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*Edited by:*

ROBERT T. FRANCOEUR, Ph.D., A.C.S.

*and*

RAYMOND J. NOONAN, Ph.D.



*Associate Editors:*

*Africa:* Beldina Opiyo-Omolo, B.Sc.

*Europe:* Jakob Pastoetter, Ph.D.

*South America:* Luciane Raibin, M.S.

*Information Resources:* Timothy Perper, Ph.D. &  
Martha Cornog, M.A., M.S.



*Foreword by:*

ROBERT T. FRANCOEUR, Ph.D., A.C.S.



*Preface by:*

TIMOTHY PERPER, Ph.D.



*Introduction by:*

IRA L. REISS, Ph.D.

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CONTINUUM *Complete*  
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*Updated, with More Countries*

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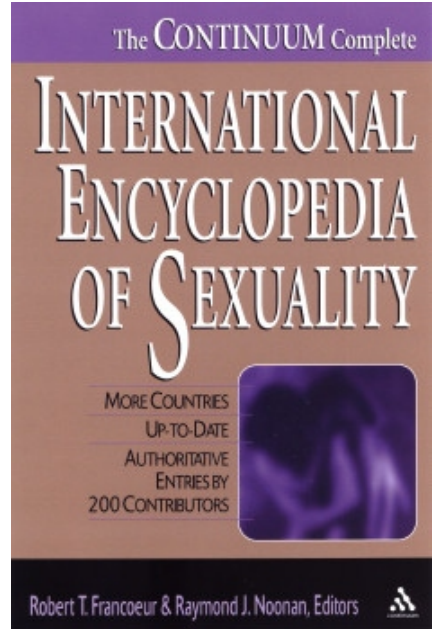
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# Denmark

(*Kongeriget Danmark*)  
(The Kingdom of Denmark)

Christian Graugaard, M.D., Ph.D., with  
Lene Falgaard Epløv, M.D., Ph.D., Annamaria Giralddi,  
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\*

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## *Demographics and a Brief Historical Perspective*

ANNETTE FUGLSANG OWENS

### A. Demographics

Once the seat of Viking raiders and later a major European power, Denmark is located in northwestern Europe, with the southern tip of Sweden to its east, Germany to the south, Norway to the north, and Great Britain to the west. Denmark occupies the Jutland Peninsula north of Germany, and the major islands of Zealand and Funen, plus hundreds of smaller islands. The North Sea separates Denmark from Great Britain on the west, while to the north and east the Skagerrak, the Kattegat, and the Baltic Sea separate it from Norway and Sweden. With a total landmass of 16,639 square miles (43,094 km<sup>2</sup>), Denmark is slightly less than twice the size of the state of Massachusetts in the United States and half the size of the state of Maine. The terrain is low and flat to gently rolling plains, and the climate temperate, humid, and overcast. Mild windy winters and cool summers predominate, interrupted by the occasional ice-winter, when islands can be reached by foot, and by periods of hot summer days, when air-conditioned facilities are longed for but rarely found. Whenever the sun shines, Danes are out to enjoy it.

In July 2002, Denmark had an estimated population of 5.37 million, with a quarter of the Danes living in metropolitan Copenhagen. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

\**Communications:* Christian Graugaard: kack@post9.tele.dk; Lene Falgaard Epløv: falgaard@dadlnet.dk; Annamaria Giralddi: annamaria@giralddi.dk; Ellids Kristensen: ellids.kristensen@dadlnet.dk; Else Munck: else.munck@dadlnet.dk; Bo Møhl: bomoehl@worldonline.dk; Annette Fuglsang Owens: info@cvillewellness.com; Hanne Risør: olerisor@post.tele.dk; Gerd Winther: gerd.winther@get2net.dk.



(CIA 2002)

**Age Distribution and Sex Ratios:** 0-14 years: 18.7% with 1.05 male(s) per female (sex ratio); 15-64 years: 66.4% with 1.03 male(s) per female; 65 years and over: 14.9% with 0.72 male(s) per female; *Total population sex ratio:* 0.98 male(s) to 1 female

**Life Expectancy at Birth:** *Total Population:* 76.91 years; *male:* 74.3 years; *female:* 79.67 years

**Urban/Rural Distribution:** 61% to 39%

**Ethnic Distribution:** Scandinavian, Inuit, Faeroese, German, Turkish, Iranian, Pakistani, and Somali. Immigrants and their descendants constitute 7.4% of the total population.

**Religious Distribution:** Evangelical Lutheran: 95%; other Protestant, Roman Catholic, and Muslim: 5%

**Birth Rate:** 11.74 births per 1,000 population

**Death Rate:** 10.81 per 1,000 population

**Infant Mortality Rate:** 4.97 deaths per 1,000 live births

**Net Migration Rate:** 2.01 migrant(s) per 1,000 population

**Total Fertility Rate:** 1.73 children born per woman

**Population Growth Rate:** 0.29%

**HIV/AIDS (2000 est.):** *New cases:* 258; *Overall incidence:* 4.8 per 100,000 population; *Adult prevalence:* 0.17%; *Persons living with HIV/AIDS:* 4,300; *Deaths:* < 100. (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):** 100%

**Per Capita Gross Domestic Product (purchasing power parity):** \$28,000 (2001 est.); *Inflation:* 2.4%; *Unemployment:* 5.3% (2000); *Living below the poverty line:* NA

### B. A Brief Historical Perspective

From 10,000 to 1500 B.C.E., the Danish population evolved from a society of hunters and fishermen into an agricultural one. The missionary Ansgar (801-865) and, later, king Harald Blaatand (?-985) Christianized the country in the 10th century. Bishop Absalon (1128-1201) is regarded as the founder of the city of Copenhagen, the Danish capital, situated on the east side of the country.

The Danes formed a large component of the Viking raiders in the early Middle Ages and, for centuries, the Danish kingdom was a major European power. Denmark's power

began declining when Napoleon (whom the Danes supported) was defeated, and the Congress of Vienna in 1815 gave autonomy to Norway and Sweden. Schleswig-Holstein withdrew from a union with Denmark in 1864, although Northern Schleswig rejoined Denmark in 1920. Iceland declared its independence in 1944, ending a union that began in 1380. The Faeroe Islands and Greenland, the latter being the biggest island in the world, are still part of the Danish Kingdom, but with their own home rule. Denmark has been a member of the E.C. (now the European Union) since 1973. A monarchy for more than 1,100 years (one of the oldest in the world), Denmark is currently ruled by Queen Margrethe II. Nine political parties, collaborating in coalitions and led by the Prime Minister, share political power. Medical health is primarily socialized, with a small, but growing private sector.

## 1. Basic Sexological Premises

CHRISTIAN GRAUGAARD

### A. General Concepts and Constructs of Sexuality and Love

As other Western countries, Denmark has experienced a marked socioeconomic development over the last two centuries: from a classical agrarian society to a modern industrialized welfare state. Along with modernity came profoundly altered concepts of love, intimacy, sexuality, and gender, and broadly speaking, the process of sexual liberation came about in three distinct (yet historically closely intertwined) stages: the late-19th-century feminism, the inter-war sexual-reform struggle, and “the sexual revolution” of the 1960s. Today, Denmark is a peaceful and politically stable democracy, and although women in executive positions are still amply outnumbered by men, gender inequality is nowhere near bleak global figures. On the contrary, it can be argued that the “social gender” of Danes has been gradually obliterated over the past century, and in spite of persisting differences, it is generally acknowledged that males and females are *potentially* capable of discharging similar jobs and societal positions. Specific legislation on gender equality has existed since 1919, and currently the Ministry of Social Affairs is formally responsible for governmental surveillance of gender issues.

Today, Denmark is a predominantly secular country, and although well over 90% of the population belong to the Protestant Church, doctrinaire religious groups are scarce and have very little impact in public debate. In the rural areas of Jutland, however, Christian morals are still kept alive, having an impact on various levels of personal experience and conduct. On a whole, the Danish population is small (1.4% of the EU population), and uniquely homogeneous, and though issues of immigration have been vividly debated in recent years, immigrants and their descendants constitute only 7.4% of the population. Out of 5.3 million inhabitants, one fifth are below the age of 17, whereas 15% are older than 65. Seventeen- to 24-year-olds constitute slightly less than one tenth of the total population. Most Danes live in metropolitan areas.

During recent decades, Denmark, like other Western European countries, has been largely “postmodernized.” Thus, “serial monogamy” has become a prevailing way of life, and a majority of adults cohabit without being married. In 2000, 38,844 marriages were contracted, and the same year, a total of 14,394 couples were divorced. Unfaithfulness is generally frowned upon, but seemingly considerable numbers of Danes have had extramarital affairs: Among 60-year-old Copenhageners, 38% and 22% of males and females, respectively, stated that they had been engaged in extramarital relations at least once (Eplöv 2002ab). A total of 1.4 million

adults live by themselves, and 120,000 (8.6%) of these have children. Thus, a growing subculture of singles has emerged among adult Danes. The availability of pornography has markedly increased since its decriminalization in the late 1960s, and similar to other Western countries, a certain “sexualization” of mass medias, art, and popular culture has occurred during recent years.

### B. Basic Outlines of Sexual Behavior and Knowledge

Along with profound socioeconomic changes, a gradual relaxation of sexual attitudes and behavior has taken place among Danes: The median age of coital debut among women and men born before 1920 was 21 and 20, respectively, as opposed to 16 for both women and men born in 1960 or later (Jaeger 2000). Similar figures were reported by Fog (1994). For females born before 1920 and after 1960, respectively, the median interval between menarche and coital debut has decreased from seven to three years. The median lifetime number of partners for women and men born before 1920 was 1 and 3, respectively, and 7 for both women and men born after 1960. For women and men above age 75, 1% and 17%, respectively, have had more than 10 sexual partners, as opposed to 42% of both women and men under age 35 (Jaeger 2000). In sum, a marked liberation of sexual behavior has occurred over recent generations in addition to a striking leveling of former sexual gender differences. In 1976, the age of sexual consent was set at 15 for both homosexual and heterosexual relations.

