

· THE ·

CONTINUUM *Complete*  
*International*  
ENCYCLOPEDIA  
OF SEXUALITY

· ON THE WEB AT THE KINSEY INSTITUTE ·

<https://kinseyinstitute.org/collections/archival/ccies.php>

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

Encyclopedia Content Copyright © 2004-2006 Continuum International Publishing Group.  
Reprinted under license to The Kinsey Institute. This Encyclopedia has been made  
available online by a joint effort between the Editors, The Kinsey Institute, and  
Continuum International Publishing Group.

This document was downloaded from *CCIES at The Kinsey Institute*, hosted by  
The Kinsey Institute for Research in Sex, Gender, and Reproduction, Inc.  
Bloomington, Indiana 47405.

**Users of this website may use downloaded content for  
non-commercial education or research use only.**

All other rights reserved, including the mirroring of this website or the placing of  
any of its content in frames on outside websites. Except as previously noted,  
no part of this book may be reproduced, stored in a retrieval system,  
or transmitted, in any form or by any means, electronic, mechanical,  
photocopying, recording, or otherwise, without the  
written permission of the publishers.

*Edited by:*

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

*and*

RAYMOND J. NOONAN, Ph.D.



*Associate Editors:*

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

*Europe:* Jakob Pastoetter, Ph.D.

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

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



*Foreword by:*

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



*Preface by:*

TIMOTHY PERPER, Ph.D.



*Introduction by:*

IRA L. REISS, Ph.D.

· THE ·

CONTINUUM *Complete*  
*International*  
ENCYCLOPEDIA  
OF SEXUALITY

*Updated, with More Countries*

2004

The Continuum International Publishing Group Inc  
15 East 26 Street, New York, NY 10010

The Continuum International Publishing Group Ltd  
The Tower Building, 11 York Road, London SE1 7NX

Copyright © 2004 by The Continuum International Publishing Group Inc

All rights reserved. No part of this book may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the written permission of the publishers.

Typography, Graphic Design, and Computer Graphics by  
Ray Noonan, ParaGraphic Artists, NYC <http://www.paragraphics.com/>

Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

The Continuum complete international encyclopedia of sexuality / edited by Robert T. Francoeur ; Raymond J. Noonan ; associate editors, Martha Cornog . . . [et al.].

p. cm.

A completely updated one-volume edition of the 4-volume International encyclopedia of sexuality (published 1997-2001), covering more than 60 countries and places, 15 not previously included.

Includes bibliographical references.

ISBN 0-8264-1488-5 (hardcover : alk. paper)

1. Sex—Encyclopedias. 2. Sex customs—Encyclopedias. I. Title: Complete international encyclopedia of sexuality. II. Francoeur, Robert T. III. Noonan, Raymond J. IV. Cornog, Martha. V. International encyclopedia of sexuality.

HQ21.I68 2003

306.7'03—dc21

2003006391

# Contents

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

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

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

**SRI LANKA** .....972  
*Victor C. de Munck, Ph.D.; Comments by Patricia Weerakoon, Ph.D.*

**SWEDEN** .....984  
*Jan E. Trost, Ph.D., with Mai-Briht Bergstrom-Walan, Ph.D.; Updates by the Editors*

**SWITZERLAND** .....995  
*Prof. Johannes Bitzer, M.D., Ph.D., Judith Adler, Ph.D., Prof. Dr. Udo Rauschfleisch Ph.D., Sibyl Tschudin, M.D., Elizabeth Zemp, M.D., and Ulrike Kosta*

**TANZANIA** .....1009  
*Philip Setel, Eleuther Mwageni, Namsifu Mndeme, and Yusuf Hemed; Additional comments by Beldina Opiyo-Omolo, B.Sc.*

**THAILAND** .....1021  
*Kittiwut Jod Taywaditep, Ph.D., Eli Coleman, Ph.D., and Pacharin Dumronggittigule, M.Sc.; Updates by K. J. Taywaditep, Ryan Bishop, Ph.D., and Lillian S. Robinson, Ph.D.*

**TURKEY** .....1054  
*Hamdullah Aydın, M.D., and Zeynep Gülçat, Ph.D.; Rewritten and updated in 2003 by H. Aydın and Z. Gülçat*

**UKRAINE** .....1072  
*Tamara V. Hovorun, Ph.D., and Borys M. Vornyk, Ph.D. (Medicine); Rewritten and updated in 2003 by T. V. Hovorun and B. M. Vornyk*

**UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND** .....1093  
*Kevan R. Wylie, M.B., Ch.B., M.Med.Sc., M.R.C.Psych., D.S.M., chapter coordinator and contributor, with Anthony Bains, B.A., Tina Ball, Ph.D., Patricia Barnes, M.A., CQSW, BASMT (Accred.), Rohan Collier, Ph.D., Jane Craig, M.B., MRCP (UK), Linda Delaney, L.L.B., M.Jur., Julia Field, B.A., Danya Glaser, MBBS, D.Ch., FRCPsych., Peter Greenhouse, M.A., MRCOG, MFFP, Mary Griffin, M.B., M.Sc., MFFP, Margot Huish, B.A., BASMT (Accred.), Anne M. Johnson, M.A., M.Sc., M.D., MRCGP, FFPAM, George Kinghorn, M.D., FRCP, Helen Mott, B.A. (Hons.), Paula Nicolson, Ph.D., Jane Read, B.A. (Hons.), UKCP, Fran Reader, FRCOG, MFFP, BASMT (Accred.), Gwyneth Sampson, DPM, MRCPsych., Peter Selman, DPSA, Ph.D., José von Bühler, R.M.N., Dip.H.S., Jane Wadsworth, B.Sc., M.Sc., Kaye Wellings, M.A., M.Sc., and Stephen Whittle, Ph.D.; Extensive updates and some sections rewritten by the original authors as noted in the text*

**UNITED STATES OF AMERICA** .....1127  
*David L. Weis, Ph.D., and Patricia Barthalow Koch, Ph.D., editors and contributors, with other contributions by Diane Baker, M.A.; Ph.D.; Sandy Bargainnier, Ed.D.; Sarah C. Conklin, Ph.D.; Martha Cornog, M.A., M.S.; Richard Cross, M.D.; Marilyn Fithian, Ph.D.; Jeannie Forrest, M.A.; Andrew D. Forsythe, M.S.; Robert T. Francoeur, Ph.D., A.C.S.; Barbara Garris, M.A.; Patricia Goodson, Ph.D.; William E. Hartmann, Ph.D.; Robert O. Hawkins, Jr., Ph.D.; Linda L. Hendrixson, Ph.D.; Barrie J. Highby, Ph.D.; Ariadne (Ari) Kane, Ed.D.; Sharon E. King, M.S.Ed.; Robert Morgan Lawrence, D.C.; Brenda Love; Charlene L. Muehlenhard, Ph.D.; Raymond J. Noonan, Ph.D.; Miguel A. Pérez, Ph.D.; Timothy Perper, Ph.D.; Helda L. Pinzón-Pérez, Ph.D.; Carol Queen, Ph.D.; Herbert P. Samuels, Ph.D.; Julian Slowinski, Psy.D.; William Stackhouse, Ph.D.; William R. Stayton, Th.D.; and Mitchell S. Tepper, M.P.H. Updates coordinated by Raymond J. Noonan, Ph.D., and Robert T. Francoeur, Ph.D., with comments and updates by Mark O. Bigler, Ph.D., Walter Bocking, Ph.D., Peggy Clarke, M.P.H., Sarah C. Conklin, Ph.D., Al Cooper, Ph.D., Martha Cornog, M.A., M.S., Susan Dudley, Ph.D., Warren Farrell, Ph.D., James R. Fleckenstein, Robert T. Francoeur, Ph.D., Patricia Goodson, Ph.D., Erica Goodstone, Ph.D., Karen Allyn Gordon, M.P.H., Ph.D. (cand.), Eric Griffin-Shelley, Ph.D., Robert W. Hatfield, Ph.D., Loraine Hutchins, Ph.D., Michael Hyde, M.F.A., Ph.D. (cand.), Ariadne (Ari) Kane, Ed.D., Patricia Barthalow Koch, Ph.D., John Money, Ph.D., Charlene L. Muehlenhard, Ph.D., Raymond J. Noonan, Ph.D., Miguel A. Pérez, Ph.D., Helda L. Pinzón-Pérez, Ph.D., William Prendergast, Ph.D., Ruth Rubenstein, Ph.D., Herbert P. Samuels, Ph.D., William Taverner, M.A., David L. Weis, Ph.D., C. Christine Wheeler, Ph.D., and Walter Williams, Ph.D.*

**VIETNAM** .....1337  
*Jakob Pastoetter, Ph.D.; Updates by J. Pastoetter*

**LAST-MINUTE DEVELOPMENTS** .....1363  
*Added by the Editors after the manuscript had been typeset*

**GLOBAL TRENDS: SOME FINAL IMPRESSIONS** .....1373  
*Robert T. Francoeur, Ph.D., and Raymond J. Noonan, Ph.D.*

**CONTRIBUTORS and ACKNOWLEDGMENTS** .....1377

**AN INTERNATIONAL DIRECTORY OF SEXOLOGICAL ORGANIZATIONS, ASSOCIATIONS, AND INSTITUTES** .....1394  
*Compiled by Robert T. Francoeur, Ph.D.*

**INDEX** .....1405

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

Readers of *CCIES* are invited to submit important news items or reports of findings of new sex research being done in any of the countries covered here, or any other country in the world. We will try to keep the SexQuest *CCIES* website updated with your help. Send items in English if possible, with appropriate citations, to Raymond J. Noonan, Ph.D., *CCIES* Editor, Health and Physical Education Department, Fashion Institute of Technology, 27th Street and 7th Avenue, New York, NY 10001 USA, or by email to [rjnoonan@SexQuest.com](mailto:rjnoonan@SexQuest.com).



