the Federation of Cuban Women and the Young Communist Union.

A. Government Policies and Programs

GLORIA MARÍA ANTONIA TORRES CUERTO

Since the 1970s, the Ministry of Education (MINED) has been carrying out a Sex Education Program in all schools, as a prioritized objective of the Cuban educational policy. The program is based on basic educational principles, centered on the formation of values and the need for a comprehensive development of the student’s personality, as part as their training for life.

“The above-mentioned Program had to overcome important resistance to its implementation on the part of the

educational institution, although the teaching personnel receiving professional training were more open to reflection on these topics. At that time, work was essentially centered in the improvement of school texts with some reproductive health and gender equity topics" (13).

Sex education at schools is free and provided by the State. It is carried out on the same basis as the National Sex Education Program. It is included in the curriculum and supplemented with extracurricular activities and family education. It is based on the cross-section content system on sexuality included in the system of school subjects.

The program is developed through classes, extracurricular activities, and activities with the students' mothers and fathers. These activities are conceived and carried out following an alternative sex education approach, based on the determination of basic educational needs (SANEBAS), through participatory activities and the implementation of action research findings.

This program of the Cuban National Educational System is established at all educational centers of the country, in pre-school, elementary, special, junior high school, high school, technical professional, adult education, and the teacher-training universities. In the latter, sex education is included in undergraduate and graduate subjects in order to train future teachers. On-the-job training is also available to teachers.

As a result of the program, school dropouts due to pregnancy and marriage have decreased—from 1,038 in the 1997-1998 academic years to 240 in 2000-2001. On the other hand, there has been a decrease of early sexual relations from 31% to 10% in the adolescent population. At the same time, the use of birth-control methods has also increased, especially the use of condoms. Now, two thirds of the sexually active adolescents are using condoms.

On the other hand, at medical universities, sexuality and sex education topics are included in the curriculum, elective courses, and regular undergraduate courses. They are also dealt with in graduate, diploma, and master's degree courses in the continuing education of health professionals.

At the University of Havana, the Art University, and the University of Informatics, sexuality content is included in university extension activities and are widely accepted by students.

B. Sexuality Education in the Community

ADA C. ALFONSO and MARISEL REBOLLAR

Since its inception, the revolutionary government began to carry out community education work with the aim of increasing the cultural and educational level of the population, whose great majority had been denied access to education because of economic reasons. Since the very beginning, women were the ones that benefited most, their training aimed at incorporating them into social life with resources that would allow them to join the social and labor movement.

Very soon, sexuality topics were discussed in community debates (in 1962). In the 1980s, there were specialized community sex education places and activities in the country's territories. The most outstanding are: the House for Women and Family Counseling (COMF), Adolescent and Young Men and Women Counseling Centers, health education departments, the family doctor and nurse's office, and community action undertaken by schools. They provide interdisciplinary sexual and reproductive health promotion and prevention, as well as sex education in general.

During all those years, the aims of the actions by the above-mentioned institutions have changed, according to the needs of the times and the particular conditions of the local regions. During the initial years, emphasis was given to reproductive health. The essential objectives of family plan-

ning education were to avoid the risks of abortion as a control practice and to minimize the risks of unwanted pregnancies. These objectives were accompanied by a policy of providing highly specialized abortion services at all hospitals of the country, to avoid the health risks of clandestine abortions.

Later on, healthcare services became aware that men should also take part in sexual healthcare, and programs, geared to earlier ages and adolescents at schools, were added to the above-mentioned places and activities.

With the appearance of HIV/AIDS, topics on sexually transmitted infections (STI) were broadened. Programs aimed at educating the population in general for the prevention of sexually transmitted diseases began to be implemented. Early in the 1980s, the Operative Group for Controlling and Combating AIDS (GOPELS) was established to coordinate and implement intersector work against this epidemic. In 1998, the National Center of STI-HIV/AIDS Prevention, with provincial and municipal representation, was created. This center is in charge of implementing the National Program of HIV-AIDS Prevention and Control.

"The educational aspect of this Program has, as a general objective, been to promote healthy behaviors, attitudes and sexual practices that make possible a more adequate self-evaluation of the individual's risk to be infected with HIV-AIDS and influence in the prevention of new infections" (49). Although the programs were initially centered in not very encouraging messages associated with death, very soon the messages were aimed at educating the population to coexist with HIV-infected persons and those suffering from AIDS, to sensitize the population in general and especially the more vulnerable age groups, in the importance of using protection methods and of responsible and safe sexual practices.

Recent years have witnessed an evolution of sex education topics at the community level. Pleasure and gender-equity perspectives have been included in the programs, especially in the methodological approach, among which people's education is outstanding.

Another professional community workspace is the Methodology of Community Correction Processes (ProCC), a psychosocial intervention alternative for working in "supposed health normality" (*Normalidad Supuesta Salud*, NSS), that is to say, the discomforts of daily life that are suffered day by day, but are not questioned because they are considered normal, and professional care is not sought even though they take a high toll on the health and well-being of the population.

According to Mirtha Cucco García, Dra., director of the "Marie Langerá" Community Center, Madrid, this methodology has been applied by health, education, and culture professionals to sensitive problems, such as women's mental health from a daily-life approach; ignorance and the resistance to the sex education of their children on the part of fathers and mothers; how middle-aged women experience their sexuality; being a woman and the life project as a young woman; the relationship between the roles of mother and father; professional roles and decision making; and the sexuality of third-age adults.

Following the ProCC methodology, national community-intervention programs have been carried out, for example, the Growing in Adolescence Program, financed by the Cuban government and the United Nations Population Fund with the purpose of decreasing voluntary abortion in the adolescent population.

C. The Situation Today

MARÍA D. CÓRDOVA

According to data from *Informe de Balance Anual del CENESEX, 2001*, the actions taken by the National Pro-

gram on Sex Education benefit significant sectors of the population. For example, those carried out in 2001 were:

- In social communication: the National Center of Sexual Education (CENESEX), the Young Communist Union (UJC), and the Cuban Radio and Television Institute (ICRT) made 48 shows for national TV, such as “Our Sexuality” for adolescents, “The Charms of Sexuality” and “Speaking Seriously” for youngsters, and “Sexuality and Daily Life” for all ages; “The Sixth Sense,” a weekly space in *Juventud Rebelde* newspaper; in *Mujeres*, *Muchachas*, and *Somos Jóvenes* magazines; as well as publishing, since 1994, the quarterly specialized magazine, *Sexología y Sociedad*, for professionals and the general population. All these initiatives have played an important advocacy role in Cuban society.
- In community work: The Ministry of Public Health, (MINSAP), the Federation of Cuban Women (FMC), the Young Communist Union (UJC), and the National Center of Sexual Education (CENESEX) have carried out over 30 community intervention programs that address sexuality at all ages: “The Family, a Place for Human Development,” “Growing During Adolescence,” “Discovering Roads,” “Values and Sexuality,” “Comprehensive Adolescent Care,” and “Responsible Motherhood and Fatherhood,” among others. In addition, there are also 175 Houses for Women and Family Counseling of the FMC, where 78,734 health providers, 79,237 social workers, and 13,659 professional collaborators provide individual and group counseling and carry out various community-extension processes.
- The Education Program for a Responsible Sexual Behavior, undertaken by the Ministry of Education (MINED) in collaboration with CENESEX and the UNFPA, has benefited 12,000 educational institutions, and over 2 million people, among them, boys and girls, adolescents, youngsters, mothers, fathers, and teachers.

4. Autoerotic Behaviors and Patterns

MARIELA CASTRO ESPÍN

No quantitative research addressing autoerotic behavior has been reported. However, in local sex education surveys conducted by CENESEX using group methodologies and some qualitative techniques of data collecting, it has been evident that autoerotic behaviors continue to be perceived with prejudice and fear, and are more accepted and reported by males than by females. Traditional beliefs regarding their supposed negative effects were expressed, although opinions considering them a healthy behavior were also detected (63, 35, 14, 4).

In a research study conducted in the City of Havana (37) with 88 middle-aged women, 62.5% recognize masturbation with their mate as a normal practice, 20.4% consider it exclusive of men, and only 7.9% consider it immoral. In another research study conducted with 100 Havana male adolescents, only 20% experienced their first ejaculation when masturbating, which contrasts with the higher values reported in foreign studies (52).

In the educational professional context, several actions have been taken to contribute to an adequate understanding of this aspect of sexuality, for example, in the methodological guidelines for daycare-center teachers. Since the foundation of this educational institution in 1961, and later in the Childhood Institute in 1971, there were methodological guidelines for teachers for not repressing genital manipulation and/or masturbatory behaviors, as well as sexual games by the children. It is recommended to try to attract their attention to other interesting activities (45).

5. Interpersonal Heterosexual Behaviors

A. Children

MARIELA CASTRO ESPÍN

In several local surveys conducted in two provinces, it was reported that the majority of boys and girls aged 2 to 6 (9.71%) do not know how to explain their gender identity. When interviews were carried out with sexed puppets, the girls (64.27%) recognized gender identity mainly through conventional attributes, such as clothes, length of hair, eyes with makeup, and ornaments, while the boys recognized the essential genital and secondary sexual characteristics differences (50.25%). The choice of toys and games by the majority of boys and girls (over 60% in all the investigations) followed traditional sexist patterns.

It also reported (73) that adults have no knowledge of children’s sexuality, regardless of educational level, sex, or economic status. In many cases, mothers and fathers only recognize the existence of sexuality in their male children, as they can have erections at very early ages, which are related to the tendency to genitalize sexuality, still frequent in the social realm. The persistence of gender-role stereotypes among the fathers and mothers was also evident. Gender roles are learned since early childhood, in the choice of the color of clothes, expressions of affection, and toys and games, among others.

The main concerns of adults, in connection with the sexuality of their sons and daughters, are the possibility of contracting diseases, that they would turn out to be homosexuals or victims of sexual violence, and how they can provide their children with adequate sex education. Specific concerns, for example, include how to act regarding masturbation and timing of the first intercourse, among others.