On a legislative level, too, an overall air of sexual *frisind* (Danish for “free-mindedness”) is detected. Sex education in schools has been mandatory since 1970 (see Section 5A, Interpersonal Heterosexual Behaviors, Adolescents), abortion was decriminalized in 1973 (see Section 9B/C, Contraception, Abortion, and Population Planning, Abortion and Teenage Pregnancies), and in 1989, same-sex partners obtained (almost) the same legal status as heterosexual couples (see Section 6, Homoerotic, Homosexual, and Bisexual Behaviors). Moreover, Denmark was the first country in the world to legitimize written pornography in 1967 (followed by pictorial pornography in 1969) (Kutchinsky 1989). Prostitution is no longer a criminal offense in Denmark, and it is estimated that a total of 5,000 transactions with female prostitutes take place every day. Further, 13% of Danish males claim to have been with a prostitute at least once. Among 40- to 44-year-olds, this fraction rose to 17% (Melbye 1992). Equivalent numbers were seen by Jaeger (2000). Male prostitutes are believed to constitute a total of only a few hundred persons. The number of migrant sex workers is apparently low, but internationally, Denmark is sometimes mentioned as a transit country for women who end up in prostitution in neighboring countries such as Germany and Holland. Though not in itself prohibited, prostitution is considered illegal vagrancy if the prostitute has no other means of income. Prostitution of minors is rarely seen.

Generally speaking, sexual and reproductive rights are both acknowledged and appreciated in Denmark, and sexual autonomy is taken for granted by younger Danes. Sexual curiosity of juveniles is widely accepted (many kindergartens have “cushion rooms” for children to fight and cuddle in privacy), although heated debates on the alleged “pedophile threat” have swept over Denmark (as it has in the rest of Europe and the US) during recent years. As previously mentioned, sex education in schools has been obligatory since 1970. The current sexual knowledge of adolescents is supposedly good, even though up-to-date didactic methods are called for. Thus, a quarter of youngsters still don’t use any contraception at their first intercourse (Rasmussen 1999), and

rates of chlamydia and venereal warts among adolescents are a matter of medical concern (see Sections 5A, Interpersonal Heterosexual Behaviors, Adolescents, and 10A/B, Sexually Transmitted Diseases and HIV/AIDS, Basic Figures).

### C. Danish Sexology

Danish sexology was founded in the 1950s, and Dr. Kirsten Auken's 1953 dissertation on the sexual behavior of young women is often considered the starting signal of serious scientific efforts. Foremost, however, it was her protégé, Dr. Preben Hertoft, who—inspired by Masters and Johnson and Helen Singer Kaplan—pioneered modern sex therapy in Denmark. In 1986, a Clinic of Sexology was launched at the University Hospital of Copenhagen (Rigshospitalet), and for more than a decade, Dr. Hertoft functioned as its productive chief physician. Though two more clinics were originally intended, the Copenhagen clinic is currently the only service of its kind in Denmark.

As of early 2003, clinical sexology was not approved as a medical or psychological specialty by central authorities, but recent efforts have been made by the Nordic Association for Clinical Sexology (NACS) to certify and authorize sexological specialists on various levels (see Section 11, Sexual Dysfunctions, Counseling, and Therapies). The NACS hosts annual meetings rotating among member countries and, additionally, the Second Congress of the European Federation of Sexology was held in Denmark in 1994. Between 1983 and 1998, NACS published a periodical, *Nordisk Sexologi* [*Nordic Sexology*], subsequently replaced by the *Scandinavian Journal of Sexology*. Regrettably, this was given up in 2001. Currently, efforts are being made to relaunch a Nordic periodical of sexology.

The first Danish textbook on sexology was published by Dr. Hertoft in 1976. Though not revised since 1987, this book is still commonly used and has been translated into several languages (Hertoft 1987). In recent years, two thorough encyclopedias of sex and sexology have been published in Danish (Graugaard 2001; Hertoft 1989). A useful list of selected publications in non-Scandinavian languages (until 1994) was presented in a special issue of *Nordisk Sexologi* (1994, 12:151-175).

## 2. Religious, Ethnic, and Gender Factors Affecting Sexuality

See Sections 1, Basic Sexological Premises, and 5B, Interpersonal Heterosexual Behaviors, Adults.

## 3. Knowledge and Education about Sexuality

See Sections 1, Basic Sexological Premises, 5A, Interpersonal Heterosexual Behaviors, Adolescents, and 10C, Sexually Transmitted Diseases and HIV/AIDS, Sex Education and Legal Measures.

## 4. Autoerotic Behaviors and Patterns

See Sections 5A, B, and C, Interpersonal Heterosexual Behaviors, Adolescents, Adults, and Sexual Attitudes and Behavior of Elderly Danes.

## 5. Interpersonal Heterosexual Behaviors

### A. Adolescents CHRISTIAN GRAUGAARD *Coital Debut and Sexual Behavior*

Classic studies of adolescent sexuality in Denmark were performed by Auken (1953) and Hertoft (1968), but since the appearance of the HIV/AIDS issue in the mid-1980s, several studies concerning sexual knowledge, attitudes, and behavior of youngsters have emerged (Wielandt 1993; Krasnik

1990). In 1999, a comprehensive questionnaire survey was carried out among 7,355 representative adolescent Danes, including more than 500 questions about sexual issues, such as experience and current behavior, use of contraception, sources of information, attitudes, and factual knowledge (Rasmussen 1999). This study provided healthcare persons, sexologists, and sex educators with valuable insights into the sexual world of young Danes, and the following is largely based on the major results of that survey.

The median age of coital debut (sexarche) among adolescent Danes is 16.8 years, and in all age groups from 13 to 25, girls tend to be slightly more experienced and active than boys. The age at coital debut has dropped about two years since the post-war period (Jaeger 2000; Fog 1994), but seemingly it has remained stable over recent decades. At the age of sexual consent (15 years), just about a third of both girls and boys have had their first sexual intercourse, whereas 7% to 8% of 13-year-olds claim to have had sex. At age 20, 8% and 13% of girls and boys, respectively, are still not sexually experienced. Despite Denmark being a small country, marked differences are seen between urban and rural youth—the former being significantly more experienced and active than the latter. Similarly, youngsters with an ethnic background (at least one parent not originally Danish) were considerably less sexually active than their same-aged peers with Danish parents. By far, this tendency was most striking for girls.

The primary motives for first sexual encounter included “being in love” (about two thirds) and “curiosity” (one third), but various kinds of pressure from partner or peers were also reported by around one third. A similar fraction claimed to be drunk at their sexual debut, whereas less than 5% were influenced by cannabis. Not surprisingly, sexual activity increased by age, and 56% of 20-year-old women (43% of men) claimed to have sexual intercourse at least once a week. A third and a half of girls and boys, respectively, had known their partner less than a month at their sexual debut, and similar fractions found it fully acceptable to have sex within a week of the first date. Only a small minority of youngsters had had more than 10 sexual partners—and a vast majority of both girls and boys insisted on (serial) fidelity.

Expectedly, the frequency of orgasm among girls increased with age. One third, reportedly, experienced an orgasm in the year of their sexual debut, whereas 60% considered themselves orgasmic five years later. No knowledge exists as to the masturbation habits of adolescent males, but among 13-year-olds, three fourths reported having ejaculated. Though still somewhat tabooed, masturbation is thought to be highly common among young Danes of both sexes. Less than 10% had anal sex on a regular basis, whereas the frequency of oral sex is unknown. Only about 5% reported having had intercourse with a partner of the same sex. Other same-sex experiences (i.e., petting and mutual masturbation), however, were not investigated and are believed to be quite common.

One fourth of youngsters did not use contraception of any kind at their first intercourse, whereas 61% used a condom; 14% used the pill, alone or combined with a condom. The lack of coital protection is a matter of great educational concern, and during recent decades, various safe-sex campaigns have been specifically targeted at adolescents (Wielandt 1993). The prevalence of unsafe sex decreased with age, and just 12% of all sexually active youngsters abstained from use of contraception on a regular basis. A considerable amount of sexually active youngsters (one third) had experienced failure of the condom, and one fourth of active girls had used postcoital prevention at least once. Just 7% of sexually active



girls had had an induced abortion, whereas 9% and 5% of active girls and boys, respectively, had been diagnosed with chlamydia at least once. The last-mentioned number was considerably higher among youngsters with a minimum of 10 previous partners (see Section 10, Sexually Transmitted Diseases and HIV/AIDS).

### Sex Education

Surprisingly enough, more than half of girls and 70% of boys reported that sexual topics were “never” or “rarely” discussed at home. On the other hand, a vast majority—96%—had received sex education in schools, and a total of 43% considered this both sufficient and relevant. By far, peers constituted the preferred forum for talks and discussions on sexual and emotional matters. As mentioned earlier, sex education has been mandatory in Danish elementary schools since 1970, but there are substantial differences in both quantity and quality of the didactic efforts made by single schools. Unfortunately, sex education only holds a scant priority at most teachers’ colleges, and a majority of educators have actually never received formal pre- or postgraduate education prior to starting their teaching.

During recent years, efforts have been made to supplement official activities and, hence, reach youngsters with information and counseling by alternative means. In 1992, the Danish Family Planning Association launched an anonymous, nationwide hotline service for teenagers—the service is free of charge and it receives around 2,000 calls a year, mainly concerning “basic information” and “sexual problems.” Considering the small population of Denmark, 2,000 calls to the FPA hotline is a substantial response. Moreover, interactive counseling on the Internet is gradually evolving, and a number of private or semi-private websites offer free sexual counseling to adolescents (Graugaard 1998). Gradually, new didactic methods are being developed for school purposes, too, including peer education, interdisciplinary teaching aids, and interactive computer games. The concept of *ungdomsmottagningar* (youth clinics) known in Sweden has not as yet gained ground in neighboring Denmark, but for many years, the Danish Family Planning Association has run a well-attended contraceptive service in downtown Copenhagen. Congenial clinics are found in other major cities.

As in other Western countries, youth culture has become increasingly diverse and polyphonic since the “youth revolt” of the late 1960s. Thus, no predominant or homogeneous trend is currently found within the teenage group, rather an ever-changing variety of mobile adolescent subcultures. Sexually, not least, conduct, codes, values, standards, role models, social conventions, self-staging, and modes of expression widely differ within various adolescent segments—from MTV-viewing “pop girls” to left-radical “autonomous,” from Americanized hip hop boys to well-behaved, timid, middle-class girls. During recent years, concerns have been raised as to the possible pernicious effects of the increasingly “pornofication” of mass media and public spaces. However, the genuine harmfulness of late-modern conditions, including the shattering of gender roles and traditional family structures, still remains to be shown. On the contrary, it seems that Danish youngsters are competently coping with—and fully enjoying—the multitudinous cultural wardrobe of the Babylonian “fetish society.” Moreover, teenagers seem to draw a clear line between the sexualized “kitsch” of the outside world and their own personal dreams, hopes, and expectations. Thus, in spite of their ever-increasing sexualized appearances (i.e., diminutive dress codes, defiant piercing, and harsh diction), many youngsters express surprisingly conservative, romanticized ideals and stereotypes, rather than any urge to engage in extreme sex-

ual practices. (See also Sections 1, Basic Sexological Premises, and 9B/C, Contraception, Abortion, and Population Planning, Abortion and Teenage Pregnancies.)

