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International
ENCYCLOPEDIA
OF SEXUALITY

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RAYMOND J. NOONAN, PH.D., CCIES WEBSITE EDITOR

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· THE ·

CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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Estonia

(*Eesti Vabariik*)
(Republic of Estonia)

Elina Haavio-Mannila, Ph.D., Kai Haldre, M.D.,
and Osmo Kontula, Ph.D.*

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

The northernmost of the three Baltic states, Estonia is located in Eastern Europe, north of Latvia and west of Russia. To the north of Estonia is the Gulf of Finland and Finland. Estonia's western border is formed by the Baltic Sea and Gulf of Riga. With a total area of 17,462 square miles (45,226 km²), including 1,520 islands in the Baltic Sea, Estonia is slightly smaller than the states of New Hampshire and Vermont combined. The terrain is marshy and lowlands, with maritime, wet, moderate winters and cool summers.

In July 2002, Estonia had an estimated population of 1.42 million, or 1.37 million in the last national census of 2000 (Estonian Board of Border Guard, Statistical Office, <http://www.stat.ee/>). (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: *0-14 years:* 16.4% with 1.04 male(s) per female (sex ratio); *15-64 years:* 68.5% with 0.93 male(s) per female; *65 years and over:* 15.1% with 0.49 male(s) per female; *Total population sex ratio:* 0.86 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 70.02 years; *male:* 64.03 years; *female:* 76.31 years

Urban/Rural Distribution: 73% to 27%; 67.4% versus 32.6% in the 2000 national census

Ethnic Distribution: Estonian: 65.1%; Russian: 28.1%; Ukrainian: 2.5%; Byelorussian: 1.5%; Finn: 1%; Other: 1.8% (1998). The official language is Estonian, which be-



(CIA 2002)

longs to the Finno-Ugric language family and is closely related to Finnish. English, Russian, and German, along with Finnish, are also widely spoken and understood.

Religious Distribution: Evangelical Lutheran, Russian Orthodox, Estonian Orthodox, Baptist, Methodist, Seventh Day Adventist, Roman Catholic, Pentecostals, Word of Life, and Jewish. Since the 16th-century Protestant Reformation, the Evangelical Lutheran Church has played the leading role in Estonia.

Birth Rate: 8.96 births per 1,000 population; 9.5 in the 2000 national census

Death Rate: 13.48 per 1,000 population

Infant Mortality Rate: 12.32 deaths per 1,000 live births

Net Migration Rate: -0.73 migrant(s) per 1,000 population

Total Fertility Rate: 1.24 children born per woman

Population Growth Rate: -0.52%

HIV/AIDS (1999 est.): *Adult prevalence:* 0.04%; *Persons living with HIV/AIDS:* < 500; *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% (1998 est.); compulsory school attendance from 7 years to 16 years of age

Per Capita Gross Domestic Product (*purchasing power parity*): \$10,000 (2001 est.); *Inflation:* 5.8% (2001 est.); *Unemployment:* 12.4%; *Living below the poverty line:* 25% (2000 est.)

B. A Brief Historical Perspective KAI HALDRE

In the area that now forms present-day Estonia, the first settlements occurred some 11,000 years ago, after the last ice cap retreated. During the 12th century, the Baltic region was in the hands of the Teutonic Knights. Estonia was incorporated into Christendom at the beginning of the 13th century, under the pressure of crusaders from Germany and Denmark. During the 14th century, the power shifted to the Hanseatic League, with several Estonian towns and cities belonging to the League, including Tallinn (Reval), which had received its city charter as early as 1248.

In the first half of the 16th century, the Protestant Reformation reached Estonia. Since that time, Estonia has re-

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mained a part of the Lutheran cultural space. From 1558 onwards, Estonia became the battleground for a war involving Denmark, Sweden, Russia, and Poland. Sweden won the war and Estonia remained under her sphere of influence until the beginning of the 18th century. During Swedish rule, the first university in Estonia was founded at Tartu in 1632. The Great Northern War left Estonia under Russian rule (1721). Estonia became a window through which Peter the Great wished to gain access to Europe.

In the 19th century, the winds of numerous national movements blew through the whole of Europe. In Estonia, the period of national awakening began with the publication of Estonia's national epic *Kalevipoeg* in 1862.

The Estonian Republic was declared on February 24, 1918. At first, this was merely a decision made on paper. True independence was fought for between 1918 and 1920, during the War of Liberation. The struggle was crowned with success, and a treaty was finally signed with Soviet Russia, which revoked in perpetuity all claims over Estonia. During independence (1918-1939), Estonia established diplomatic relations and made its existence felt throughout Europe. Independence was curtailed by the signing of the Pact between Nazi Germany and the Soviet Union in 1939.

Following the Soviet occupation in 1940, Estonia became part of Nazi Germany from 1941 until 1944. The Soviet Union incorporated Estonia in the fall of 1944. A large proportion of the population fled abroad. Many others were arrested and deported to Siberia. Those who remained had to adjust to a new way of life. Estonia succeeded in regaining its independence when the Singing Revolution was signed in 1988, with full independence once more since 1991.

1. Basic Sexological Premises

According to the Estonian sexologists Imre Rammul, Olev Poolamets, and Tõnu Ots (2000), the sexological premises behind contemporary sexuality and sexual life in Estonia has deep roots:

Before Christianity, Estonians were quite liberal about sexuality. It was not a sin for a woman to be sexually active before marriage, in some places it was appreciated to have a child already before the marriage as it indicated the reproductive capacity of the woman. Folk merrymakings contained orgiastic elements. Special holy places were defined to carry out fertility rituals, using totemistic items and figures of the Fertility Goddess, *Maaema*. Thunder and rain were connected with male Gods; fertility and the harvest were influenced by female Goddesses.

Something like trial marriage was accepted for a period of one year. However, it was more a trial of reproduction rather than a testing of psychological compatibility.

These liberties were mostly accepted silently for non-married people. Later the society, especially men, tried to keep genetic purity with repressions aimed at those not following the rules. It seems that later as a result of Christian attitudes and traditions, abortions and killing of newborns became more common. Though Estonians have had some gender role models similar to those in neighboring countries, the historical background did not contribute to the opposition between genders. The reason is probably that marriage had traditionally been more like a social agreement rather than a trade. Also, women in the Estonian household had more power than men who were more involved outside the household. Marriage was not complicated by the rule that the manor lord had the right to intercourse with the wife on the wedding night.

Bridal ransom has never been a tradition in Estonia, the reason for that being unclear. It was enough to bring a

bottle of alcoholic drink to the parents of the bride while making the proposal. The parents also considered the economic capability of the man or made him work for the family. Even today the word to depict the son-in-law and the farmhand/servant is the same in Estonian and Finnish *sulane/sulhanen*. On the other hand, the bride was commonly required to have an amount of property—a special box that was called *veimevakk/dowry-chest*. Its contents included different handwork and jewelry and symbolized that the woman was industrious and not poor. In Estonia, many Christian sexual manners were combined with traditional paganistic habits.

Estonia was part of the Russian Empire in 1721-1918. It might sound surprising, but Russia, even before the beginning of the 20th century, was quite liberal in matters of sexuality. Probably, it was because of the early spread of atheistic ideas and later because of the attitude that during communism, everything is common (except one's own wife). Already in 1848, Shavrov issued his research about female sexual satisfaction. Later, Tarnadovski published *Female Sexual Disorders*. However, most research described statistics or deviant sexual behavior, mostly among men. A 1904 presentation by Nenadovitch at Pirogov Institute in St. Petersburg, on "Anaesthesia sexualis mulieris" (including classification of female sexual dysfunction), was an early cornerstone of Russian, and hence Baltic sexology.

A widespread study of students' sexual behavior was carried out by Tshlenov in 1909. It was already influenced by the coming Revolution and remains one of the last studies in the country. The results of the study were confiscated by the police.

The period of independence in Estonia between the two World Wars was a sort of pre-revolution before the real sexual revolution in the 1960s, with contradictory attitudes. There was an increase in prostitution, the coming out of sexual minorities, and the cult of nudity, but this raised opposition, creating moral police and organizations to promote the moral way of life. There were also some medical publications taking a stand against masturbation and polygamy as harmful practices. At the same time, nice romantic literature became internationally popular in *The Ideal Marriage* (1930) by Theodore Van de Velde and other similar works. Meanwhile, sexuality in school and university curricula was limited to its medical aspects.

During the Soviet occupation, human sexuality was a taboo in Estonia as it was all over the Empire until the end of the 1980s. This taboo was illustrated by the TV bridge between the USA and Soviet Union at the end of the 1980s, when one Russian lady announced, "There is no sex in Soviet Union."

In spite of that, already in the 1960s, several people tried to touch on sexual issues. For example, in 1964, urologist Mihkelsoo at Tartu University started to use human ribs to perform operations in the case of erectile dysfunction. At the end of 1960s, psychiatrist Heiti Kadastik from Tartu University started offering lectures on sexology for students. Kadastik also initiated translation and publication of a book by Finnish psychiatrist Martti Paloheimo, *Openly About Marriage*. This book, published in 1974, remained almost the only source of literature about sex for Estonians thereafter and became a cult itself. Psychoanalysis was represented by V. Vahing, who for several years had a private practice as well as taught students. Another key person in the development of Estonian sexology was psychologist Tõnu Ots, who started to answer questions about relationships in a youth magazine *Noorus* in 1971. He used the name Dr. Noormann, which remains a synonym for sexology counselor until today.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

The dominant religion in Estonia is Evangelical Lutheranism. Estonians were Christianized by the Teutonic Knights in the 13th century. During the Reformation, Lutheranism spread, and the church was officially established in Estonia in 1686.

At the same time, Estonian culture and politics influenced the traditions of the church. The privileges granted to the Baltic-German nobility by the Russian Czarist powers in 1743 to supervise the church, the schools, and hospitals paralyzed church activities, as the church lost its relative independence. The 1832 ecclesiastical law reduced the Evangelical faith in orthodox Russia to the status of a "tolerated" religion. In 1919, in the newly independent Republic of Estonia, control of the church passed into Estonian hands. Religious freedom was granted to all persons and all denominations. The Estonian Evangelical Lutheran Church with an Episcopal-synodical structure was created and soon grew to be the largest church in Estonia, with 80% of the population as its members. In 1925, the church was separated from the state, but religious instruction remained in the schools and clergymen were trained at the Faculty of Theology at Tartu University.

With the Soviet occupation and the implementation of anti-Christian legislation, the church lost over two thirds of its clergy. Work with children, youth, publishing, and so on, was banned, church property was nationalized, and the Faculty of Theology was closed. Although some church services were tolerated (Sunday church services and presiding over funerals), by the 1970s, less than 10% of Estonians were prepared to publicly state that they were Christians. It was not until 1988 that the state's religious policies became tolerant, and by 1990, repressive legislation was annulled.

Today, the Estonian Evangelical Lutheran Church is the largest church in Estonia, with 169 congregations and approximately 175,000 members. Although Estonia has never had a "state church," the predominant position of Lutheranism is based on a centuries-long tradition. The next in size, also with long historical traditions, is the Estonian Apostolic-Orthodox Church, with 58 congregations and approximately 18,000 members. Other Orthodox in Estonia belong to the Russian Orthodox Church, whose activity has not yet been coordinated with local laws. Third in size is the Alliance of Estonian Evangelical Baptist Congregations, which consists of 89 congregations with 6,100 members. Although official statistics imply one congregation for every 2,700 inhabitants, only 16% of the population has formalized their ties to a specific congregation. Most Estonians do not belong formally to any religious community. According to the Estonian sex survey of 2000, 22% of Estonian-speaking men and 19% of Russian-speaking men, and 37% and 50% of respective women consider religion important in their life.

B. Source and Character of Ethnic Values

Most of the religious adherents among the country's Russian-speaking population are Orthodox, while the Estonian majority is predominantly Lutheran. There is a deep-seated tradition of tolerance of other denominations and religions. Although the majority of citizens are nominally Lutheran, ecumenical services during national days, Christian holidays, or at public events are common. Tension between the ethnic Estonian and ethnic Russian populations generally do not extend to religious matters.

According to the population and housing census in 2000, there are 1.37 million people living in Estonia. 80% of them are citizens of Estonia, 6% citizens of Russia, 0.7%

citizens of other countries, 0.6% with unknown citizenship, and 12% of the population are with undetermined citizenship. About 83% of Estonian citizens speak Estonian as their mother tongue, 15% speak Russian, and 1% speak other languages. One of the main priorities of the state integration program is to teach the state language, while at the same time creating opportunities for the different ethnic groups to learn their mother tongues. There are more than 140 ethnic groups represented in Estonia, forming around 32% of the population. The largest non-Estonian ethnic groups are Russians, Ukrainians, Byelorussians, and Finns.

The tensions between the ethnic groups in Estonia have culminated in citizenship laws. Estonian citizenship demands officially accepted Estonian language skills shown by a test. Non-citizens in Estonia are guaranteed basic rights under the Estonian Constitution, including the right to unemployment benefits and social services. Although they have no voting rights in Parliament elections, they can vote in local governance elections. This has caused problems in the process of joining the European Union, which will take place in 2004.

3. Knowledge and Education about Sexuality

In the late 1960s, a growing demand for sexual counseling initiated an idea to create a family counseling center in Tallinn. In 1975, this center started sexuality education lectures for the adult public and schoolchildren. Sexological counseling was provided by gynecologists, urologists, and psychiatrists. People from different specialties, mainly gynecologists and psychiatrists, could get postgraduate training in sexology in St. Petersburg (Leningrad), Moscow, or in Ukraine at Harkov or Kiev. Being a medical person gave a sort of "permission" to talk about sex. Educators generally lacked an interdisciplinary approach and presented the views of their own background.

Nowadays, sex education is included in the school health education curricula. There are nongovernmental organizations established in the first half of the 1990s, which provide information materials. Young people can visit the 15 youth counseling centers in different parts of Estonia to get individual counseling on reproductive and sexual health issues. Sexologists work in Tallinn and Tartu. Sex education had improved a lot at the end of the 1990s thanks, to NGOs and the empowerment of schoolteachers, the Internet, youth and women's magazines, and many other sources. These rapid recent developments are not yet reflected in statistics or research data. (See Section 5B, Interpersonal Heterosexual Behaviors, Adolescents, for survey data on sexual education and knowledge.)