# Critical Acclaim for *The Continuum Complete International Encyclopedia of Sexuality*

## 1. The International Encyclopedia of Sexuality, Vols. 1-3 (Francoeur, 1997)

The World Association of Sexology, an international society of leading scholars and eighty professional organizations devoted to the study of human sexual behavior, has endorsed *The International Encyclopedia of Sexuality* as an important and unique contribution to our understanding and appreciation of the rich variety of human sexual attitudes, values, and behavior in cultures around the world.

Recipient of the "1997 Citation of Excellence for an outstanding reference in the field of sexology," awarded by the American Foundation for Gender and Genital Medicine and Science at the Thirteenth World Congress of Sexology, Valencia, Spain.

Recommended by *Library Journal* (October 1, 1997) to public and academic librarians looking to update their collections in the area of sexuality: "An extraordinary, highly valuable synthesis of information not available elsewhere. Here are in-depth reports on sex-related practices and culture in 32 countries on six continents, contributed by 135 sexologists worldwide. . . . For all academic and larger public collections."

Picked by *Choice* (Association of College & Research Libraries/American Library Association) as Best Reference Work and Outstanding Academic Book for 1997: "Although this encyclopedia is meant as a means of understanding human sexuality, it can also be used as a lens with which to view human culture in many of its other manifestations. . . . Considering coverage, organization, and authority, the comparatively low price is also notable. Recommended for reference collections in universities, special collections, and public libraries."

"Most impressive, providing a wealth of good, solid information that may be used by a wide variety of professionals and students seeking information on cross-cultural patterns of sexual behavior . . . an invaluable, unique scholarly work that no library should be without."—*Contemporary Psychology*

". . . enables us to make transcultural comparisons of sexual attitudes and behaviours in a way no other modern book does. . . . Clinics and training organizations would do well to acquire copies for their libraries. . . . Individual therapists and researchers who like to have their own collection of key publications should certainly consider it."—*Sexual and Marital Therapy* (U.K.)

". . . scholarly, straightforward, and tightly-organized format information about sexual beliefs and behaviors as they are currently practiced in 32 countries around the world. . . . The list of contributors . . . is a virtual who's who of scholars in sexual science."—*Choice*

". . . one of the most ambitious cross-cultural sex surveys ever undertaken. Some 135 sexologists worldwide describe sex-related practices and cultures in 32 different countries. . . . Best Reference Sources of 1997."—*Library Journal*

"What separates this encyclopedia from past international sexuality books is its distinct dissimilarity to a 'guidebook to the sexual hotspots of the world.' . . . An impressive and important contribution to our understanding of sexuality in a global society. . . . fills a big gap in people's knowledge about sexual attitudes and behaviors."—Sexuality Information and Education Council of the United States (SIECUS)

"Truly important books on human sexuality can be counted on, perhaps, just one hand. *The International Encyclopedia of Sexuality* deserves special attention as an impressive accomplishment."—*Journal of Marriage and the Family*

". . . a landmark effort to cross-reference vast amounts of information about human sexual behaviors, customs, and cultural attitudes existing in the world. Never before has such a comprehensive undertaking been even remotely available to researchers, scholars, educators, and clinicians active in the field of human sexuality."—Sandra Cole, Professor of Physical Medicine and Rehabilitation, University of Michigan Medical Center

## 2. The International Encyclopedia of Sexuality, Vol. 4 (Francoeur & Noonan, 2001)

". . . a masterpiece of organization. The feat of successfully compiling so much information about so many countries into such a coherent and readable format defies significant negative criticism."—*Sexuality and Culture*, Paul Fedoroff, M.D., Co-Director, Sexual Behaviors Clinic Forensic Program, The Royal Ottawa Hospital, Ottawa, Canada

## 3. The Continuum Complete International Encyclopedia of Sexuality (Francoeur & Noonan, 2004)

". . . [a] treasure trove. . . . This unique compilation of specialized knowledge is recommended for research collections in the social sciences . . . as well as a secondary source for cross-cultural research."—*Library Journal*, March 15, 2004, p. 64

". . . a book that is truly historic, and in many ways comparable to the great sexological surveys of Havelock Ellis and Alfred Kinsey. . . . Many works of undeniable importance are intended to speak about human sexuality. But in this encyclopedia we hear the voices of a multitude of nations and cultures. With coverage of more than a quarter of the countries in the world, . . . not only will the *Continuum Complete International Encyclopedia of Sexuality* remain a standard reference work for years to come, but it has raised the bar of sexological scholarship to a rigorous new level."—John Heidenry, editor, *The Week*, and author of *What Wild Ecstasy: The Rise and Fall of the Sexual Revolution*

For more review excerpts, go to [www.SexQuest.com/ccies/](http://www.SexQuest.com/ccies/).

# Germany

(Bundesrepublik Deutschland)

Rudiger Lautmann, Ph.D., and Kurt Starke, Ph.D.

Updates by Jakob Pastoetter, Ph.D., and  
Hartmut A. G. Bosinski, Dr.med.habil., and the Editor

## Contents

Demographics and a Brief Historical Perspective 450

1. Basic Sexological Premises 451
  2. Religious, Ethnic, and Gender Factors Affecting Sexuality 452
  3. Knowledge and Education about Sexuality 452
  4. Autoerotic Behaviors and Patterns 452
  5. Interpersonal Heterosexual Behaviors 453
  6. Homoerotic, Homosexual, and Bisexual Behaviors 458
  7. Gender Diversity and Transgender Issues 459
  8. Significant Unconventional Sexual Behaviors 460
  9. Contraception, Abortion, and Population Planning 460
  10. Sexually Transmitted Diseases and HIV/AIDS 462
  11. Sexual Dysfunctions, Counseling, and Therapies 464
  12. Sex Research and Advanced Professional Education 464
  13. Germany's Aussiedler Minorities 465
- References and Suggested Readings 465

## Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

### A. Demographics

Located in central Europe, Germany embraces 137,847 square miles (357,021 km<sup>2</sup>) and is slightly smaller in size than the state of Montana. Denmark and the Baltic Sea mark its borders on the north, the Netherlands, Belgium, Luxembourg, and France on the west, Austria and Switzerland in the south, and Poland and the Czech Republic on the east. Germany's terrain includes lowlands in the north, uplands in the center, and the Bavarian Alps in the south. The climate is temperate and marine.

In July 2002, Germany had an estimated population of 83.25 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

**Age Distribution and Sex Ratios:** 0-14 years: 15.4% with 1.05 male(s) per female (sex ratio); 15-64 years: 67.6% with 1.03 male(s) per female; 65 years and over: 17% with 0.64 male(s) per female; *Total population sex ratio:* 0.96 male(s) to 1 female

**Life Expectancy at Birth:** *Total Population:* 77.78 years; *male:* 74.64 years; *female:* 81.09 years

**Urban/Rural Distribution:** 85% to 15%

**Ethnic Distribution:** German: 91.5%; Turkish: 2.4%; other, mostly Serbo-Croatian, Italian, Russian, Greek, Polish, and Spanish: 6.1%

**Religious Distribution:** Protestant: 38%; Roman Catholic: 34%; Muslim: 1.7%; unaffiliated or other: 26.3%

**Birth Rate:** 8.99 births per 1,000 population

**Death Rate:** 10.36 per 1,000 population



(CIA 2002)

**Infant Mortality Rate:** 4.65 deaths per 1,000 live births

**Net Migration Rate:** 3.99 migrant(s) per 1,000 population

**Total Fertility Rate:** 1.39 children born per woman

**Population Growth Rate:** 0.26%

**HIV/AIDS** (1999 est.): *Adult prevalence:* 0.1%; *Persons living with HIV/AIDS:* 37,000; *Deaths:* 600. (For additional details from [www.UNAIDS.org](http://www.UNAIDS.org), see end of Section 10B.)

**Literacy Rate** (defined as those age 15 and over who can read and write): 99%, with 100% attendance in nine or ten years of compulsory schooling

**Per Capita Gross Domestic Product** (purchasing power parity): \$26,200 (2000 est.); *Inflation:* 2.4%; *Unemployment:* 9.4%; *Living below the poverty line:* NA

### B. A Brief Historical Perspective

Julius Caesar defeated Germanic tribes in 55 and 53 B.C.E., but Roman expansion north of the Rhine River was stopped in 9 of the Common Era. After Charlemagne, ruler of the Franks from 768 to 814, had consolidated Saxon, Bavarian, Rhenish, Frankish, and other lands, the eastern part became the German Empire. The Thirty Years' War (1618-1648) split Germany into several small principalities and kingdoms. After Napoleon, Austria challenged Prussia's dominance in the area, but Prussia prevailed. In 1867, Otto von Bismarck, the Prussian Chancellor, formed the North German Confederation. After Bismarck managed the defeat of Napoleon III, he formed the German Empire in 1871 with King Wilhelm I as Prussian German emperor or Kaiser. The German Empire and its colonial possessions reached its peak just before World War I. The Republic of Germany (1919-1933) faced a disastrous economic collapse brought on by war reparations to France and its allies. The National Socialist German Workers' (Nazi) Party came to power with Adolph Hitler in 1933, and started World War II. In the aftermath of the war, Germany was split into an eastern portion under Communist control, and a western democratic republic.

The unification of the Federal Republic of Germany (West Germany—the "Old Lands") and the German Democratic Republic (East Germany—the "New Lands") in 1990 caused serious economic problems for the whole popula-

Rudiger Lautmann, Ph.D., Bremen University FB 8, GW 2, B 1460 28334 Bremen, Germany; [LautmannHH@aol.com](mailto:LautmannHH@aol.com). Professor Dr. Kurt Starke, Hauptstr. 6 A, 04774 Zeuckritz, Germany; [kurt@starke.luunet.de](mailto:kurt@starke.luunet.de). Jakob Pastoetter, Ph.D., Eichborndamm 38, D-13403, Berlin, Germany; Magnus Hirschfeld Archive for Sexology at Humboldt University, Prenzlauer Promenade 149-152, 13189 Berlin, Germany; [jmpastoetter@compuserve.de](mailto:jmpastoetter@compuserve.de).

tion. The long-lasting tension between richer and poorer regions will mask the remarkable differences that have developed in sexual habits. Possibly the unexpected unification, together with the increasing immigration, will lead to new turbulences on the sexual front.