### B. Adults

LENE FALGAARD EPLOV

#### Sexual Attitudes

Although officially a Protestant country, most Danes are brought up in a secular tradition with relaxed attitudes towards sexual matters. Only minor provincial communities maintain more-restrictive religious beliefs. The sexual attitudes of Danish people, however, are also influenced by old Nordic traditions, such as “night-courtship.” Thus, for centuries, premarital sex has been common and accepted (Hertoft 1977). Altogether, Danes consider themselves sexually open-minded, and to some degree, this is supported by national legislation. As mentioned in Section 1B, Basic Sexological Premises, Basic Outlines of Sexual Behavior and Knowledge, Denmark was the first country in the world to legalize written pornography in 1967. In 1970, sex education in schools became mandatory. Abortion was legalized in 1973. And in 1989, registered same-sex partners obtained (almost) the same legal status as married heterosexuals.

Despite this liberal legislation, the sexual attitudes of adult Danes, however, cannot be substantiated by comprehensive, cross-sectional studies, and our current knowledge stems from smaller studies only. In 1996, the sexual attitudes of a representative group of 60-year-olds from Copenhagen County were examined. Around 60% of males found pornography to be stimulating. Fewer than 20% indicated that infidelity, group sex, sadism, masochism, homosexuality, transvestitism, transsexuality, and fetishism should be legally banned, whereas a vast majority indicated that zoophilia, pedophilia, exhibitionism, incest, and voyeurism should remain punishable (Eplov 2002a). Among women, 9% used pornography occasionally, whereas 60% claimed to be indifferent towards pornographic material. Around half of the women regarded infidelity as immoral, and 12% indicated that prostitution should be abolished. Practically all women labeled pedophilia, necrophilia, and zoophilia as “perverse,” whereas two thirds labeled exhibitionism so. Around half of the women found sadomasochism, voyeurism, and group sex perverse, but less than 15% regarded homosexuality, transvestitism, and transsexuality as perverse (Eplov 2002b). These data among 60-year-olds cannot be considered representative for the general population, and results from studies among three female birth cohorts living in Copenhagen County indicated that younger women had more liberal attitudes towards sexual topics than older women (Fog 1994; Nielsen 1986ab; Garde 1980).

Sexual attitudes are obviously influenced by many factors, knowledge being one. Presumably, sexual knowledge has increased in the Danish population during the last decades, thus studies on the above-mentioned female birth cohorts (born 1910, 1936, and 1958) established that the fraction of people having received sexual information as juveniles decreased by age: 7% of the 1910 group, 6% of the 1936 group, and 61% of the 1958 group (Fog 1994). A nationwide study of adolescent Danes revealed that in the late 1990s, only 4% of youngsters had *not* received sex education in schools. Contrary to this, nearly a quarter of the girls and more than one third of the boys stated that they had not received sexual guidance at home (Rasmussen 1999).

#### Sexual Behavior

In Denmark, the patterns of intimacy have changed considerably over the past decades, from long-lasting marriages to serial monogamy. Figures from the National Statistics Department show that although the number of yearly

marriages was a little over 35,000 in both 1951 and 2001, the number of divorces more than doubled, from around 7,000 to almost 15,000. Around 20% of the persons getting married in 2001 had been married before, and the average duration of a marriage was 11 years. As mentioned, registered partnership was legalized in 1989, and by late 2001, around 3,000 same-sex couples had been registered. Furthermore, an increasing number of Danes live alone, and in late 2001, around 37% of adult Danes, both men and women, lived by themselves (Danmarks Statistik 2002). See also Section 1, Basic Sexological Premises.

Concerning the number of sexual partners, Schmidt (1989ab) reported that 34% to 47% of Danish men aged 16 to 55 had had more than five female partners in their life. Within the past 12 months, 64% had had one female partner, 8% had two, 1% had 3 to 5, and 3% had more than five partners. In a study of almost 5,000 adult Danes, the median number of sexual partners was highest for men aged 30 to 34 (eight partners) and for women aged 25 to 29 (seven partners) (Melbye 1992). In a sample of Danes and Swedes, 1% and 17% of women and men over age 75, respectively, had had at least 10 partners in their lifetime. This was contrasted with 42% of both women and men under age 35 (Jaeger 2000).

The sexual behavior of Danes have only been well examined with regard to age of coital debut and risk behavior in relation to HIV/AIDS (Eplöv 2002c). Since "the sexual revolution," one might expect that the age at sexual debut had decreased gradually, but studies reveal otherwise. Thus, the three female birth cohort study showed a decrease in sexual debut from women born in 1910 (average age at debut 21) to women born in 1958 (average age at debut 16) (Fog 1994). Representative studies among pupils in 9th grade in a municipality in Jutland showed no changes in the age of coital debut over 14 years (Boelskifte 2002b). Similar results were found in two representative studies among 16- to 20-year-old Danes from 1984 and 1989 (Wielandt 1993). In sum, a decrease in the average age at coital debut took place before 1980, with no real change in recent decades. See also Section 5A, Interpersonal Heterosexual Behaviors, Adolescents.

Since Danes have overall liberal attitudes towards sex, one might expect this to be apparent in their sexual conduct. The sexual activity of adult Danes, however, is only briefly illuminated by one nationwide study among citizens aged 18 to 88. This study demonstrated that a total of 81% were sexually active, falling off to 64% in the top age bracket (Ventegodt 1998). The incidence of masturbation, oral sex, and extramarital relations are only examined among metropolitan adults, whereas anal sex and the use of prostitutes are both examined in nationwide studies. Studies among 60-year-olds have shown that 11% of male respondents masturbated weekly or more; 27% masturbated at least monthly, whereas 33% stated that they did not masturbate at all. Among women, 4% masturbated weekly or more, 7% at least monthly, and 75% did not masturbate. The three female age cohort study showed an age-dependent increase in the number of women having ever masturbated—the youngest being the most experienced (Fog 1994). Among 60-year-olds, 55% of men had experienced fellatio, 79% cunnilingus, and 12% anal intercourse. On the female side, 63% had tried fellatio, 80% cunnilingus, and 20% anal intercourse (Eplöv 2002ab).

A national cross-sectional study by Melbye and Biggar (1992) showed that 22% of women had tried anal intercourse, it being most common (36%) among those aged 30 to 34. Further, more younger than older women reported having engaged in anal sex within the last year. The practice of anal intercourse was associated with a high number of male partners. Notably, a study of 23- to 87-year-old Danes

and Swedes revealed that receptive anal intercourse was significantly more common among Danish (17%) than Swedish (3%) women (Jaeger 2000). Among 60-year-olds in Copenhagen County, 38% of males stated that they had been engaged in extramarital relations, while this was true for 22% of females (Eplöv 2002ab). Figures from the three female birth cohorts revealed an increase in unfaithfulness from the oldest to the youngest women (Nielsen 1986ab, Garde 1980). In two representative studies, male use of female prostitutes was examined, showing that 13% to 14% of respondents had had sexual contact with a prostitute once or more in their life (Melbye 1992; Schmidt 1989ab).

As for sexual satisfaction and frequency of sexual problems and/or dysfunctions among grownup Danes, Ventegodt (1998) found that 67% of females and 58% of males were "satisfied" or "very satisfied" with their current sex life. Eleven percent of women and 18% of men were "dissatisfied" or "very dissatisfied." A review from 2002 documented that even though the frequency of sexual problems and dysfunctions in the Danish population have been the issue of several studies, only one of these could comply with basic methodological requirements (Eplöv 2002c). Subsequently, the frequency of sexual problems and dysfunctions among adult Danes is poorly established. In a representative sample of the Danish general population, Ventegodt (1998) found the following female complaints: reduced sexual desire (11%), pain/discomfort during intercourse (3%), anorgasm (7%), and vaginismus (less than 1%). Common male complaints were: reduced sexual desire (3%), erectile problems (5%), premature ejaculation (5%), and anorgasm (less than 1%).

### C. Sexual Attitudes and Behavior of Elderly Danes

BO MØHL

#### *Sexuality in Old Age*

In 2000, the mean life expectancy of Danes was 74 and 79 years for men and women, respectively. Because of improved standards of living, the numerical and relative fraction of old-aged persons in the Danish general population has increased dramatically during the 20th century (in 2000 15% of the population was 65 or older) and to quote the WHO, "years have been added to life" as well as "life to years." Thus, a growing number of elderly people experience more years in good health. Among 80-year-olds, however, there are five times as many women as men, obviously making it difficult for a widow to find a new male partner.

Despite the fact that modern Denmark holds liberal attitudes towards sexuality, there is a perpetual tendency to look down upon sexuality in old age. The sex lives of older people are often neglected or depicted as ridiculous or even disgusting. The reason is clearly a lack of knowledge, but presumably also because of children's profound resistance to acknowledge and accept the sexuality of their parents, extending their reluctance to any old person. Elderly people who identify with the cultural prejudices of asexuality will often repress their sexual impulses and desires, resulting in a subsequent loss of sexual capacity and self-esteem.

Only a few studies of the sexuality of elderly Danes exist. Recent surveys among 60-year-old women and men (Eplöv 2002ab), however, describe attitudes and sexual lives of mature, urban people. A majority of both men and women had experienced different sexual practices during their lifetime, and relatively liberal attitudes existed towards sexual preferences such as homosexuality and transvestism. Pedophilia and incest, however, were deemed unacceptable. This is in accordance with the public opinion in Denmark and with the Danish edition of WHO's code of diagnoses (ICD 10), in which homosexuality and transvestism are no longer considered to be diseases.