4. Autoerotic Behaviors and Patterns

ELINA HAAVIO-MANNILA

Children, Adolescents, and Adults

Masturbation is a common harmless practice. Nowadays, men and women with sexual problems are encouraged to masturbate in order to overcome their inhibitions (Kay 1992). People with a high interest in masturbation have been found to be less afraid of intimacy than those with no interest in masturbation (Rinehart & McCabe 1998). The way in which individuals view masturbation is linked to their perceptions of its nature and the consequences associated with it in a given culture, particularly during one's teenage years (Kontula & Haavio-Mannila 2002).

Prevalence and Frequency of Self-Pleasuring

The Estonian sex survey of 2000 (see Haavio-Mannila & Kontula 2001) shows that 64% of men and 47% of women

respondents had practiced masturbation at some time in their life. In the past month, 33% of men and 22% of women reported having masturbated. In a Multiple Classification Analysis (MCA) with five predictors: gender, age group, type of relationship, education, and national group, Estonian-speaking respondents reported self-pleasuring more often than Russian-speaking Estonians. Younger and more-educated respondents reported masturbating more often than older and less-educated subjects. Type of couple relationship (married, cohabiting, living apart together (LAT), and being single) had no statistically significant association with masturbation. Compared to Finns and Swedes in the 1990s, Estonians were less likely to report masturbation, whereas, compared to people in St. Petersburg (and Finland in 1971), they were more likely to do so.

In 1996, Eesti Kirjandusmuuseum (The Estonian Literature Museum—ELM) in Tartu collected sexual autobiographies in response to advertisements in 17 newspapers and journals. Sixty-two sexual life stories were received. Thirty-eight of them were translated into English. The examples cited here are from the translated autobiographies. In terms of autoeroticism, these Estonian sexual autobiographies, especially those written by men, included a lot of stories about autoerotic behavior. Women less often wrote about autoerotic behavior than men. [This collection of autobiographies was organized by Rutt Hindrikus, supported by a grant received by a grant to J. P. Roos from the University of Helsinki. Merle Karusoo edited 21 of the autobiographies into a book (Karusoo 1997).]

These stories confirmed the common-sense assumption that young Estonian males learn autoerotic behavior from other youngsters:

Once one of my classmates invited me to their sauna. His two brothers, who were studying in technical school, and a boy from next door, would also be there. We five would have a real men's sauna! I went! The sauna was good and hot and soon all the youths were sitting lined up in a row, on the top step of the "stage," all naked of course. My classmate suggested we give ourselves erections and measure to see who has the longest tool. We had a wooden, folding ruler with clear numbers (meters). The erections were achieved with the help of soap and by sliding the foreskin back and forth until my tool was as taut as a bowstring (I felt it would snap any minute). My classmate and I measured 18 cm. His one brother's and the neighbor boy's measured 20 cm. and the third brother's was 22 cm. After we had finished measuring one of the older brothers said, let's jerk off and see whose sperm shoots the furthest. All five boys masturbated to climax and exploded with that great feeling and a huge spurt of white liquid. The first stream landed near the wall at the opposite side of the narrow washroom and every one thereafter increasingly closer until it merely trickled down the head of our shafts: Our tools were all swollen close to bursting—red, and with veins bulging. We were perspiring heavily and silent for a while, while we recovered. Then began the real sauna. We washed, birched and swam in the lake behind the sauna. This was the first time I had masturbated and have done so again later in life. (ELM 1996)

Getting intense pleasure from autoeroticism makes the following young woman hypothesize that she will continue self-pleasuring also after marriage:

In about the ninth form (or earlier) I discovered something pleasant! Taking a bath I accidentally found out that it was awfully pleasant to direct the spout of water on my clitoris (at that time I did not know what clitoris was). I felt how

my body became tense; meanwhile the feeling was so strong that I could not direct the spout, and then the frantic end, and I was not able to continue that activity even for a moment. Soon I discovered that when to stop it for a while I could stand the feeling again. I was very happy about that discovery and thought that if the intercourse with a man was as pleasant, it was worth to be desired. I could take a bath several times a day and you may presume that someone might wonder why it took me so much time. I did not tell anyone about that, and even now that I am going to be thirty already I have confided in one friend only. I do not deny that I have to do that also when married. (ELM 1996)

Masturbation compensated for the lack of sexual commitment by men. Married and cohabiting men masturbated less often during the previous month (29%) than single men (40%) and men living in a separate steady relationship (36%). Nevertheless, having had intercourse during the past month was not connected to masturbation in the same time period.

Autoerotic behavior of women seems to be a more private, secret matter than that of men. Contrary to men, autoerotism and heterosexual activity during the past month were associated among women. Women who had had intercourse in the previous month masturbated more often than women who had not had intercourse—27% compared with 15%, respectively ($p < .003$).

The gender difference was also apparent when one looked at the masturbation of women in different types of couple relationships. Twenty-two percent of married and cohabiting women had masturbated during the past month, slightly more than had single women (19%). Women who were living apart together in a committed relationship (LAT) were most active in self-pleasuring. As many as 33% of them had masturbated in the previous month. These connections are partly because of the different age composition of the four couple-relationship types. Separately living and cohabiting women were, on average, ten years younger than the single and married women subjects.

Predictors of Masturbation

Beyond the influence of gender, age, relationship type, education, and nationality on experiences of self-pleasuring during the lifetime summarized above, is our deeper study of how the social background and some characteristics of the present relationship predict recent masturbation using stepwise regression analysis. Because we wanted to explore the impact of relationship factors, we excluded from the analysis people not living in a couple relationship as married, cohabiting, or having a steady sexual relationship without living together (LAT).

We found that recent masturbation (seven alternatives; see Table 1) was connected to mutual oral sex¹ (standardized beta coefficients were, for men .17 and for women .29), and finding pornography arousing (both genders .15).

For men only, being an Estonian-speaker instead of a Russian-speaker (beta .19), dissatisfaction with sexual life as a whole (beta .18), practicing manual sex (.21), frequent use of alcohol² (.14), and having had parallel relations dur-

¹*Oral sex.* A sum scale composed of the five response alternatives in the following two questions: "In the last five years, how often have you had oral sex in your sexual relationships, that is, caressing a man's penis or a woman's genitals by mouth? Partner has/I have done [it] mostly, sometimes, seldom, 1-5 years ago, and not at all" (range 2 to 10).

²*Alcohol usage.* The six alternatives were: Daily, twice a week, once a week, a couple of times a month, once a month, and once in two months or more seldom.

ing the present couple relationship (.13) predicted masturbation too.

For women only, masturbation correlated with young age (beta .12), number of sexual partners during the past year (.18), and wanting to have intercourse more frequently in the present couple relationship³ (.11). In addition, masturbation was associated with low quality of the present couple relationship⁴ (.12).

The regression model predicted 29% of the variation of recent masturbation by men and 22% by women. When the influence of all these variables was controlled for, masturbation was not statistically significantly explained by, for example, education and recent intercourse.

These findings indicate that recent masturbation among people having a steady couple relationship is part of a *liberalized and versatile sexual lifestyle* (oral and manual sex, accepting pornography, having had several sexual partners, and frequent alcohol use). It is also connected to *problems in the couple relationship*. For men living in a steady sexual relationship, this can be seen in the association of recent masturbation with dissatisfaction with their sexual life and having had parallel relations. For women in couple relationships, the compensative nature of masturbation emerges as a connection between self-pleasuring and a low quality of the present steady sexual relationship and longing for more frequent intercourse with the permanent partner.

For single people, autoerotism is sometimes the only way to get sexual release, as is evident in the autobiographical passages above. According to the survey data, masturbation did not compensate for the single men's lack of a steady partner. Estonian men without a steady sexual partner practicing self-pleasuring were dissatisfied with their sexual life as a whole (beta .28). Their sexual lifestyle was versatile with recent experiences of oral sex (.30).

Among single women, the young ones (.30), those getting aroused by pornography (.24), and those having practiced oral sex (.24) had engaged in masturbation more recently than other women. Single women with recent experi-

ences of masturbation were as satisfied with their sexual life as a whole as were the women who had masturbated a long time ago or never. For single women, masturbation seems not to be a desperate attempt to cope with the "misery" of not having sex with a partner, which may cause dissatisfaction. In sum, autoerotic behavior is part of a liberated sexual lifestyle more often for single women than for single men.

5. Interpersonal Heterosexual Behaviors

A. Children

There is autobiographical, but no statistical information.

B. Adolescents

OSMO KONTULA

Behavior and Knowledge

After the incorporation of Estonia into the Soviet Union, sexuality was a taboo topic for decades, making it difficult to obtain sex information. As a consequence, the state of sex education in Estonia was poor until the 1990s. In the KISS (*Küpsemine Inimsuhted Sõbrad Sesksuaalsus*) survey (conducted in Estonia in 1994 among 1,080 schoolchildren at the 9th grade—15 year olds), a good level of sexual knowledge among Finnish boys was five times as high as among Estonian boys, and among Finnish girls eight times as high as among Estonian girls. In Estonia, the sexual knowledge level of the girls was lower than that of the boys. Adolescents with a low level of sexual knowledge mostly had not discussed these issues with their parents or friends, nor had they sought information from alternative sources (Papp et al. 1998).

Estonian society accepted adolescents' romantic feelings towards the opposite sex but disapproved of sexuality in the relationships of adolescents. Courtship in Estonia has had significantly less sexual intimacy than in Finland. Estonians had much less sexual intercourse in their courtship than did Finnish adolescents. A double standard for males and females was common: 18% of boys and 5% of girls reported that they had experiences of sexual intercourse. For masturbation, these figures were 14% and 6%, respectively. During the occupation, articles published, as well as programs of sex education for schools, presented masturbation to adolescents as a vice and recommended weaning oneself away from it.

In 1999, another KISS survey was conducted among 1,676 students in the 9th grade. In this survey, girls showed a marked improvement in their knowledge compared to 1994. The number of pupils with poor sexual knowledge had been cut in half. Topics concerning sexuality began to be discussed more frequently in schools during this period. However, a fifth of Estonian pupils and half of the Russian pupils said that questions concerning sexuality had not been discussed in the classroom in this or in previous years. As a source of information, video films and pornographic magazines were popular among boys, and articles in women's and youth magazines among girls. Sexual intercourse was experienced by 9% of the 15-year-olds in 1994 and by 14% in 1999. The increase was much more pronounced among girls. Slightly over half of the respondents of Estonian origin had used a contraceptive (mainly a condom) in their first intercourse. Condom use had not increased during the five-year follow-up (Papp et al. 2001).

In a 2000 sex survey of adult Estonians, only 10% of the people who belonged to the middle-age group (35 to 54 years) and an equal proportion belonging to the old-age group (55 to 74 years) reported that they had received enough sexual knowledge from their parents. In the youngest generation, this proportion was almost a quarter. More-open discussion about sexual issues had started in homes, although only in exceptional cases.

According to the responses in the 2000 survey, there has not been much sex education in Estonian schools before the

Table 1

Time of Latest Masturbation Event, in Percent

Masturbation	Men		Women	
	Estonian speakers	Russian speakers	Estonian speakers	Russian speakers
During the past 24 hours	9	3	4	4
During the past week	15	8	7	6
During the past month	14	11	13	7
During the past year	11	9	14	15
1-10 years ago	9	12	8	6
Over 10 years ago	11	10	4	3
Never	31	47	50	59
Total	100	100	100	100
Number of respondents	301	142	329	192

³Wanting to have more intercourse. The four alternatives were: I would like to have intercourse clearly more often, somewhat more often, I am satisfied with the present frequency of intercourse, and I would like to have it less frequently.

⁴The quality of the relationship was measured by a sum scale based on dichotomous variables of happiness of the couple relationship, open communication on sexual matters with the partner. The opposite of low-quality relationship is high-quality relationship, HQR (see Kontula & Haavio-Mannila 2003).

1990s. Only a few percent report that they have received enough knowledge in sexual issues in their school. Even in the youngest generation, this proportion was only around 10%; the comparable figure was two thirds in Finland. Even though the available knowledge and material (including pornography) have increased in the 1990s, there is still a major deficit in sexual knowledge in Estonia.

Dating

Forty-eight percent of Estonian-speaking men and 43% of Estonian-speaking women had dated before they were 18 years old. For Russian-speaking men and women these proportions were 38% and 41%. The average age for the first dating was 18.2 years for men and 18.3 years for women. This age had decreased for both genders. In the oldest generation (age 55 to 74), the average age at first dating was 20.0 years.

Young Estonian men dated for the first time when they were around 17 years old, about the same age of their Finnish cohort. Compared to their Finnish counterparts, Estonian women dated for the first time at an older age, having started dating, on average, at 17 years old. This was a year later than in Finland. Among Estonian women, the average age of first date was comparable to that one generation ago in Finland.

Sexual Debut

According to the Family and Fertility Survey carried out in 1994 in Estonia, 40% of those age 20 to 24 had started sexual life by age 18, compared with 14% in the age group 40 to 45 years. The mean age of first sexual intercourse in these age groups was 18.4 and 20.1 years, respectively. According to the Estonian Health Interview Survey carried out in 1996, 40% of women in the age group 20 to 25 and 10% of women in the age group 40 to 45 had had intercourse by age 18 years.

In the 2000 sex survey, 42% of Estonian-speaking men and 29% of Estonian-speaking women had had intercourse by the age of 18. For Russian-speaking men and women, these proportions were 38% and 21%, respectively. A third of Estonian-speaking women and half of Russian-speaking women had experienced first sexual intercourse after they were 20 years old. The age of sexual initiation has been higher for those whose level of education has been higher than average.

The age of first intercourse has been changing in Estonia in much the same way as in most other European countries, only the timing of this transition has been one generation later than in most Western European countries. In the female generation born in 1927 to 1931, the average age of first intercourse was 22.3 years; in the female generation born in 1972 to 1976, intercourse came, on average, at 17.5 years. During these years, the average age of first intercourse had decreased by as much as almost five years. Among men, a similar decrease occurred from 19.7 years to 17.3 years, a smaller decrease of only two and a half years. A couple of generations ago, men had their first intercourse two years younger than women in the same age group. In today's youngest generation, there is no longer as much difference between genders in sexual initiation.

In comparison to the neighboring countries, young men in Estonia experienced their first intercourse almost at the same age as in Finland. The other men in Estonia had had their first experience when somewhat older than men in Finland, but roughly at the same age as men in St. Petersburg.