A representative quantitative research study on the sexual behaviors of Cubans has not been conducted. Nevertheless, in reflection activities, parents and educators have shared their observations of children’s sexual behavior, such as: sexual games, exploration of the genitals as part of getting to know their own body, masturbation, and questions relating to daily life experiences, such as, pregnancy, childbirth, the sexual body differences of children and adults, and fertilization, just to mention the most frequent.

B. Adolescents

NATIVIDAD GUERRERO

Research on adolescent sexuality in Cuba has focused essentially on the following: age at the first sexual relationship, gender, and sexual and reproductive health, among others.

The age at which sexual relations take place for the first time changed from one decade to the next one. In the 1980s, according to surveys (20), the first sexual relations took place between age 17 and 18 years. At the end of the 1990s, the adolescents stated that their first sexual intercourse took place between age 14 and 15 years.

Even though the majority does not use condoms (less than 50% in that population segment), more persons are using them and recognizing their importance. Contradictorily, there is greater knowledge of birth-control methods, but not an increase in their use. The contraceptives known and used by young people are condoms, the pill, and IUD, among others.

Frequently, at this age, sexual intercourse is not preceded by feelings of love and trust. Nevertheless, it is performed out of curiosity, to project an image of maturity, to enjoy the pleasure of the moment, because the situation required it, and so on.

On many occasions, this behavior is unknown by adults because of poor adult-adolescent communication. The adolescents state their need to discuss sexuality with their parents; however, adults do not feel prepared for it.

Among Cuban adolescents, casual intimate sexual relations are beginning to be seen, that is to say, a formal court-

ship does not necessarily have to exist to engage in intercourse. On particular occasions, they have intercourse with partners with whom they have interpersonal relations of friendship or companionship.

Pregnancy, abortion, and menstrual regulation—used to interrupt pregnancies—as well as sexually transmitted diseases, do not reach statistically significant figures in Cuba, because of the intervention of specialized professionals, but they must be addressed by specialists to lower their occurrence, because it is fundamentally during this stage that sexually transmitted diseases are contracted for the first time, and they can be very harmful.

For the majority of adolescents, partner choice continues to be an important process in their lives, but the traits taken into consideration vary. Love and respect are aspirations of female and male adolescents, but characteristics that go against the transparency and health of couple's relations, such as interest in material things and social status, already count, and are being reported in some surveys as motives for establishing a courtship (20).

This means that sexual intercourse does not come about out of love, understanding, and trust; these concepts are changing. The influence of "more advanced" Western cultures that also globalize hedonism, prostitution, and drug addiction all over the world cannot be denied.

In recent surveys (36) with focal groups composed of female and male adolescents, the following gender differences were found:

- Since the beginning, males showed concern with STDs and the use of condoms, although they consider it necessary to use them when having vaginal intercourse with occasional partners. They consider the use of condoms unnecessary after several weeks or a few months with the same partner.
- The girls spoke of pregnancy prevention, not about STDs.
- The boys only spoke of pregnancy when their partner was pregnant.
- No boy considers protection necessary in oral or anal sex.
- There are no differences between girls and boys in the initiation of the courtship, the negotiation for the use of condoms, and the possibility of refusing caresses, although it can have a slight prevalence in males.
- Being behind in school and dropping out of school, "doing nothing" (not working or studying), are related with pregnant adolescents or early motherhood.
- Early sexual relations are associated with dysfunctional homes and parents with social problems, such as alcoholism, imprisonment, and so on.

Adolescents require constant training. In surveys conducted by the Center for Youth Studies (20), adolescents show that sexuality is one of the topics of greatest interest. Adolescence is a stage of frequent worries, doubts, curiosity, and also risks due to the psychological characteristics of adolescents. This emphasizes the need to carry out and maintain permanent action aimed at this age group.

At these ages, educational and preventive work is essential to maintain a healthy society. Thus, programs such as "Growing in Adolescence" (16), "Discovering Roads," "Values and Sexuality," "Education for a Responsible Sexual Behavior" (47), and "Comprehensive Care for Adolescents" (49) are being implemented, and new ones are being planned to decrease negative expressions of sexuality.

Cuban professionals are constantly improving the education of youth. Their effectiveness is ever-increasing. There are advances in the quality of preventive work focusing on essential problems.

C. Young Adults

NATIVIDAD GUERRERO

Sexual and interpersonal relationships of Cuban youth are a continuum regarding adolescence because, at this stage, expressions of sexuality, which initially could have been safe or non-safe and full of love or casualness are consolidated, depending on the sex education of the individual since childhood. Thus, as in the previous stage, the wide range of social behavior should be stressed.

During youth, a stage between ages 18 and 24, for some up to 30 years of age, cohabitation and marriage consolidate. There are also separations and divorces mainly as a consequence of the inconsistencies of couples in the psychological subjective domain.

The topic of living together is more frequent during this period. Family conflicts resulting from an unmarried couple's decision to cohabit have become very frequent. Sometimes there is a lack of understanding between various generations. Three generations sharing the same home characterizes the Cuban family, especially in the City of Havana. Therefore, preventive work is foreseen in this sensitive topic.

Among young men and women, expressions of interpersonal relationships having to do with sexuality, such as jealousy, separation, and divorce, associated with lack of experience or the making of wrong decisions based on a superficial, hasty, choice of partner, or on not knowing the partner well, are similar to those reported in other countries.

It is a stage during which couples decide to have their own family. Motherhood and fatherhood become important life events, for which young men and women do not always feel prepared, but there is willingness to become good fathers and mothers (21).

Sexuality plays a very important role in the lives of young men and women, as well as professional and general cultural education and employment. These areas are simultaneously developed in daily life throughout this lifecycle period.

In this stage of searching for and consolidating a love relationship, a change of love partners is frequent. Those changes are health risks if the necessary precautions are not taken.

"Single motherhood" as an expression of the desire to have children is not very frequent in this age group, but mainly in women near 30 years of age. The struggle for gender equity was misinterpreted by some girls when considering that they could perform simultaneously both roles of mother and father. It has been made very clear that it is an erroneous belief.

Most pregnancies leading to childbirth are wanted. It is, for the young fathers and young mothers and the whole family, a happy event that requires of a great deal of collective effort.

Possibly, during this stage, unlike any other, sexuality is enjoyed in a significant manner. When the necessary precautions are not taken, sexually transmitted diseases can be contracted. For example, most of the persons who live with HIV or have AIDS in Cuba were infected at this stage or during adolescence. There are also problems from the psychological point of view. Disillusion, despair, failure, and infidelity sometimes lead young men and women to very critical situations that are surpassed with professional help.

As in the case of adolescents, less than 50% of the young women and men use condoms. Generally, they know how to use birth-control methods, but knowing does not mean using. Nevertheless, a wider receptivity for birth-control methods has been found. Those who use them generally choose IUDs, pills, and condoms (21). Sex education programs like "My Life Project" for young men and women have also been implemented (6).

During this stage, sexual dysfunctions are rare. However, if sexual dysfunctions occur, they are associated with

premature ejaculation. Traditional gender-role demands play tricks on young men, generally associated with situational phenomena, stress, and so on.

D. Adults

MARÍA D. CÓRDOVA

The sexuality of the Cuban adult male and female is not divergent from global patterns. As a result of the growing freedoms of the 1960s and 1970s, and the sex education received through various means, premarital intercourse soon after meeting a partner or having been formally introduced is spontaneous, frequent, and accepted, especially in the most densely populated urban areas. There are still adults who identify sexuality with sex, essentially genital sex (17). It has also been found that occasionally adults may be knowledgeable regarding sexuality, but taboos on sexuality still endure in a couple's relations and in family sex education (35).

Machismo is still present in the culture of adults, but change is evident. While the social recognition of woman is increasing, change in the family is slower (14, 26, 66). Several local surveys have shown that men generally approach women with strong fantasies, while women are more emotionally motivated. That is why women are generally made responsible for the affective aspect of the couple's and the family relationship (34, 65).

One of the reasons for the above changes is the increasing incorporation of women into the workforce and into social activism in general. In 2001, 37.4% of the active workforce in the state civil sector were women, as well as 68.2% of medium- and high-level technicians; 31.2% held decision-making positions and 35.96% of the Parliament's seats were occupied by women in 2003; 63.1% of higher education students were women, as well as 62.7% of the graduates at that educational level. In Cuba, 64.3% of teachers, 54.6% of doctors, 72.9% of public health providers, and 51.95% of scientists and technicians are women (53).

Another of the reasons that conditions the changes in the Cuban social realm in gender issues is the work carried out by the Federation of Cuban Women, from 1961 on, to raise the cultural, political, and technical level of women and to increase their social participation. This was done mainly through magazines such as *Mujeres* and *Muchachas*, in important segments on national and regional radio and TV stations, as well as visible positions in the communities and the federation's congresses and scientific meetings where gender issues, in Cuban society, have been addressed at length.

Marriage is the most widespread way of constituting a family. That is why the marriage rate is 4.8 and the divorce rate is 3.3 (per 1,000 inhabitants). However, cohabitation has increased among the youth. In 1981, for every 100 married youths (between 15 and 19 years old), 189 cohabited (5).

The social policy of the Cuban government, as stated in the Constitution, has among its explicit aims: to strengthen the role of the family, to protect all family members, as well as, the attainment of family relationships based on love, mutual respect, reciprocal help, and shared responsibility. In 1975, the Family Code, which legally regulates family institutions—marriage, divorce, and parental-filial relationships—was adopted. In the Constitution of the Republic of Cuba and the Civil and Penal Codes, there are provisions on all aspects that protect the family as the fundamental cell of society.