Germany, as well as the predominantly German-speaking countries of Austria and Switzerland, has always received large numbers of immigrants. For many centuries, its geographic situation in the middle of Europe meant that the country functioned as a transit land and clearinghouse for people of other nations. Fascist rule with its tenet of Aryan purification interrupted this mobility for a dozen years and the Iron Curtain for four decades. Apart from these historic peculiarities, the German-speaking countries have always fulfilled the paradox of a “cosmopolitan province.” Exportation and importation of ideas and persons created a melting pot. Diverse cultural traditions and ethnic backgrounds currently form a contradictory mixture, apparently productive as well as unstable.

In this region, the following events occurred within the 20th century: the invention of sexology, a sexual repression of extreme cruelty, and most recently, a fundamental sexual liberation. The leadership in sexual reasoning was suddenly lost when the Nazi government annihilated the symbiosis with the Jews, who until then had fruitfully and uniquely assimilated themselves into German culture. The leaders of German sexual science included Albert Moll (1862-1939), Iwan Bloch (1872-1922), Magnus Hirschfeld (1868-1935), and Albert Eulenburg (1840-1917). The German-speaking sexual science has never recovered from this loss of genius.

## 1. Basic Sexological Premises

### A. Character of Gender Roles

The structure of and changes in gender differentiation in Germany resembles that of other Western countries. The long-term trend, since the first feminist movement in the 1880s, exhibits an egalitarian tendency with regard to political, economic, as well as sexual participation. The trend was interrupted by the Nazi regime, which tried to push women back into household and nursing activities. The policy of “a child as a donation to the Fuehrer” was a remarkable failure. World War II brought women back into the industrial workplaces and to autonomous decision making in all social domains.

Today, there are many endeavors to emancipate women (and, possibly, men). Political rights and the wording of laws and official texts are strictly gender neutral. Affirmative action, quotas, governmental subsidies, and similar programs support and proclaim an egalitarian policy. But there are numerous barriers to putting these incentives into everyday practice (Lautmann 1990). Equality remains a task for generations to come. Still, the actual progress—sometimes in the economic, but mainly in the private sphere—is noteworthy.

### B. Sociological Status of Males and Females

Jurisprudence says that every human being from birth on is granted a status as a person with their own rights. Attention is even paid to children’s decision making, according to their level of maturity. Family jurisdiction has to orientate itself around the child’s welfare as its highest principle. Corporal punishment is strictly forbidden, abrogating a traditional customary right of adults. In practice, the children’s autonomy contradicts their factual dependency and older ideas of “parents’ property” and parental rights.

Formal education is gender neutral. Girls and boys are given equal opportunities at schools. The principle of coeducation has been implemented thoroughly. Some feminists

are currently recommending a partial return to gender-specific classes in order to overcome certain problems in the learning of mathematics and technical subjects.

After puberty, men and women enjoy a high level of sexual autonomy. Some youngsters leave the parental house before majority (age 18) to share a flat with other adolescents.

The perception of gender roles is clear for many adolescents. They fixate on these roles, while other factors and, above all, their individuality, are neglected as one-sided. The actual or intended relationship between men and women is partly seen as threatening, especially in the west. The proportion of women with a habitual feeling of disadvantage on account of their sex is much greater in the west. At the same time—and this only appears to be a contradiction—girls in the west also reflect the advantages of their sex more than girls in the east.

Adolescents in the east see themselves to a lesser extent than in the west as men or women, and experience relations between the sexes as less conflict-ridden. Feminist thinking was hardly disseminated in East Germany and did not influence girls as they grew up to develop a critical perception of men, who in turn did not experience a resulting feeling of insecurity. They attribute events in their lives, their success and failure, less to their membership of one of the sexes and more to their overall personality.

[Update 2001: In terms of *Gleichstellung* (the promotion of equal status of men and women), the percentage of women in jobs increased from 47% in 1960 to 56% in 1998. However, in 1989, 81% of the women in the German Democratic Republic had a job. After the *Wende* (Union), the percentage of working women in the New Lands (former East Germany) decreased to 74% in 1995 because of a high unemployment rate.

[Although the percentage of women with *Abitur* (the highest school diploma) increased from 32.8% in 1950 to 39.4% in 1975 and reached 54.1% in 1998, and the percentage of female students at universities increased from 19.7% in 1950 to 44.3% in 1998, Germany still has few women in management positions. German women experience no discrimination in their academic or training period. They also do not have problems securing a good job. However, some time between their 30s and 40s, especially qualified women do experience an “invisible glass ceiling” and their career advancement stops. Because lower positions in the corporate hierarchy receive proportionately lower compensation, the “glass ceiling” means that women in the Old Lands (former West Germany) earn about 78% of the gross salary per hour that men receive. In the former East Germany, where many more women held full-time jobs and were paid equally before the Union, their salaries are now about 89.9% of male compensation. Although the share of female professors at German universities increased in the 1990s, they still constitute less than 10% of all professors. Only 5.9% of the university professors in the highest and best-paid rank of C4-professor are women.

[In recent years, more and more German women have formed networks to overcome the difficulties of an employment world that is marked by male interests and male work structures, like long work hours and few possibilities to combine job and rising children at the same time. In the 1990s, the number of “contact markets” and support groups for women organizing for equal rights in the business world increased from 75 to more than 300.

[Gender equality has also not penetrated family life. Although possible paternity leaves are often available to men, only 1.5% of *Erziehungsurlaub* (unpaid vacation with job guarantee) are taken by men. Men cite a variety of reasons for their disinterest in these leaves, including fears of dam-

aging effects to their career, possible loss of their job, and the financial cost of an unpaid leave. German women can expect little help when it comes to running the household: 58% of working women between ages 25 and 45 say that they have to care for the household and children; the same is true for only 10% of men in the same age group.

[After the European Court decided early in 2000 that women cannot, in general, be excluded from armed units, the Ministry of Defense proposed that all careers in the armed forces would be opened to women beginning in 2001. As of 2000, women accounted for only 1.3% of the German Army, 4,300 out of 340,000 in active service, and these women were only in medical and musical units. (*End of update by J. Pastoetter*)]

### C. General Concepts of Sexuality and Love

In Germany, the basic ideologies and configurations of the erotic world do not differ very much from those found in western and northern Europe and in the WASP population of the United States of America. With respect to sexual behaviors, the most important cleavage runs between the two principles of Romantic Love versus Hedonism. Romanticism binds together personal love and sexual attraction. Without a "harmony of hearts," no orgasmic fulfillment is possible. This principle is founded in the Christian idea that the spiritual community dignifies the genital encounter. The prosaic concept of hedonism emphasizes the erotic quality of the body and the satisfaction of desires. The sexual drive is a natural need. One may give way to it without making many preconditions, calculating only costs and gratifications.

Similarly, there are two ideal types of intimate partnership. *Affective solidarity* is the principle of a stable and universal relationship between two human beings whose individual disparities are balanced through a mutually complementary performance. On the other hand, *contractual partnership* is based on a calculation of mutual benefits. The relationship lasts as long as the balance remains positive for both participants. The contractual element allows for negotiations about sexual relations.

Sexual phenomena are generally conceptualized from a naturalistic point of view developed in the 19th century. The average person and most experts—outside sexology, of course—follow a version of naive biologism that reflects this naturalistic viewpoint. In this view, innate programs, hormones, and so on direct the sexual response. Psychoanalytic and sociological approaches are not prominent, with the exception of a behavioristic learning theory.

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

### A. Source and Character of Religious Values

Since the Reformation in the 16th century, Germany has been the arena of fierce conflicts between the two main religious denominations, including long wars. Not until the 20th century could the two churches find an arrangement for coexistence—today 45% of the population are Protestant and 35% Catholic. A growing proportion of the population has left the Church—roughly 18%—and even more are only nominal members without much belief (but still paying the not-so-insignificant Church tax).

Thus, the sexual morals of Protestantism and Catholicism exist side by side with all their differences and similarities. Many surveys show that the sexual teachings of the churches do not effectively direct the behaviors of the sexually active population, although they may have some effect on the attitudes. Instead, the churches exert a considerable influence on sexual politics. They are accepted as an expert voice in moral debates, but to a diminishing extent. In the

new, controversial legislation since 1970, no-fault divorce, liberalization of abortion, and sexual autonomy, the ecclesiastical positions were overruled.

### B. Source and Character of Ethnic Values

The current growing immigration rate, which includes, for example, 1.7 million Turks now resident in Germany, may lead to new conflicts. The Islamic and paternalistic view of family values, gender differentiation, same-sex relations, and the like is opposed to the secularized Western view. Immigrants of the second generation experience tensions between intra- and extrafamilial worlds. Moreover, in combination with low social prestige, an explosive mixture arises, bursting with violence against women, gays, and other persons defined as weak.

## 3. Knowledge and Education about Sexuality

### A. Government Policies and Programs

The parental family and the school have the mandate to give the necessary instructions about sexuality. To a certain degree, both institutions are reluctant to perform that task. They mutually suspect each other of being inefficient in advising and/or of being dangerous with respect to the contents. Sex education, if publicly discussed, immediately becomes a political controversy, where the right-left continuum corresponds to the poles of repressive versus emancipative doctrines.

School curricula provide for the instruction of sexual issues from the first elementary class onwards. Since there is no special course, the matter can be addressed in various fields, such as biology, religion, politics, and so on. The outcome, in spite of existing detailed syllabi, is a sporadic sex education. The teachers think of themselves as not being competent enough. As a matter of fact, the academic training is entirely insufficient; only a tenth of the pedagogic students are offered suitable courses. The parents' attitudes are of a similar uncertainty. They hesitate to speak frankly to their children; and many parents wish that teachers would refrain from doing so (Glueck 1990).