Estonian women had experienced their first sexual intercourse significantly later than women in Finland. In each age group, Estonian women had their sexual debut on the average of one or one and a half years later than Finnish women. This difference was even bigger between Estonia

and Sweden. The decreasing trend in Estonia has followed the trend measured in Finland, with a 20-year delay. The decrease in the age of sexual initiation started earlier in Estonia than in St. Petersburg.

Estonian women had a higher age for sexual debut than men, and they also married younger than men. In the 2000 survey, the average age at first marriage was 23.8 years for men and 21.8 years for women. This implies that, on the average, women have had several years less sexual experience than men before they marry. Almost half of women and a quarter of men married their first sexual partner. This proportion had been higher among Russian-speaking men and women than among Estonian-speaking men and women. It has also declined from one generation to the next.

The Western sexual revolution that reduced the average age of female sexual debut in Western European countries by two to three years from the 1960s to the 1990s, arrived in Estonia and Russia one generation later than in the West (Bozon & Kontula 1998; Kontula 2002; Kon 1995). This one-generation difference has been found, for example, in attitudes towards sexual activities of teenagers. Sexual initiation in Estonia has been more limited to engagement and marriage than in the other Western European countries, and young men have had more sexual freedom than young women. A sexual double standard still exists in Estonia. However, among the young generation, already four fifths of Estonian men and women approved of teenagers' sexual intercourse, provided they are going steady.

In a European comparison, the age of sexual initiation in Estonia was found to be fairly high, even though trends have followed the Eastern European trends. The Estonian male debut age in the last two generations has been one of the highest in Europe. The Estonian female debut age was as high as in Portugal, which had the highest debut age in Western Europe, but lower than, for example, in Romania, Moldova, and in some cities in Russia (Kontula 2002).

C. Adults

ELINA HAAVIO-MANNILA

Here, we look at marriage and family structures and patterns in Estonia using several indicators: people's couple relationships at the time of the surveys, and then their lifetime relationship patterns (numbers of marriages, cohabitations, and sexual partners, and experiences of love at work). A brief passage discusses the number of sexual partners in the past year. A considerable part of this section is devoted to parallel or extra sexual relationships and attitudes toward marital fidelity. Finally, we look at the ideal sexual lifestyles of people in Estonia.

Sexual Relationships

Type of Couple Relationship. More than 40% of the respondents in Estonia were married, one fifth was cohabiting, and one fifth had a permanent sexual relationship without living together—living apart together (LAT). About 20% of men and 30% of women were at present living without a steady sexual relationship. Estonian-speaking men were more often single (26%) than Russian-speaking men (15%). Compared to people in Sweden, Finland, and St. Petersburg, people in Estonia were less often presently married. There was, however, quite a lot of cohabiting and separately living (LAT) people. Thus, the proportion of people in a couple relationship (marriage, cohabitation, or LAT) was about the same as in the neighboring countries.

Duration of the Present Relationship. On the average, people in Estonia had lived 15 years in their present couple relationship. According to MCA, there was no statistically significant gender or national difference in the duration of the relationship. Self-evidently, the unions of younger people

were shorter than those of the older ones. The unions of the officially married persons had lasted on the average of 20 years, those of the cohabiting people 11 years, and those of the people with a steady relationship living separately only 8 years. There was a weak association between the education of the respondent and the duration of his or her relationship. The unions of the least educated had lasted longer, 17 years, compared with 15 and 14 years for people with the middle and highest education, respectively.

Number of Marriages or Cohabitations. Quite a lot of Estonians were not with their original marital or cohabiting partner. Thirty percent of the ever-married or cohabiting Estonian-speaking men and 26% of Russian-speaking men in Estonia had been married or cohabiting more than once. For women, the proportions were 34% and 28%. On the average, the ever-married or cohabiting persons had been married or cohabiting 1.4 times. MCA showed that there was neither gender nor educational differences in the number of unions. Older, cohabiting, and Estonian-speaking people reported more marriages or cohabitations than the others.

In Finland in the 1990s and in St. Petersburg, fewer people than in Estonia had been married or cohabiting more than once. In the older age groups, multiple marriages were more common in Sweden, Estonia, and St. Petersburg than in Finland.

Lifetime Sexual Partners. The average number of sexual partners in a lifetime was 13 for Estonian men and 16 for Russian men in Estonia. In both ethnic groups, women had had, on average, 5 sexual partners. Very few, 12% of men and 22% of women, had had only one sexual partner. A large gender gap can also be seen in the finding that 40% of men and 17% of women had had at least 10 sexual partners. There were no significant age, educational, and national-group differences in the number of partners. Married and cohabiting people had had fewer partners (8) than the separately living (13) and single people (10).

Finding out the large number of partners of her partner was a shock to a 71-year-old woman teacher:

I found his notebook, where he had put down the names and birthdays of his girls, and the dates when the relationship had began. My name occupied the 78th place. I cannot describe the disgust I felt reading that list. It was just as if I had sunk into deep, stinking and sticky mire; the taste of it was in my mouth. Where was the deep and happy first love, which should have given support in all hardships of life? ... Oh how right had been my father, trying to persuade me to give him up. I told myself that as I had chosen that path myself, I had to bear my cross without letting anybody know about my sufferings. (ELM 1996)

For a 54-year old Estonian man, it was not a big deal to have several lovers:

Anyway, that bottle of cheap, 1.60 rubles wine set me going on a merry-go-round of sex affairs, which did not stop for a number of years and involved a frequent change of partners. There were women whom I did not even ask the name and there were some who I kept seeing for a long time. The older I got, the more "luck" I had with women older than myself and married ladies. I liked the latter because with them there was no need to talk about love or promise to be true to the end of my days (which in fact I never did); it was enough to pay them some compliments and hear the usual story of a drinking, unfaithful or brutal husband and find the words of consolation. (ELM 1996)

The number of sexual partners in Estonia was about the same as in Sweden and Finland. Inhabitants of St. Petersburg

had had fewer partners. In Sweden and Finland, the middle-aged respondents reported the highest numbers of sexual partners in a lifetime, and oldest people the lowest numbers. Contrary to this, in Estonia and St. Petersburg, the number of partners of the youngest people was the largest. This indicates that sexual liberalization has been quite recent and most powerful among young Estonian and Russians in Estonia.

Sexual Partners During the Past Year. A majority of Estonians who had had intercourse in the past year had only one sexual partner: two thirds of the men and 85% of the women. One quarter of Russian men and 14% of Estonian men had had at least three partners. In Estonia, having had several sexual partners during the past year was much more common in the younger age group (average 2.1 partners) than in the middle and older age groups (1.4 and 1.6 partners). Married and cohabiting people had fewer partners (1.5 and 1.3) than people living apart together (2.5) and single people (2.6). Education did not predict the number of partners during the past year. In the past year, Russians in Estonia had had more partners (2.0) than Estonians (1.6).

Love at Work. In Northern Europe, most women work for pay and there are plenty of opportunities to find interesting love objects in the workplace. About every second Estonian had experienced "falling in love" at work, with a coworker or someone else met at work. Only 2% to 6% of the respondents were in an affair at work at the time of the survey; the others reported past affairs or infatuations. There were no statistically significant differences between men and women or in the type of their steady relationships. Middle-aged people, as well as those with higher education had fallen in love at work more often than the others. Estonian men had experienced a work romance slightly more often (51%) than Russian men, 51% versus 40%. The incidence of love at work in Estonia did not differ from that in Finland or in St. Petersburg.

Incidence of Parallel Relations. Having had parallel or extra sexual relationships in addition to a present marriage or cohabitation was more common among men than among women. In Estonia, 35% of Estonian men and 39% of Russian men had engaged in a parallel relationship during their present marriage or cohabitation, compared with only 24% and 21% of respective women. Most of the parallel relationships had been casual. Only 7% of Estonian men and 12% of Russian men in Estonia reported regular parallel relationships; for women it was 6% and 4%, respectively.

Age group, education, and nationality did not predict parallel relations, but the type of couple relationship did. As many as 43% of people living apart together had had a parallel relationship during their current LAT. Only 30% of the married and 17% of cohabiting persons had had parallel relations during their present union. Parallel relations of men were more common in St. Petersburg than in Estonia. The proportion was about the same as in Finland in the 1990s. Women in Estonia and St. Petersburg had been unfaithful more often than women in Finland.

The quality of the couple's relationship predicted faithfulness in marriage or cohabitation. This was especially true for men. For Estonian men with a "high quality relationship"—defined as a happy couple relationship with easy communication and mutual love (see discussion of Sexual Satisfaction below)—only 28% had been unfaithful during their marriage or cohabitation. For men with a poorer quality relationship, as many as 52% had had one or more affairs. For women, the proportions were 24% and 41%. Also in the sexual autobiographies, parallel relationships were often explained as a consequence of a poor marital relationship. The same connection between fidelity and

the quality of the relationship was found also in St. Petersburg and Finland (Kontula & Haavio-Mannila 2003).

Four excerpts from the ELM archives illustrate the varieties of parallel relationships, starting with the most common type: *extramarital relations of men with non-married women*.

The following married male teacher was asked by a single woman to take her virginity and even make her pregnant:

There was a girl from the Faculty of Medicine who was especially keen on helping me, even after her graduation. And what came out, she had been in love with me. She was already twenty-eight years old, but still a virgin. In the end, she asked me to help her to lose her virginity. I had never in my life had sex with a virgin before, I agreed willingly. We drove out of the town, it was June and a very beautiful day. It was near Tartu, on a nice grassy meadow, where we managed to get rid of her virginity. But that was not enough for that girl. Later, she asked me to give her a child; she promised to raise it herself, without bothering me. Now I regret it, but then I agreed. She chose the most suitable time for conceiving and got pregnant from the very first effort. She kept her promise and had a very fine son all by herself! Her son is a grown man already, a bright and energetic person, his mother is still grateful to me. (ELM 1996)

Affairs by *married women with unmarried men* were rare. The following story is from a married woman architect who had had a satisfying extramarital romance while studying abroad:

In summer after my fourth year of university I had the chance to go abroad through the student exchange. We visited the Bratislava Art Institute. Half of the group was from Tallinn Art Institute and half from Kiev Art Institute. It happened somehow that I became friends with a young man from Kiev called Vassili. We went together through the wonderful art galleries of Prague and went walking in the evenings. We had our first sexual intercourse somewhere on the park-bench. I was awfully ashamed because I was married but Vassili said there was no difference if I was with him just once or more and so I went with him also to his hotel-room. Vassili was very good but I understood it really when I went to visit him in Kiev in my fifth year. Vassili liked to sex long and energetically. I do not know where he got his endurance. He trained himself at yoga. Maybe it helped? (ELM 1996)

Men enjoyed when they happened to have ample opportunities to get new women (and good food) through their work. A 68-year-old male teacher took advantage of tourist trips on which he met women traveling alone:

In the Soviet Union I went on the tourist trips that took me all over the country, as a rule, these were quite long ones, and many women were traveling alone. I usually went in August, as the grapes and other fruits were ripe by that time. The fruits were helpful with sex too. And in the southern republics it was possible to taste all kinds of local wines, which was also very helpful in forming relationships. So I met plenty of willing women on those trips. The local women tended to appreciate a man from a Baltic country very much. (ELM 1996)

For some married women, it was difficult to abstain from sex because of the absence of the husband who was working or studying far away. A 69-year-old chauffeur writes about these women as follows:

There is also another group of women and men who have extramarital affairs. These are women whose husbands

are away from home for a long time, they are either taking some courses, in the army or long business trips. They just need a partner who would be alive and there with them. I once met one such woman. She worked in our ministry. Her husband was sent to some course in Leningrad; it had something to do with the Communist Party. One day she dropped me a note to meet at our common friend's place. I went there but my friend wasn't home. The woman had a lot of difficulty explaining that she just wanted to make love. I freed her from tormenting herself. Through my wife I knew that some women have really bad time when they don't have a sexual partner. (ELM 1996)

Attitudes Toward Marital Fidelity. Attitudes toward temporary infidelity of a husband were more liberal than toward an unfaithful wife. In Estonia, men were more permissive than women, especially when it was a question of male unfaithfulness. A very clear ethnic difference could be seen in the attitudes of Estonians and Russians in Estonia in permitting temporary infidelity by a husband. As many as 60% of Russian-speaking men, but only 27% of Estonian-speaking men accepted it. On this issue, Russian men in Estonia were even more permissive than men in St. Petersburg. Also, in respect to temporary infidelity by a wife, Russian-speaking Estonians were very permissive compared to Estonians. The results of MCA showed that age group and education did not explain the attitudes of people in Estonia toward fidelity, but the type of couple relationship did. People in LAT relationships were more liberal than the others.

In comparing people in Finland and St. Petersburg, russophones in Estonia were very permissive in regard to marital infidelity. Only men in St. Petersburg were close to them in accepting male infidelity.

The attitudes of Estonians on infidelity were amply expressed in the sexual autobiographies. Most of those who gave their opinion on this issue were quite permissive. A 28-year-old unemployed man reports:

Adultery? On the one hand I consider marriage to be a holy union, but on the other hand I do not think that husband and wife belong to each other only and are each other's property. Sexual intercourse can happen out of love of adventure or of friendship or it can just be a casual act between two people. A person is still a very many-sided creature, and why cannot s/he have friends outside of marriage, with whom occasionally to go to bed with? Simply one's feelings should be under control and not let the situation grow beyond oneself. But I still think that if one of the partners finds a new one for him/herself, there is still something wrong in the relationship and it should be an alarm signal. Before that, one should still think whether the "danger" exists and how serious it is. (ELM 1996)

The same opinion is expressed by a 68-year-old divorced woman worker:

And I am not so negative about extramarital relations—that might sometimes improve the situation, the man or the woman might find that another partner is no better than the old one. (ELM 1996)

But there were also negative attitudes. The following 58-year-old woman teacher was ashamed of her extramarital relations and strongly condemned them.