Today's Cuban family tends to be small. A significant change occurred between 1953 and 1981 when the average number of family members dropped from 4.9 to 4.1 in 1981 (5). The general fertility rate for women 15 to 49 years old dropped from 57.3 in 1992 to 45.7 in 2001 (53). Nuclear families—families made up of the couple and their chil-

dren—prevail; in 1995, they accounted for 50.9% of the total families. Extended families (40.5%) are more frequent in Havana, the capital of the country.

According to a nationwide study of 1,200 families from different social strata (60), a model of unequal distribution of domestic chores was prevalent in 59.4%. The "traditional model" prevails; therefore, the woman is solely responsible for household chores (12). Nevertheless, this fact is not homogeneously present in all the families under study; it varied in terms of social class, educational level, work activity, and occupation of the woman. In this study, a marked tendency of both parents not to assign responsibilities and housework to their sons and daughters or to allow their responsible and active participation in daily family dynamics was also reported.

Further evidence of the heavy burden borne by Cuban women was found in a survey on time use conducted in five municipalities. According to that survey, the total weekly work time of women is 20% longer than that of men. Women's household work time is equal to paid work time, and women enjoy considerably less free time than men.

In a research study conducted with 1,125 families having adolescent sons and daughters, it was observed that mothers were the ones who most frequently held conversations with their sons and daughters, expressed their love more often, were more persuasive, and had greater control of their behaviors, which indicate that women continue being mainly responsible for the education of the family (5).

In the educational process of the family, gender socialization plays an important role. An analysis of gender socialization shows a persistence of sexist behavior patterns that are transmitted within the family and also, a group of change indicators. In other words, although sons and daughters continue being educated in a differentiated manner and for a traditional family model, there is also, in many families, a more symmetrical couple model being transmitted to male and female descendants. A woman's role is not limited to being a mother and a wife. She is also a worker and a community activist, and her role includes the full exercise of the sexual and reproductive rights of the couple's members, which facilitates a greater enjoyment of sexuality and empowerment to assume fertility control.

Representative research studies on the sexual behavior of Cuban adults are few. Nevertheless, the findings of some local surveys can be discussed, for example, two surveys conducted on adult women receiving medical care for menopause at a Havana hospital. In-depth interviews showed that 69.2% identified sexuality with sex; 46.1% were anorgasmic; 76.9 had a passive attitude toward sexual relations; 61.6% had played sex games, 46.17% made love to please their husband; 61.5% felt that in middle-age their sexual desires wane; and 69.3% engaged with less frequency in sexual intercourse (37, 71). In another study conducted with 200 women receiving medical care for the same reason in other hospitals, a decrease of the libido was found in 19.5%. According to the researchers, this decrease was related to gender cultural stereotypes on menopause, not to biological causes (8).

D. Older Adults

OSCAR DÍAZ NORIEGA

At the end of 2001, older adults over 60 years old accounted for 13.6% of the Cuban population. It is expected that in the 2025 this percentage will be 25%. According to the study, *SABE (Health and Well-Being of the Older Adult)*, carried out by the National Statistics Office in the City of Havana, 44% of the dwellings housed at least an older man or woman, and 8% of the total dwellings housed a person 80 years old and older (54).

In our country, several investigations on the elderly (both men and women) of all provinces have been conducted to learn the sexual behavior of persons over 60 years. It was found that, generally, those who have a steady partner are sexually active until more advanced ages than those who do not. In different studies, it was found that 50% to 75% of the interviewed persons were sexually active, engaging in intercourse with penis penetration as the main form of satisfaction of their sexual desires. The prevailing coitus frequency among the persons under study was once every 15 days; although a considerable number reported weekly relations and, as a curious fact, at least one person in every province reported daily sexual intercourse (30, 62, 65). It is interesting that when sexual dysfunction of one of the couple's members prevents intercourse, they give up all sexual activity, including caresses, kisses, and so on.

When analyzing the reasons for the lower level of sexual activity of persons who lack a steady sexual partner, gender must be considered. In our research, widows were the majority of those not having a steady sexual partner. Those women stated that, on occasion, they felt sexual desires, but because of self-censorship and/or social pressures, they try to channel those desires to other activities, like reading, manual work, or other ways, with the hope of focusing attention on nonsexual activities. As rule, relatives do not approve that widows begin new relations, and those who challenge that rejection are exposed to pressures that range from psychosocial to economic.

In a survey carried out in the City of Havana with old men, it was found that the reaction of the immediate family can range from mockery to physical violence or ceasing all economic support (28). In 2001, 6.47% of all marriages involved men over 60 years old, and 2.96% women that same age. That same year, men over 60 years were involved in 6.99% of the divorces, in comparison to 4.38% of women over 60 years of age (53).

The main reason that men with no steady partner gave for stopping sexual activity is fear of "not performing adequately," this is say, that their sexual performance would disappoint their sexual partner.

A very curious fact, in the interviews carried out during the last two years, is a growing trend to stop having sexual activity with occasional partners because of fear of sexually transmitted infections.

E. Sex Policies and Politics MARIELA CASTRO ESPÍN

Cuban policy on sexuality, as an inalienable right of all human beings, is explicit in the priorities contained in the National Program on Sex Education, in the text of several laws of the Civil, Family, and Penal Codes, as well as in an implicit manner in the chapters on Health, Education, and Culture of the Constitution of the Republic of Cuba, currently in force.

In the Constitution of the Republic of Cuba, it is set out that: "The State guarantees the full freedom and dignity of man, the enjoyment of his rights, the exercise and fulfillment of his duties, the comprehensive development of personality" (24, Chapter I Article 9). In another article, it is specified that: "Discrimination on account of race, skin color, sex, national origin, religious beliefs and any other condition detrimental to human dignity are banned and punished by law" (Chapter VI, Article 42).

The priorities of the National Program on Sex Education (15) are:

1. The right of all persons regardless of sex, race, age, sexual orientation, sensory, intellectual, and physical abilities and skills, political and religious beliefs to receive sex education as part of their comprehensive education.
2. The right of all persons, with no exception, to receive sexual healthcare within a comprehensive conception of health.
3. The respect for human dignity, from which is derived the respect for the sexual rights of all men and women.
4. The creation of material and ideological conditions to promote the development of a full, healthy, responsible, and happy sexuality.
5. Development of local management in the communities for covering the needs of vulnerable groups of the population.

Regarding this subject, particular policies are designed and implemented by several government institutions and civil society organizations for providing care to different population groups, among which the following national programs are outstanding:

- "Toward a Responsible and Happy Sexuality," a sex education program taught at schools;
- The "Mother and Child Program," which includes several special programs, such as: "Adolescent Comprehensive Health," "Responsible Motherhood and Fatherhood," and "Infantile and Juvenile Gynecology";
- "Audiovisual Project for Children, Adolescents, and Youths";
- "Prevention and Control of STIs and HIV/AIDS"; and
- "Comprehensive Care for Older Adults," to mention a few.

The Infantile and Juvenile Gynecology Program, according to Jorge Peláez Mendoza, M.D., provides, among its services, differentiated abortion and menstrual regulation care. Among its main objectives are the lowering of abortion incidence at those early ages and, if abortion is unavoidable, offering access to a safe one, through humane and skilled care, including psychological support and education, as well as to guarantee a supply of birth-control methods in the post-abortion stage, for an free informed choice.

The necessary requirements for providing differentiated care are:

- To devote at least one day to the "sole" care of adolescents.
- All personnel working in these services should be qualified and trained in infantile and juvenile gynecology and adolescent reproductive health.
- To guarantee the active participation of a psychologist before, during, and after the procedure, and to provide emotional support to the patient and her family. Whenever possible, the family doctor accompanies his or her patient the day the procedure is performed.
- To make sure, when the patient is discharged, that she receives follow-up medical care in the infantile and juvenile consultation and control with birth-control methods.

The actions that should be carried out in the provision of medical care are:

- To give information to the adolescent and her companions about the performance of the procedure, its risks, most frequent complications, and what is done if there is evidence of complications.
- To obtain the adolescent's informed consent, as well as that of her parents or tutors.
- Performance of the procedure by a gynecology specialist, a nurse, and anesthesia personnel previously trained in infantile and juvenile gynecology.
- Give the adolescent, after being discharged, an appointment for infantile and juvenile gynecology consultation for follow-up, counseling, and monitoring of birth-con-

trol use in the infantile and juvenile gynecology consultation.

This work methodology has been implemented nationwide since at least 1998. An outstanding drop of complications has been achieved with this procedure, mainly when it is repeated. The use of birth-control methods has increased in this age bracket, and there is a non-statistically significant reduction in the overall incidence of abortion in these age groups.

6. Homoerotic, Homosexual, and Bisexual Behaviors

MARIELA CASTRO ESPÍN and EDDY ABREU GUERRA

For many years, in the Cuban social realm, as in almost all Western-culture countries, there is disdain and an accusatory attitude toward homosexuality. Homosexuality is still considered by some a disease, an aberration, or an immorality, preserving some features of the traditional rejection.

The historical evolution of the modern age and the deep changes made by the Cuban Revolution in its quest for social justice for all men and women brought about a gradual favorable change of opinion on homosexuality. In the 1990s, more flexibility was observed in the understanding and acceptance of homosexuality in different social and cultural environments. However, there is still prejudice, stereotypes, and moralizing ideas that demean homosexual behavior.

As far back as the 1950s, no legal regulation penalizing homosexual behavior was stipulated in the Penal Code, although nondiscrimination for sexual preferences is not explicitly stated. There is a total absence of legislation of any kind on that topic (68).

Regarding marriage, the Family Code stipulates that it “is the concerted voluntary union of a man and a woman with legal competence, with the aim of living a common life” (43). Nevertheless, in daily practice currently, it is relatively frequent that homosexual and lesbian couples live together with steady partners.

Research on homosexuality mainly deals with the psychological and social aspects, and on the characteristics of male homosexuals. In the last two years, family dynamics studies have included homosexuals and lesbians. But there is still little research.