### B. Informal Sources of Sexual Knowledge

As in other Western countries, the mass media and peer-group conversation are the primary sources for spreading sexual knowledge. The censoring of magazines, books, and films does not occur, except for pornographic material. There are laws to prevent minors from being exposed to sexual matters, but the general media are full of instructive articles and illustrated stories. Public television has developed a high standard of feature programs dealing with sexual issues. Sex-related problems and questions are presented to audiences and discussed by experts. Presumably, these widely watched features and talk shows have raised the level of knowledge and value consciousness about most variants of sexuality.

## 4. Autoerotic Behaviors and Patterns

Nine out of ten men and seven out of ten women in Germany admit to having performed masturbation. Female activity in this field has been rising rapidly within the last decades (Clement 1986). Boys start mostly during puberty, girls during adolescence. Today, the majority of parents and teachers accept masturbation of young people as a normal and important experience (Glueck 1990).

The social construction of masturbation has undergone a radical change during the 20th century. Around 1900, the meaning of masturbation was associated with ideas of pollution, removing sexual tensions, depletion, risks for health,

and moral dangers. Today the meaning of masturbation is principally satisfaction, to work out sexual fantasies, and to maintain inner balance; it bears no risks for physical and moral development. What has been considered to be a surrogate is now appreciated as a sexual expression in its own right.

### 5. *Interpersonal Heterosexual Behaviors*

The following findings are derived from various investigations of a social-scientific and sociosexual nature—in particular the relationship studies headed by Kurt Starke among 11,313 people aged between 16 and 48, and an east-west comparative survey of youth sexuality (Starke et al. 1984-1989; Starke 1991; Starke et al. 1993).

#### A. Children

Children explore each other's intimate parts in games like doctor/nurse-patient. Even if informed parents know what their children are doing, these games are surrounded by a certain suspicion that they may be too early, or the fear that the children may become oversexualized. Picking up on these silent messages, the children tend to hide their encounters and games from their parents. Since there is no discussion of the morality of these activities, and their expressions have not been subjected to empirical investigation, one knows very little about their reality.

#### B. Adolescents

##### *Puberty Rituals*

No significant rituals mark the passage from childhood to adolescent or young adult.

##### *Premarital Sexual Activities and Relationships*

Nowadays, young people become sexually mature on an average of three years earlier than at the beginning of the 20th century; menarche occurs at approximately the age of 12.8 years, while the ejacularche takes place at around the age of 13.9 years. This physical acceleration has been accompanied by a mental acceleration marked by the earlier inclusion of adolescents in adult society in terms of consumption and information. Young people now have a more dynamic lifestyle; their plans for life are becoming more diverse and open and, at the same time, more short-term and unpredictable. The perspectives of life are expanding with the increase of not only opportunities and alternatives, but also risks and imponderables. Sexual behavior, which is an integrated part of a personality's all-around behavior, is thus social behavior, and is learned in the same way. Sexual self-discovery, the search for a partner, and partner relationships represent important socialization factors and promote the personal development of adolescents.

Ninety percent of Germans at the age of 16 have already been in love. This feeling of being in love quickly brings with it an urge for reciprocation and the establishment of a pairbond. Infatuation without trying to organize further contact or vigorous efforts to achieve interaction are no longer characteristic. Being in love is not suppressed, hidden away, or enjoyed secretly, but is institutionalized (as long as mutuality is present).

Adolescents in Germany enter into steady relationships at an early age. About 80% of 16-year-olds have experience of a relationship, and at any one time a quarter of the males and half the females aged 16 have a steady boyfriend or girlfriend. This proportion used to be higher in East Germany. These days, young males in particular want to live without firm ties for the present, preferring to wait a while so that they can be open and flexible when planning their lives and careers. They do not necessarily long for the joys of having a partner and would rather avoid any risks, hassle, or pres-

sure. However, even among those not currently involved with a long-term partner, the majority yearn for love and desire a steady relationship.

This is not merely the case among youngsters, but also true of older unattached people. The main reasons for being involuntarily single are that Mr. or Miss Right has not yet been found, or that one has not yet gotten over a recent broken relationship. People often hold themselves responsible for this; they expect too much or have contact problems and are less likely to see the causes in the objective circumstances of life. Those who are voluntarily single explain their lifestyle particularly by a shortage of time and the pressure to achieve good results at school or work. A good quarter of the males and exactly half of the females with no fixed partner say that they do not want to give up their sexual freedom, or even their freedom as a whole.

Emotional bonds in steady relationships are close. Even at the beginning, phrases like "I don't know" or "a feeling of ambivalence" are almost never used to describe emotional ties, and "we like each other" only occurs rarely; "being in love" or more commonly "love" are the order of the day. Most young Germans only enter into a bond and seek closeness and intimacy when they can classify the relationship as "love." Both males and females have a mental attitude of expectation and then a feeling of certainty that their partner is also at least as equally committed as they are. Finding a partner purely out of boredom or loneliness, in order to bolster one's own self-confidence or prestige, or for other reasons—sexual, for instance—has become completely untypical.

Relationships among adolescents are, as a rule, romantic attachments of a high standard and of very definite qualities. The dominating and overriding criterion, and simultaneously, the chief motive for the establishment of a pair group is mutual trust. This includes being able to trust one another, mutual empathy, harmony of the heart, mental and physical communication, and affection—all connected with mutual respect for the other person, recognition of her or him as an individual, and the acceptance of the other's need for personal freedom. By contrast, differences in desires, quarrelling, fear of the other, the domination of one partner by the other, latent or actual interference in the other's affairs, and chiefly sexual liaisons are immediately regarded as negative and detached from love, and are rejected as unbearable.

It is not "any old relationship," but love that characterizes young couples. Love is also verbalized: Around 90% have already told their partner they love them and have, in turn, themselves heard the phrase "I love you." Young love in modern Germany, both in the east and in the west, is not silent, but rather a communicative relationship.

The romantic question, "Do you wish to spend your whole life with your partner?" was answered by half of the males and females asked in both eastern and western Germany with a hearty "Yes." However, a difference is to be observed among the other half. Whereas in western Germany, the more common answer is "No," those asked in eastern Germany give the answer "Undecided." This corresponds completely to a general strategic concept of life in the eastern regions—most youngsters, around 80%, want to remain with one and the same partner as long as possible, while the remaining 20% plan partner mobility. Hardly anybody wants to abstain from having a relationship their whole life long.

##### *Love as Condition for Sexual Intercourse*

Throughout Germany and equally among the sexes, love is not only the most important motive for a relationship, but also the decisive condition for sexual intercourse. Sexual intercourse without love is, particularly among females, just

as much of an exception as anonymous sex. The major sexual experiences are not exotic and anonymous (although such do occur), but are shared by young people with a chosen partner. A steady romantic attachment is regarded as the ideal setting for sexual activity. In this sense, love and sex closely belong together in the thoughts and feelings of German adolescents. Despite the variety of lifestyles and current exceptions, their real behavior and sexual experience, their hopes and fears, and the prospective meaning of life and probable disappointments, are also determined by it.

A renaissance of romantic love is currently to be observed in Germany. In both east and west, the ideal of the one great love, exclusive and lasting a lifetime, is predominant. Adolescents do not fall in love temporarily or in order to try it out—they search for a steady, lasting relationship and devote themselves completely and unconditionally to their chosen partner, to whom they also intend to remain faithful. The ideal of eternal love is supplemented by the ideal of current fidelity. Partner mobility consequently does not represent a rupture of the idea of love and faithfulness, but a consequence of it (see the second subsection under Section C, Adults, below for a discussion of partner mobility). Similarly, the modern unwillingness to form close ties cannot be regarded as a countertendency. It, too, is a consequence of the ideal to allow oneself to get involved with just one particular beloved and loving partner.

### *First Coitus*

Romantic attachments quickly lead to sexual contact, including sexual intercourse. Longer-term phases of petting for its own sake are uncharacteristic, especially in eastern Germany. The first instance of sexual intercourse occurs among approximately half of males and females within the first three months of their going out together. Almost all adolescents tolerate premarital coitus and also practice it. Virginity is not regarded as a stigma, a success, nor as something special to be preserved. Sex has freed itself from the institution of marriage, but not, however, from a romantic attachment.

The first instance of sexual intercourse is based on love or being in love and 75 to 85% of the time takes place within a steady relationship. It is only rarely that sexual intercourse first takes place anonymously, by chance, or casually. Although the general tendency is for partners to be of the same age, the first coitus partner (especially among the girls in eastern Germany, who also start earlier) is usually a little older. The older partner, usually male, in many cases is equally sexually inexperienced.

Eight percent of 17-year-old males with experience of coitus from western Germany have had sex with a prostitute; the corresponding figure for males from East Germany is 0%. But, experience with a prostitute is almost never the first experience of sexual intercourse. Ideally, the intimate partner is the object of one's love, making the first instance of sexual intercourse an event that is mutually striven for and desired by both parties. If this is not the case, then young people would rather abstain from sexual intercourse.

The average age at which young males and females have sexual intercourse for the first time, about 17, has remained constant for about a decade. One difference that is to be observed is that boys in western Germany and girls in eastern Germany start somewhat earlier; in fact, one third of the latter have their first experience of coitus before their 16th birthday. Members of the lower classes start particularly early in western Germany, whereas the upper classes and future intellectuals are somewhat slower.

In both eastern and western Germany, young people have a place where they can be with each other undisturbed, ex-

change affection, and sleep together; this is nearly always their own room in the parental home or else their partner's home. Adolescents usually enjoy a close emotional relationship with their parents. The mother, and to a lesser extent the father, is the chief person in whom young people confide and the preferred communication partner, including in matters of love. Two thirds of young males and females say that they can often talk to their mother openly about sex. By contrast, communication between father and daughter is often either disrupted or only rarely touches on intimate topics, and only one quarter of daughters can talk openly with their fathers about sex. Most parents accept their children's partner relationships, allow them to sleep together, and know about their sexual contact. Sex does not take place somewhere outside in secret, but cozily in one's own bed.