I, too, at first out of defiance, later simply because of opportunities had some extramarital affairs. . . . I would give much . . . to undo it. Out of my own experience it is perfectly clear to me that the highest value of a woman is her moral pureness, not the number of men whom she can get into her bed. On the basis of present-day attitudes I could

even look for justification. Maybe my marriage did not satisfy me. . . . [But] I am ashamed and regret until now, more than thirty years later. (ELM 1996)

Ideal Sexual Lifestyle. The ideal sexual lifestyle of Estonians varied a lot. The most-often-chosen lifestyle was living married without other sexual relationships. It was chosen by about 30% of men and 40% of women. The next-popular lifestyle was living together with a partner without marriage (cohabitation) and without other relationships—about 15% of both genders. Thirteen percent of men, but only 3% of women preferred marriage with parallel relations. Seven percent of men and 2% of women preferred cohabitation with parallel relations. Women were more likely to choose separate living as their favorite sexual lifestyle than were men—12% versus 6%. Surprisingly, 12% of the women did not have any sexual relationship in their life; 4% of the men were also in a celibate lifestyle. The gender differences can be summarized by saying that men preferred marriage or cohabitation with other relations, women preferred separate living or no sexual relations. The differences between Estonians and Russians in Estonia were very small.

Compared to Swedish and Finnish men, Estonian men more often preferred as their ideal lifestyle marriage or cohabitation with parallel relations. Estonian women would choose celibacy as their sexual lifestyle more often than women in Sweden and Finland. (Haavio-Mannila & Kontula 2001, 150-151). This indicates that there may be some problems in the couple relationships in Estonia.

Sexual Behaviors

Sexual behaviors were studied using the time since most recent intercourse, position in last intercourse, attitude toward women taking an initiative in sexual contact, manual and oral sex, orgasm in intercourse, and erection problems.

Time Since Last Intercourse. In answering the survey question “When was the last time you had sexual intercourse?” men reported more-frequent intercourse than women. Seventeen percent of the men and 12% of the women had had coitus in the last 24 hours; 34% and 27% in the past 2 days (cumulative percentages); 44% and 38% in the past 3 or 4 days; 56% and 46% in the past week; 66% and 55% in the past 2 weeks; 74% and 61% in the past month; 83% and 67% in the past 3 months, 90% and 73% in the past year; 93% and 78% in the past 2 years; 98% and 89% in the past 10 years; and 2% and 11% more than 10 years ago.

There was very little difference between Estonians and Russians in the time since last intercourse. Fifty-seven percent of the Estonian men and 54% of the Russian men in Estonia had had intercourse in the past week, of the women 48% and 44%, respectively. Younger people were more active than older people, persons living in a steady relationship more active than singles, and Estonian-speakers more active than the others. Education did not make any difference in sexual activity, when the influence of the other factors was controlled for in the MCA. Fewer Estonians had had intercourse in the past month than people in Finland and Sweden and men in St. Petersburg. Especially the older Estonians and Russians had stopped having intercourse when they have grown older.

Position in Last Intercourse. The most common position in sexual intercourse was laying face-to-face, man on top and woman underneath. As many as 37% of men and 40% of women in Estonia reported that this “missionary” position was the only position used in their last intercourse. The reverse position, with the woman on top and man underneath, was the only position used by 12% of men and 7% of women. Lying side by side was the only position in the in-

tercourse reported by 8% of both genders; 6% of men and 7% of women used other positions, and 30% of men and 28% of women used two or more different positions.

Using several positions in the latest intercourse did not differ by gender or national group. Young people had used versatile positions more often than the older ones. People in LAT relations had most often used several positions (42%, people with other types of relationships 25% to 28%). More-educated persons were slightly more likely to engage in different positions than the less-educated. People in Estonia used several positions in their last intercourse to the same extent as Finns in the 1990s and people in St. Petersburg (and clearly more than Finns 30 years earlier).

Attitude Toward Gender Equality in Initiating Sexual Contacts. In the Western world, initiation of sexual contacts by women has traditionally been rare; women were expected to be passive and men active in sexual interaction. In Estonia, 93% of Estonian-speaking men and 69% of respective women and 86% of Russian-speaking men and 67% of respective women totally or somewhat agreed with the statement: “Women have every right to take the initiative when they want sexual contact with men.” Supposedly, it is taken for granted that men have this right. Thus, we take the attitude toward the statement as an indicator of attitudes toward gender equality in sexual initiation.

According to MCA, men were more favorable toward female initiative than women themselves were, young people more favorable than older people, people in a couple relationship more favorable than singles, and Estonian-speakers more favorable than Russian-speakers in Estonia. Compared to Finns, people in Estonia and St. Petersburg were less gender-equality oriented. Only the Finnish female respondents 30 years ago were as reluctant to give women the right to initiate sexual contacts with men as were women in Estonia and St. Petersburg.

Oral Sex. A majority of the respondents had engaged in oral sex. This was measured by the question: “How often have you had oral sex in your sexual relationships, that is, caressing a man’s penis or a woman’s genitals by mouth in the last five years.” The response alternatives were presented separately for passive oral sex received from a partner and active oral sex given to a partner.

About 60% of the respondents in Estonia had received or given oral sex in the past five years. Men reported oral sex somewhat more often than women did. There was no difference between the Estonian and Russian speakers in Estonia. Younger people were much more likely to report mutual oral sex (81% of the 18- to 34-year-olds) than middle-aged (53%) and older people (13%). Living in a LAT relationship and having higher education were connected to the practice of oral sex. In Sweden and Finland, mutual oral sex was more common than in Estonia. In St. Petersburg, men reported mutual oral sex as often as in Estonia, but women less often. Among young people, national differences in having practiced oral sex were small. Estonia and St. Petersburg differed clearly from Finland and Sweden in the older age groups, where oral sex was rare.

Manual Sex. Giving a partner satisfaction by hands was quite popular in Estonia. Men reported it somewhat more often than women did: only 28% of men, but 37% of women had never given manual sex. Twenty-two percent of men and 16% of women had given manual sex to his or her partner during the past 7 days, 26% and 31% at most a month ago (cumulative percentage), 40% and 40% 1 to 6 months ago, 47% and 46% 6 to 12 months ago, 55% and 54% 1 to 5 years ago, and 62% of men and 63% of women more than 5

years ago. Younger people had practiced more oral sex than the older ones; people living in a LAT relationship more than the those living in the other types of sexual relationships; the more educated more often than the less educated, and Russian speakers more often than Estonian speakers. In Finland, manual sex was somewhat more common than in Estonia, especially in the older generation.

Orgasm in Intercourse. Having defined an orgasm as “sexual pleasure ending to relaxation and very good feeling,” the question was: “Have you got an orgasm during sexual intercourse?” Men reported orgasm much more frequently than women did. Only one in ten women reported that they had always reached orgasm in intercourse, of the men about 60%. Russian-speakers reported orgasm more often than Estonian-speakers did.

Frequent orgasm in intercourse was, according to MCA, related to male gender, young age, living in a permanent sexual relationship, and higher education. The statistical significance between the national groups disappeared when the impact of the other variables in the model was adjusted for. International differences in getting orgasm (almost) always were very small, both among men and among women.

In Estonia, Finland, and St. Petersburg, getting an orgasm (almost) always in intercourse was more common among younger than older women, with the exception that in the youngest age group (18 to 24 years), it was not very frequent. In Sweden, however, elderly women reported orgasm as frequently as middle-aged women.

Erection Problems. Two thirds of Estonians reported having at least sometimes encountered problems with male erection in their sexual encounters. The question was phrased as follows: “It is not uncommon that a man cannot enter into sexual intercourse because he cannot get erection or his penis becomes flaccid right when sexual intercourse is started. In the last year, has something like this happened to you/your partner?”

Men reported erection problems somewhat more often than women did for their partners. Estonian-speaking men had had more erection problems in the past year (49%) than Russian-speaking men (33%). Female respondents of both ethnic groups reported equally often that their male partner had had erection problems—38% and 32%. Erection problems strongly increased with age. The less educated reported them much more often than the more educated. Type of relationship was not related to erection problems.

Erection problems were a little more common in Estonia than in Sweden and Finland in the 1990s. There was a large regional difference in the share of men with erection problems among the 35- to 54-year-olds. More than 70% of people in Estonia, but only 50% to 60% of Swedes and Finns reported erection problems in the past year. Erection problems were very common among the 65- to 74-year-old Estonian speakers—96%.

Sexual behavior of the Estonian- and Russian-speaking people in Estonia was, in most respects, very similar. Russian respondents in Estonia reported more often to giving their partner manual sex, always reaching orgasm in intercourse, and having less often had erection problems than Estonian-speakers.

Sexual Satisfaction

In the Estonian sex survey 2000, we asked about satisfaction with sexual life as a whole, satisfaction with the frequency of intercourse in the present couple relationship, pleasure derived from intercourse, quality of the steady relationship (happiness of the couple relationship, easiness of talking about sex with the partner, and mutual love), and sex-

ual self-esteem (to what extent the respondent considers him- or herself to be sexually skillful, active, and attractive).

Satisfaction with Sexual Life as a Whole. About 25% of Estonian-speakers in Estonia and 33% of Russian-speakers were very satisfied with their sexual life as a whole. Forty-two percent of male Estonian-speakers and 40% Russian-speakers, and 36% and 22% of women, respectively, were fairly satisfied with their sexual life. About 20% found it unsatisfactory. The rest considered their sexual life as neither satisfactory nor unsatisfactory. Russian women in Estonia gave more-extreme responses (very satisfied or not satisfied) than Estonian women, but the average satisfaction of the two female groups was the same.

According to MCA, there was a bimodal relationship between age and sexual satisfaction in Estonia. The younger and older people were more satisfied with their sexual life than the middle-aged were. People with a steady sexual relationship were very much more satisfied than single people. People in Estonia were less satisfied with their sexual life as a whole than Swedes and Finns were. Estonian men of both ethnic groups were as satisfied as men in St. Petersburg. Estonian women were more satisfied than women in St. Petersburg.

In the four research areas, satisfaction with sexual life as a whole varied by age in different ways. In Sweden and Finland, age differences were small. In Estonia and St. Petersburg, there was a sharp decline from the age group 25 to 34 years to the 45- to 54-year-olds, but then an increase toward the oldest age groups.

Pleasure from Intercourse. Thirty-five percent of Estonian-speaking and 34% of Russian-speaking men considered their sexual intercourse very pleasurable; of the respective women 19% and 23%. A majority, about 57% of men and 61% of women, reported that intercourse is quite pleasurable. Six percent of Estonian- and 11% of Russian-speaking men, and 18% of women in both ethnic groups evaluated intercourse as not pleasurable.

Younger people in Estonia enjoyed coitus more than middle-aged and older people. Cohabiting and separately living people found intercourse more pleasurable (mean on a 5-point scale was 4.2 to 4.3) than married (4.1) and single (4.0) people. The more-educated people enjoyed intercourse more than the less-educated ones. An international comparison reveals that Finns found intercourse more pleasurable than people in Estonia and St. Petersburg.

Preferences for Frequency of Intercourse. Two thirds of men and 45% of women in Estonia would like to have more-frequent intercourse in their couple relationship than they have at present. This indicates that there is a lot of unsatisfied sexual desire in Estonia. Only 1% of men and 6% to 9% of women wanted to have intercourse less often. The rest considered the frequency of coitus to be suitable.

More younger and middle-aged (64% and 60%) than older (46%) people would have liked to have more-frequent intercourse with their steady partner, in spite of the fact that the younger and middle-aged persons actually had had more recent intercourse than older persons. People's level of aspiration in regard to frequency of intercourse seems to decline with growing age. Also, the generation one is part of may have had an impact: In the older generations, people may have had learned to demand or expect less-frequent sexual activity. Type of relationship and education did not predict preferences for frequency of intercourse. Compared with Finland and St. Petersburg, more people in Estonia would prefer more-frequent intercourse in their couple relationship than they have at present. The wide gender gap in the

attitude toward frequency of intercourse was visible in all research areas. Everywhere, men would like to have more frequent intercourse than women did.

Quality of the Couple Relationship. Three indicators of the quality of the couple relationship were used in the Estonian sex survey of 2000: mutual love, happiness of the couple relationship, and ease of communication on sexual issues with the steady partner.

About 55% of Estonians of both genders and both nationalities felt that there is a man or a woman whom they really love, and the same proportion thought that they are really loved by some man or woman. The very young ones least often felt love. In the middle-aged and older age groups, the feelings of love decreased with growing age among women, but in the older male groups, love did not decrease with age. On the contrary, the oldest men very often felt love and being loved. This may explain their satisfaction with sexual life, which will be described below.

Married and cohabiting people reported mutual love most often—66% of men and 67% of women. Women in LAT relationships told of mutual love more often (58%) than LAT men (46%). Single people very seldom (men 9% and women 7%) thought that they loved and received love. The feeling of love was equally rare in Estonia and St. Petersburg. In Finland in the 1990s, three quarters of the respondents felt love and being loved. In their lack of love, Estonians and Russians resemble Finnish men 30 years ago.

A 61-year-old woman teacher tells about companionate marital love that has lasted for a long time:

I have been loving my husband for almost 40 years. Our marriage is continuously directed and guided by mutual respect and decency but we have certainly had the moments of excitement, burning passion and exaltation. I have never liked ambiguous conversations on the topics of love and sex. . . . I know that he does not watch erotic shows on TV and is mostly at home. Only his two main hobbies, sports and fishing make him go out. He usually goes fishing with children. For us, mutual understanding, trust and support have been more important than sex. Yet, we have also enjoyed the happiness of a complete unification with a person you can trust as much as yourself. (ELM 1996)

People in couple relationships (married, cohabiting, or LAT) were asked about the *happiness of their relationship*. Men reported happiness a little more often than women did. Twenty-one percent of men and 16% of women considered their couple relationship as very happy, 46% and 44% fairly happy, and 33% and 40% neither happy nor unhappy. There was no ethnic difference in this issue.

Discussing sexual matters with the partner was considered not at all difficult by 46% of men and 42% of women. Gender and ethnic differences in the easiness of communication were small.

The indicators of mutual love, happiness of the couple relationship, and open communication on sexual matters correlated with each other. They were combined to an index of High Quality Relationship (HQR). There was neither gender nor national differences in the quality of the relationship in Estonia according to MCA. Younger people rated the quality of their relationship higher than the middle-aged and older people. Married and cohabiting people found more love, communication, and happiness in their present couple relationship than people living apart together (LAT). The more-educated people reported more quality in their relationship than the less-educated.

International comparisons revealed that the quality of the couple relationship was lower in Estonia and St. Peters-

burg than in Finland. In all three areas, more younger than middle-aged and older people reported that the quality of their relationship was high. The exception was that, in Estonia and St. Petersburg, the oldest respondents aged 65 to 74 years reported higher quality of relationship than the 55- to 64-year-olds.