In those surveys that have been done, it was found that homosexuals are not exempt from family and educational conflicts. “The variable—being homosexual—within the family framework, marks the whole relationship with a sense of guilt and vulnerability, both the relation of the homosexual with his family and that of his family with him” (61).

Homosexuals, mainly in large cities like Havana, have different behaviors from the rest of the population. They go to certain public places, which have become meeting places, where they plan and carry out different activities of their daily life. They do not consider themselves either sick or morally undesirable, and do not associate their sexual orientation with pathologies, but with genetic, biological causes. There are homosexuals who consider themselves in a range from healthy to excluded.

The cultural actions undertaken, in films, plays, literature, and in other media, as well as the educational actions on the radio and TV, in the press and specialized magazines, such as *Sexología y Sociedad*, promote the debate and the sensitization of the audience receiving those messages, which contributes to the understanding and respect for homosexuals and lesbians from the scientific and artistic discourse.

On the other hand, the National Center of Sexual Education promotes respect for diversity through the implementation of the sex education policy contained in its current National Program. This shows that, currently, there are condi-

tions for deeper educational work in the promotion of respect for the different sexual orientations.

7. Gender Diversity and Transgender Issues

MAYRA RODRÍGUEZ LAUZERIQUE and OFELIA BRAVO FERNÁNDEZ

In Cuba, one frequently hears certain expressions—with a strong negative moral judgment—denoting the false belief among the people, and even in professional contexts, that transsexuals and transvestites are homosexuals.

Since the 1970s, a team of specialists has been working to provide medical care for patients with this identity disorder. In June 1984, a document was drafted by the National Commission on Sexual Counseling and Therapy, as part of the working strategies of the Ministry of Public Health and of the National Sex Education Center, with the aim of establishing standard approaches among our professionals and to establish the legal bases for the treatment of this identity disorder. As of that date and until the year 2002, 59 persons—predominantly white (only one black patient)—have received medical care. Of these, 57 requested a sex change from male to female and only two from female to male.

A case study performed by specialists from the National Center of Sexual Education (63) shows some characteristics of 13 transsexual Cubans that received care in 1994. The cases studied reflect the same trend as the total of cases that received care, as 13 wanted a male-to-female transformation and only two a female-to-male. Lack of conformity with their own sex was found in the subjects studied, as a trend, starting at age 3. For most, early schooling elapsed without difficulties; however, during adolescence, they experienced the first lack of understanding and rejection by their peer group. Most have a high IQ and only three were average. Adolescence was recognized by them as a difficult period, mainly because of body-image conflicts, and especially because of the rejection of their own genitals. Their sexual desires, as perceived by them, seemed to be weak or mediated by values that led them to live alone. Those who had partners insisted that they needed company and understanding. Their personal relations were friendly and, in general, they were positively valued by the community in which they lived and, in some cases, where they worked.

8. Significant Unconventional Sexual Behaviors

MARIELA CASTRO ESPÍN, MARÍA D. CÓRDOVA LLORCA, and LAUREN BARDISA ESCURRA

A. Coercive Sexual Behaviors *Child Sexual Abuse*

The relations that adults establish with boys and girls are socially, historically, and economically conditioned. Children need to be in contact with others for the survival of the species, for personality development, and to grow healthy in order to become self-reliant. Adults, playing different roles, lead the socialization and learning processes of boys and girls in various contexts. The Cuban social model has an essential objective: the full development of the human being; and, therefore, it has created conditions that allow our boys, girls, adolescents, and youths to be protected in various ways.

The Penal Code identifies several crimes that are characterized by sexual acts with children. In its Title 11, “Crimes against the normal development of the sexual relations and against the family, childhood and youth” expresses the fundamental elements of unlawful acts, such as rape (Art. 298), pederasty with violence (Art. 299), sexual abuse (Art. 300), and corruption of minors (Art. 310).

Various studies have been carried out on child sexual victimization. For example, between 1990 and 1991, 209 cases of children victims of sexual abuse, in criminal proceedings at the Provincial Tribunal of the City of Havana, whose perpetrators were not acquitted, were studied (57). Among these minors, 77.9%, or 163, were female compared with 46 males, 25.4%. Of the total sample, 156 (74.6%) were under 12, while 53 (25.4%) were between 12 and 15 years of age, and the youngest victim was 1 year old.

The offenses categorized by the Court, according to the effective Penal Code, were:

- Sexual abuse: 149 (71.3%)
- Rape and attempted rape: 40 (19.1%)
- Pederasty and attempted pederasty: 10 (4.8%)
- Corruption of Minors: 10 (4.8%)

Sexual crimes usually occur in places relevant to the lives and activities of the victims and during their normal activity schedules. Whether or not there is a previous relationship between the victim and the offender may determine certain peculiarities in the crime. According to statistics, when the crime was committed by a stranger, the perpetrator was under 35 years of age, the sexual abuse was characterized by rough treatment and the presence of blood, victims were usually over 10 years of age, and the crime was committed in places where the minors did not generally carry out their activities. When the offender was someone known by the minor, the characteristics of the abuse were significantly different.

In the above-mentioned study, slightly over half of the victims suffered from psychopathological disorders previous to the abuse and with no significant statistical relationship with family dysfunction or the characteristics of the perpetrator. A fourth of the victims was behind in school according to their age or had poor academic achievement before being victims of such abuse.

When physically examined, no signs were found of the traumatic marks characteristic of the classic child abuse syndrome when minors are victims of sexual crimes.

Sexual information in these victims is usually scant; it is infrequent for the sexual crime to represent a revictimization or for the victimized minor to have his or her own criminal record.

There is a significant relationship between some characteristics of the victim's family environment and the peculiarities of the crime:

- In most cases, the background of the family is dysfunctional and is characterized by habitual beatings or punishments as forms of correction, while promiscuity was not found to be predominant. The most common family attitude regarding sexual topics with the minor is far from being educational.
- As a trend, the victimization takes place in the victim's home, particularly, when the perpetrator is the stepfather. Victimization is also significantly associated to behavioral ex-post-facto changes that do not classify in the sequelae legal category, even when they represent forms of posttraumatic stress.
- There was an almost absolute prevalence of male perpetrators, significantly above 35 years of age when compared with those who victimize adult women, but with the average age near 35. Most of the abuse was accomplished single-handedly against isolated victims.
- Adults who sexually abuse girls and boys have an average high school educational level, most of them do not typically have criminal records, and much less do they relapse in such an activity.

- The prevalence of sexual victimization of girls by men, in the family or subcultural environments or both, may be linked to a gender-based male-centered education characteristic of our environment, linking the problem under study to social actions geared to correcting such deformations and their consequences.

Family Violence and Violence Against Women

In Cuba, despite a social project granting women equal opportunities for the exercise of power and social participation, there are myths circulating in the realm of communities, as well as traditional models of gender socialization, from which violent behaviors emerge.

The following figures (2) allow us to make progress in the in-depth study and approach of the subject matter.

- There are reports showing a total of 2,690 cases of violence and, of these, 332 cases of minors who are victims of violence. Data segregated by sex were not found in all cases, but in at least 1,639 cases of abused subjects, 63% of the total were female victims, including 217 girls.
- In studies that do not deal directly with the problem of violence, 45% of the interviewees knew persons who exercised violence on their own children, punishing them strongly or hitting them.
- Between 1990 and 1995, of all the women in the files of the Institute of Legal Medicine as a result of homicides in the City of Havana, 45% died at the hands of their spouses and 52% of those homicides took place inside the victim's home. This shows the relationship between homicide and marital violence.
- The studies indicate that 46.9% of the female victims were murdered by their spouses and that only 16.2% of the men were murdered by their wives.
- All the women who committed murder and homicide against their partners did so in response to violence against them.
- The scenario where violence is mostly exercised against women is in their home.
- A study on serious crimes committed in the City of Havana reports that, of a total of 468 cases, 28.8% of the victims were women.

In research conducted in two of the provinces with the highest rate of female victimization, case studies were made. In every case, there was a background of violence in the women's families of origin and in that of their spouses, as well as a tendency to cohabitation, common-law marriages, and teenage motherhood. All the women showed a low self-esteem and felt incapable of breaking on their own the cycle of violence in which they were immersed (59). In another province, there are reports of marital violence, more physical and more sexual on the part of the man, psychological on the part of the woman (70).

In a sexual abuse study of 150 women victims and only two men, also in 1990-1991 in City of the Havana, 70% were rapes of women between 16 and 25 years of age. They were assaulted by strangers in 60% of the cases. In 87.33% of the cases, there was shedding of blood. The perpetrators were also in the same age group; they were single and, although they did not have criminal records, there were negative opinions about their social behavior in 70% of the cases (44).

The family, and in particular women, given their educational functions with their children and daughters, play a fundamental role in the socialization of violence and non-violence. Hence, women become the target population in any strategy geared at the prevention of violence in any of its manifestations, and especially, of violence against themselves.

The political will of the State to guarantee the protection of the family and of each citizen is expressed in various legislation: Constitution of the Republic, Family Code, Labor Code, Civil Code, and Penal Code. Nevertheless, the existence of family violence is not yet recognized, which could be related to the fact that it is not considered a social phenomenon.

Prevention and treatment of family violence in Cuba are carried out through comprehensive actions. In 1997, the Work Group for the Prevention and Treatment of Family Violence (10) was created, which is coordinated by the Federation of Cuban Women and made up permanently by the Ministry of Education, the Ministry of Public Health, the Ministry of the Interior, the Institute of Legal Medicine, the Attorney General of the Republic, the National Sex Education Center, the Center for Psychological and Sociological Research, the University of Havana, the Cuban Institute of Radio and Television, and the People's Higher Court. Their objective is to design and to implement a joint action plan to contribute to the prevention and treatment of this problem and to make proposals to other social organizations and entities when appropriate.

The composition of the group facilitates the implementation of objectives and tasks through the structures and functions of each member agency and organization, as well as through the people that represent them in the community: teachers, doctors, policemen, judges, and prosecutors, among others.