### **C. Adults**

#### *Premarital Courtship, Dating, and Relationships*

Men and women aged 22 have sexual intercourse around nine times a month; the frequency among 17-year-olds is six or seven times (six times for males, eight times for females). The figure falls only marginally among the over-30s and over-40s. Psychological and social factors are mainly responsible for intrapersonal and interpersonal differences in the frequency of sexual intercourse, especially the nature of the relationship, as well as external circumstances, such as separation from one's partner and living conditions. People who are happily in love have sexual intercourse more often.

The proportion of women experiencing orgasm increased sharply in the 1970s. About 75% of 16-year-olds, 90% of 18-year-olds, 95% of 22-year-olds, and 99% of 27-year-olds have experienced orgasm. The rate of orgasm during sexual intercourse and other intimate behavior has also increased. The sexual satisfaction of both men and women is judged as an invariant component of sex within a relationship. Affection is the most common aspect associated with love and sex, and sexual sensitivity is expected and appreciated. Sexual contact without a feeling of desire is generally not even undertaken by women.

Young women and men have partnership concepts of sexual relations and want their partners to be desirous of sex as well. People still experience being forced or pestered, and this is regarded as harassment; however, pestering or force have since come to contradict the morals of most young men. The initiative for sexual intercourse hardly ever comes from the man alone, and, in fact, it is now more common for the woman's desire to be decisive. Sexual interaction in a relationship among young people is rarely controlled by the male, but quite often by the female.

One in ten acts of coitus takes place outside a steady relationship. Four out of ten adults have had sexual intercourse with somebody else during their current relationship. In the 1980s, sexual contact outside the main relationship became more common—this increase being especially true of women—and the number of females experiencing sex outside their steady relationship quadrupled in this decade (whereas the figure for men merely doubled). There are no differences in this respect between married and unmarried people. Men have had an average of seven sex partners; women have had five on average, with a fifth having had only one and another fifth having had more than five. Apart from sex, other factors that affect the various numbers of previous sexual partners include conditions of origin and development, as well as of age. Furthermore, partner mobility is higher in an urban environment than in rural areas. In the past year, three out of ten men and two out of ten women have had more than one sex partner. Younger women are more mobile than older men.

The frequency of orgasm has not changed in keeping with sexual liberalization, but the attitude towards it, its experience, and its function within a relationship have changed. The sexist emphasis on male and female potency measured in terms of orgasm has become fragile, and the compulsion to have orgasm is being resisted. There is a growing aversion to orgasm achieved with all manner of tricks and used as a measure of male or female performance, celebrated as a victory in joint conflict, and feared as a stress-obsessed prestige event. Instead, the individual quality of a steady relationship is sought, linked with closeness, trust, warmth, carefree pleasure, and unpredictable, uncalculating, uncalculated affection within the total erotic form. Cuddling is back in fashion; compulsive or cheap commonplace sex is out.

There are many common aspects in partner and sexual behavior between western and eastern Germans. However, noticeable differences continue to exist. These differences are not so much on the level of behavior as on the level of desire, the experience of sex, and sexual attitudes. More eastern than western German females look forward to their first sexual intercourse and they start somewhat earlier. Sexually inexperienced boys and girls in eastern Germany clearly want to have more sexual experiences than those in the west. Females from eastern Germany begin sexual relations earlier than those of the same age in the west. Western German males, on the other hand, link sexual intercourse more firmly than males from eastern Germany to a steady relationship; then again, twice as many have sex with occasional partners. It is possible that they are quicker than eastern German males to detach sexuality from a person or relationship, at least occasionally.

More adolescent females in eastern Germany regard their sexual activity to be gratifying and enjoyable. This refers both to masturbation, which they experience with more pleasure, and especially to sexual intercourse. About 30% more young females in the east say that their latest incidence of sexual intercourse was enjoyable, was sexually satisfying, was a great experience, and that they were happy. The differences are not the frequency of orgasm, but rather the sexual experience, the joy of sexual arousal, the subjective quality of the entire erotic form, and the feelings of happiness experienced during intimacy. In both eastern and western Germany, young females are less appreciative of their latest incidence of sex if they did not achieve orgasm; however, the experience of eastern girls not experiencing orgasm is hardly less positive than that of western girls who do experience orgasm. In the west, some adolescent females feel sexually unsatisfied during sexual intercourse and are not happy, even though they had an orgasm. In eastern Germany, on the other hand, women are also sexually satisfied and happy, even if (on the last occasion) they did not experience orgasm. They are apparently less "fixated" on the orgasm, but are by no means less able to achieve orgasm. On the one hand, female adolescents in eastern Germany are more "conservative," in the sense that they (without disregarding other forms) are more strongly centered on sexual intercourse and orgasm with their lover. By contrast, they are not so strongly centered on the "autonomous" orgasm. At the same time, they are more "liberal," as they begin earlier than their western German counterparts. In addition, it can be seen that among eastern German adolescents, virtually all the differences between the sexes, as regards the experience of sex is concerned, have been dispelled, whereas they continue to exist among western German adolescents.

#### *Partner Mobility in Lifestyles*

Four tendencies in the pattern of relationships that individuals adopt are to be observed:

1. **Serial Monogamy**—having a succession of steady relationships, especially at a young age. This is part of learning exercised by young people as they mature. It is connected with practicing partnership and sexual behavior—the search for the optimal liaison with high demands being made on its quality. The high demands also lead to the end of one relationship and the commencement of the next. This succession of relationships is an expression of increased sovereignty in the treatment of sexuality as the basis of social developments, which have led to a liberalization of sexual norms. Changing one's partner one or more times during the course of one's life is connected to the ideal of the unity of love and sex. Such a romantic love morality adheres less and less to the traditional model of life-long marital monogamy, even though, or precisely because, great importance is attached to faithfulness within each relationship.
2. **Sexual Nonexclusivity**—sexual relations are entered into outside a steady relationship, either occasionally or continually. One reason for this—along with a thirst for adventure, an urge to undergo new experience, curiosity, and many other factors—is an unsatisfactory sex and emotional life in the primary relationship. This behavior has increased in the past 10 to 20 years, something that should be neither celebrated as an expression of libertarian norms, nor condemned as a violation of the traditional command of exclusive monogamy. It is self-contradictory and, above all, a product of the problems of long-term relationships. Having sex outside a relationship has traditionally been a male privilege. However, in modern society, where women enjoy a considerable amount of emancipation and independence, particularly in the professional sphere, the situation has been balanced out. Sexual contact outside the primary relationship almost always takes place with close acquaintances or friends. Anonymous sexual contact is a rare exception and is usually rejected.

By and large, a moral assessment of either item 1 or 2 above cannot be based on the number of partners. Neither large nor small quantities of partners can provide a general expression of quality, performance, stability, satisfaction, or happiness. In addition, people's personalities and their activity in life's various situations are too different. If one follows these findings, then the appeal for fidelity in view of AIDS is just as justified as it is out-of-touch and repressive. Partner mobility alone does not constitute a risk in terms of AIDS, especially when the comarital relationships involve outercourse more than intercourse, as frequently occurs in such responsibly nonmonogamous relationships, as couples move beyond the raging hormones of youth. Hardly anybody sacrifices happiness in life for the sake of abstract faithfulness.

3. **Commercial Sex**—new partners can easily be obtained in the form of disposable items without the assumption of mutual responsibility, and lust can be quickly satisfied without any complications. Although forms of male prostitution exist, mainly for homosexuals, but also for women, female prostitution is the predominating form. The entire sex industry, including pornography, is chiefly aimed at men, and as a result, these sexual relationships, including long-term relationships and regular clients, are far more common among men than among women.

In terms of prostitution, men can be divided into three habitual groups. The first group has no contact whatsoever with prostitutes, the second visits prosti-

tutes occasionally, while for the third group, prostitution is an integral part of their lives. These groups are clearly separated from each other in terms of their sociological and psychological profile, and the borders dividing them are not fluid. The size of the groups varies among the various social subgroups, and also geographically.

- Promiscuity. This refers to the very frequent change of sexual partners and the lack of a steady relationship. Further forms of partner mobility within a steady, long-term relationship include partner swapping and group sex.

#### [*The Single Life*

JAKOB PASTOETTER

[*Update 2002*: In 1999, only one in 25 Germans lived in a household with five or more individuals, while at the beginning of the 19th century, 44% did so. In the same time span, single households quintupled. In 1999, 36% or 13.5 million Germans were living alone. A third (12.6 million) were living with one other person, 15% (5.6 million) were living with two others, 12% (4.4 million) with three others, and only 4% (1.7 million) in households of five or more. Most of the latter are located in small communities of less than 5,000 people; most of the former live in the big cities with more than 500,000 people. Nearly half of the 1.2 million Berliners between 25 and 45 are single. In all of Germany in the early 1990s, 20% of Germans between ages 25 and 35 lived in a single household; in 2000, this rose to 25%. It appears likely that by 2010, a third of this age group will be living alone. In 1998, 17% of all children under age 27 lived with a single parent.

[Since the 1970s, Germany's modern postindustrial society has resulted in growing abundance, plenty of apartments, increasing urbanization, decreasing importance of marriage, sexual liberalization, integration of women into the workforce, increasing pressure for mobility to get a job, and last, but not least, better education for more people. Single females are more likely to earn the highest academic degree (*Abitur*), have a job, and a higher paid one. Single males and females live in bigger apartments than their married peers. Interestingly, they have about the same social network as married couples, and keep closer contact with their parents. In the New Lands, only 15% to 30% enjoy their single lifestyle enough to not wish to find a partner. Nearly half of them are convinced that it is important to have a family and children. One third experience the single lifestyle as being forced on them.