Approximately, half of the women still felt spontaneous sexual desire once a month or more, and a similar number had intercourse at least once a month. Despite the fact that they had a partner, 11% of the women had no sexual activity. Further, in a sample of 66- to 75-year-old Danish and Swedish women, 45% were still coitally active, whereas the same was true for just 4% of the over-75-year-olds. A quarter of coitally active women in these age groups were still married. The same study revealed that just 1% and 17% of women and men over age 75 had had at least 10 lifetime partners, as contrasted with 42% of both women and men under age 35 (Jaeger 2000). In the above-mentioned studies of 60-year-olds (Eplöv 2002ab), about half of the men felt sexual desire once a week or more. More than half of them had intercourse at least once a month. Eleven percent of women masturbated at least once a month, and 90% of these were fully orgasmic. Two thirds of men masturbated, 40% once a month or more.

### Sexual Dysfunctions

The most common sexual problem among 60-year-old females was vaginal dryness (29%). Approximately, every tenth man of the same age had serious erectile problems, while 47% had never experienced this sort of problem. Ninety-five percent of women were satisfied with the way they had sexual intercourse; 68% of the men were content with their sexual life in general. Both sexes described a good sexual experience as more than just a matter of physical satisfaction. The contact with the partner and the circumstances surrounding the intercourse were considered equally important. In a study of 70-year-old women, 11% reported having a current sexual problem as opposed to 22% of 22-year-olds and 36% of 40-year-olds. One in ten 70-year-olds expressed a need for sexological treatment or counseling (Fog 1994).

Approximately, 80% of elderly people have at least one impairment or chronic disease (i.e., diabetes, cancer, dementia, cardiovascular, or rheumatic disease), affecting their sexual life and well-being negatively. Besides, many elderly persons take prescription drugs (i.e., SSRIs, anti-hypertensives, or painkillers), which may have negative impacts on their sexuality. Lack of knowledge and misunderstandings about sexuality in old age result in additional sexual problems. The age-related physiological changes of the body make adjustments in sexual practice and coital positions necessary. Especially for old persons brought up with a puritanical and negative attitude to sexuality, a change of deeply rooted habits and routines can be very difficult (Møhl 2002a).

In Denmark, there is a condescending saying about mature/old age: "Forty, fat, and finished." Sexually speaking, however, this motto should be changed to "Eighty, fresh, and fiery," as the chance that an 80-year-old has sexual interests and desires is much greater than the opposite. Though presumably, there are considerable variations in the sexual lives of elderly Danes, the majority are certainly *not* asexual. The contrary might well be the case. A change in attitudes is therefore called for, by laypeople as well as professionals (Møhl 2002b), and during recent years a public debate has occurred as to the sexual rights of elderly in nursing homes.

## 6. Homoerotic, Homosexual, and Bisexual Behaviors

CHRISTIAN GRAUGAARD

### A. A Brief Historical View

During the Middle Ages, sexual same-sex relations in Denmark were solely a matter of church law, but after the Lutheran Reformation (1536), sodomy was tried by secular

courts and punished in accordance with the Bible. Not until the Danish Code of 1683, however, was sodomy added explicitly to national statutes—it was considered a "contra-natural act" and sanctioned by capital punishment. Interestingly, only a few cases of sodomy between males have been documented in the period before the penal code of 1835, and it seems that most sodomy cases were resolved discreetly by administrative means (for an informative overview, see von Rosen 1994). Between 1835 and 1866, 14 men were sentenced, but the death penalty was routinely commuted to hard labor by the Royal Chancery. The new criminal code of 1866 reduced the maximal penalty to six years of imprisonment, but in practice, punishment for sodomy between consenting adults was considerably milder, usually 8 to 12 months in jail. With the Civil Penal Code of 1930, adult same-sex relations were decriminalized, but not until 1976 was the homosexual age of consent lowered to the same level as the heterosexual, namely 15 years. Historically, sexual relations between Danish women have only been considered scarcely problematic and such behavior was never an object of specific legal interest.

As elsewhere in Europe, the early modern *époque* gave rise to "homosexuality" as a circumscribed social phenomenon with a distinct personality and lifestyle of male homosexual persons. Prompted by early continental sexology, the modern homosexual gradually came into being, and in Denmark, too, the views on same-sex relations shifted from a question of morality, sin, or crime to being strictly a medical and/or forensic concern. No longer was homosexual behavior something which deviant people *did*, but rather something they *were*. Inspired by the writings of Richard von Krafft-Ebing (1840-1902), Danish *fin-de-siècle* doctors considered "genuine" homosexuality (as opposed to moral depravation) a degenerative condition of the central nervous system, and most Danish psychiatric textbooks of the period offer detailed descriptions on the concept of "contraire sexual instincts." In the first decades of the 20th century, however, the medical focus shifted towards the internal glands, and ambitious theories about homosexuality as a hormonal disturbance were put forward. In Copenhagen, Dr. Knud Sand (1887-1968) substantiated these through an elegant series of gonad transplantations in rodents and birds. Like Austrian Eugen Steinach (1861-1944), Sand believed that (male) homosexuality could be cured by restoring a proper testosterone balance, and during the 1920s, a number of Danish homosexual men underwent surgical procedures with transplantation of "heterosexual" gonads. This hormonal-deterministic viewpoint culminated in 1929, when the Danish Parliament passed the world's first Act on Sterilisation. The primary aim of the new legislation was to sterilize on eugenic grounds, but the law also warranted surgical castration on sexual delinquents or simply on persons whose sexuality caused them "mental suffering" or "social disparagement." By the late 1960s, just over 1,000 men (and some 10 women) had been legally castrated. Out of these, approximately 100 homosexuals underwent castration solely on the grounds of "mental suffering." (See Sections 7, Gender Diversity and Transgender Issues, and 8, Significant Unconventional Sexual Behaviors.)

Though no way near the proportions of "neighboring" cities like Hamburg or Berlin, a male homosexual subculture (and a modest male prostitution) gradually evolved in late-19th-century Copenhagen. Little by little, certain bars, secret societies, and meeting points became notorious homosexual territories, and one of the central parks of Copenhagen (Ørstedsparken) is still frequently used as an "erotic oasis" for men seeking sex with men. Initially, this was barely tolerated by philistines, legislators, and law-enforcement offi-



cers, and several scandals swept over town before the outbreak of World War I. As late as 1947, an opinion poll revealed that 61% of Danes considered same-sex relations to be worse than drunk driving, burglary, forgery, and rape (Albaek 1998), and in the postwar decades, an overheated moral panic again focused on depraved and subversive gay men. Thus, in 1961, a change of the Civil Penal Code criminalized male prostitution for the paying party, when the prostitute was under 21 years of age. This led to a considerable increase in police harassment and enabled numerous cases of blackmail. This so-called Ugly Law (*Den Grimme Lov*) was abrogated by Parliament in 1965. In 1967, male prostitution, as such, was legalized.

In 1948, the first homosexual organization in Denmark, simply called The Association of 1948, was founded. The Association soon began publication of the periodical *Vennen* [*The Friend*], later succeeded by *Pan*, which is still published. In 1980, the original organization changed its name to Landsforeningen for Bøsser & Lesbiske (Danish National Association of Gays and Lesbians) and though never truly radical, the Association has successfully managed to put various gay-related issues on the political and societal agenda. In the beginning of the 1970s, more activist homosexual groups evolved, and especially Lesbisk Bevægelse (Lesbian Movement), to some extent succeeded in bridging hard-core feminism with a lesbian lifestyle.

## B. Danish Homosexualities

Public attitudes towards homosexuality and homosexual persons have changed considerably since the sexual revolution of the 1960s. Thus, today the human rights of Danish homosexuals are (almost) on footing with heterosexuals. In May 1989, the Danish Parliament passed a pioneer bill on registered partnership between same-sexed persons, and on October 1, 1989, Axel and Eigil Axgil were married at the City Hall of Copenhagen as the first homosexual couple in the world. From 1989 to 1997, just over 5,000 individuals (two thirds males) were officially registered as partners (Frisch 2003). Despite legal equality, homosexual marriages are still not sanctioned by the Danish church. However, the atmosphere among Danish bishops is sympathetic towards ecclesiastical weddings, and priests are free to bless registered partners in their church. Unlike Sweden, Danish homosexuals are still not allowed to adopt (except for their own stepchildren), and following a fiery debate in the Parliament, it was decided that the Danish healthcare system should not assist lesbians in having children, nor should doctors be permitted to perform fertilizations of female same-sex couples. Still, a number of clinics, typically conducted by midwives, offer fertilization to lesbians with anonymous donor semen. The topic is still under debate, and a change of legal statutes is expected within a few years. Danish legislation explicitly bans sexual discrimination, and incidences of severe harassment or “gay bashing” are rarely heard of. In rural areas of Denmark, though, homophobia still abounds, and the Danish National Association of Gays and Lesbians hosts a telephone hotline for youngsters fearing to come out of the closet. Among urban 60-year-old males, 6% believe that homosexuality should be legally banned (Epløv 2002a).

According to recent studies, only 1.1% and 1.4% of Danish 31- to 33-year-old males and females, respectively, label themselves as homosexuals, while 1.3% and 1.6% claim to be bisexual (Ventegodt 1996). In a study of 18- to 88-year-olds, just 1% reported being homosexual (Ventegodt 1998). Among males aged 18 to 59, an overall 2.7% reported to have had homosexual intercourse. This percentage, however, was almost doubled in men aged 40 to 44 (Melbye 1992). Among Danish teenagers, about 5% of girls and boys reported to

have had intercourse with someone of the same sex (Rasmussen 1999). Despite these marginal figures, the homosexual subculture in Denmark is broad and vivid, and in major Danish cities, several gay-friendly bars, cafés, clubs, saunas, and discotheques exist. Gay Pride Parades (so-called Mermaid Pride) are conducted every summer in the streets of the capital (in 1996, Copenhagen was the official European Pride City), and the World AIDS Day (December 1) is solemnized among both homosexuals and heterosexuals.

As in other Western countries, the gay and lesbian community is dispersed and manifold, with a virtual abundance of lifestyles open to view (Lofstrom 1998). Along with late-modern life conditions and the gradual demolition of sharp, mutually excluding sexual categories, homosexuality is being further de-dramatized. Thus, even though few Danes presently label themselves as homosexuals, it is generally agreed upon that same-sex relations will eventually appear in a more-relaxed manner among younger people considering themselves (and considered by others to be) heterosexuals. The modern homosexual man, therefore, may be a “ghost of the past,” as more flexible and unpredictable sexual life forms evolve. This is a theme thoroughly investigated by the Danish sociologist, Henning Bech (1999ab, 1998ab, 1997).