B. Prostitution

MARIELA CASTRO ESPÍN and
MARÍA D. CÓRDOVA LLORCA

In Cuba, the origins of prostitution date back to the Spanish conquest and colonization process, carried out essentially "by single men who brought harlots, fundamentally from the Canary Islands, in their ships." On the island, first aboriginal women and later black women were forced to practice prostitution. This activity was so prosperous in colonial and republican times that by the mid-1950s, Cuba was known as "The Brothel of the Caribbean." Back then, prostitution was allowed but discriminated against. Public scandal was punished, and it was said: "You can exercise prostitution, but behind closed doors. And with that they did not want to protect the prostitute; but the client" (29).

In 1959, there were around 100,000 prostitutes in Cuba in a population of six million inhabitants. The strategy to eradicate this phenomenon emerged from the certainty that the fundamental causes were associated with the conditions of exploitation and poverty to which a great number of women were subjected, contingent on the existing economic and social situation of neocolonial dependence (40).

Since its inception, the Cuban Revolutionary Government has developed social programs geared at dignifying the human condition of men, and especially of women, which allowed the elimination of the material and social supports of prostitution. Among the actions taken were the closing of all brothels and the penalizing of pimping, pimps being considered as exploiters, all of which allowed them to significantly minimize the different expressions of prostitution in Cuba for more than 20 years.

However, during the economic crisis of the 1990s, this phenomenon reemerged in the Cuban social reality. Many researchers consider the economic problems that have generated new forms of social inequality, and the subsequent damage in the ideological and moral spheres, as elements that could be conditioning the persistence of these sexual practices. Researcher Aurelio Alonso of the Center for Psychological and Sociological Research of the Ministry of Science, Technology, and the Environment, states: "Prostitution is mentioned as one of social costs of the changes, but

more serious than that is the problem of the progressive inequality of the standard of living, moreover, also a fundamental cause of the increase of prostitution. It is borne out of inequality, not out of abstract shortages, not out of abstract poverty, or abstract neglect. It is true; we have lived through this collapse without having neglect. But perhaps protection is not yet enough" (69).

A survey (22) conducted on this topic has mainly involved young females aged from 20 to 24 years, of any race, mainly single, and with no children. Their experience regarding sexuality is characterized by instability and preference for foreigners, since foreigners have more possibilities of satisfying their economic needs. They rarely acknowledge themselves as prostitutes, but as *luchadoras* or *jineteras*, and they are socially known by these terms that for them mean to go out to have a good time, to get to know good places, and to widen their circles of relations.

The bonds established with the prostituting client in many cases end up being affectionate and with a communication that goes beyond the foreigner's brief stay in the country. They are not often carriers of sexually transmitted diseases, although as of late, a slight increase is observed among the groups that are devoted to the exercise of prostitution, mostly in men that have sex with men. These women have a schooling level of 9 to 12 years.

"The reason for the re-emergence of prostitution—according to the girls' own statements—is because they have found in it a quick way to meet their economic needs and those of their family. They also state that the amount of money that is obtained from this type of sexual practice is higher than the wages earned by working" (23). Current prostitution in Cuba is distinctive, because people are responsible for their situation in the sense that "they do not do it so much to cover their basic needs, but to maintain an above-the-average consumer status" (32). This choice of lifestyle is determined, as noted previously, by the social, economic, educational, and family conditions.

Behind prostitution hide some old myths that in some way the *jineteras* themselves assume in order to justify their behavior, uplift their injured self-esteem, and alleviate their guilt. Among them are those related with the "easy life," or that it is the oldest profession. In our country, when accepting the epithet of *jinetera* or *luchadora* and not of prostitute, when saying "my body is not me," these persons alienate themselves from their own actions, trying to protect themselves from self-criticism (32). Male prostitution is hushed.

Anyway, the persons who put their body on sale, alienated or not, suffer, feel guilt, and become marginal. "In the most common practice of sex-for-sale in Cuba, the truth is that most of the times the prostitute (male or female) is a victim of him/herself, but always a victim, and contempt toward the human being has never been an option for the Cuban society." At present, different social strategies are coordinated and should continue to be improved regarding this situation.

C. Pornography and Erotica

MARIELA CASTRO ESPÍN

Currently, the excess of (non-educational) information on sexuality is a problem for many countries: For example, pornography with exclusively commercial purposes distorts the true essence of human sexual behavior.

Up to our days, in Cuba this is not a great social concern, because there is a ban on the sale or entry into the country of literature and videos classified as pornographic, with the purpose of protecting the new generations from its harmful influences.

This is possible because a legal basis exists in Article 86 of the Code on Childhood and Youth for their protection,

which reads: "The mass media should contribute to the comprehensive training of children and youths. The Cuban Institute of Radio and Television, the Ministry of Culture and related organizations in charge of publishing written material guarantee the constant development of these resources and their highest quality" (40).

Literature available to our youth, in addition to the national radio and television programs, count on the advisory opinion of specialists, fundamentally psychologists and sociologists, who analyze the psychological particularities of the target audience of these spaces, in accordance with the ethical values promoted by our society.

Institutional policies prioritize educational messages both in literature and in the social media. In Cuban radio and TV, there are various permanent spaces on sexuality to offer popular scientific information for different age groups.

The participation of prestigious specialists on these topics in national programs with high ratings is frequent. At the moment, there is an audiovisual program sponsored by youth and student organizations, where the topics of sexuality have a strong and important presence in spaces for adolescents, with segments called "Our Sexuality," "The Charms of Sexuality" for the young, and for adults, "Sexuality and Our Daily life," among others.

In the Cuban Penal Code, Article No. 310, Corruption of Minors, penalizes the distribution and ownership of any form of pornography, which functions as a restraint for the negligible attempts at the production and introduction of these products in our country.

In recent years, the Cuban State has been able to verify that all these actions are not enough to protect some boys and girls, mainly adolescents who have been the victims of foreign pornography dealers, who have used them to make videos and take pictures that are later sold in the US and in some European countries. This has put the Cuban authorities on the alert in order to establish more effective mechanisms of control and protection in favor of our children.

Cuban Eroticism MARIELA CASTRO ESPÍN

Eroticism and sensuality are broadly visible in the daily life of Cuban men and women, as well as in all the different cultural expressions, such as theater, cinema, literature, painting and sculpture, music and contemporary folklore, popular dance, and in the world-renowned Cuban School of Ballet.

The blending of the Spanish and the African cultures in the so-called cultural syncretism that characterizes Cuban-ness has a singular eroticism load that is seen in the expressiveness, the gestures, way of walking, the language, and the passion of which Cuban men and women are proud.

Carolina de la Torre, a distinguished researcher of Cuban identity, stated: "I have found that, contrary to other Latin American peoples, Cubans have a high self-esteem when compared to North Americans, and that the identity of the Cuban is strong and clearly delineated, based in very solid representations and affections, and accompanied by pride and commitment with the nation. . . . Therefore, we are humane, cheerful, extroverted" (25), and Cubans assume to be *machistas* and, occasionally, bad-mannered.

9. Contraception, Abortion, and Population Planning

MIGUEL SOSA MARÍN

In Cuba, after 1959, as part of the deep social transformations carried out, the Ministry of Public Health implemented its first work programs; a series of measures and actions were developed that would set down the basis for the achievements that may be shown today regarding health. Family

planning, from that time on, has been linked, mainly, with women's and children's health, and in accordance with the right of the free reproduction of the couple.

Among the most important health programs that are being implemented is the Mother and Child Program, in which care is provided during different stages of the reproductive process: prenatal, birth, and postnatal and puerperium, as well as in the follow-up and control of the healthy child. Directly linked to this program are the actions for family planning, which could be the supply of information, counseling, education, and services that have been rendered for more than 20 years, and which have improved the quality of life of the mother and child and the well-being of the family.

Although there has not been in Cuba a policy to increase or to decrease the population, there are a number of basic principles that are the right of the family, the couple, and specifically of women, to decide the number of children and birth spacing; the right to freely decide is respected, and the exercise of women's equality and actions to reduce mother and child risk are being undertaken.

Regarding the above, the Family Planning Program has been implemented since the 1980s, with the following objectives: to achieve responsible actions based on the sense of responsibility of the couple to have children, so that they may have the children they want at the favorable moment for the child, the mother, and the family, in such way that they have the appropriate conditions for their comprehensive development.

In the framework of this program, couples are offered counseling, education, and services, including couples with infertility problems. The program is based in the community and supported by the subsystem of family medicine. It is in the family physician's office (17, 217) where most of the actions are carried out to improve reproductive health and family planning. There are 444 family planning services at the community level in the entire country.

At the primary health level, in polyclinics, specialized appointments for family planning (204) are offered, with effective and modern methods for this process, geared fundamentally at caring for the cases of high reproductive risk, which cannot be solved with more traditional methods or at the family doctor's office. The specialized contraception and infertility care provided in these offices could only be offered before at a secondary care level, therefore, it has been an improvement with wider access for the users. The team of physicians who provide this medical care is made up essentially of specialists in gynecobstetrics, family medicine, psychology, and internal medicine, as well as obstetric nurses and social workers. If necessary, specialized consultations take place. Contraceptive coverage through modern devices is 72.1%. Adding 1.2% who adopt recommended traditional methods gives a total coverage of 73.3%.

In Cuba, there has been such a decrease in fertility that the country now has similar levels to those of developed countries. According to data of the Ministry of Public Health and the National Office of Statistics, the general fertility (per 1,000 women of fertile age, 15-49 years) was around 57.3 in 1992 and 45.7 in 2001. Birthrates were around 12.7 to 12.4 (per 1,000 inhabitants) between 1996 and 2001 (53). This shows that Cuba, among the developing countries, is the country that has been able to lower the Global Fertility Rate most with a moderate effort in family planning. The fertility rate according to the mother's age in 2001 is shown in Table 1.