[Not being married or cohabiting is a high-risk factor for little sexual activity. In the New Lands, the 20- to 30-year-olds have sexual intercourse less often than the 50-year-olds. Ninety percent of all heterosexual sex acts take place in long-term relationships. About 50% of singles have no sex at all, according to the most recent survey by Gunter Schmidt (2000). Eighty percent of people in a steady relationship described the quality of their sexual relations as "high," in comparison with only 40% of the singles. As Schmidt notes: "The sexual world of the singles is rather depressing; they spend lots of time, energy, and money for little sex, and this sex is not very satisfying." Besides sex, the other major problem is loneliness. Here one finds that men have a harder time dealing with loneliness than their female counterparts because of their less-developed social and emotional skills, and their inability to make their apartment *gemütlich* (cozy).

[Catchwords and headlines like "Onianisation of Sexuality" (Alexander Schuller) and "Does Society Break Up into a Bunch of Masturbating Monads?" (*Der Spiegel*) reflect the uncertainty of German society in dealing with this development. The "Pioneers of the Modern Age" (Ulrich Beck),

once stylized as self-picked masters of the art of living, are now seen as narcissistic egoists unable to act responsibly. Although the number of longtime singles is quite high, the truth might be in between, since many are only living temporarily as singles. In 1991, 47% of the 25- to 55-year-old singles had had no partner for more than six years, 18% had been alone for four or five years, 20% for two to three years, and only 15% for a shorter period. (More recent numbers are not available.) (*End of update by J. Pastoetter*)

#### [*Singles in Their Later Years* JAKOB PASTOETTER

[*Update 2002*: A certain uneasiness exists regarding aging. In the near future, hundreds of thousands of singles will reach an age where traditionally younger family members take care of the older members. Although Germany has had a national nursing insurance for several years, many doubt it is sufficiently funded. Voluntary solidarity communities are an alternative, but the question is whether people who have lived their life for a long time alone will be able to share responsibility in a larger group. (*End of update by J. Pastoetter*)

#### *Cohabitation Patterns*

Most people who maintain a steady sexual relationship will live together in one residence, although not all men and women who share a residence are necessarily having sex with each other. The housing situation in Germany allows living together. Frequently, occupational mobility may lead to a separation of partners.

[*Update 2001*: In mid-1999, 2.1 million Germans were cohabitating, an increase of 47% since 1991. Increasingly, German couples, especially in the New Lands, prefer cohabitation to marriage. In mid-1999, 12% of all couples living together were cohabiting without being married. Both partners in 46% of all cohabitating couples were under age 35, and 29% were raising children. In cohabitation, women have more freedom to build their own career, especially if they are also childless. Eighty-seven percent of cohabiting women support themselves and 80% of those with children work outside the home. At the same time, 92% of all husbands hardly share the household work; 87% have never ironed clothes, 79% have never done the laundry, and 75% have never cleaned the windows. Meanwhile, public opinion is shifting in favor of cohabitation. Fifty-six percent of Germans would like to see equal status for couples with and without a marriage certificate, while 71% of young women between 16 and 29 cannot see any argument for a different status for married and unmarried couples. (*End of update by J. Pastoetter*)

#### *Marriage and the Family*

As regards the current family, the following model is preferred: "Man and wife both pursue their own profession and are equally responsible for housework and bringing up the children, so that both have the same amount of time for their career." Having one's own family with children remains a high aim in life, and only a few do not wish to have any children at all. Since unification, however, both the number of marriages in eastern Germany and the number of newborn children has drastically declined—within three years, the birthrate had fallen by 60%. Adolescent mothers and female students with children have suddenly disappeared as if by magic. The once-low marriage age has rapidly risen and is set to reach that prevalent in western Germany, with the result that the establishment of families is being delayed. What remain unchanged are the attitudes coordinating parenthood/family with career/employment.

Female and male adolescents in eastern Germany are more likely to have grown up with both parents employed

full-time than their counterparts in western Germany, and this is, thus, the model on which they base their own lives. (Before unification, the number of women working full-time in East Germany was over 90%, compared to over 50% in West Germany.) Men and women have become accustomed to their respective partner's professional activity and regard it as an important aspect of life. The compatibility of parenthood and work does not at all only mean for them the adaptation of family necessities to the parents' work, but also the consideration of the family at work and the repudiation of the complete dominance of the job. Work and family are not seen as alternative, mutually exclusive values, but are only acceptable when organized in conjunction with each other. This is a demand being made on both society and the relationship.

#### [*Marriage and Divorce* JAKOB PASTOETTER

[*Update 2002*: In April 1999, 39 million Germans lived as married couples. For the first time since 1991, the number of weddings in 1999 rose over the previous year: 430,000 couples married in 1999, an increase of 3.2% (13,500 couples) over 1998. In the Old Lands (former West Germany) the increase was 2.2%; in the New Lands (former East Germany), the increase was 10.3%. Experts suggest the increase was not the start of a new trend, but a blip because of the magic of the date 9/9/99, even though couples who marry on a *Schnapszahl* (funny number) date have an especially high risk of divorce.

[Married people encounter two disadvantages in the job market. Potential employers still regard married women as "being provided for," while "flexible" single men have better opportunities in the job market. The reasons for marriage have changed dramatically in the last ten years; love and partnership are no longer the most important factors, having yielded to economic stability. Couples without children also have a higher per capita income and a higher standard of living than couples with children.

[At the same time, there is a countertrend toward a "new high regard of the family as an emotional home," according to the Delphi-Study of value orientations by the Heidelberg Gesellschaft für Inovative Marktforschung (September 2000). Other surveys confirm this with findings that 72% hope to find Mr. or Miss Right, and 33% think that finding an ideal partner is the most important thing in life. Ninety-four percent of young people say they believe in true love, 70% hope for a single lifelong relationship, and only 4% say they are not interested in an intimate relationship (see Table 1).

[Television soaps depicting happy family life attract an average of 25 million fans. Sociologists and psychologists think that more and more people have learned through experience that a successful job life is emotionally less fulfilling than a satisfying relationship in filling the emptiness of their private lives. While the *Kettenehe*, chain marriage or serial monogamy, is popular, few German couples believe any longer that filing a declaration of divorce as soon as major marital problems occur is the only remedy for relationship problems. They realize that they will not only get rid of a husband or wife, but also of a good deal of their life together, friends and relatives included. The number of therapists who special-

ized in marriage therapy has increased significantly over the last 15 years. Catholic-sponsored offices for marriage therapy rose from 282 in 1985 to 349 in 2000 in the Old Lands. The Protestant Diakonische Werk now has 349 offices that offer free counseling. The share of divorced Old Lands people who remarried rose from 8% for men and 6% for women in 1960 to 21% for men and 24% for women in 1997.

[On the other hand, the probability of a marriage ending in a divorce increased by fivefold in the Old Lands since 1978, while in the New Lands, divorce decreased by a quarter. The New Lands divorce rate peaked in 1986 with 128.5 divorces per 10,000 marriages. The highest divorce rate in the Old Lands came in 1987 with 87.6 divorces per 10,000 marriages. The 1998 divorce rates were 85.7 in the New Lands and 105.7 in the Old Lands. Overall, the 1998 divorce rate rose by 2.5% over 1997. More than half of the divorces involved minor dependents. Four of five divorced husbands had another partner within ten months, while half of all women were still single after three years. Two thirds of all divorce petitions were filed by wives. According to sociologists, factors for the growing rate of divorce include a decline in the social stigma of divorce since the sexual revolution in the 1970s and the growing financial independence of gainfully employed women. Couples without a church wedding or children, and couples who do not own their home are more likely to divorce, with infidelity cited as the most frequent reason. Nine of ten German women and two thirds of German men hold fidelity as the most important value in a relationship. But the same percentage believes that it is not possible to remain faithful to the same person all life long. (*End of update by J. Pastoetter*)]

#### [*Living Apart Together (LAT) Relations*

JAKOB PASTOETTER

[*Update 2002*: Since two thirds of all singles have a stable relationship with another single, one needs to address the issue of LAT (Living Apart Together) relationships. This new term actually refers to a very old and traditional way of life. In the agricultural world of Old Europe, few newlywed couples possessed the financial means required to establish their own household. Only wealthy farmers, burghers, and aristocrats could afford to pay the brideprice or supply their daughters with a dowry sufficient for the newlywed couple to establish their own household. Most others fell into the mass of poor farmers, day laborers, and servants, the younger sons and daughters of aristocrats who in earlier times had to join a monastery or convent, the voluntary or involuntary spinsters and bachelors, and those who were allowed to marry but not to set up their own household. In a sense, LAT relations are only new if we forget history.

[The economy is the main factor for the growing number of LAT relations today. If a couple can only find work in different cities, it may well be more economical to maintain two separate households instead of absorbing the time and cost of daily commutes. LATs also include singles who share a committed relationship, but prefer to maintain their separate modest household, in which each has privacy and the flexibility of being together or apart. In Germany, more than 15% of all couples, married as well as unmarried, have this kind of "weekend relationship." Higher education and flexibility make it more likely that couples will live apart together. (*End of update by J. Pastoetter*)]

#### *Incidence of Oral and Anal Sex*

Oral stimulation of the genitals, both fellatio and cunnilingus, has become a customary practice. Since hygienic standards and opportunities are high, there are no longer aesthetic scruples. For example, at least 60% of German

**Table 1**

#### **Happiness of Germans by Marital Status**

Status	"Very Happy"	"Happy"
Married couples	23%	51%
Unmarried couples	17	45
Single persons	10	33

students have practiced fellatio or cunnilingus. Anal intercourse has remained quite rare; less than 20% report this experience, most of them only occasionally. Personal hygiene education in early childhood blocks the unaffected dealing with this aperture of the body.

## 6. Homoerotic, Homosexual, and Bisexual Behaviors

### A. History and Legal Status

Same-sex genitality as an institution is rooted in a changeable history. Before the advent of Christianity, German tribes repressed such acts with capital punishment. From the Middle Ages on, there were meeting places in some metropolitan cities, such as Cologne, which, however, were not large enough, compared with London or Paris, to develop an urbanity suitable for a real subculture. From the early 19th century, Swiss and German writers gave expression to the voice of love between men. The term *homosexual* was created, interpretations of same-sex relations were published, and civil liberties for homosexuals were demanded.