Sexual Self Esteem

“What is your opinion about the following statements concerning your sexual life and characteristics: I am sexually skillful, I am sexually active, and I am sexually attractive.” In Estonia, men considered themselves more often sexually skillful and active than women did. Women had a little more belief in their sexual attractiveness than men had. Russian-speaking men considered themselves more attractive than Estonian-speaking men. Otherwise, the ethnic groups were similar. The three indicators of sexual self-esteem correlated with each other. The reliability of the three-item sum-scale of sexual self-esteem was 0.78 (alpha).

In Estonia, according to MCA, men, the younger, and the more-educated people had a higher sexual self-esteem than women, older people, and the less-educated people. Cohabiting and separately living (LAT) persons reported more self-esteem than married and single people. When we compared the three areas in which sexual self-esteem was studied, we found that men in Estonia and St. Petersburg had about as high sexual self-esteem as people in Finland in the 1990s. Women in Estonia had a lower sexual self-esteem than women in Finland in 1999 and in St. Petersburg.

6. Homoerotic, Homosexual, and Bisexual Behaviors

ELINA HAAVIO-MANNILA

History

Male homosexuality was not punishable in the independent Estonian Republic before World War II. In spite of this, there is no information about gay structures in Estonia in that era.

During the Soviet occupation, male homosexual behavior—specifically anal intercourse between men—was forbidden everywhere in the Soviet Union. Homosexuality was considered as a psychiatric pathology. This repressive legislation prevailed until June 1, 1992. However, the situation seemed to be more liberal in occupied Estonia than in most other parts of the former Soviet Union. Gay men who had no public sex or political problems, were not persecuted. Usually, no more than 10 men were imprisoned per year. Up to the mid-1980s, there was an unofficial gay bar in Tallinn. Also, there was at least one cruising area in both Tallinn and Tartu.

A decisive year for Estonian homosexuals was 1990, when the International Scientific Conference on Sexual Minorities and Society in Twentieth Century Europe took place in Tallinn, the first of this kind in Eastern Europe. Also, during 1990, the first advertisements for gay and lesbian acquaintances were published in independent newspapers. The first gay/lesbian organization in Estonia was the Estonian Lesbian Union, founded in 1990, followed two years later by the Estonian Gay League.

According to A. Raudsepp, an expert in the field, the situation of homosexuals has changed with the overall liberation and democratization in Estonia. The position for gay and lesbian youth in 2003 seems to be very different from the situation, for example, at the end of 1980, when some people started to come out as gays. During the Russian occupation, there was no information about homosexuality other than rumors, penal code, and psychiatric manuals. It was very difficult to meet other gay people.

Attitudes Toward Homosexuality

The ambivalence of the attitudes toward homosexuality is clearly shown in the sexual autobiography of a 49-year-old male chauffeur written in 1996:

In US homos want to become quite official. I just can't understand such people. Once one of my friends told me a story about them. He had a small joint-stock company and went to Cesis (in Latvia) to get some goods. He stayed the night with his Latvian business partner. At night this man came to his bed and behaved the same way that a man does when he starts making love to a girl. My friend tried to push him away but he kept coming back. This lasted half of the night. In the other room there was a nice pretty wife of this man; they probably even had children. I tried to look upon this as some kind of disease that should be cured. During the Soviet times they tried to cure this with prisons but this isn't probably right, except in cases where the other party is a minor. I can understand women who make love to each other even less. But this has been a taboo, so we don't know much about that at all. (ELM 1996)

In Estonia in 2000, 50% of surveyed men and 63% of women agreed with the statement "Homosexuality among adults is a private affair of the people concerned with which officials the law should in no way interfere." Twenty-one percent of men and 12% of women disagreed with the statement. Quite a number of the respondents, 29% of men and 25% of women, found it hard to say what their position was. Women considered homosexuality to be a private affair more often than men did. There was no difference between the national groups in the attitudes toward homosexuality. Younger people were more liberal than older people. Type of couple relationship and education did not affect homosexuality attitudes.

Sexual Orientation

In 2000, 12% of people in Estonia reported homoerotic feelings, i.e., they were sexually interested in the same sex. Most of these people were also interested in the other sex, that is, they had a bisexual orientation. Only 2% of men and no women were interested only or mainly in the same sex. People with lower education reported same-sex interest more often (16%) than those with middle or higher education (9%). Age, type of relationship, and ethnicity were not associated with sexual orientation.

Compared to Sweden and Finland, homoerotic interest was more common in Estonia and St. Petersburg. The highest rates appeared among Estonian-speaking women in Estonia (13% of the 18- to 54-year-olds) and St. Petersburg women (12%). In Estonia, contrary to the other areas, middle-aged and older people reported homoerotic feelings at least as often as younger people.

Same-Sex Experiences

In 2000, 6% of men and 8% of women in Estonia had had sexual experiences with persons of their own sex. These encounters were more common among younger (14%) than among middle-aged and older people (3% to 5%). Type of relationship, education, and ethnicity did not predict homosexual experiences.

A 55-year-old Estonian unemployed man was not sure of his sexual orientation. He had had sexual experiences with both women and men.

I was still quite helpless in intercourse later, but my kissing had developed much and I would still enjoy it, even on "some other places" . . . A week after our encounter she started suffering from awful pains, which made her scream. She was taken away, and forever—she had leukemia and it

killed her. With her gone, my intimate world collapsed. I buried myself in sport, until the next sexual experience, which was with a man when I was sixteen. It may seem that I have been a homosexual already from an early youth, but that is not true. My sharpest and most exciting memories are still of those overwhelming kisses and the first entry into a vagina. . . .

. . . We were lying on the mattress and talking about all kinds of things. Then he started caressing me, and as I had experienced it already from a man, I was quiet and a sort of expectation came over me. Gradually he moved closer and closer to my genitals, pulled down my underpants and took me into his mouth. A sudden rush of pleasure gave me a start and I almost moaned aloud. He sucked me very skillfully, taking almost the entire length of my penis into his mouth and licked the tip of it. Stroking my balls he put one finger into my anus, which also gave me a new kind of pleasure. I had the feeling that my member would truly explode, it was so full of blood, stone-hard, really painful. He went on, caressing and stroking my penis with his tongue. He felt the throbbing of my member and sucked it deeper and deeper into his mouth. I couldn't stand it any more and ejaculated into his throat. I heard him swallow and his satisfied grunting, and felt myself totally pumped out. He asked me whether I wouldn't want to do the same to him. I suppressed the thought that the same thing is used to urinate; besides, he smeared something sweet-tasting onto his penis. At the beginning it felt disgusting, but he continued rubbing me and I felt a sort of passion arise. His member was very big and veined, my mouth got tired, but he encouraged and taught me all the time. He said he wanted to ejaculate into my mouth too, and if I couldn't (or wouldn't want to) swallow it, I could pass it from my mouth into his mouth, he would swallow it himself. I tried to follow his teachings and do the thing as well as possible. In the end I felt his member grow even more, then it started to jerk and a kind of salty greyish-white slime came out of it like from a fountain. I couldn't help but swallowed some of it, but passed the rest over into his mouth. We kissed for a long time with our sperm-smeared mouths and all this was simply indescribable. I still want to stress once again that actually I am not a gay or bisexual, only the circumstances developed this way. (ELM 1996)

Homosexual or bisexual authors of some sexual autobiographies in Estonia complained about their alienation and mental health problems. One should notice that the majority of the population has a favorable attitude toward homosexual behavior between adults; it is seen as a private affair with which officials and the state should not interfere.

7. Gender Diversity and Transgender Issues

KAI HALDRE

Health System. After regaining independence, health reform was carried out in Estonia. The Sick Insurance Fund was formed on a solidarity basis—up to every salary (payment to a person), 33% of a sick insurance tax has to be paid. After that, the person becomes insured and can have the majority of health services either free or for a very small payment. All minors up to 18 years old and retired persons are automatically insured. A list of pharmaceuticals is defined, which are compensated to a different extent according to the diagnosis and drug. Together with health reform, a family doctors' system was introduced.

Currently, there is no legal regulation for organizing help for transsexuals. In October 2002, a new law on organizing

medical services was adopted, and all old regulations are not valid any more. Helping transsexuals will be organized in accordance with the principles adopted in the European Council's Parliamentary Assembly session No 41 in 1989.

There is a draft of a new regulation, according to which an advisory committee for helping transsexuals is formed. The task of the committee is to be the final body that makes the proposal to the Minister of Health to change the gender of a person. It can happen only if the person has felt that he or she belongs to the other gender/sex group for at least two years, after any psychiatric illness is excluded and the genetic sex is defined. Then, the Minister gives a decree, according to which hormonal therapy and surgical therapy can be started. Both are not obligatory and the person can stop at any stage. The passport is changed only after two years of treatment. If the person wants to change back to the initial gender/sex, it is done according to her or his written directive.

Transsexuals are entitled to get both psychological help and buy medications in the same way as all other people who have sick insurance. If they decide to have surgery, this cost is not covered by health insurance and they have to pay for it by themselves. Treatment of intersexual persons (both medical and surgical) is covered by sick insurance.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sexual Behaviors

The Legal Situation

Until the year 2002, the old modified Soviet law regulated legal penalties for sexual crimes. There was a differentiation according to how natural or unnatural a sexual act was. Sexual abuse/coercion performed by woman was not possible. The new law active since 2002 is based on the principle of sexual freedom of the person—a person him- or herself has the right to decide with whom and how he or she has sexual relations.

The penalty for rape is five years imprisonment. If the rape was with a person less than 18 years old, carried out by two or more persons, if the victim's health was damaged or death caused, if the victim has taken to a stage of suicide or attempt of suicide, or if the offender had raped earlier, the penalty is 4 to 12 years imprisonment. If the rape was inflicted on a person less than 14 years, the penalty is 6 to 15 years imprisonment.

In 2000, there were 676 criminal acts against a person. Of these 676, 54 were registered as rape (in 1999, there were 58 cases registered as rape). Out of these 54, 39 person's court decisions were put into force. At the same time, while criminal acts against a person have been decreasing since 1995, rape and attempts of rape have remained the same.

The Bureau of Equality of Rights in the Ministry of Social Affairs and the Estonian Open Society Institute has carried out some research on sexual violence. In 2001, the Estonian Open Society Institute studied the incidence of violence in the family and against women. Twenty-one percent of women and 16% of male respondents answered "yes" to the question "Have you experienced against yourself either physical, mental, or sexual violence during the last 12 months?" According to this study, it is estimated that every day, 252 women experience physical violence and 33 women experience sexual violence. Two thirds of the violent acts take place at women's homes.

In terms of social response, sexual violence still seems to be quite a taboo topic. Many professionals (medical persons, police, teachers, etc.) feel themselves uneasy while meeting the problem. At the same time, a lot of education has been provided to different groups (including police,

medical personnel, etc.) since the mid-1990s. Two children's support centers have been established. They deal with counseling and rehabilitating mistreated children and families. The Children Support Center in Tartu has been active since 1995, while Tallinn's Children Support Center was opened in 1999. The Open Estonia Foundation is financing both centers. Additionally, specialists are being trained to work with children, and a network of specialists is being established for solving cases of child abuse.

A sign of immaturity in the Estonian legislation is perhaps that the law on Equal Gender Rights (*Soolise Võrdõiguslikkuse Seadus*) was not adopted by the Parliament in 2002. Parliament declared it "unnecessary" and some members of Parliament ridiculed it. Since sexual violence is mainly a problem for women, an equal-rights law would help in fighting against it.

Child Sexual Abuse, Incest, and Pedophilia

ELINA HAAVIO-MANNILA

Incest. In the Estonian sexual autobiographies, there is a detailed story by a 16-year-old girl about the sexual abuse by her father:

It was winter. I went to school and had my 15th birthday in September. Father drank every day. One night when he came home he appeared in my room. I had heard nothing. I woke up when he touched me. I did not dare even to move and was breathing with difficulties. I pretended to be sleeping and was terribly afraid. My heart was pounding. He touched my breasts and thighs. We sleep on a "double-decked" bunk with my brother and it seems that my brother moved in his sleep. Father went away pulling the blanket over me before that. I could not sleep till morning. I went to school broken and sad; I could not concentrate at the lessons and was terribly tired. A few days passed and everything happened again. I thought I would lose my mind out of fear and was having constant nightmares. I did not venture to speak about all that to anybody. It all went rather far. He began kissing me, taking out his penis and caressing me until it hardened, then tried to enter me but I could not bear it any longer, moved myself and pulled the blanket over my head—I felt myself totally defenseless. Father left. Next night he tried it again, again luckily without any result. At last he satisfied himself between my buttocks. He wiped the sperm off his penis, covered me and went to sleep beside mother in the other room. I was awfully scared. I went to the toilet and wiped myself clean. I wept from fear.

After some days he came again, I pressed my teeth together and thought I now would get up and scream but fear fixed me to the bed, I was afraid, paralyzed by my own ignorance. At the same moment mother came in. I let out an imaginary sigh of relief, at last it was all over. But no, that was but the beginning. It seems mother had felt it strange that father was lingering in the kitchen so long (for my father had a habit of eating at night) and had decided to come and have a look. The only thing she said was: "So it is the child you are at now." That was said with great bitterness. Mother seemed to collapse inwardly as if some huge waves had carried her away. She could say nothing else. (ELM 1996)

Other Abuse of Children by Adults. Sexual abuse of children by adults was frequently mentioned in the autobiographies. A 39-year-old Russian-speaking woman writes:

When I was 10 or 11, the other bachelor who was about 20 and half-wittedly asked me to come to his room so that the neighbors would not see me. He promised to buy me

candy when I show him my “thing.” Our life was poor and Mother used to borrow from the neighbors to buy us food. I must have wanted candy so much I agreed to climb in through his window so that the others did not see me. (ELM 1996)

Peer Harassment. A married 59-year-old retired male teacher with two children writes about the after-play of peer harassment of girls in his own school-age.

Toilets were the centers of sex lore for boys. When the girls could break off from their tormentors, they ran into the girls’ WC. It was called a sanctuary by angry boys, but the girls themselves also called it so, because it was a safe place. When the boys had touched and pawed girls in the classrooms or corridors, they were quite aroused and ran into the boys’ WC, where they jerked off. It was quick, and then they compared, who could shoot higher. I was 8-9 at the time, and knew everything, watching the “real men” and learning the trade. (ELM 1996)

In addition to schoolmates, the members of youth organizations could harass each other, as the following story by a 40-year-old woman architect shows:

There is also one unpleasant experience from form 7 after a game of pioneers that we had had. All the girls had probably gone home already; I remained there in the wood with boys, to come home together with them. I trusted them; they had always been my good fellows. Then suddenly they dragged me down to the ground and tried to get my trousers off. I didn’t realize at all what’s going on. There was someone holding his hands on my mouth to prevent me from crying and someone climbed over me and tried to stuff something between my legs.