In the 1970s, a series of local surveys on knowledge and use of birth-control methods was conducted for the first time. In 1987, a National Fertility Survey reported a high prevalence of knowledge and use of contraceptives among

the women interviewees: 84% had used them sometimes and 68% were using them at the time of the survey; 97% knew birth-control methods and classified them according to effectiveness, with first place to IUDs, oral contraceptives, and surgical sterilization.

An analysis of fertility determinants showed that the use of birth-control methods has been the most important factor in lowering the fertility rate.

Birth control usage, as well as the practice of abortion, are widespread throughout the country. Since 1965, abortions in Cuba are performed in medical institutions. Essentially, it is a reproductive right enjoyed by Cuban women and is also performed on medical grounds. An abortion is limited to the first ten weeks of gestation; at a later stage, it is only performed under extreme medical conditions. All abortions are performed by specialized personnel and under appropriate conditions in the gynecology and obstetric hospitals and other health installations. Adolescents are provided with special attention, being one of the fundamental elements of their sexual and reproductive healthcare. Since 1987, the Penal Code penalizes illegal abortions, those performed without the consent of the woman, those not performed in health institutions, and those performed by unskilled persons.

Research has shown that a considerable percentage of abortions result from the negligence of the couple and the non-use of birth-control methods. Thus, it is important to have those effective methods at hand and to use them appropriately.

10. Sexually Transmitted Diseases and HIV/AIDS (SIDA)

ROSAIDA OCHOA and LEONARDO CHACÓN

In our country, programs for the prevention and control of STDs and HIV/AIDS are being implemented. These programs have national coverage and are focused on three health levels. Although the spread of these diseases is not excessively alarming, actions are being multiplied to combat them. Prevention strategies are ever more specific, and

emphasis is given to the most vulnerable populations. The main mode of transmission of HIV is sexual relations.

A. Status of the HIV/AIDS Epidemic

The national HIV/AIDS epidemic spreads slowly but continuously. Up to December 2001, 3,874 people have been diagnosed with AIDS, of which 3,024 (78%) are men and 850 (22%) women (see Table 2). Of the total of those diagnosed with HIV, 1,526 developed AIDS and 955 died. The national estimate is 0.05%. The provinces with highest incidence are the City of Havana, Villa Clara, Sancti Spiritus, and Pinar del Río.

The youths between 15 and 35 years of age are the most affected age group. Men having sex with other men (MSM) have significantly the highest infection rate, accounting for 61.7% of the persons living with HIV and 79% of the men's total (see Table 3).

In 1996, antiretroviral treatments began to be used. Initially its use was scant, but by 2001, 98% of all AIDS cases received a range of five medications in antiretroviral treatments. At present, efforts are being made to give wider coverage and to increase the quantity of medications.

[Update 2002: UNAIDS Epidemiological Assessment: HIV seroprevalence information among antenatal clinic attendees is available since the late-1980s from Cuba. At the national level, reporting of antenatal women tested indicates there is no evidence of HIV infection in this group. There is no information available on HIV prevalence among sex workers, IV-drug users, or male STD clinic patients.

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

Adults ages 15-49:	3,200 (rate: < 0.1%)
Women ages 15-49:	830
Children ages 0-15:	< 100

[An estimated 120 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated 1,000 Cuban children under age 15 were living without one or both parents who had died of AIDS. (End of update by the Editors)]

B. Status of STDs

The STD program considers syphilis and gonorrhea as infections that must be of compulsorily reported. Their incidence is different from HIV/AIDS. Syphilis and gonorrhea tend to annually decrease, while the spread the HIV/AIDS epidemic shows an upward trend. The reasons for that difference have not been sufficiently explained. The epidemiological data on those infections of the last decade are shown in Table 4.

At the end of 2001, the national syphilis rate was 55.5 per 100,000 inhabitants and gonorrhea was 131.7. Young-

Table 1

Fertility Rate by Mother's Age in 2001

Mother's Age	Rate*	Mother's Age	Rate*
15-19	50.3	35-39	22.1
20-24	89.5	40-44	3.7
25-29	83.9	45-49	0.2
30-34	52.3	Total	45.5

*Per 1,000 women of that age (53).

Table 2

Persons with HIV by Sex and Year of Diagnosis, 1986-2001

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Total	99	75	93	121	140	183	175	102	122	124	234	363	362	493	545	643
Men	76	61	58	87	101	125	119	73	90	88	181	295	284	413	450	523
Women	23	14	35	34	39	58	56	29	32	36	53	68	78	80	95	120

Table 3

Total of Men Diagnosed by Year: Comparison with Men Who Have Sex with Men (MSM), 1986-2001

	1986	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Men	76	61	58	87	101	125	119	73	90	88	181	295	284	413	450	523
MSM	20	33	27	57	73	105	99	62	73	69	156	251	262	352	421	406

sters and the young adults between ages 15 and 35 years account for most of the STDs. The provinces of highest incidence of gonorrhea were the City of Havana, Camaguey, Santiago de Cuba, and Guantánamo. The highest incidence of syphilis is found in the City of Havana, Santiago de Cuba, and Camaguey (see Table 5).

The achievements of the Program on STD Prevention and Control are reflected in the decrease congenital syphilis cases. The data from the last decade are shown in Table 6.

11. Sexual Dysfunctions, Counseling, and Therapies

BEATRIZ TORRES RODRÍGUEZ

In studies conducted by several investigators on an apparently healthy population, it was shown that 30% to 40% of the subjects had sexual dysfunction. Erectile dysfunction had the highest incidence, followed by premature ejaculation (27, 75).

The incidence of women seeking sexual therapy is relatively low, but in recent years, the percentage of women under therapy is gradually increasing. For example, in a survey of cases that received medical care in the City of Havana, women accounted for 18% in 1991, and up to 27% in 1995 (11), while in another publication, the same authors stated that 30% of women receiving medical care were anorgasmic. In another survey of apparently healthy women, it was found that 35% of interviewees had orgasmic dysfunctions (76).

The specialty of clinical sexology is still nonexistent in Cuba. Sexual therapy, which would train future professionals for diagnosis and treatment of sexual dysfunctions, is not included in the syllabus of related specialties. Therefore, interdisciplinary groups were formed as a solution to the problem. At surgical clinical general hospitals, the interdisciplinary group is made up by psychiatry, psychology, internal medicine, urology, gynecology, endocrinology, and angio-

logy specialists, among others. This group carries out several psychological, pharmacological, and surgical strategies developed for the specific conditions and characteristics of each group.

Generally, the procedure of these work teams begins with a diagnostic consultation, where it is determined if there is a dysfunction or if the patient needs sexual counseling. Next, the possible causes of dysfunctions are explored. During this process specific, assays are made and appropriate action taken.

The National Program on Sex Education offers the possibility to all the interdisciplinary groups to carry out its counseling and sex education programs, with slight variations to meet specific needs. Meetings covering aspects, such as, the physiology of the male and female genitals, human sexual response, sexual dysfunction, and the importance of a couple's communication, among others, are held. In those meetings, patients and couples receive counseling and training on the sexuality aspects unknown by them. These programs are still eminently educational and are currently being improved.

The organization of sexual therapy services is not limited to the capital; in each province of the country, there is at least an interdisciplinary group providing care to patients.

A master's degree, diploma, and basic courses and work site visits to the National Center of Sexual Education (CENESEX) contributes to the scientific updating of professionals who compose those interdisciplinary groups.

The psychological techniques mostly used in sexual therapy are the following: Couple therapy, social abilities training, rational emotive therapy (myths and irrational ideas related to sexuality), and relaxation.

For diagnosing sexual dysfunctions in Cuba, interviews and physical examinations are mostly used. More than six years ago, the journal *Sexología y Sociedad* published a proposal for sexual therapy diagnosis norms and for the use of complementary tests (74).

In treatment requiring sildenafil or a penile prosthesis, which, on many occasions, are not available because of the difficult current economic conditions, the following variants have been used: 1. for diabetic polyneuropathy: ozone therapy; 2. for alcoholic polyneuropathy: ozone therapy; 3. for arterial failure: magnetic chamber and ozone therapy or hyperbaric chamber plus magnetic chamber; 4. for vein failure: acupuncture; and 5. for priapism prevention in intracavernous injections with vasoactive drugs: acupuncture.

In persons over 60 years of age, sexual therapy follows the same pattern as for earlier ages. As a rule, in our country, women don't seek medical care for sexual dysfunctions, except if they fail to give pleasure to their male partner. Therefore, there are not many female cases to report on. For example, during 2001, at a polyclinic in the City of Havana, according to Oscar Díaz Noriega, M.D., only six older women received medical care, accounting for only 8% of all those receiving care: three with lubrication dysfunction, one for sexual desire dysfunction, and two anorgasmics.

Regarding men, the main consultation cause was erectile dysfunction. The main causes of the 65 cases who received medical care in another doctor's office in the City of Havana in 2001 were: diabetic polyneuropathy 21; arterial failure 9; a mixture of the former and the latter conditions 6; hypofunction of the smooth muscle 6; Shy Drager's syndrome 1; hypogonadism 4; Parkinson's disease 2; and a wide range of non-organic dysfunctions, including: couple-relations dysfunctions, monotonous sexual relations, not attractive partner, over demand, or false expectations of sexual performance (65).