The foundations for the modern concepts, lesbian and gay, were laid in Germany. In 1933, this hopeful development was suddenly interrupted by the Nazi government. The persecution was based on racial-biological and demographic beliefs. Enforced with jail and concentration camps, it was the fiercest ever seen in modern times. It was not until the 1970s that the gay and lesbian existence could recover from this knockout blow.

Today, homosexuality is societally established as never before in history. Not even the menace of AIDS has reversed the trend. Despite the numerous victims of HIV, one may say that the life chances of homosexual and bisexual people continue to be enhanced. Same-sex relations between consenting adult men were completely depenalized some 20 years ago. Same-sex relations among women were only criminalized in Austria in earlier decades. Currently, any differentiation between homosexual and heterosexual has been removed from the penal code, as is the case in Switzerland since 1992 and in the former East Germany since 1988. Contemporary political demands include an antidiscrimination amendment to the Constitution and the legalization of marriages of same-sex couples.

The state has long since abstained from open denial of rights and privileges, e.g., against teachers or civil servants, in the judiciary, public administration, social security, and the like. Many politicians, even conservatives, hasten to confirm that they will not "discriminate." That does not mean that the politicians are willing to grant equal rights to homosexuals. They are given as much equality, meaning tolerance, as necessary, but not as much equality as possible in terms of integration.

Residual discrimination remains in niches like the military and the Church. And it is difficult to intervene in the antihomosexual policies of the private sector of the economy. Homosexual lifestyles are possible even here, as long as they are restricted to the private sphere.

### B. Children

Children, before they "discover" the other sex during or after puberty, naturally look for friends and intimacy within their own sex. So there are many occasions for homoerotic feelings, even for sexual encounters between friends. The passage through such a temporary "youngster homosexuality" is no predictor of adult homosexuality. Most youngsters with homoerotic experiences will follow the path of "normalcy," with the sole difference that their antihomosexual prejudices are less negative than those of the general population. The same-gender contact of youngsters has been re-

duced, but has not disappeared, in the last decades, because of coeducational schools and acceleration, including the earlier start of heterosexual coitus (cohabitarche). Moreover, the age of coming out for homosexuals has been getting ever lower, so that today this often occurs during adolescence.

### C. Adult Psychology and Lifestyles

Turning to gender roles, the theory of the third sex proposed by Magnus Hirschfeld has faded away. Today, gays are thoroughly masculine, lesbians quite feminine. Sometimes, they play with the possibilities of cross-gender behavior, onstage or in subculture situations. But their personal identity is confined to their biological sex. One is a "faggot" for fun, for provocative purposes, i.e., in a voluntarily chosen role. In lesbian subculture, the rigid separation into butch or femme has diminished.

Uncertainties of gender, intergenerational longings, and love relations between the social classes are no longer the prerequisites of a homosexual preference. Transgression of class, generation, and gender frontiers contributed to earlier sex scandals, and even constituted their kernel. Today, the only and really subversive moment in homosexuality is its negation of compulsory heterosexuality.

The homosexual desire as it has crystallized throughout the 20th century signifies precisely the same-sex relationship. By this, homosexuals were confronted with the possibility and necessity of forming lasting partnerships. Meanwhile, a considerable portion of this population follows a quasi-conjugal lifestyle. Two men or two women establish one household, and share income, leisure time, and friends. Their descent families consider them as a pair; the partner of one's own offspring, after a certain time, will be treated as child-in-law and vice versa. The couple, especially a lesbian one, may enlarge to a family with children from a former marriage, sometimes from adoption or fostering.

There is no separation of rights, duties, and prestige according to the traditional roles of husbands and wives. Gay and lesbian couples attach great value to egalitarian decisions. On the other hand, their stability is endangered by the lack of institutionalization and public recognition. Too many details of daily life have to be negotiated. Most couples admit some form of sexual contacts with third parties. This sort of "legitimate infidelity" gives rise to erotic flexibility as well as a certain burden of jealousy.

Homosexuality as an accessible form of erotic preference enjoys a high degree of social visibility that was increased but not generated by the public reaction to AIDS. There are more occasions than ever before to learn about homosexuality, to discuss it, and to confront oneself with such experiences. In many sectors of everyday life, the questions of homosexuality are addressed: at school, in the family and peer group, at work, and during leisure activities. So a latent desire can quite easily manifest itself, and one can look for possible partners.

Many doors open to the homosexual world. A lot of newspapers—public or subculture—have a rubric for contact ads. Special guides list the commercial and the hidden places where homosexuals meet. Today, each city with more than 50,000 inhabitants has at least a gay bar and an anonymous meeting point in a public park or lavatory ("tea room"). Bigger cities have baths, numerous bars for special interests, bookshops, voluntary groups, and a "gay switchboard." The opportunity structure for a lesbian/gay lifestyle has an extraordinary density.

Nationwide associations address cultural and professional interests for Christians, adolescents, teachers, medical people, writers, and the like. On the one hand, only a tiny minority of this minority affiliates with such an organiza-

tion. On the other hand, these few people operate as a real avant-garde to improve homosexuals' life chances.

Homosexuals have conducted numerous experiments with gender roles, forms of coupling, and techniques of sexual outlet. Some of their inventions have gained significance for nonhomosexuals: the social autonomy of women explored in the economically independent existence of lesbians; body image and sensitivity of men explored via some feminine components in gay performance; the remasculinization of men in the 1980s experienced in the so-called clone style. Homosexual relations, of course, are not a model for the general public; nevertheless, they give a striking example for the plasticity of erotic configurations.

[Update 2002: After the 1994 removal of §175 of the German Penal Code, which prohibited male homosexual activity, a second revolution took place on November 10, 2000, when the German Bundestag, with the majority of the Social Democratic Party (SPD) and Green Party coalition, approved a governmental legal initiative that homosexual couples should be treated equally with married heterosexual couples as far as certain legal rights are concerned. (Female homosexuality had never been prosecuted.) The law is already widely seen as "historic," since for the first time, homosexual couples can officially register their relationships in a way that comes quite close to traditional marriage. Since Article 6 GG of the German Constitution states that (heterosexual) marriage and family have to be especially protected by the state, the new family-law institution is called *Eingetragene Lebenspartnerschaft* ("registered partnership through life").

[According to sociologist Michael Bochow, about half of all German homosexuals already live in cohabitation, and although not all such couples will decide for an *Eingetragene Lebenspartnerschaft*, the legal possibility is widely seen as a good thing. The argument is that all social commitments and responsibilities should be strengthened in a time of progressive social fragmentation.

[The individual states (*Länder*) of the Federal Republic have the authority to decide where the couples have to go to get registered. The most probable choice will be the registry office (*Standesamt*) where all heterosexual marriages must be performed to be legal. The *Eingetragene Lebenspartnerschaft* will include such fundamental rights and obligations as the right to choose a common family name, the legal status of next of kin, the right to see the partner in hospital, the obligation to pay maintenance, a so-called *kleines Sorgerecht* (small law of custody for children in the partnership), and rulings for divorce, rent law, and inheritance. A homosexual foreign partner will have the same rights as a heterosexual foreign partner with regard to permission to work and immigration of family members.

[Still being decided are all regulations not subject to federal but to state legislation, such as the tax advantages of *Eingetragene Lebenspartnerschaften*. Income and inheritance tax laws, as well as laws pertaining to tax advantages for maintenance payments when a couple gets divorced, fall within the sovereignty of the 16 German states. Laws pertaining to these matters have to pass the second chamber, the German Bundesrat, where the conservative Christian Democratic Union/Christian Social Union (CDU/CSU) had the majority. On December 1, 2000, the Bundesrat, with its conservative majority, rejected the second law involving these ancillary rights. The main law was, however, passed in the Bundesrat. As for the ancillary rights, the ruling "Red-Green" coalition is prepared to further divide these, so that parts of their proposal can be passed.

[Most Germans see themselves as tolerant towards homosexuals. More than 70% of Germans under age 40 ac-

cept homosexuality, and already in a 1996 survey, 49% said they were in favor of a registry-office marriage, 93% wanted homosexuals to have the same job opportunities, and two thirds suggested a law to protect homosexuals against discrimination. (End of update by J. Pastoetter)]

#### D. Bisexuality

Bisexuality, in the narrow sense of having homosexual and heterosexual relations during the same phase of a sexual biography, occurs quite often, presumably more often than exclusive homosexuality. Nevertheless, the concept is obscure and psychologically underdeveloped.

Most experts agree with the thesis that they have never seen a genuine bisexual, i.e., someone who reacts with equal sexual appetite to women and to men. Since this judgment refers mostly to a population of therapy clients, and since the universe of bisexual people has not yet been empirically investigated, the question of what types of bisexuality really exist remains open.

There are quite a few sexual biographies where phases of intimate relations with a woman alternate with relations with a man. Such a "successive bisexuality" is frequently reported by women, and there is no reason to suggest a "latency" of either homosexuality or heterosexuality.

### 7. Gender Diversity and Transgender Issues

For transvestites, there are no institutionalized roles in German society. The dichotomy of two and only two sexes is highly crystallized. So transvestites very seldom gain public attention. They are generally considered deviants, but do not constitute a social problem. The phenomena of transvestism, transsexuality, and homosexuality are today clearly separated. Behaviors of cross-dressing and making-up as the other gender do not irritate public opinion, and the individual reaction contains a greater degree of amusement than of worry. Furthermore, since the 1980s, some transvestites have won high prominence as entertainers in stage shows.

For some people, transgressions of the valid definitions of gender lead to a considerable amount of hostility. Transgenderists and transsexuals are, therefore, marginalized even today, when legislation, medicine, and the mass media have acknowledged their right to live as they are and accommodate their outward appearance to their gender identity.