I don’t remember how I escaped from there. I probably began to cry so loud that they had pity on me. Or maybe there was someone with more common sense to stand up for me. The more active ones threatened me that they would catch me with a net the next day after school and take me to the wood. It was such a terrible threat for me that I didn’t dare to go to school for two weeks. Luckily, the boys had lost interest in me by then. (ELM 1996)

Gang Rape. Gang rapes of girls occasionally took place in Estonia, even though the formal and informal punishments were very serious. A 60-year-old locksmith told stories of gang rape by peers.

The schoolboys were running after girls too, trying to “make them.” I know an occasion, when an eleven or twelve-year-old girl was caught and gang raped in the forest, the boys were telling about it afterwards. They described how the girl had tried to fight them off, but couldn’t, and later they often visited that girl, she even sort of expected it. So a gang of boys spoilt a girl, who was too afraid to tell about it. (ELM 1996)

Adult Sexual Harassment and Rape

According to the 2000 Estonian sex survey, 2% of men and 14% of women in Estonia had been sexually harassed, 0.4% of men and 8% of women had been raped, and 3% of women had been both harassed and raped. Russian-speaking women in Estonia had been sexually harassed or raped more often than Estonian-speaking women had been—30% versus 22%. Three percent of respondent men and 13% of respondent women reported being the subject of physical violence from a long-term partner.

In the ELM archives, there are many stories on physical violence in relation to sexuality. Kelly (1988) has divided these into five groups: 1) harassment from flassing to assault,

but not attempted rape, 2) pressurized sex against one’s own will, 3) coercive and forced sex involving elements of threat or fear, 4) (attempted) rape, and 5) general mentions about violence including domestic violence. There are not many stories in the sexual autobiographies about the author perpetrating a rape, but most of the authors told about attempting rape of another person or animals.

General Family and Sexual Violence

Violence in the family was sometimes upheld by the older-generation family members. The following 61-year-old Russian-speaking woman teacher writes:

When he came home again, I told him about money [the mother of the author had demanded her to ask money from the husband for the upkeep of the family] but he did not give me any. He simply lived with me, used me and beat me. Whenever he had had alcohol he found a reason to beat me, cruelly, with his feet. Once he beat me on the head with his fists and it seems I even lost consciousness. Mother watched and told him: “It is right to educate her, otherwise she will not listen to me any more and there is nobody who could tame her.” Yes, that was my own mother who allowed her daughter to be beaten in such a cruel way and never came to help me, to rescue me from the drunkard with whom I had refused to go out because he was drunk.

I thank God I was saved from that sadist [the husband was put in jail for killing a man]. I wish he had got death penalty but it was our child that saved him from that. I thought that from now on I could live peacefully but no . . . he began to write me from the prison, threatening me in his letters. I have lived in fear all my life. When I started receiving those letters I must have thought about seeking defense from somebody and also I was fed up with my mother’s scolding. I wanted a home of my own; I wanted to marry, to find a father for my child. (ELM 1996)

Women were more often than men victims of sexual harassment and violence, as can be seen in the lack of autobiographic stories by men on general family and sexual violence.

Prostitution

Since the beginning of the 1990s, combined with fast socioeconomic changes, there was a rapid booming of prostitution in Estonia. Kristiina Luht (2003) estimates that more than 1,000 prostitutes work in Tallinn. Since a prostitute’s working time during the life course is quite short, 5 to 10 years, many more than a thousand women and men are involved.

According to Juri Kalikov (2003), two main tracks can be followed: first, girls go to bigger cities (half of the prostitutes come from Russian-speaking northeast Estonia), and second, women are taken abroad—mainly to Finland, Sweden, Poland, Germany, Denmark, Holland, and Spain. The human trade can appear in different forms: to work as a prostitute, to work as an *au pair*, cleaner, and so on, to work as a dancer (striptease), escort, and so on, and getting married with the aim of making a person work for free or as a sex worker. The local criminal organizations profit from prostitution and work closely together with foreign club or brothel owners.

In the 2000 Estonian sex survey, people gave their opinions on the following statement: “I have nothing against people earning money by selling sexual services (prostitution).” Fifty-five percent of men and 30% of women agreed entirely or almost completely with this statement. There was no difference between the national groups. Young people accepted it more often than middle-aged and older people

ple. Type of relationship and education were not significantly connected with prostitution attitudes. Compared to the neighboring countries, Estonia was the most permissive to prostitution. People in St. Petersburg were particularly very much against it. But in the sexual autobiographies, many authors expressed their negative attitudes toward prostitution. The following 71-year-old woman teacher supports legal, controlled brothels:

I do not justify prostitution, but those who want to sell themselves always find ways to do it. But this shouldn't ruin our youth. The ads in the newspapers where girls invite men to have coffee with them, giving addresses and phone numbers should be condemned. When I read the ads in the newspapers where somebody wants to find a boy- or girlfriend for extramarital relationship, I think that these people should be mad.

There should be a house in town, where those who cannot do without it, could find satisfaction. This house should be under medical surveillance and the persons working there should be issued passports of different color than the other citizens. This lush sex is disastrous for the nation. (ELM 1996)

Twelve percent of men and 28% of women in Estonia had been solicited to have sexual intercourse in return for money or equivalent economic advantages, but had refused to take it. Three percent of the Estonian-speaking men and 1% of Russian-speaking men accepted the financial offer, as did 2% and 5% of the women. Younger and Russian-speaking people had been offered money for sex more often than older and Estonian-speaking people. Type of couple relationship and education did not predict persuasion to have sex for money.

Taking money for sex was more common among Russian-speaking women in Estonia and St. Petersburg than in Sweden and Finland. As many as 14% of the 25- to 34-year-old russophone women in Estonia had accepted money or other economic advantages for sexual services.

Ten percent of men in Estonia had paid for sexual intercourse. Only 2% admitted that they had been offered money for intercourse, but had refused to take it. Two women, both Russian-speaking, had paid for sex. National differences were not significant. The younger and the middle-educated had offered money for sexual services more often than the older and the least- or most-educated people. Type of relationship did not have any impact on paying for sex.

In Estonia, fewer men had paid for sex than in Sweden (15%) and Finland in 1999 (13%). In St. Petersburg, 10% had done it. Contrary to the situation in Estonia, where mostly younger men had paid for sex, in Sweden and Finland, middle-aged men most often reported having paid for sex.

C. Pornography and Erotica

During the stagnation times of the Soviet system, before 1991, all sexual literature, sex aids and substitutes, films, and so on, were strictly forbidden in Estonia, and there were legal codes and sentencing procedures for offenders. But it was not totally absent from the society as the following passage of the sexual autobiography by a 45-year-old man reveals:

An acquaintance of two of my classmates was having a birthday party in Tallinn and we were all invited to go. I was sixteen. Nothing predicted the course of following events as it really happened. At the party, we ate and had a few drinks. The walls of the flat of that man were covered with all kinds of pornographic pictures, which excited us all a lot. For the first time I saw all kinds of positions of intercourse, group sex, oral and anal sex. It all had a very strong impact on me and for a long time I saw them in my

erotic fantasies. I don't know from where he had got those pictures, but Finland is only some 80-90 kilometres off Tallinn and it was possible to smuggle things in. (ELM 1996)

After the independence, pornography became legal and easily attainable. The following 27-year-old man uses it as educational material:

Sex magazines, porno films? I don't buy them except when I come across them when I'm alone, I look them through, trying to remain independent. I am more interested in the contents, pragmatical advice that I can share with my wife. I would also like to watch realistic films of deep thoughts and ideas, including erotica elements, in case it does not embarrass my wife. But cheap, downright hardcore porno films I wouldn't watch more than just once. (ELM 1996)

In 2000, attitudes toward pornography were very positive: 68% of men and 55% of women considered pornography very or quite arousing. Young people enjoyed pornography more than the older persons. People in different types of couple relationship, educational, and national groups found pornography equally arousing. Estonians considered pornography more arousing than Swedes and Finns did in 1992. But in 1999, the Finnish attitudes resembled those of the Estonian people.

9. Contraception, Abortion, and Population Planning

KAI HALDRE and ELINA HAAVIO-MANNILA

During the last decade of the 20th century, major socio-economic changes took place in Estonia. At the same time, many reproductive and sexual health indicators abruptly changed: The beginning of sexual life took place at a younger age; the number of induced abortions and deliveries, including teenage pregnancies, decreased rapidly; the availability of contraceptive methods improved; and their use increased. Nevertheless, much less contraception is used in the first sexual intercourse than in other developed countries, and often the sexually active people used unreliable methods of contraception—coitus interruptus and the rhythm method.

A. Contraception

General Usage

There are no systematic and accurate data about contraceptive usage in Estonia. According to the statistics given by the Estonian Ministry of Social Affairs, there were 182 users of hormonal contraception and 145 IUD users per 1,000 women of fertile age in 2001. These data are collected only about women who visit state women's outpatient clinics. The definition of which data should be included in statistics is not well defined, and the collection of the data is not on the same level in all of these institutions.

According to the available statistics, the number of women using hormonal contraception has increased about fourfold, and the number of women with an IUD has decreased a little, when compared with the year 1992 statistics of 39 and 209 per 1,000 women of fertile age, respectively. These statistics of hormonal contraception do not tell us whether the figures refer only to the combined oral contraceptive pills or include also usage of other hormonal methods (POP, depo progestogen, or levonorgestrel-IUS). Nor do they tell use about how constant is the usage. The statistics reflect the usage per 1,000 women of fertile age, but do not distinguish how many of these women are in need of contraception.

The Estonian Health Interview Survey carried out in 1996 shows that the usage of different family planning

methods during the previous four weeks by sexually active women in age groups 20 to 24 years and 25 to 29 years was as shown in Table 2. From the EHIS 1996 data, one might conclude that every user of a contraceptive method used only one method at a time. Our practical experience does not support this conclusion, and it was possible to select two main methods while answering this particular question in the interview. One, then, cannot consider the EHIS data reliable. The data depicting contraceptive usage do not reflect how many of these women were pregnant, infertile, or wishing pregnancy at the time when the interview was carried out. No reliable methods were used by one quarter of the women; at the same time, there are no data about their plans in case of pregnancy. Twenty-five percent of the 20-to-24 age group and 21% in age group 25-to-29 did not have intercourse during the previous four weeks.

According to the Family and Fertility Survey carried out in 1994, the usage of different contraceptive methods among sexually active women during the previous month was 58% in age group 20-to-24 and 66% in age group 25-to-29, including, respectively, condom use 21% and 17%, contraceptive pills 5% and 5%, IUD 19% and 34%, coitus interruptus 9% and 7%, and other methods 4% and 2%; 25% and 19% in these age groups did not use any method. During the survey, 8% and 3% were pregnant in age groups 20-to-24 years and 25-to-29 years, respectively; 25% and 19% of women in these age groups did not have sexual intercourse during the last month.

We can compare this 1994 Family and Fertility Survey to the results of a Finnish survey carried out in 1994 of the age groups 20-to-24 and 25-to-29, in which 60% and 52%, respectively, of the sexually active women used contraceptive pill, 17% and 4% used condoms together with either the pill, IUD, or depo progestogen, 13% and 25% condoms alone, and 2% and 6% the IUD. The proportions of those not in need of contraception among sexually active women were 7% and 11% in age groups 20-to-24 and 25-to-29 years (cf. Table 3). Male and female voluntary sterilization is legally regulated by the "Law of Pregnancy Termination and Sterilization," adopted by the Estonian Parliament at the end of 1998. There are no data on how many people have used this possibility, and what is the potential amount of users in the near future.

In the middle of the 1990s, emergency contraception was introduced in Estonia. The prerequisite of successful use of this method is good information about the method among public and medical personnel, and easy accessibility of the emergency pills.

Contraception in First Intercourse

According to the Estonian Health Interview Survey in 1996, 62% of women in age group 20-to-24 years did not

use contraception in their first intercourse. According to the Family and Fertility Survey in 1994, the proportion of non-users in the same age group was 67%. Additionally, about half of those who said that they had used the method had chosen "traditional methods" for avoiding pregnancy. We can compare this with the proportion of non-users of contraception at first sexual intercourse found in the KISS study in Finland already in 1988, where it was 27% among girls in the age group 15-to-16 years.

According to the Estonian sex survey conducted in 2000, in their first intercourse, 42% of Estonian-speaking men and 38% of respective women, and only 21% of Russian-speaking men and 33% of respective women had used some contraceptive method. The difference between the language groups was statistically significant for men, 42% versus 21%.

Coitus interruptus was the most-often-used method in the first intercourse. Twenty-one percent of the Estonian-speaking respondents had used it; of the Russian-speaking, only 10%. A condom was used by one tenth of the respondents, and the pill by only 1%. Two percent had used some other technique, and the rest could not remember what method of contraception they had used in their first coitus.

Very few Estonian autobiographers referred to contraception when they wrote about their first intercourse. This is probably because of the fact that no contraception was used, as the findings above indicate. Lack of knowledge on sexual matters, especially contraception, often made the first intercourse an unpleasant experience.

In Estonia, fewer people used some contraceptive in their first intercourse than Finns did 30 years earlier, not to speak of Finland in the 1990s. Only 10% to 13% of people in Estonia had used a condom in their first intercourse, compared with 28% in Finland in 1971, 52% in 1992, and 55% in 1999. Among the 55- to 74-year-olds, Estonian-speaking people (born before 1946) reported as much as, and even more contraception than the Finns did in 1992. This Finnish generation (born before 1937) grew up when contraception was not yet common in Finland.

Contraception in Most Recent Intercourse

These statistics are more reliable than those for contraceptive usage in the first intercourse. Fifty-two percent of men and 54% of women surveyed—needing contraception and having had intercourse in past year—had in his or her latest sexual intercourse used one or several of the following contraceptive methods: condom, birth control pill, minipill, implant capsule or injections, intrauterine device (IUD), or sterilization. There was no age difference in the use of these contraceptive methods considered as reliable ones.