## 7. Gender Diversity and Transgender Issues

ELSE MUNCK

### A. Brief Historical View

During the second half of the 20th century, knowledge of gender-conflicted persons has increased considerably in Denmark through art, literature, and the news media. Thus, as a predominant late-modern trend, the multiplicity of gendered roles, expressions, and behavior patterns are increasingly accepted, appreciated, and cultivated. Both individuals and subcultural groups are now challenging the traditional stereotypes of gender and curiously investigating and modifying the boundaries of traditional gender roles. Furthermore, transvestites, transgenderists, and transsexuals are no longer objects of prohibitions. There has been no Danish legislation against transgender behavior since 1966. A few years ago, the Ministry of Health even eliminated transvestism from the official diagnostic code.

In 1930, the Danish painter, Einar Wegener (1882-1931) became the first person in the world to undergo a partial sex-change operation in Dresden, Germany. Wegener was a patient of the German sex researcher Magnus Hirschfeld (1868-1935), and soon after the operation, he changed his name to Lily Elbe. Unfortunately, Elbe died following a subsequent operation, and though the circumstances remain unclear, it is possible that her death was caused by surgical complications. The first transsexual surgery in Denmark took place in 1952 on the American photographer George Jorgensen (1927-1988). Jorgensen had Danish ancestors and came to the country for hormonal treatment and possibly to have a sex-change operation. After the operation, she took the name of Christine Jorgensen, and the sensational affair became known all over the world—providing Denmark with a highly exaggerated reputation as a “transsexual paradise” for years to come (Meyerowitz 2002). Jorgensen later described “the Danish connection” in her autobiography (Jorgensen 1967).

### B. Current Perspectives

At present, about five to ten individuals undergo sex-change surgery each year in Denmark. During recent decades, gender-conflicted persons tend to be ever younger when they confront authorities with their desire to change sex, often as young as 16- to 18-years-old. The number of females wanting to change sex is on the rise, and currently,

the male-to-female and female-to-male cases have almost equalized. Previously, the ratio was relatively constant at about three to one. As of early 2003, a total of about 200 individuals have undergone a legal sex-change operation in Denmark. Additionally, an unknown number of Danish transsexuals are operated in other countries, mostly Thailand, Belgium, or England—by personal choice or because they were not legally accepted for surgery by the Danish authorities (Sorensen 1982; Hertoft 1978; Sturup 1976).

No specific legislation for cross-gendered persons exists in Denmark. Access to sex-reassignment surgery is regulated by a law originally from 1929 concerning sterilization and castration (see Section 6A, Homoerotic, Homosexual, and Bisexual Behaviors, A Brief Historical View). This law warrants voluntary castration in cases of potential criminal behavior or a considerable amount of “social disparagement” or “mental suffering.” The person must be at least 21 years of age. By tradition, however, the age of 25 has been recommended before sex-change surgery can be permitted. Admittance to sex-change surgery requires clinical/psychiatric visitation during at least two years, often more. In almost all cases, this takes place at the Clinic of Sexology in Copenhagen, which is the national center for sexological research, counseling, treatment, and education.

On the whole, the visitation for sex-reassignment surgery follows the guidelines drawn by the Harry Benjamin International Gender Dysphoria Association. The applicant is counseled by a multidisciplinary professional team evaluating medical, psychological, and social issues. The object is to ascertain whether the person has a strong and persistent cross-gender identification and a persistent discomfort with his or her assigned sex. During the “real-life diagnostic test”—that is living as the opposite gender during at least one year—the person’s ability to adapt him- or herself to the new gender role is observed. After one year, hormonal therapy may be instituted. Some transsexuals only desire partial surgical correction and some female-to-male transsexuals just want mastectomy and hormonal treatment. The transsexual him- or herself applies to the Department of Civil Law (The Ministry of Justice) for permission to change sex. The Department of Civil Law then consults the Medical-Legal Council (a board of psychiatric experts) before deciding on the matter. If a person is rejected he or she can try again, but there is no board of appeal.

At present, sex-reassignment surgery can only take place at the University Hospital of Copenhagen (Rigshospitalet). All expenses are covered by the state. Prior to the operation, the person may change his or her first name to a gender-ambiguous one. Not until after the operation, however, can identity papers, passport, and civil registration number be altered. The person is now legally considered an individual of the newly assigned sex and shares (almost) the same rights as other Danish citizens. Thus, transsexuals can marry, but would hardly be allowed to adopt children.

There are various Danish organizations fighting for the civil rights of transsexuals, transgenderists, and transvestites—and a number of gender-conflicted persons are affiliated with the FPE-NE, the Danish branch of Phi Pi Epsilon. Transgender people, however, are still quite invisible in public spaces and, though not legally or socially stigmatized to any great extent, the whole area of cross-gendering is still somewhat ridiculed.

An often-debated issue is the legal situation of transgenderists and transsexuals who live as the opposite sex waiting for (or not desiring) a full sex-change operation. For many years, a legal sex change could not take place prior to surgical reassignment. However, in March 2003, it was permitted for people to change their sex-specific civil registra-

tion number, birth certificate, and so on, without (or before) surgical intervention. Moreover, it has been argued that sex-reassignment procedures should be further liberalized and surgical sex change made fully available for persons who are not psychotic or otherwise severely mentally disturbed. This, however, is still a matter of great medical and political controversy.

The medical, surgical, and psychosocial treatment of intersex people is not systematized in Denmark, but in many cases, the Department for Growth and Reproduction at the University Hospital of Copenhagen (Rigshospitalet) conducts the treatment and long-term follow-up of these patients. A nationwide study concerning the overall quality of life of intersex people was initiated at this department in 2001.

## 8. Significant Unconventional Sexual Behaviors

ELLIDS KRISTENSEN

### A. Coercive Sexual Behaviors

#### *Basic Statistics*

In Denmark, just under 3,000 cases of sexual crime are reported to the police every year, and in approximately one third of cases, legal proceedings are instituted. In 2001, a total of 912 charges were pressed: offenses against minors (including 38 cases of incest) 29%, offenses against decency (including exhibitionism) 49%, and rape 22%. Just over half of the charges (497) resulted in a conviction or other legal measures. Only eight charges were raised against women, emphasizing the well-known male predominance in sexual crimes. The charges against female perpetrators concerned incest and offenses against decency, and only two of these resulted in legal measures.

Because of both international and domestic focus on incest and pedophilia, public as well as governmental awareness of this problem has been raised considerably during recent years. Thus, in 2000, a center for treatment of sexually molested children was established at the University Hospital of Copenhagen (Rigshospitalet), and many Danish counties now have professional committees that can be consulted in suspected or factual cases of child sexual abuse. Additionally, many voluntary groups offer support to adolescents and adults who have been sexually abused recently or as juveniles.

#### *Child Sexual Abuse*

A study of child sexual abuse in the Copenhagen area was undertaken two decades ago (Merrick 1985), and two studies have recently been published (Strange 2002; Helweg-Larsen 2000). Moreover, Leth (1988) established that out of 2,000 demographically representative 18- to 50-year-old Danes, sexual abuse before the age of 18 was reported by 14% of females and 7% of males. More than one third of instances were reported to have taken place within the family. Also, the specific problems regarding child sexual abuse in Greenland have recently been evaluated (Curtis 2002). In 1998, a multi-center study of women sexually molested as children was launched at five psychiatric departments—400 women participated in this program and follow-up studies are still in progress as of early 2003.

Decriminalization of pornography in 1967 and 1969 also legalized child pornography, and not until 1980 was sale and propagation of this kind of material prohibited. In 1994, the possession of child pornography, too, was made illegal, and in 2002, additional types of drawings and computer-generated material were criminalized. The correlation between pornography and sex offenses has been studied for decades in a Danish context, and not least in the case

of rape and child abuse, results have indicated that availability of pornography might decrease the number of offenses actually committed (Kutchinsky 1991, 1989, 1973).

### *Rape and Sexual Harassment*

With a total of 202 criminal charges in 2001, rape is still a major problem. The difficulties of producing conclusive evidence in rape cases are illustrated by the fact that only one third of the charges result in a conviction. This is, however, an increase compared to 1975, where only 18% of charges resulted in an actual conviction (Helweg-Larsen 1985). In 2002, the maximum penalty for rape was increased to 12 years of imprisonment. Since 1999, a number of shelters for male and female rape victims have been established. These have led to an upgrading in the medicolegal and psychological management of rape victims. Victim-compensation laws give rape victims the right to compensation for damages in connection with the sexual assault. The frequency of unreported "acquaintance rape" is not known.

In recent years, a number of cases have been brought to court regarding sexual harassment, often conducted by trade unions on behalf of one of their members. Regularly, these cases catch the attention of the public, particularly if they involve politicians or other well-known persons. However, as no controlled studies of sexual harassment exist, it is difficult to estimate the true number of cases. Following the recommendations of the European Union, the Danish legislation was changed in 2002. Earlier, the alleged victim had to prove that sexual harassment had in fact taken place, but now he or she just has to make probable that sexual harassment has occurred, leaving it to the alleged offender to refute the accusation in order to be acquitted of the charge.

### *Treatment of Sexual Offenders*

In addition to normal punitive measures, the Penal Institution at Herstedvester (Copenhagen) for decades has been treating violent sex offenders. Between 1929 and 1970, surgical castration was used in a total of 1,000 cases (Sturup 1971, 1968), but since then, the predominant treatment of sexual offenders has been intensive psychotherapy. Since 1989, a subgroup of sex offenders (3 or 4 annually) has received additional treatment with anti-androgens (Hansen 1997; Ortmann 1980).

The Sexological Clinic in Copenhagen has offered psychiatric/sexological treatment to sexual offenders since its founding in 1986. In 1997, a nationwide visitation and treatment network was established by the Danish Parliament in order to extend the psychiatric/sexological treatment to all those who had been convicted for a sexual crime and were found suitable and motivated. About 100 sex offenders are treated every year. The treatment is based on collaboration between the Department of Justice, the Ministry of Social Affairs, psychiatric-forensic departments in Jutland and Funen, and the Sexological Clinic in Copenhagen (Kristensen 2000). A follow-up report concerning the first five years was in preparation in June 2003.