Table 4

Cases of Gonorrhea and Syphilis, 1990-2001

	1990	1991	1992	1993	1994	1995
Gonorrhea	35,722	32,109	26,303	20,781	34,224	45,200
Syphilis	9,205	10,036	11,110	9,956	11,551	14,339
	1996	1997	1998	1999	2000	2001
Gonorrhea	40,576	33,948	29,648	23,225	19,067	14,792
Syphilis	15,818	15,814	13,400	12,285	9,198	6,233

Table 5

Rates of Syphilis per Year and Difference in Percentage

Year	Rate per 100,000	Decrease in Percentage
1998	121.1	-15.3
1999	110.2	-8.3
2000	82.1	-25.2
2001	55.5	-32.4

Table 6

Cases of Congenital Syphilis, 1990-2001

	1990	1991	1992	1993	1994	1995
Congenital syphilis	12	9	11	10	11	1
	1996	1997	1998	1999	2000	2001
	11	2	1	0	1	0

As an alternative to sildenafil and similar drugs, and to penile prosthesis and implantation, which are unavailable on occasion, the following have been used: hyperbaric chamber or rectally administered ozone therapy for polyneuropathies and hypofunction of the cavernous smooth muscle, and magnetic chamber and ozone therapy or hyperbaric chamber in arterial failure. Results have been favorable in 54% of the cases (including cured and improved) receiving these treatment variants.

The higher institutes or universities at each Cuban province have gone a long way in teaching, research, and counseling on sexuality. They have counseling centers for diagnosis and counseling on sexuality, couple and family relations for students, teaching and non-teaching personnel, and various community groups.

12. Sex Research and Advanced Professional Education

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Research on sexuality, in its widest sense, has been conducted by several government institutions and civil society organizations from the perspective of different professions. Sexuality has been studied by investigators in various medical specialties, psychologists, educators, and sociologists from the health, education, and culture sectors, as well as from the Center for Woman Studies of the Federation of Cuban Women and the Center for Youth Studies, among others.

There is a wide range of theoretical and methodological research approaches, quantitative or qualitative studies, action research, and, more recently, a coherent comprehensive approach with a wide understanding of sexuality as a research subject.

The most frequent research topics are: sexuality and gender, sexual health, sexuality at the different ages, education, counseling, and sex therapy, gender and family violence, contraception, and sexuality in the mass media, among others.

One of the first research studies on sex education is "The Improvement of Ways and Methods for Sex Education in Cuba." Conducted in the 1980s by the Ministry of Education and the "Enrique José Varona" Higher Teachers' Training Institute, this research focused on the sexuality of adolescents and school-age young men and women and their families, and the effectiveness of the educational influence of professors. This research paved the way for many other studies conducted at educational centers and teachers' training universities.

Since the early and mid-1970s, public health research on sexuality was conducted, such as research by Professor Celestino Álvarez Lajonchere, addressing sexuality from the gynecological-obstetric perspective. Other surveys were carried out with chronic disease patients, such as diabetes mellitus, by the psychologist, Rafael Alvisa, and the medical doctors, B. Arce and J. Mas of the Reproductive Health Group, National Institute of Endocrinology. The early studies of the Federation of Cuban Women and the Center of Sexual Education (CENESEX) must be highlighted.

It is important to point out that in 1987, a National Fertility Survey covered a wider range of topics, not just specific fertility data, thus contributing extensive nationwide information. This survey is the reference work for Cuban sexuality.

On the other hand, since 1979, studies were conducted on a wide variety of hormonal contraceptives (oral and vag-

inal tablets, injectables, and implants) and their relationship to women's sexual response, especially clinical manifestations and sexual desire. No negative relationship was found, except for the vaginal tablets, because of genital manipulation and when their prescription was not accompanied by specialized contraceptive advice.

Since 1975, surveys were made on men attempting to establish relationships between knowledge and use of contraceptive methods and sexuality. Among their results, myths and taboos related to the use of condoms were found. Most of the male subjects attribute the use of a condom to a decrease of sexual desire and they don't incorporate it in their foreplay.

It was also found in a group of Cuban researchers who studied sexuality during the course of diseases, such as diabetes mellitus, hyperprolactinemia, hirsutism, acromegalia, and premature menopause, among others, whose evolution is linked in the literature to such manifestations as: decrease or exacerbation of sexual desire, anorgasmia, absence of ejaculation, retrograde ejaculation, impotence, depression, and anxiety. In the Cuban findings, there is a relationship between depression and impotence, independent of the presence of diabetes mellitus, and more desire dysfunctions in hyperprolactinemic men and women, and more impotence in men suffering hyperprolactinemia. Increased desire was found in groups of women with hirsutism. In early non-surgical menopause, it was found that most of the subjects maintained sexual desire and orgasm.

Other studies on the relationship between infertility and sexuality in Cuban couples, and in connection with the "infertility crisis" and body representations and their functions, showed a higher frequency of sexual relations in infertile couples, but more difficulties in making body representations and in expressing feelings. In lower educational level groups, myths connecting fertility with sexual response were found more in men than in women.

Findings connecting aging to sexuality date back to 1990. Surveys conducted at Grandfathers' and Grandmothers' Centers on third-age subjects show clear-cut gender differences. Men reported to be still sexually active, but in a different way from previous life stages, while the majority of women do not have a partner, which is linked to the life expectancy of over 70 years for both, but which is higher in the women. Therefore, they become widows at a higher frequency.

The first work found on the sexuality of male homosexuals in Cuba is a thesis presented at the Sociology Faculty in September 1999, which showed homosexual sexual initiation at adolescence in most adult interviewees. The subjects stated that they had satisfactory sexual relations, but to a certain extent, at certain stages of their lives, because of family pressure based on social stereotypes, had to assume an unsatisfactory heterosexual sexual role.

Generally, since the early 1970s, Cuban researchers in many specialties have continued to study the inexhaustible, diverse, and magical field of the human sexuality in a socio-cultural context, where fantasy, eroticism, sensuality, and affectivity mix to produce a their own local, as well as universal result.

In terms of continuous graduate education, it must be highlighted that in Cuba, there are many centers of higher learning that, in coordination with CENESEX, develop a system of studies for graduate degrees in the fields of sexuality and sexuality education. In this sense, it must be emphasized that CENESEX offers free courses, two diploma courses on sexuality education and sexual counseling and sexual therapy, as well as a master's course in sexuality. At the Medical Sciences University of Havana, two diploma

courses on sexuality and the medical sciences, and sexuality are offered.

On the other hand, the “Enrique José Varona” Teachers’ Training University offers free courses and another master’s degree course in sexual education. Both master’s degree courses deal with education, counseling, and sexual therapy from an education and health perspective.

The health sector, which includes the medical sciences universities, has been implementing for more than 10 years a set of sexual health prevention and education programs. Worthy of mention, because of their social impact, are the following programs: Mother-Child, Care for Pregnant Women, Responsible Motherhood and Fatherhood, and Comprehensive Adolescent Medical Care.