Table 2
Contraceptive Usage, in Percent

Method	EHIS 1996		FFS 1994	
	20- to 24-year-olds	25- to 29-year-olds	20- to 24-year-olds	25- to 29-year-olds
Total usage			58	66
Condom	22	12	21	17
Oral pill	11	6	5	5
IUD	21	35	19	34
Natural methods	13	16	—	—
Coitus interruptus	5	—	9	7
Other methods	1	—	4	2
No methods	27	24	25	19

Table 3
Usage of Contraceptive Methods During Last Four Weeks: Women, 20 to 24 Years, in Percent

Contraceptive Method	Estonia 1994	Finland 1994
Condom	21	13
Pill	5	60
IUD	20	2
Coitus interruptus	9	
Other methods	4	
Did not use	25	
Condom and pill depo/IUD		17
Pregnant/infertile // no need*	8/1	7*
Did not have sexual intercourse	25	

(FFS 1994; Kosunen 2000)

A comparison of the contraception techniques in the four sexual relationship types shows that cohabiting people had used reliable contraception most often (67%) and single people least often (39%). Married and LAT people were in-between, with 53% and 57%. The higher the educational level, the more often was a condom, pill, IUD, or sterilization used. Of the least-educated persons, 46%, of those with the middle level of education, 54%, and those with the highest education, 63%, had used these reliable birth control techniques. Estonian-speakers had used reliable contraception more commonly (56%) than Russian-speakers in Estonia.

Of the different contraceptive techniques labeled as reliable, condoms were the most popular. Of Estonian-speaking men, 25% reported the condom as the main device used in the latest intercourse, of Russian-speaking men, 22%. For women, the percentages were 10% and 19%. The coil or intrauterine device had been used in the latest intercourse by 18% of Estonian-speaking men and 16% of Russian-speaking men, and by 31% and 19% of respective women. Use of birth control pills, minipills, hypodermic capsule, or injections was rare: 11% of the Estonian-speaking men and none of the Russian-speaking men reported their use, of the respective women, 9% and 3%. Use of contraceptive foam or cream was reported by no men and by 4% of Estonian- and 3% of Russian-speaking women. Three percent of the respondents told that they or their partner had been sterilized.

One reason for the infrequent use of reliable birth control techniques is exemplified in the following passage from a 53-year-old woman chauffeur in a cooperative farm:

I had made a promise not to have more children. I had not enough strength any more. It was hard time to tell my husband so I went to a gynecologist and had a diaphragm entered but my body rejected it. I worked like a horse: when the baby was born on 4 September, I had to be in the field ten days later, harvesting potatoes, milk pouring down from my breasts. What a life! (ELM 1996)

Of the less reliable methods, 15% to 16% of the survey respondents had in their last coitus used coitus interruptus. About 7% of men and 15% of women had applied the rhythm method ("safe days"). Of Estonian-speaking men, 6%, and of Russian-speaking men, 6%, and of the respective women, 5% and 14% had used no contraception, even though they needed it. The rest, 1% to 4% of the respondents, did not remember what kind of contraception they had used in their last intercourse.

Lack of contraceptives in intercourse was very often mentioned in the Estonian sexual autobiographies reporting on sexual life after the first intercourse. For a steady-going couple, pregnancy was mostly not a catastrophe, as a 60-year-old male mechanic shows:

From the beginning we agreed that I would not interrupt coitus but I would shoot ahead and if she got pregnant we would have a child in the family. We had sex constantly for three months until she told me that her menstruation had stopped. It was clear we had started a family. Once we tried to have sex with a prophylactic but didn't like it. It was artificial! (ELM 1996)

A 69-year-old male chauffeur writes about the successful use of the less-reliable birth control techniques, abstinence, and moralism in the social networks, in preventing unwanted pregnancies.

In the thirties in Virumaa it was a matter of big shame when a single woman had a child. Although knowledge of sex was scanty boys and girls knew how to regulate their sex-life so that there were no love-children, or if there

were, there were just very few. Single people also didn't live so active sexual life and I had never heard that someone had divorced because of sex. I think life was much more private in these older days. When someone did something that was forbidden by popular law then there was much more putting to shame, reproaching and condemnation than now. (ELM 1996)

Compared to Finland, the surveyed people in Estonia needing contraception and having had intercourse in the past year had rarely used reliable contraception in their last intercourse. In St. Petersburg, middle-aged and older people used them even less often than the respective people in Estonia. There was no gender difference in the likelihood of having used reliable contraceptive techniques. In all research areas, the use of the condom, pill, IUD, foam, or sterilization was least common in the age group 55-to-74 years.

Worry About Unwanted Pregnancy

Most people, especially women, in Estonia had in their lifetime been worried about unwanted pregnancy. For men, the proportion was 70% and for women 80%. Estonian-speaking men had been more often (74%) worried about unwanted pregnancy than Russian-speaking ones (61%). These proportions include the 44% of men and the 59% of women who had been worried at least sometimes; the rest had been worried scarcely ever.

B. Abortion

Legislation and Statistics

In the Soviet Union, abortion was prohibited from 1936 to 1955. In Estonia, it has been legal since November 23, 1955. There was no abortion law until 1998, although it was regulated by a decree of the Ministry of Health (now Social Affairs). Since 1994, abortion is partially paid by women having health insurance. Approximately one third of the cost of abortion is paid by the woman—currently 330 EEK. The main method is vacuum curettage; mifepristone is not available.

The 1998 Estonian abortion law states that abortion is allowed on request up to 11 weeks of pregnancy and for medical reasons up to 21 weeks of pregnancy. Therapeutic abortions and treatment for spontaneous abortions are free of charge. Abortion for girls up to 15 years and women over age 45 are also free of charge. Abortions are performed only in state or private-owned institutions having a special license for that procedure. Filling in an abortion form for the Abortion Registry is obligatory (including so-called mini-abortions—termination on an outpatient basis up to 21 days of absent menses). The Abortion Registry started in 1994 and data are available from the registry from 1996 on. In 1998, the quality of the Registry worsened when, for political reasons, it was not allowed to write the personal identification code on the registration forms.

Until 2000, more pregnancies ended with termination than with birth. The rates of legally induced abortions and the birthrate have both decreased remarkably in Estonia during the last 10 years. According to the data of the Estonian Abortion Registry and Medical Statistics Bureau, there were 69.6 induced abortions per 1,000 women of fertile age in 1992; the figure was 34.0 in 2001. The fertility rate per 1,000 women of fertile age was 48.6 in 1992 and 36.8 in 2001, according to the Estonian Medical Birth Registry.

During the last ten years, the proportion of repeat abortions among abortion patients has remained the same—in 1996 to 2001, about 68% of women had terminated two or more pregnancies. This is a high proportion compared to Finland in 1997, where the proportion of repeated abortions was 30%.

The proportion of teenagers among abortion patients has increased during the last 10 years, being 11% in 1992 and 13% in 2001. The proportion of teenage mothers has decreased during the last 10 years, being 15% in 1992 and 10% in 2001.

Incidence and Consequences of, and Attitudes Toward Abortion

Of the male respondents of the 2000 sex survey who answered the question about abortion, 38%, and of the respective female respondents, 66%, reported that they themselves or their partner had had an abortion. There was no significant difference between the language groups. Thirty-three percent of the women who had had an abortion reported that they had had only one abortion, 34% two, 16% three, 6% four, 5% five, and 6% six or more abortions. Two women reported 26 abortions.

Compared to Sweden and Finland, the abortion rates in Estonia and St. Petersburg were very high. The discrepancy in the replies of men and women found in Estonia (men reported much fewer abortions than women) did not emerge in Sweden, Finland, and St. Petersburg. Estonian women may have kept their abortions secret from their partners, because of shyness and traditional Protestant morality. One explanation given to the consistency of the replies by men and women in St. Petersburg is that the father candidate had to pay part of the cost of abortion in the Soviet Union. Thus, it was necessary for a woman to reveal their pregnancy to her partner.

Reactions to and feelings about abortion varied by gender. In most cases, the surveyed women reported more consequences of abortion than men did.

Quite a number of both women (44%) and men (39%) who/whose partner had had an abortion reported that abortion made them feel guilty. Guilt feelings were more widespread among Estonian-speaking (men 42% and women 50%) than Russian-speaking people (men 30 and women 33%). According to a multiple classification analysis, young people had suffered from guilt feelings more often than older people had. Type of the relationship and education did not predict the guilt feelings of the respondents from abortion.

In Estonia, more women (19%) than men (7%) thought that an abortion had been degrading. Women considered abortion painful much more often (48%) than men did (10%). Russian-speakers reported pain in connection with abortion more often than Estonian-speakers did (Russian-speaking men, 20%, and Estonian-speaking men, 6%, and the respective women, 58% vs. 42%). Very few respondents (7% of men and 3% of women) reported that their or their partner's abortion had been easy.

Thirty-six percent of men legitimized the abortions of their partners by saying that they had been natural in the partner's situation. Of the women, only 22% stated that the abortions had been natural in their situation. There was no difference between the national groups in this respect.

The decision to have an abortion was often a difficult one, as a 39-year-old Russian-speaking woman told of deciding again an abortion at the last minute:

When he learned about my pregnancy, he decided to go to sea, said he needed big money and told me I could do whatever I wanted—bear the child or not to bear. My colleagues learned about my pregnancy too and advised me to make an abortion. It may be he had even advised everybody to tell me that. One of my colleagues took me to the hospital and went to negotiate with the doctor. Until they discussed things in the doctor's study, I spent time reading the posters that hung on the walls. I learnt that if a woman

aborted her first pregnancy, she would risk being childless for the rest of her life. But I wanted to have children. So I gave up the abortion plans and bore the child. I was 17 when I bore my first child. (ELM 1996)

Another 40-year-old woman architect avoided abortion in spite of the request of her partner. Later, she anyway had an abortion. She seems to have had guilt feelings, because she thought that she was punished for it.

The father of my child did not want any children but as I was 26 myself already, it was the last moment for me to become a mother. And I really did give birth to a sweet lovely boy, exact copy of his father. [Later] I had won a prize at an architectural exhibition and it included a voucher for a trip to Finland. Giving birth to a baby was an obstacle. My conditions to [my partner] were as follows: I shall bear the third child if he will marry me and we shall live together. He didn't agree on marrying and I had an abortion. . . . I had a bitter revenge from destiny for destroying this embryo. In June 1987 an inborn dilatation of a blood-vessel (aneurysm) that was predicted to break at the age of 30, broke in my head. It was God's providence it didn't happen during the birth of my children. (ELM 1996)

In the 2000 survey, attitudes toward abortion were measured by the statement "I do not accept free (legal) abortion." The responses were quite evenly distributed between the five alternatives ranging from agree entirely to disagree entirely. The average score for men was 2.9 and for women 3.1; women were thus slightly more favorable toward free abortion than men were. There was no statistically significant difference between the ethnic groups. In Estonia, 35- to 44-year-old people accepted legal abortion better than younger and older people. The higher the educational level, the more likely were the respondents to permit abortion. Type of the relationship was not associated with abortion attitudes. Attitudes toward abortion were more restrictive in Estonia than in Finland in the 1990s, and especially in St. Petersburg.

C. Getting and Caring for Children

From the 1950s until the end of the 1980s "Singing Revolution," Estonia's annual birthrate was quite stable—about 20,000 births per year. In the aura of liberation at the end of 1980s, the birthrate increased, and then suddenly and dramatically decreased during the socioeconomic transformation of the 1990s. In the last year of the 20th century, 1999, Estonia saw a small blip in the annual number of births and the birthrate per 1,000 women of fertile age. Between 1992 and 2001, the average maternal age increased from 25.5 years to 27.1 years, and the age of first birth from 22.7 to 24.1 years. The total fertility rate is below replacement level: 1.27 children per fertile woman and 1.33 in 2001.

While it is assumed that the maternal age will continue to increase, Estonia can expect an increase in birthrates when it reaches the level of Nordic countries, as in Finland, Sweden, Iceland, and Norway. In the past decade, most deliveries in these Nordic countries were in the maternal age group 25-to-29, in Estonia in 2001, only 30% were in age group 20-to-24 and 30% were in age group 25-to-29; previously, the biggest group of mothers were of age 20-to-24. The perinatal mortality rate also decreased markedly from 20.1 in 1992 to 8.0 per 1,000 live births in 2001. Since the decreasing birthrate and an aging population are pointed out by different groups in society as main concerns, many political parties have tried to introduce their "population programs," none of which have been implemented effectively until now.

In Estonia, most children have not been deliberately planned. In earlier times, when reliable contraception was

unavailable, many children were, nevertheless, likely to be born. Pregnancy was often a joyful event.

The autobiographies contained also stories about problems in becoming pregnant. A 69-year-old male teacher writes about the best position in intercourse for begetting a child:

I have noticed that when using this position [see below], the woman conceives most easily, as the sperm directly reaches the orifice of the womb, which is very important. I was quite worried in the first years of my marriage, as all our efforts to have children were in vain. Then we discovered this position, which also gives much pleasure. Woman is on her belly and man on her back, in the end woman lifts his bottom. This position led us to the desirable results. I have given this advice also to my pupils when teaching the class of family and sexual education. I have even received some thanks from the people whom it has helped, there was a couple who had tried to have children for several years, and they followed my advice, and had one child after another, all in all five of them. I have talked on this subject with my former pupils, who have been of the same opinion. This is the position, which the animals use, that is why I call it an animal-position. (ELM 1996)

A high proportion of the surveyed people in Estonia, about 70% of men and 80% of women, had their own children. Of Estonian-speaking men, 21%, and of respective women, 20%, had at least three children; of the Russian-speaking men, only 12%, and of the respective women, 8% had at least three children. The average number of children for Estonian-speakers was 1.6, and for Russian-speakers, 1.3 (childless people were included in this calculation). The difference between the language groups may be related to the ardent campaign to increase the number of the Estonian-speaking population in the 1990s, after the independence.

Middle-aged and older people had more children than younger people. The obvious reason is that they had had more years for childbearing. Married and cohabiting people had more children (1.8) than LAT persons (1.3) and singles (1.0). The number of children for the less-educated people was higher (1.6) than for the middle-educated (1.5) and highest-educated people (1.3).

The international comparison shows that in Finland in 1999, there were more childless respondents (34%) and less respondents with only one child (15%) than in Estonia, where 25% had no children. Twenty-one percent of Estonian-speakers and 30% of Russian-speakers had one child. In St. Petersburg, more people (41%) than in Estonia and Finland had only one child. In Finland in 1999, 23% had at least three children, compared with 21% among Estonian-speaking people.