### **B. Prostitution**

See Sections 1B, Basic Sexological Premises, Basic Outlines of Sexual Behavior and Knowledge, 5B, Interpersonal Heterosexual Behaviors, Adults, and 6A, Homosexual, Homosexual, and Bisexual Behaviors, A Brief Historical View.

### **C. Pornography**

See Sections 1B, Basic Sexological Premises, Basic Outlines of Sexual Behavior and Knowledge, 5B, Interpersonal Heterosexual Behaviors, Adults, and 8, Significant Unconventional Sexual Behaviors.

### **D. Other Sexual Minorities**

CHRISTIAN GRAUGAARD

A Danish association for sadomasochists (SMil) was founded in 1979 and today, it has local branches in several Danish cities. SMil publishes a periodical, offers education and counseling, and hosts SM events of various kinds. Just like other sexual subcultures, sadomasochistic trends have been gradually mainstreamed through art, the media, and popular culture. Thus, public "fetish parties" have become quite popular in major cities during recent years, but it is unknown to what extent adult Danes engage in sadomasochistic behavior. However, it is suspected that mild forms of bondage are quite widespread, and a number of fetish shops have emerged in several Danish cities in recent decades.

Danish transsexuals and transvestites (see Section 7, Gender Diversity and Transgender Issues) are united in FPE-NE (the Danish branch of Phi Pi Epsilon), and associations for every conceivable sexual preference (such as infantilism, swinging, and all sorts of fetishism) abound. Because of the smallness of Denmark, however, these associations mostly have the form of private clubs, and only the Danish National Association of Gays and Lesbians—and to a lesser extent SMil—hold any genuine political and popular impact. A group of Danish pedophiles has launched Pædofilgruppen (Danish Pedophile Association), which hosts a website on the Internet ([www.danpedo.dk](http://www.danpedo.dk)). Though supposedly diminutive, the group has recently attracted vast public attention, and both political and non-political forces are currently trying to have it abolished.

See Section 5B, Interpersonal Heterosexual Behaviors, Adults, for other paraphilic behaviors.

## *9. Contraception, Abortion, and Population Planning*

HANNE RISØR

### **A. Contraception**

Generally, Danish people have good knowledge of contraceptives, and accessibility is satisfactory. The following contraceptives are readily available and commonly used: oral contraceptives (including progesterone-only pills), condoms, IUDs, hormone implant sticks, diaphragms, and oral postcoital contraceptives. High-quality condoms can be purchased at pharmacies, drugstores, supermarkets, gas stations, and from vending machines in many public toilets. In some bars and nightclubs, they are available for free, but normally one has to pay. Since July 2001, postcoital contraceptives ("emergency pills") are sold at pharmacies without a prescription. Subsequently, an increase in use has been detected and by early 2003, around 3,500 therapeutic doses were purchased every month.

No credible statistics exist regarding the use of contraceptives in Denmark, but from sales figures we know that around one third of fertile Danish women use oral contraceptives. Almost half of 20- to 24-year-olds use oral contraceptives. In a representative survey study among adolescents, more than two thirds of respondents used a condom at their coital debut, whereas 14% used contraceptive pills. Sadly, one quarter of youngsters did not use any kind of contraception at their first sexual intercourse—and 43% of sexually experienced boys deemed condoms unpleasant or difficult to use. Moreover, a quarter of sexually experienced girls had used emergency contraceptives at least once (Rasmussen 1999). IUDs and diaphragms are rarely employed by young women, and the general use of IUDs has been declining during recent years. Natural family planning methods are seldom used by youngsters.



If a woman wants personal (prescription) contraception, she must consult her general practitioner (Denmark has a GP for every 2,000 people) or go to a family planning clinic in one of the major cities. Counseling on contraceptive issues is an integrated part of the general health service, but contraceptive devices have to be paid for. Furthermore, Danes aged 25 or more can undergo a sterilization free of charge. Counseling, though, is mandatory prior to surgery. In 1999, 5,470 males and 5,370 females underwent sterilization (2 to 3 per 1,000 inhabitants).

Since 1966, youngsters who want medical counseling about contraceptives do not need the consent of their parents, and any GP can be approached anonymously and free of charge. In addition to obligatory sex education in schools, information about contraceptives are available through leaflets, women's magazines, telephone hotlines, and counseling on the Internet (Graugaard 1998). (See also the end of Section 5A, Interpersonal Heterosexual Behaviors, Adolescents.)

### B/C. Abortion and Teenage Pregnancies

The first bill legalizing abortion was passed by the Danish Parliament in 1939. This legalized abortion on tightly regulated medical or social grounds. A second bill was passed in 1971. This law allowed women over age 38 to have an abortion before the end of the 12th gestational week. Younger women who had more than four children under the age of 18, or presented serious medical or social issues, could also have an abortion before the end of the 12th gestational week. These rather restrictive laws forced many women to give birth to children that they could not manage, and for decades, a black market for illegal (and often hazardous) abortion flourished. It is estimated that some 18,000 illegal abortions were carried out annually during the 1950s.

On October 1, 1973, the Danish Parliament legalized abortion before the end of 12th gestational week. After this time, women can still obtain an abortion, but her application now has to be approved by a regional abortion council consisting of a gynecologist, a psychiatrist, and a lawyer. Dispensations are routinely given on medical, social, and psychological grounds. However, legal abortion after gestational week 20 to 22 is rarely approved. Only 2% to 3% of abortions take place after week 12. Adolescents below the age of 18 must have their parents' consent in order to apply for an abortion. Dispensations are sometimes given by the councils (usually on social grounds). All council decisions can be brought before a board of appeal.

Legal abortion must take place at a public hospital and is free of charge. A doctor can refuse to perform abortions on personal ethical grounds, but in practice this rarely happens. Medicinal (mefipristone or RU-486) abortions have been available at major hospitals for a couple of years and currently make up one third of all cases. Abortions are generally accepted and taken for granted, and a survey from 1995 established that 95% of 18- to 44-year-old Danes consider induced abortion before the end of the 12th gestational week a basic human right (Norup 1997). Religious groups regularly protest against the current legislation, but although a pro-life-inspired association exists (Retten til Liv [The Right to Life]), rabid abortion opponents are marginal and seldom heard of. Only one political party (the Christian Democrats, currently holding four of 179 seats in the Parliament) opposes legal abortion.

The number of abortions peaked in 1975 at 27,884, and since then, it has gradually decreased. In 2000, a total of 15,681 women had a legal abortion, a fifth of the total number of known pregnancies. The same year, 1,954 women between ages 15 and 19 had an abortion (abortion rate 14.3 compared to 12.5 in total). The relatively highest number of

abortions is seen among 20- to 24-year-olds (abortion rate 19.9), whereas the abortion rate is around 18 for women aged 25 to 34. The abortion rate is predictably higher among urban women.

The number of teenage pregnancies in Denmark is relatively low, supposedly because of sex education in schools, counseling measures, and availability of contraceptives. Very few pregnant teenage girls want to carry through with the pregnancy, so a majority of these choose to have an abortion. In 2000, 216 women between ages 15 and 19 gave birth to a child, while 1,954 had an abortion. Among sexually experienced teenage girls, around 7% reported to have had an induced abortion (Rasmussen 1999). This pattern is seemingly different among second-generation ethnic minorities, who typically have their first child at a slightly younger age.

### D. Population and Family Planning

During the "baby boom" of the 1960s and 1970s, the population increase in Denmark was around 40,000 per annum. In the 1980s, however, it was just a few thousand. Thus, from 1965 to 1985, the number of newborns went down from 85,796 to 53,749. In 2000, 67,081 live babies were born and the population growth was 18,593. In 1800, the population of Denmark was a little less than one million, while it is estimated that there will be 6.2 million Danes by year 2040.

Currently, Danish women have their first child at an average age of 27 years, and on the average, every woman has 1.73 children. In the postwar decades, it was common for women to have their first child between ages 23 and 25, or younger. The current marked postponement is mainly thought to be because of socioeconomic circumstances (better contraceptives, legal abortion, educational changes, and gender equality), but a possible deterioration of the fertility has also been speculated to be of importance (Jensen 2002). In most families, both parents work and the majority of Danish preschool children are in daycare institutions. Family planning is encouraged by free access to counseling on contraceptives, and both sterilization and legal abortion are free of charge. All families with children under the age of 18 receive a government paycheck four times a year.

The Danish Family Planning Association (Foreningen Sex & Samfund) was founded in 1956 by Dr. Agnete Braestrup (1909-1992), and today it conceives itself as a "watchdog" of sexual and reproductive rights in Denmark and abroad. The purpose of the association is to sustain and enhance sexual possibilities and well-being for individuals of all ages and backgrounds, and domestically, STDs, contraceptives, and sex education in schools are among its top priorities. The Danish Family Planning Association runs a telephone hotline and a website targeted at adolescents ([www.sexlinien.dk](http://www.sexlinien.dk)). Moreover, the association hosts a database on abortion and contraceptives ([www.abortnet.dk](http://www.abortnet.dk)), and a clinic offering anonymous and free counseling for Copenhageners. An educational service for school classes is also provided. Over the years, the association has published various information materials in different languages (i.e., Turkish and Arabic), in addition to books on sexual counseling and sex education. Since its foundation, the Danish FPA has been an active member of the International Planned Parenthood Federation (IPPF), and it currently conducts and supervises a number of projects in the developing world.

### E. Sexual and Reproductive Health and Rights

Denmark has officially participated in all United Nations' conferences on population and development since Teheran 1968. At the International Conference on Population and De-

velopment (ICPD) in Cairo in 1994, Denmark supported the Program of Action and sympathized strongly with the shift from traditional family planning to more comprehensive notions of sexual and reproductive health and rights. Traditionally, Denmark has been a major donor behind UNFPA and IPPF, and though recently struck by major domestic cut-backs, the governmental aid organization (DANIDA) funds extensive developing programs in the Third World. A number of these aim specifically at the empowerment of women. Unfortunately, there is much less focus on the followup of the ICPD's Program of Action today than in 1994. In general, HIV/AIDS has gotten a much higher priority than more-basic themes of sexual and reproductive health and rights. There is still a lot to do.