References and Suggested Readings

- CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: <http://www.cia.gov/cia/publications/factbook/index.html>
- UNAIDS. 2002. *Epidemiological fact sheets by country*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS/WHO). Available: http://www.unaids.org/hivaidinfo/statistics/fact_sheets/index_en.htm.
- Aguilera Ribeaux, D. La violencia intrafamiliar. Tratamiento jurídico en Cuba. Ponencia presentada en el taller *Violencia contra la mujer: Un problema de todas y todos*, Ciudad de La Habana, 2001.
 - Alfonso Rodríguez, A. Del silencio a la palabra. Ponencia presentada en el taller *Violencia contra la mujer: Un problema de todas y todos*, Ciudad de La Habana, 2001.
 - Alfonso Rodríguez, A., y C. Sarduy Sánchez. *Género. Salud y cotidianidad*. Editorial Científico Técnica, Ciudad de La Habana, 2000.
 - Álvarez Carril, E. *Crecer en la pubertad* (Tesis de maestría en intervención comunitaria). CENESEX, La Habana, 2001.
 - Álvarez Suárez, M. Rodríguez, I., y otros. *Situación de la niñez, la adolescencia, la mujer y la familia en Cuba*. Centro de Estudios de la Mujer-UNICEF, 2000.
 - Artiles de León, I., y otros. *Mi proyecto de vida. Programa para Jóvenes*. Centro Nacional de Educación Sexual (CENESEX). Edita Pue y Educación, Ciudad de La Habana, 1998.
 - Artiles de León, y otros. *Violencia y sexualidad*. Editorial Ciencia y Técnica, 1998.
 - Artiles Visbal, L. Navarro Despaigne, D. Manzano Ovies, y B. R. Clmaterio. Cambios en la conducta sexual. ¿Estereotipo cultural o disfunción biológica? *Revista Sexología y Sociedad*, 10, 1998.
 - Ascuy, Arelis. *Tesis de doctorado en ciencias pedagógicas*. Instituto Superior Pedagógico “Enrique J. Varona,” Ciudad de La Habana, 2000.
 - Berjes Díaz, C. Violencia intrafamiliar. El grupo nacional de atención a la violencia. Ponencia presentada en el taller *Violencia contra la mujer: Un problema de todas y todos*, Ciudad de La Habana, 2001.
 - Castillo, J.; M. Goñi, L. Figueredo. Orgasmo femenino, resultado de una encuesta. *Revista Sexología y Sociedad*. Año 5, 12:7, 1999.
 - Caño, M. del C. *Función económica de la familia. En caracterización del modo de vida de las familias obreras y de trabajadores intelectuales y el cumplimiento de su función formadora. Informe de investigación*. CIPS-ACC, 1989.
 - Castro Espín, M. *La educación sexual en Cuba. Nuevos retos*. Conferencia magistral. III Congreso Cubano de Educación, Orientación y Terapia Sexual. La Habana, abril 2001.
 - Castro Espín, M. *Crecer en la adolescencia. Sus características y resultados parciales en la provincia Santiago de Cuba* (Tesis de maestría en sexualidad). CENESEX, Ciudad de La Habana, 1997.
 - Castro Espín, M. *Sexualidad y desarrollo humano. El programa Cubano de educación sexual*. Ponencia presentada en el XV Congreso Mundial de Sexología, París, 2001.
 - Castro Espín, M., A. Cano López, y M. Rebollar Sánchez. *Crecer en la Adolescencia*. CENESEX, Ciudad de La Habana, 1995.
 - Castro Espín, M., L. Bardisa, y M. Córdova. *Cómo se aprende lo bueno del sexo*. Ponencia al X de FLASSES, octubre 2002.
 - CENESEX. *Informe de balance anual*, 2001.
 - Centro de Estudios de Población y Desarrollo, ONE. *Anuario demográfico de Cuba 2001*.
 - Centro de Estudios Sobre la Juventud (CESJ). *Factores psicosociales que intervienen en el comportamiento sexual de riesgo con énfasis en las ITS-SIDA 2000*.
 - CESJ. *Reflexiones y valoraciones de adolescentes y jóvenes cubanos sobre aspectos de la sexualidad a finales del milenio, 1997. Investigación representación social de la familia en un grupo de jóvenes cubanos*. Ciudad de La Habana, 2001.
 - CESJ. *Estudio exploratorio con muchachas con conducta sexual prostituida. Consideraciones del tema en sujetos no prostituidos*. Ciudad de La Habana, 1996.
 - CESJ. *Análisis de la prostitución en Cuba. Aproximación a su representación social*. Ciudad de La Habana, 1998.
 - Constitución de la República de Cuba*, publicada en la *Gaceta Oficial*, en edición extraordinaria no. 7, 1 de agosto de 1992.
 - De la Torre, C. Conciencia de la mismidad. *Revista Temas* (La Habana), 2:115, abril-junio 1995.
 - Díaz Álvarez, M. *El varón cubano antes y ahora* (Tesis de maestría en sexualidad). CENSEX, 1999.
 - Díaz, O., y I. López. Comportamiento de algunos aspectos de la sexualidad en trabajadores del Municipio La Lisa. *Revista Sexología y Sociedad*, Año 1, 2:28, 1995.
 - Díaz, O. Necesidad de la educación sexual en los mayores de 60 años. *Revista Sexología y Sociedad*, año 2002, 18.
 - Dixie, E. *La historia cíclica de la prostitución*. Entrevista realizada para SEM a Osmany Horta, investigador y profesor de la Facultad de Historia de la Universidad de La Habana, enero 2002.
 - Domínguez, R. *Sexualidad en los Ancianos de Consolación del Sur*. Congreso Internacional de Geriátría, 1998.
 - Elizalde, R. M. *Flores desechables. ¿Prostitución en Cuba?* Editora Abril, Cuba, 1996.
 - Elizalde, R. M. Prostitución ¿Crimen o castigo? *Revista Sexología y Sociedad*, 21, enero 2003.
 - Espín Guillois, V. *Conferencia magistral. III Congreso Cubano de Educación, Orientación y Terapia Sexual*. La Habana, abril 2001.
 - Fernández Ríos, L. ¿Roles de género? ¿Masculinidad vs feminidad? *En Revista Temas* (La Habana), 5, 1995.
 - Forteza Cordero, J. *Educación sexual de las madres y los padres a sus hijos(as), ¿Desconocimiento o resistencia?* (Tesis de maestría en intervención comunitaria). CENESEX, 2001.
 - García Álvarez, C. T. *Adolescente varón. Aspectos psicológicos, salud sexual y reproductiva*. Ponencia presentada en el CIMEQ, Noviembre 2000.
 - García Tirada, M. *Como viven su sexualidad las mujeres de mediana edad* (Tesis de maestría en intervención comunitaria). CENSEX, Ciudad de La Habana, 2001.
 - González Hernández, A., y B. Castellanos Simons. *Sexualidad y géneros. Una reconceptualización educativa en los umbrales del tercer milenio* (páginas 11 y 12). Cooperativa Editorial Magisterio, Bogotá, Colombia, 1996.
 - González, S. Identidad nacional e identidad de géneros: Sugerente asociación. *Revista Sexología y Sociedad*, 3, Diciembre 1995.
 - Guerrero, N., y J. Alfonso. En Cuba: Jóvenes de los 90. Centro de Estudios de la Juventud, *Editora Abril*, La Habana, 1999.

41. Hernández Arias, N. *Roles de género y relación de pareja. Estudio de casos* (Tesis de maestría). CENESEX, Ciudad de La Habana, 1998.
42. Jiménez Berrios, S. Investigadora Centro de Investigaciones Psicológicas y Sociológicas del Ministerio de Ciencia, Tecnología y Medio Ambiente.
43. Ley No 1298 del 15 de Febrero de 1975, *Código de Familia*. Capítulo I Sección primera, Artículo 2. Editorial Orbe, 1980.
44. Lleo Jiménez, G., y E. Pérez Glez. Maltrato sexual. *Revista Sexología y Sociedad*, 14. Ciudad de La Habana, 2000.
45. Martínez, F., y otros. Orientaciones educativas sobre algunas conductas del niño preescolar. *Edita Pueblo y Educación*, Ciudad de La Habana, 1982.
46. Méndez Gómez, N., y otros. Pacientes con disfunción sexual. Una clasificación útil para un efectivo diagnóstico y tratamiento. *En Revista Sexología y Sociedad*, 3, 1995.
47. Ministerio de Educación (MINED). *Educación formal para una conducta sexual responsable. Programa realizado dentro del proyecto*. MINED—UNFPA, desde 1997.
48. Ministerio de Salud Pública de Cuba (MINSAP). *Anuario estadístico de salud*, 2002.
49. MINSAP. Programa Nacional de Control y Prevención del VIH-SIDA. *Editora de salud*, La Habana, 1997.
50. MINSAP. Atención integral al adolescente. Programa que se realiza por el MINSAP desde 1990. *Editora de Salud*, La Habana, 1990.
51. Moreno Álvarez, L., y M. Escobar Peraza. Función educativa en la familia en revista. *Sexología y Sociedad*, 5, 1996.
52. Morín González, M. M. Menarquia, y eyacularquia. Expresiones externas de la pubertad. *Revista Sexología y Sociedad*, 14, Ciudad de La Habana, 2000.
53. Oficina Nacional de Estadísticas (ONE). *Anuario estadístico de Cuba 2001 y 2002*.
54. ONE: *SABE: Salud y bienestar del adulto mayor*. 1998.
55. Ortiz, F. *El pueblo cubano*. Editorial Ciencias Sociales, La Habana, 1997.
56. Ortiz, F. *Etnia y sociedad*. Editorial Ciencias Sociales, La Habana, 1993.
57. Pérez González, E., y otros. Niños víctimas de delitos sexuales. *Revista Sexología y Sociedad*, 6, 1996.
58. *PNUD informe del desarrollo humano 2002*.
59. Proveyer Cervantes, C. Identidad femenina y violencia doméstica. Un acercamiento a su estudio. *Revista Sexología y Sociedad*, 14, abril 2000.
60. Reza, I., y otros. *Caracterización del modo de vida de las familias obreras y de trabajadores intelectuales y cumplimiento de su función formadora. Informe de investigación*. CIPS—ACC, 1989. Ídem.
61. Robledo Díaz, L. *Homosexualidad—Familia: Acoso y simetrías* (Tesis de maestría en sociología, página 53). Universidad de La Habana, Abril 2000.
62. Rodríguez Botti, R. *Sexualidad en el otoño de la vida. Estudio de la sexualidad en los ancianos de la provincia Guantánamo*. (Tesis de maestría en sexualidad). CENESEX, 2001.
63. Rodríguez Lauzurique, M., y O. Bravo Díaz. *Leiva marín, Y. Atención a los transexuales en Cuba. Investigación*. CENESEX, La Habana, 1994.
64. Rodríguez Jiménez, D. *La sexualidad adolescente desde lo grupal* (Tesis de maestría en intervención comunitaria). CENESEX, La Habana, 2001.
65. Rodríguez María, A. *Patrón sexual de un grupo de ancianos del policlínico 26 de Julio* (Tesis de grado para optar por el título de especialista de primer grado en psiquiatría). Facultad Finlay Albarrán, 2000.
66. Rodríguez Ojeda, M. Manifestaciones sexistas en el contexto del aula. *En Revista Sexología y Sociedad*, 19, agosto 2002.
67. Rodríguez Reyes, I. *Hombres y mujeres cuadros del turismo. Rol profesional y roles de materno y paterno en la familia* (Tesis de maestría en intervención comunitaria). CENESEX, La Habana, mayo 2002.
68. Roselló Manzano, R. *La pareja homosexual. Nuevo modelo familiar alternativo en el siglo XXI* (Tesis). Facultad de la Derecho Universidad de La Habana, 2003.
69. Rosete Silva, H., y J. C. Guanche Zaldívar. Entrevista a Aurelio Alonso Sociólogo, Investigador Titular del Centro de Investigaciones Psicológicas y Sociológicas del Ministerio de Ciencia, Tecnología y Medio Ambiente. *Revista Enfoques*, 21, noviembre de 2002.
70. Sánchez Almira, T., y N. Hernández Arias. Violencia conyugal. *Revista Sexología y Sociedad*, 10. Ciudad de La Habana, 1998.
71. Sierra Madero, A. *La nación sexuada*. Editorial Ciencias Sociales, La Habana, 2002.
72. Sobrado Rosales, Z. *La mujer cubana de mediana edad. Nueva mirada desde la metodología de los procesos correctores comunitarios* (Tesis de maestría en intervención comunitaria). CENESEX, Ciudad de La Habana, 2002.
73. Torres Betancourt, Ma. del Carmen. *La adquisición de la identidad de género en la edad preescolar con la ayuda de la expresión corporal* (Tesis de culminación de estudios en la licenciatura de educación preescolar). ISPEJV, 1994.
74. Thompson, W., y O. Díaz. Utilización de los exámenes complementarios en la consulta de sexología. *Revista Sexología y Sociedad*, Año 3, 7:12, 1997.
75. Valdés Padrón, C. C. *Percepción de la sexualidad de niños y niñas menores de un año* (Tesis de maestría en sexualidad). CENESEX, La Habana, julio 2002.
76. Vasallo, C. Consultas de disfunción y terapia sexual. *Revista Sexología y Sociedad*. Año 2, 8:8, 1997.

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