In comparing age groups, Swedish data have been included. In the age groups below 45 years, people in Estonia and St. Petersburg more often than those in Sweden and Finland had their own children. This was the case in spite of the high abortion rate in the areas of the former Soviet Union.

During the Soviet regime, the social conditions for having children were unfavorable. A 28-year-old university-educated unemployed woman tells about her own birth as follows.

I was born in one of the small towns of Estonia in 1968, during the deep Soviet regime. At that time women had to complete their work tasks equally to men. Everybody was supposed to follow the example of the leading workers—women truck drivers, astronauts (Valentina Tereskova) etc. The main task and function of women at that time was neglected. After the birth of a child, women could stay home for 2 months only, not more. And also the occasions

when the mother could stay home with a sick child were rare. Work was the most important thing. (ELM 1996)

In the 2000 survey, we asked parents of children in Estonia how the birth of the last child had affected their life. People reported more positive than negative consequences of getting a child. The most popular response was, "I became happy." Of men, 43%, and of women, 49% felt happiness on the birth of the child. This autobiographical sketch was by a 73-year-old medical nurse:

In July 1949 the baby boy was born and we called him Viktor, considering that the name should suit both Estonian and Russian environment. The baby brought new feelings into our life; our happiness was more complete than ever. Now we already had a family! When the baby was two months old, I had to go back to work. Juhan's mother agreed to baby-sit. To ease the burden of the nanny and to get free days, I was willing to have night duties. At night Juhan looked after the baby and the boy slept well, too. So far I had breast-fed my child but when I went back to work, difficulties arose. The hospital was two kilometers away. To feed the baby, I had to walk home. Sometimes, because of the patients, I could not leave the hospital on time and when I reached home I found a fed and sleeping baby.

We lived in a small bachelor's flat where my mother-in-law's bed was only a few meters away from ours. Moreover, she suffered from sleeplessness. Even the slightest movement made our wooden beds squeak. We had to enjoy sex, trying not to breathe. It often happened at the sweetest moments of love that she began to sigh and turn over in her bed. In the morning she used to tell us how she had not slept a wink at night. For me it was most embarrassing when she tried to advise me, saying that one had to have sex in moderation, and the norm she offered was twice a week, otherwise it might happen that later the husband had no potency left. (ELM 1996)

Thirty percent of the survey respondents of both genders felt themselves as a real man/woman as a result of the birth of the child. The term "real woman" was actually used in the story of a 53-year-old woman former chauffeur in a *kolhose* (a leading worker of the socialist society) with three older children.

On an evening I felt pains inside, I was taken to hospital where I gave birth to a baby boy. It was a hard delivery; the child was in its mouth position. I was in despair, it is all over, the child's breathing disappeared, and there was no pressing, my own blood pressure 180. The doctors were hopeless, at that Kunda hospital. I was thinking, I gave myself a command, Aino, you are a woman, and you are a creator. Pull yourself together! I exerted all my strength. And really, as a result of it, a boy was born. I was so happy! I felt a real woman, a mother. Everything ended well, in a few days we were back at home. There I had to cope with everything, and I did.

Twelve percent of the surveyed women were satisfied because they did not have to go to work.

But the birth of the last child also had negative effects. Twenty percent of both men and women respondents of the survey reported that their economic situation worsened considerably because of the birth of the last child.

Fourteen percent of the survey respondents felt that the relationship with the partner suffered because of the birth of a child. The following autobiographical passage was written by a 68-year-old retired woman worker:

Until the birth of our first child we lived really well, although we had only a borrowed stool and a mattress in our

hostel room. We spent all free time embracing each other and talked about how nobody had ever been so much in love. We obtained more furniture but it seemed like with every new piece we lost something of our feelings. When our child was born I felt that I was not paid so much attention any more and I did not understand that a part of me now belonged to my child. My husband started to be away from home, another child was born in a year, and after that I had an abortion. (ELM 1996)

Nine percent of female and 1% of male survey respondents felt that the child took all their energy.

Twenty-seven percent of the men surveyed and 31% of the women had children who needed daycare. When listing the usual caregivers of their children needing care, the respondents were allowed to mention several types of persons.

One third of men and 44% of women reported that, in their family, the wife usually takes care of the children, and one sixth that the husband does it. In every tenth family, parents or grandparents of the respondents were the main caregivers. In 1% to 2% of the families, the children or grandchildren took care of the children. Only 1% of the respondents reported that there were other caregivers in the family. The caregivers in Estonian- and Russian-speaking families were almost exactly similar.

The parents seem to be the main caregivers of children in present-day Estonia. The extended family is not such a support as one might have expected on the basis of the autobiographies. The following story by a 34-year-old woman reveals the truth about traditional gender roles in childcare:

After the birth of the child everything vanished, no tears and hysterics any more, no more humiliating scenes. We still matched well in bed, but that was the only thing that kept us together. I went to work when the child was three months old. My husband wanted to sleep late, so I had to drag the child, the carriage and a bag with the bottles and nappies all through the snow to the nanny we had. Our love diminished more and more. When I was again two months pregnant, my husband was taken to the army. We wrote each other long letters. My grandmother, with whom we had been living, told me that I was a fool. I was the fool, and gave birth to the second son. (ELM 1996)

The low birthrate in Estonia has been and remains a national worry. After the independence, public daycare services were neglected—but supported again since the late 1990s. Thus, it is no wonder that less than half of the parents in Estonia reported happiness because of the birth of a child. One in five had serious economic problems because of it. Nevertheless, from the perspective of sexual life, it is encouraging to learn that only 14% of the parents reported that their relationship with the partner had suffered with the birth of their latest child.

To illustrate the changing family model and value system, we can report that, according to the Medical Birth Registry in 1992, 66%, and in 2001, 43% of mothers were in a registered marriage. At the same time, the proportion of deliveries attended by the father (sometimes another family member) was 13% in 1992, when the possibility to do that became available, and 56% in 2001.

10. Sexually Transmitted Diseases and HIV/AIDS

KAI HALDRE

A. Sexually Transmitted Diseases

Source data for this chapter are derived from healthcare institutions whose area of work includes the diagnosis and treatment of dermatological and venereal diseases. In 1999, there were 97 such institutions in Estonia. HIV-related infor-

mation is from the Merimetsa Hospital and Health Protection Inspectorate. The increased incidence of syphilis and other predominantly sexually transmitted diseases is characteristic of many states that became independent after the collapse of the USSR (Health in Europe 1997). Major socioeconomic changes (unemployment, a boom in prostitution, growing drug abuse, expansion of borders, and increase of tourism) create a good soil for the spread of diseases.

For the third time after World War II, an increased incidence of syphilis poses a problem for Estonia. The greatest incidence rates in the postwar period were registered at the end of the 1940s (149.2 cases per population of 100,000 in 1949), the smallest in the 1960s and at the end of the 1980s, respectively, 2.0 to 4.6 (Communicable Disease Statistics in Estonia 1998). In the 1970s, a second wave of syphilis incidence occurred (42.4 in 1976), which can partly be explained by the peak of the organized inflow of labor at the turn of the 1960s and 1970s (Population 1997). Thirdly, the second-largest increase period has been the past ten years, in which the incidence rate has increased by 20 times, from 3.6 per 100,000 persons in 1989 to 72.4 per 100,000 persons in 1998, before starting to decrease to 30.6 in 2001.

Gonorrhea incidence has, in the past decades, been relatively stable (together with some fluctuations), although the trend has been downward from 1993 to 2001—from 233 registered cases per 100,000 persons to 50 cases, respectively. Compared with other European countries, the incidence of gonorrhea has always been very high in Estonia (Nordic/Baltic Health Statistics 1998). Since Estonia started to register cases of chlamydia in 1991, the upward trend of the first half of the 1990s represents an improvement in diagnostic facilities. The downward trends observed in the past years with several STDs (gonococcal infections, trichomoniasis, etc.) can partly be explained by changes in sexual behavior. The problem of the quality of registering incidences (STDs are under-registered) must be noted. The system that for years worked requires a new approach in the changing healthcare system.

One of the autobiographical stories in the ELM collection is told by a 34-year-old woman who tells about a STD, which she got at the age of 14, and about the problems she encountered in getting treatment.

One night, when I was sleeping naked, as the night was so hot, I woke up feeling somebody touching me. It was my cousin who was gently fussing with me. . . . Some time after this incident my periods started, and together with this came a brownish foul-smelling flow. To hide the smell I poured plenty of perfume over myself, being childishly naive. This, of course, made the things worse. I didn't dare to tell my aunt or to ask anybody for help. I couldn't wash my panties clean, so my aunt started to suspect something. She took me to town to see a doctor the diagnosis was trichomoniasis. Back home the interrogation started: where?, with whom?, when? We had never talked about private things with my aunt, so I told her nothing. She still suspected her son. I denied everything. The very first moment was when my cousin called me a stink bomb. I was alone with my trouble and sorrow. My aunt had given me the medicine and told me to treat myself. Unfortunately, I didn't manage, the large flow stopped, but I didn't get entirely well. My aunt didn't take me to the doctor again, it was such a shame to go to a gynecologist with such a young girl. (ELM 1996)

B. HIV/AIDS

The first HIV infection was discovered in Estonia in 1988 and HIV diseases in 1992. As of December 31, 1999, there were 62 HIV-positive patients in Estonia, 54 men and 8 women. Five people (all men) diagnosed with AIDS were

alive and 15 (one of them a woman) had died. Fourteen HIV patients had left Estonia. Although, only a couple of the HIV-positive patients were infected because of drug injections (*Health Promotion in Estonia 1997-1998*), increases in viral hepatitis, syphilis, and drug abuse are warnings of an increased spread of the HIV infection. The year 2000 marks the beginning of the explosive increase, as by the middle of December, more than 350 new virus carriers, mostly drug addicts, had been registered. Since then, the number of HIV patients reveals an explosive increase of 0.6 in 1999, 28.5 in 2000, and 108.1 cases per 100,000 inhabitants in 2001.

[Update 2002: UNAIDS Epidemiological Assessment: HIV testing is mandatory among blood donors and prisoners. HIV surveillance is done through screening and through a national HIV case-reporting system. Prevalence data come mostly from ongoing testing programs. UAT is not authorized in the country. By December 1999, 96 HIV cases had been reported, most of them living in the capital area. No HIV cases had been reported among injection drug users; numbers of cases among homo-/bisexual men and persons infected through heterosexual contacts were comparable. Women represented a small proportion of infected patients (16% in 1997 to 1999). Incidence of syphilis cases increased dramatically from less than 10 cases per 100,000 in 1982 to 1990 to 70 per 100,000 in 1995.

[In 2000 and 2001, the situation has become extremely alarming. In 2000, 390 HIV-positive cases and 3 AIDS cases were reported. In 2001, 1,470 new HIV-positive cases and 7 new AIDS cases were reported. Men make up 76% of the HIV/AIDS cases reported in 2001. New HIV/AIDS cases are concentrated among the young; 76% of all positives were among 15 to 24 year olds, and 89% among people under age 30. Of the cases reported in 2001, over 25% (382) were among prisoners. The cumulative totals for the country, at the end of 2001, are 1,940 HIV-positive cases and 7 AIDS cases.

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

Adults ages 15-49:	7,700 (rate: 1.0%)
Women ages 15-49:	1,500
Children ages 0-15:	NA

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

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

11. Sexual Dysfunctions, Counseling, and Therapies

Sexual dysfunctions are diagnosed according to ICD-10. People with sexual dysfunctions can get help mainly from psychologists, psychiatrists, urologists, gynecologists, and sexologists. Those involved in treating sexological dysfunctions have received additional education in sexology besides their basic discipline.

There is currently no system of sexology education in Estonia. Postgraduate three-day courses about basics in sexology for gynecologists and family doctors are organized at Tartu University Medical Faculty (Department of Obstetrics and Gynecology).

After becoming members of Nordic Association of Clinical Sexology, those in the field have made attempts to start to implement the Nordic system of sexology education in Estonia.

The drugs for treatment of erectile dysfunction are not supported by sick insurance and people have to pay the whole price themselves. The same was true concerning oral

contraceptive pills; sick insurance started to reimburse part of the cost only in the second half of 1990s. A majority of the cost of pills is reimbursed to women three months after an abortion and one year after delivery, and to school and university students. Surgical phalloplasty and prosthesis are available.

12. Sex Research and Advanced Professional Education

A. Graduate Programs and Sex Research

Some institutes and programs for sexological research are presented in Section 1, Basic Sexological Premises.

B. National and Regional Sexological Organizations

At the annual meeting of the Nordic Association for Clinical Sexology in 2000, Imre Rammul, Olev Poolamets, and Tõnu Ots presented the activities of the Estonian Academic Society of Sexology. According to them, there was a lot of sex and little information and discussion about sex in Estonia a couple of decades ago. Now sex is discussed everywhere and constantly in Estonia, but less sex is taking place in the bedroom. At least this can be speculated, looking at one aspect of heterosexual sex—the number of pregnancies has decreased many times during the last decade. To study the situation and promote sexual and reproductive health and rights, the Estonian Academic Society for Sexuality was founded in 1998, connecting different specialists: medical doctors, psychologists, teachers, lawyers, writers, and so on.

Rammul, Poolamets, and Ots intentionally used the word “academic” to stress the competency and reliability of the members. Since there is still a lot of “trash” information that is naturally mostly consumed by the youth, there is some inconsistency in legislation; sometimes specialists do not know how to find their colleagues and people in need of help do not know where and how to find help. All this provides a reasonable need for more reliable information and analysis of the situation.

Sexual violence and the sexuality of the disabled have been among the topics discussed at meetings of the society. Members of the society have also presented seminars with colleagues from Finland. Collaboration between the society, Tartu University, and the Family Planning Association has resulted in regular training in sexuality for medical doctors. In 2000, the Estonian Academic Society of Sexology became a member of the Nordic Association for Clinical Sexology.

The two main sexuality organizations in Estonia are:

Estonian Academic Society of Sexology, Suur-Ameerika 18 A, Tallinn, Estonia 10122; email: kliinik@amor.ee; www.hot.ee/eass.

Estonian Family Planning Association, Kotka 2, Tallinn, Estonia 11315; email: eppl@amor.ee; www.amor.ee.

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