## 10. Sexually Transmitted Diseases and HIV/AIDS

CHRISTIAN GRAUGAARD

### A/B. Basic Figures

The incidence of classic sex diseases has been rapidly declining during the second part of the 20th century: Syphilis is hardly ever seen (51 cases in 2001), whereas the number of gonorrhea cases has decreased from over 10,000 in 1983 to just 309 in 2001. When it comes to chlamydia and venereal warts, however, numbers are considerably more worrisome: It is estimated that one fifth of sexually active adolescents are infected with HPV, and the number of diagnosed chlamydia cases has been on the rise for several years. The incidence of the latter was 283 per 100,000 in 2001, and out of 15,150 annually reported cases, two thirds concerned patients aged 15 to 24. It is estimated that 7% of sexually active youngsters currently have a chlamydial infection. (See also Section 5A, Interpersonal Heterosexual Behaviors, Adolescents.)

Like other European countries, Denmark was struck by the first AIDS cases in the early 1980s. Initially, an uncontrolled epidemic was feared, but although more extensive than in neighboring Sweden and Norway (Amundsen 2000), the spread of HIV has remained modest over the years. By June 2002, a total of 3,335 Danes had been diagnosed with HIV, and around 2,500 persons were then receiving treatment at one of five Danish HIV centers. Estimates show that the prevalence of HIV in the general population is 0.1% (0.03% among heterosexuals, 4.8% among homosexuals) (Smith 2003). In 2000, the overall incidence of HIV was 4.8 per 100,000 and in 2001, a total of 304 persons (213 males, 91 females) were diagnosed with HIV. Half of the newly diagnosed were aged 29 to 39, and nearly half resided in the greater Copenhagen area. In 2000, the annual HIV incidence here was 15.5 per 100,000, while it was below 5 per 100,000 in most rural areas. One third of the infected persons were men having sex with men, whereas almost half were infected heterosexually. The remainder caught the disease through intravenous drug abuse, blood transfusion, or from an infected mother. Slightly more than one third of newly infected persons were emigrants (especially from Eastern and Central Africa). One third of heterosexually infected persons contracted the disease abroad. The number of infected persons below the age of 25 has been declining between 1990 and 1999. In 2001, the median age at diagnosis was 37 and 29 for males and females, respectively.

In 1874, it became legally mandatory for venereal patients to seek medical treatment, and throughout the 20th century more or less restrictive laws sought to regulate the behavior and civil rights of persons infected with STDs. In 1988, however, the legislation on STD was completely abolished and Denmark became the only country in the

world to base examination, treatment, and partner notification entirely on mutual trust between patient and doctor. Thus, full anonymity exists regarding STD and HIV/AIDS, the rationality of which is intermittently debated. Following a vivid public discussion, the Parliament in 1994 made it punishable for "known" HIV-positives to deliberately have unprotected sex.

HIV testing in Denmark is anonymous and free of charge and can be performed either by the family physician or at a public Venereal Clinic. In 2000, a total of 134,116 tests were performed. A central surveillance system exists for both STDs and HIV/AIDS, but registration is strictly anonymous (Smith 2003). Since the mid-1980s, several HIV campaigns have been launched by the central health authorities, and contrary to some European countries, it has been paramount to avoid the fear factor in favor of relaxed and matter-of-factly information—not emphasizing sexual abstinence, but focusing on thoughtfulness and the joys of "safe sex" (Wielandt 1993).

[Update 2002: UNAIDS Epidemiological Assessment: By the end of 2001, the cumulative total of 3,255 known cases of HIV infection was reported. An anonymous HIV case-reporting system was implemented in August 1990. Data collection includes information on risk behavior, previous testing and results, and on nationality. The number of HIV tests conducted are reported monthly. No routine screening programs exist except for blood donors. The annual number of voluntary tests done is around 130,000 (2.5% of population) and cross-sectional studies have shown that the rate of retesting is relatively high and increasing. The number of persons below 30 years of age seeking testing is high as well.

[All data indicate that HIV-incidence has been stable for many years, with an overall annual incidence of around 230 (4.3 per 100,000), 2.2 per 100,000 among men who have sex with men, 180 per 100,000 among injection drug users, and 2 per 100,000 among heterosexuals. However, because of the decreasing AIDS-morbidity and -mortality resulting from HAART, the number of people living with HIV is increasing, and reached the highest number ever by the end of 2001, with an estimate of 15 per 100,000 population. The infectious burden in Danish society is estimated to be increasing, although the annual HIV incidence is unknown and very difficult to estimate with the existing surveillance tools.

[Cross-sectional studies on knowledge, attitude, and behavior among men who have sex with men have been conducted since 2000. The first results indicate that many of them were still practicing unsafe sex that may expose them to HIV. Such results may have great implications for prevention work.

[Incidence of syphilis has been fairly low for many years, while the incidence of gonorrhea has decreased since the mid-1980s. But there was a slight increase in the last few years, mainly among men. The annual incidence of chlamydia has not changed in recent years and is still relatively high; it is highest among young women age 20-24, with an annual incidence of around 2.2%.

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

|                     |                    |
|---------------------|--------------------|
| Adults ages 15-49:  | 3,800 (rate: 0.2%) |
| Women ages 15-49:   | 770                |
| Children ages 0-15: | < 100              |

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

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

### C. Sex Education and Legal Measures

Over the years, mandatory sex education in elementary schools has been tentatively expanded and improved, and surveys among Danish adolescents have continuously revealed a general high level of knowledge and an overall satisfaction with AIDS-education in schools (Rasmussen 1999; Krasnik 1990). However, around one fourth of youngsters still have sex the first time without using any contraception (see Section 5A, Interpersonal Heterosexual Behaviors, Adolescents). A state-funded AIDS hotline was launched in 1986, and in 2002, it received more than 9,000 calls. At the Adolescent Sexuality Hot-Line (run by the Danish Family Planning Association), around 12% of callers inquired on STD and HIV/AIDS related issues.

As in other countries, several organizations and services are specifically targeted at HIV-positive persons. These are increasing in number because of recent advances in antiviral treatment (and subsequent survival). Thus, in 1995, 43 per million inhabitants died of AIDS, compared with just 5 per million in 1998. The World AIDS Day (December 1) is solemnized in major Danish cities, but contrary to the USA, no Act Up movement exists.

## 11. Sexual Dysfunctions, Counseling, and Therapies

GERD WINTHER

### A. Availability of Sexological Counseling

Despite the fact that Scandinavia is often considered to be among the most sexually liberated countries in the world (Graugaard 1997; Rasmussen 1996; Westrup 1993), a fair share of Danes will experience sexual problems of some kind during their lifetime. Unfortunately, only few valid studies have been carried out concerning sexual problems, but some useful cohort studies exist (see Section 5, Interpersonal Heterosexual Behaviors). In these studies, the prevalence of self-assessed sexual problems in various age cohorts was reported to be between 5% and 22%, and one might suspect the frequency of unreported sexual troubles to be substantial.

Since the inter-war period, the Danish Parliament has discussed the possibility of creating public sexological clinics, but it took almost 50 years before the first one was established in 1986 at the University Hospital of Copenhagen (Rigshospitalet) (Hertoft 1991; Spanager 1987). As yet, this is the only clinic of its kind, although it was originally intended that similar clinics should be opened in the cities of Odense and Aarhus. A few other hospitals in Denmark provide minor sexological services free of charge. To some degree, general practitioners offer free psychological counseling to their patients, but only a slight minority of Danish GPs have any formal sexological training. Counseling on STDs and contraceptive issues, however, is almost completely carried out by the family physician. Furthermore, a range of private or semi-private initiatives exist: A nationwide telephone hotline and a counseling clinic are being run by the Danish Family Planning Association, and various sexual subcultures (i.e., homosexuals and sadomasochists) offer free and anonymous counseling, personally or by phone or the Internet. The availability of sexological treatment is considerably better in the metropolitan areas of Copenhagen, Odense, and Aarhus than in more-rural districts of Denmark.

As of early 2003, around 200 Danish sexologists are unionized in the Danish Association for Clinical Sexology (DACS), which offers a multidisciplinary environment for doctors, nurses, psychologists, social workers, midwives, physiotherapists, and occupational therapists. Some members are in private practice, while others work part-time

with clinical, theoretical, and/or didactic sexology. DACS was founded in 1981 at a Copenhagen meeting of the Nordic Association for Clinical Sexology (NACS) (Jensen 1994). More than 400 people have been members of DACS since its foundation. The aims of DACS are to make sexological services more readily available in Denmark, to train professionals, and to provide them with a competent sexological forum through postgraduate courses and seminars, a scientific journal, and annual Nordic meetings (besides Denmark, NACS currently consists of Sweden, Norway, Finland, Iceland, and Estonia, a recent new member).

### B. Views on Sexual Dysfunction

The Danish healthcare system uses the WHO's ICD diagnosis system, but in the middle of the 1970s, when Dr. Preben Hertoft's team began treating people with sexual dysfunctions at the University Hospital of Copenhagen, a supplementary diagnostic system was developed, inspired by Helen Singer Kaplan's and Masters & Johnson's theoretical framework and diagnostic taxonomy (Winther 1990; 1982; Møhl 1988). During the 1970s, the most common sexual problems were female orgasmic dysfunction (61%) and male erectile difficulties (73%) (Spanager 1987; Winther 1982). Throughout the 1980s and 1990s, the situation gradually changed, and a growing number of patients of both sexes now presented various desire problems. A much lower percentage (about 20%) was now women with orgasmic problems, while the percentage of men with erectile dysfunction remained about the same. Cases of premature ejaculation, on the other hand, were far fewer than in the 1970s, and today many of those treated for this problem are born outside of Denmark (Faber 1991). The spectrum of diagnoses and therapeutic procedures outside the Sexological Clinic is unknown. (See also the end of Sections 5B, Interpersonal Heterosexual Behaviors, Adults, and 5C, Interpersonal Heterosexual Behaviors, Sexual Attitudes and Behavior of Elderly Danes.)

Since the early days of modern Danish clinical sexology, the main therapeutic approach has been psychodynamic, especially inspired by the concepts and procedures of Helen Kaplan, supplemented by behavioral instructions *ad modum* Masters and Johnson. Treatments are preferably based on holistic biopsychosocial principles. From the very beginning of sexual dysfunction treatment in couples, marital dynamics have been an integral part of therapy and counseling. The Danish language has a word for the integration of marital and sex therapy, namely *samlivsterapi* ("cohabitation therapy"), which indicates that the total life situation of the couple is focused upon, rather than just their sexuality. Outside the academic world, private "sexological" services of every kind abound—from Tantric techniques to body-centered therapy. Moreover, a few urologists specialize in erectile dysfunction. Just one or two plastic surgeons offer penile augmentation surgery, thus genital reconstruction treatment is scarce and generally frowned upon by professionals.

### C. Sexological Training and Certification

Since 1972, voluntary sexological courses for medical students have been provided at the University of Copenhagen—originally lasting for one week, but later divided in two separate courses (Hertoft 1992; Wagner 1976). Until 1995, the medical school at the University of Aarhus (Jutland) also offered voluntary courses, while the medical school at the University of Odense (Funen) has had a mandatory sexology course since the late 1980s. Preben Hertoft wrote the first Danish textbook of clinical sexology in 1976 (third edition 1987), and this is still widely used. Sexology



is a voluntary elective part of the training to become a general practitioner.

Starting in the late 1960s, psychology students at the University of Copenhagen had access to sexological lectures by Inge and Sten Hegeler (Hegeler 1963), and voluntary courses of basic sexology are still a part of the curricula at the Faculty of Psychology in Copenhagen. Furthermore, several institutions of higher education offer intermittent sexological courses, though a certain decline has sadly been detected over the past ten years. Educators and social workers dealing with disabled or mentally handicapped people typically have to pay for sexological training themselves. However, voluntary postgraduate training is sometimes offered free of charge by various Danish counties (Butten-schon 1994).

DACS has provided postgraduate therapy and counseling courses since 1982. Around 250 postgraduate students have completed such courses as of early 2003. In 2001, NACS passed a joint agreement on common rules for certification in clinical sexology and in sexual counseling (Fugl-Meyer 2001). Since then, DACS has launched a three-step postgraduate education (Basic Sexology, Clinical Sexology I, and Clinical Sexology II), which meets the inter-Nordic demands and is equivalent to two years of full-time university studies. Before achieving authorization in Clinical Sexology, students have to go through a formal psychotherapeutic education. A specialist board under DACS assesses all applications for authorization, and these later must be confirmed by a similar board under NACS. Finally, the student is authorized as Specialist in Sexological Counseling or Specialist in Clinical Sexology.

## 12. Sex Research and Advanced Professional Education

LENE FALGAARD EPLOV, ANNAMARIA GIRALDI,  
and CHRISTIAN GRAUGAARD

### A. Epidemiological Sex Research

Epidemiological sex research in Denmark is scarce despite the fact that conditions for exactly this kind of research are optimal: Every Dane is assigned a 10-digit civil registration number that follows the person lifelong, making register studies and prospective designs highly favorable. Furthermore, the population is small and homogeneous, and national registers of all sorts virtually abound.

Although the amount of epidemiological sex research in Denmark is not impressive, it all started out quite well. When Alfred C. Kinsey made his revolutionary research in the United States, the Danish psychiatrist Kirsten Auken (1953) interviewed 315 young Danish women about their sexual lives. Subsequently, Preben Hertoft (1968) studied the sexual lives of young Danish men. Inspired by the methodology of Shere Hite, Temte (1984, 1983) published two surveys in the early 1980s based on questionnaires distributed by a "word of mouth method." Although historically interesting, these studies do not meet strict epidemiological standards.

Moreover, a long Danish tradition exists as to the sexual attitudes and behavior of adolescents (see Section 5A, Interpersonal Heterosexual Behaviors, Adolescents), and this is naturally reflected in research. A few studies are especially worth mentioning:

- Three representative studies among pupils in 9th grade in a municipality in Jutland (Boelskifte 2002ab; Rasmussen 1994, 1987).
- A study among all pupils in the 8th, 9th, and 10th grades, in high schools, and similar youth education settings in Copenhagen (Rasmussen 1991).

- A nationwide study among adolescents (Rasmussen 1999).
- Two nationwide studies concerning risk behavior in relation to HIV/AIDS (Melbye 1992; Schmidt 1989ab).
- A longitudinal cohort study (The Glostrup Population Study) among adult Danes living in suburban Copenhagen (Eplöv 2002abc; Fog 1994; Lendorf 1994; Solstad 1993ab; Garde 1980).

To picture the full scope of sexological epidemiological research in Denmark, a comprehensive review was conducted in 2002 (Eplöv 2002c). Altogether, it was possible to identify 49 population studies, 34 of which were found to be representative. Among these, 14 had adolescents as a target group, and in six studies, the aim was to examine sexual behavior of people under the age of 30. Only 10 out of the 34 studies were nationwide, and out of these, six dealt with adolescents. Out of the remaining four studies, three examined risk behavior in relation to AIDS, one study only included men and one study studied mixed Danish/Swedish material. The last study only included five questions about sex.

In sum, it must be emphasized that additional epidemiological sexological research is needed in order to obtain a thorough picture of the sexual lifestyles of Danes. Thus, a comprehensive, representative population survey covering issues of sexual desire, activity, behavior, dysfunctions, and satisfaction is still lacking.

### B. Biomedical Sex Research

In Denmark, a long research tradition exists on reproductive physiology, andrology, urology, and sexology. In the area of male and female genital physiology, one of the pioneers is Dr. Gorm Wagner, who for decades was affiliated with the University of Copenhagen. In females, Wagner's research has focused on vaginal function and the changes during orgasm. This work was carried out in collaboration with Roy Levin from Great Britain. Wagner and Levin developed new methods to measure vaginal blood flow and lubrication, and in numerous articles they have described the mechanism underlying vaginal lubrication (Levin 1985; Wagner 1978). Their work has added tremendous insight into the physiological function of the vagina. In collaboration with a Danish gynecologist, Bent Ottesen, the research was expanded to cover the effect of various hormones, especially Vasoactive Intestinal Polypeptide (VIP) and its possible sexual role and distribution along the genital tract (Ottesen 1987, 1983).

Wagner has also been a pioneer in the area of male sexual function, especially erectile function and dysfunction. He has developed new methods to evaluate erectile function, in addition to research on various aspects of penile surgery and pharmacological agents. Much of this work was done in collaboration with several other prominent Danish researchers, i.e., Thomas Gerstenberg, Anders Uhrenholdt, Jorgen Ebbehoj, Peter Metz, and Giles Brindley from the UK. Over the years, the work done by these researchers has added tremendously to the understanding of erectile mechanisms (Wagner 1989, 1981; Ebbehoj 1985, 1974; Metz 1983). Gorm Wagner was one of the founders of the International Society of Impotence Research (ISIR) and the *Journal of Impotence Research*.

In the field of andrology and reproductive medicine, Niels E. Skakkebaek at the University Hospital of Copenhagen (Rigshospitalet) is one of the leading scientists. His department works in several areas, but especially the investigation of prenatal environmental exposures in testicular cancer and semen quality has attracted international attention during recent years. Skakkebaek's team has shown a low and decreasing sperm quality in Danish men (Auger

2001; Andersen 2000) and linked this to the recent decline in fertility rates in the industrialized world (Jensen 2002).

Fin Biering-Sorensen and Jens Sonksen have done extensive work on men with spinal cord injury, describing their sexual function and developing new methods to treat their erectile and ejaculatory dysfunction. The latter is of great importance in order to prevent infertility in this group of often younger men (Biering-Sorensen 2001).

Finally, an important research area in Denmark is the treatment of torture victims suffering from post-traumatic somatic and psychosexual problems (Lunde 1990; Larsen 1987). ETICA (Treatment Centre for Traumatized Refugees, Migrants, and Danes) offers treatment to torture victims and also participates in education, counseling, supervision, and research. One of their priorities is research on sexual torture.

### C. Humanistic Sex Research

As elsewhere in Europe, scientific sex studies were originally dominated by a biological discourse, and during the inter-war period, Danish investigators were among the pioneers of sex hormonal research (see Section 6A, Homoerotic, Homosexual, and Bisexual Behaviors, A Brief Historical View). In the post-Kinsey years, however, new perspectives on sexual behavior and interactions gradually came about, and in 1953, Kirsten Auken published an important thesis on the sexual lives of female adolescents (Auken 1953). Auken was openly inspired by Alfred Kinsey's reports and met with her acclaimed American colleague during his roundtrip of Scandinavia in 1955. Until her premature death in 1968, Auken maintained a sociological/humanistic angle towards sex research issues, and a number of her younger protégés published significant sexological work in the years following her dissertation. Not least, Preben Hertoft (1968) published a doctoral thesis on the sexuality of adolescent Danish men.

In the early 1970s, new approaches to body, sexuality, gender, and sexology emerged and, stimulated by (post) feminist and Foucaultian thinking, numerous constructionist studies of variable form and quality have occurred. Among the prominent sex researchers in the field of sociology and human science are the late criminologist Berl Kutchinsky (the societal effects of pornography), folklorist Karin Lützen (lesbian studies), historian Wilhelm von Rosen (gay studies), historian Bente Rosenbeck (female studies), historian Hans Bonde (male studies), historian Morten Thing (history of pornography), and art historian Rune Gade (aesthetics of pornography). Foremost, sociologist Henning Bech has published extensively on masculinity and male homosexuality (Bech 1999ab, 1998ab, 1997). During recent years, several queer-study-oriented scholars have emerged, and literary historian Dag Heede (2001) has launched an ambitious "queering" of the Danish literary canon—from Hans Christian Andersen to Isak Dinesen (Karen Blixen), from Nobel Prize-winning Johannes V. Jensen to contemporary Klaus Rifbjerg.

### D. Sexological Organizations

Denmark has a good number of special-interest sexological organizations. Four of the more important ones are:

Danish Association for Clinical Sexology (DACS), Gronhojgaardsvej 147, DK-2630 Taastrup, Denmark; tel./fax: 45/43 99 66 19; email: dacs@klinisksexologi.dk; www.klinisksexologi.dk.

The Danish Family Planning Association, Skindergade 28, DK-1159, Copenhagen K, Denmark; tel.: 45/33 93 10 10; fax: 45/33 93 10 09; email: danish-fpa@sexogsamfund.dk; www.sexogsamfund.dk.

Danish National Association of Gays and Lesbians, Teglgaardsstraede 13, DK-1007 Copenhagen K, Denmark; tel.: 45/33 13 19 48; email: lbl@lbl.dk; www.lbl.dk.

SMil (sodomasochists), P.B. 691, DK-2200 Copenhagen N, Denmark; tel.: 45/35 83 55 69; email: info.kbh@sado.dk; www.sado.dk.

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