German law provides some procedures for people who wish to change the sex designation ascribed to them shortly after birth. They may choose between officially changing their name or also altering their sex status. The second step presupposes the surgical adaptation of the genitals. In addition, the surgery presupposes expert evidence given by a psychologist or physician testifying that the person is able to live in the long term in the chosen gender role. Several hospitals in the country have specialized in this sort of medical support and are quite willing to deliver it.

At present, several juridical initiatives are being directed towards normalizing transsexuality. Support groups have been organized and receive state subsidies. New sociological research describes the life world of gender-changing people (Hirschauer 1993; Lindemann 1993). The leading German sexologist is pleading for depathologizing the phenomenon (Sigusch 1992). But this will remain a utopia as long as transsexuals themselves apply for medical help, psychotherapy, hormonal treatment, and surgery to gain a healthy condition.

[Update 2002: Since 1981, Germany has had a special law for transsexual issues, the *Gesetz über die Änderung der Vornamen und die Feststellung der Geschlechtszugehörigkeit in Besonderen Fällen Transsexuellengesetz TSG*;

*Transsexuals' Act.* It provides for two possibilities, which may be applied either successively or independently of each other. The first possibility is for a transgendered person to change his or her first name without changing the assigned sex. For this so-called "small solution," the law requires two expert opinions confirming the diagnosis of transsexualism for the past three years. The second possibility entails legal recognition of gender reassignment in all official documents including passport, birth certificate, and so on. This so-called "major solution" requires not only two mutually independent expert opinions, but also sex-reassignment surgery. Moreover, the applicant must be unmarried and must be permanently incapable of reproduction. Between 1981 and 1990, 1,422 judicial decisions were rendered in Germany on this basis, 683 of them involving the "small solution" and 733 the "major solution." Hence, one can estimate the frequency of transsexual applications within these 10 years as being between 2.1 and 2.4 per 100,000 German adults. The male-to-female/female-to-male ratio was 2.3 to 1 (Weitze & Osburg 1996).

[It is obvious that sociocultural factors (*Zeitgeist*) have a tremendous impact on the accessibility and acceptance of legal and medical procedures for changing the assigned sex in Germany (Hirschauer 1993). After decades of desperately split discourses between essentialists (see, for instance, Dörner et al. 1991) and constructionists (see, for instance, Sigusch 1992) regarding the origin of transsexuality, a biopsychosocial approach to the understanding of this phenomenon has been accepted in Germany (see, for instance, Bosinski et al. 1997; Beier et al. 2000). (*End of update by H. A. G. Bosinski*)]

## 8. Significant Unconventional Sexual Behaviors

### A. Coercive Sex

#### *Sexual Abuse of Children and Incest*

The criminal law prohibits sexual acts with young people under age 14 and under age 16 if the acts are exploitative. Moral crusades initiated by some feminist groups argue with increasing numbers of child sexual abuse cases. With some lag, the figures in the official statistics rose after decreasing for three decades. Actually, it is only the public and private awareness that has changed, and child abuse is a more or less stable phenomenon—about 60,000 cases per year. The common construction and terminology throws together three distinguishable interactions: parent-daughter (incest), men-children (abuse), and intergenerational love (pedophilia) (Lautmann 1994). These forms vary in ingredients and consequences.

#### *Rape*

Sexual violence against women is the other big topic exciting the public opinion during recent years. The punishment of rape in the roughly 2,000 convictions per year is quite severe. But many women do not go to the police even though officers have recently been taught sensitivity in dealing with victims. Legislation has hesitated to criminalize marital rape.

Many young people are afraid of sexual violence. A quarter of the 16- to 17-year-old males in western Germany, compared to a tenth of those in the east, and more than half of adolescent females in the west, compared to a third in the east, reported that they had personally experienced sexual violence, sexual molestation, or sexual interference. In the east, 4% of women said they were forced to engage in sexual intercourse against their will the first time they experienced coitus. The figure among homosexual men is 2%. A

fifth of women in eastern Germany have experienced rape or attempted rape.

### *Sexual Harassment*

There are many cases of verbal and bodily molestation of women. Some women train in techniques of self-defense. The majority of men have not yet learned to pay complete respect to a woman's No.

Sexual molestation in the workplace or elsewhere is penalized as an insult, but seldom prosecuted. Some feminists are campaigning for legal recognition of a special offense of sexual harassment. However, the German legislature usually resists the demands to adapt the penal code to social problems addressed by moral crusades.

### B. Prostitution

More than 100,000 women offer sexual services to men, either as a professional or casual job, or to obtain money to buy drugs. The organization of the activity varies. The most respected form is to use an apartment with a telephone and to receive the visitors there after having advertised in a paper. Working in a brothel provides less autonomy for the women, but perhaps equal comfort. Other women wait in bars or hotels for clients. Dangerous, hard, and least profitable in comparison with the other forms is soliciting on the streets.

Male homosexual prostitution is not as common, but it is organized in quite similar ways. Some call boys offer their services equally to men and women. The demand from lesbians is extremely small, if any.

The social prestige of prostitutes has improved to a certain extent since they founded interest groups for "whores." They argue that, if they have to pay income tax (and they do), then they may claim social security and recognition for their vocation.

The law forbids prostitution only under special circumstances, in certain areas, in the neighborhood of schools, and the like. It is also forbidden to further prostitution and to recruit minors. These statutes are enforced in a very incomplete and selective way.

### C. Pornography and Erotica

All forms of sexual, pornographic, and/or obscene material are easily available in Germany—the soft variety from newsstands and television, the harder types in numerous shops where even the most extreme examples are available under the counter. The law forbids hardcore pornography that includes violence, children, or animals, and the sale of all sorts of sexual materials to minors. The debate about the character and danger of pornography has also taken place in Germany (Lautmann & Schetsche 1990).

[*Update 2002:* Germany leads all other European countries in the production of pornographic movies, with about 600 new German titles hitting the market every month. Consumption is also quite high, with more than 78 million hardcore videotapes rented in 1999. Eighty percent of the videotapes rented and purchased are of American origin. Germany is also the European leader when it comes to more explicit sex shows on television: *Liebe Sünde* [Dear Sin—Love Sin], *Peep!* and *Wa(h)re Liebe* [True Love, Love as Consumer Item] have been in competition for viewers since the early 1990s, with documentaries that mix sex education, voyeurism, and sensationalism. (*End of update by J. Pastoetter*)]

## 9. Contraception, Abortion, and Population Planning

### A. Contraception

Contraception is regarded positively and for the most part is correctly practiced throughout Germany. All but 1%

of Germans accept the prevention of unwanted pregnancy, without any differentiation as regards age, sex, origin, qualifications, or profession. Around 80% of women used contraception the first time they had sexual intercourse, and at least 90% used some method of birth control during the last incidence of coitus. Three quarters of 16-year-olds and nine tenths of 18-year-olds have experience with the contraceptive pill. Some sexually inexperienced females take the pill as a precautionary measure, while others prefer to refrain from sexual intercourse because they are not on the pill. Similarly, many male adolescents also avoid sexual intercourse if a condom is not available. Only 5% of those who have experienced sexual intercourse have never used contraception. Almost everybody regards contraception as a joint responsibility. The current types of contraception are well known among adolescents.

The most popular contraceptive is the pill, favored by 99%. The IUD and diaphragm are less popular. Ninety-four percent of eastern German women aged between 30 and 44 have taken the pill, usually over a protracted period of time, and 52% continuously. (The pill was easily accessible and free of charge in East Germany; it was prescribed by doctors, even to 14-year-old girls.) Two thirds have used condoms; one fifth have used the IUD. Another fifth prefer the rhythm method, a method half of all women have never exercised.

Although hormonal contraception is not decreasing in significance, and acceptance of the pill has actually increased among both men and women, the condom, which was completely out of fashion in East Germany, has been rediscovered as a result of AIDS. However, the condom has not become a rival to the pill or the IUD. It is normally used as an additional means of contraception, and also as a means of protection. The condom is, in fact, the preferred method in certain situations, but regular users are rare. What are sometimes referred to as "natural methods," such as the rhythm method, have decreased in popularity. Coitus interruptus is also widely shunned.

Safe contraception these days, even more than a decade ago, is regarded as an indispensable condition for sexual intercourse. The degree of care exercised, especially in eastern Germany, has actually increased as a result of the changes in values and the social risks, and a significant number of men and women in eastern Germany have taken the opportunity to be sterilized, something that has only been possible since German unification.

### B. Teenage Unmarried Pregnancies

Not more than about 1% of all live births are to minor mothers (under age 18), and half of these are unmarried. A considerable number of teenage pregnancies are terminated by abortion.

[Update 2002: Whether born in- or out-of-wedlock, German children are on equal legal status since 1998, when the last discriminations regarding custody, inheritance, and birth legitimacy were abolished. There is a large discrepancy between the numbers of out-of-wedlock births in the Old and New Lands. In the Old Lands, the rate is between 13% and 27%; in the New Lands, out-of-wedlock births account for up to 51%. In the former West Berlin, 29% of births are out-of-wedlock, while in the former East Berlin the figure is 52%.

[One reason for this development is a strong mistrust, mainly but not exclusively in the New Lands, against middle-class values and the romantic-marriage ideal, since many young adults know from experience in their own families that marriages are often unhappy in the long run—mainly for the woman—or lead to divorce. In addition,

there is hardly any material advantage in being married if one does not keep to the traditional role model of the husband earning the family income. On the other hand, there are many advantages in raising children as a single mother: social security, rent rebates, and other financial support by the state. Another factor in this demographic difference is the different self-awareness of women in the east who are less likely than women in the west to define themselves through their partner, and less likely to perceive a child as a reason to marry. In the New Lands, it was much easier to have a child out-of-wedlock, since the state also promoted lifestyles other than marriage. Single mothers got certain advantages, like smaller taxes and extra vacation. Ninety-five percent of women had children in the New Lands, compared to only 76% in the Old. (End of update by J. Pastoetter)]

### C. Abortion

The acceptance of contraception contains a critical, negative assessment of abortion as a method of birth control, although the principle of the legal option of the termination of pregnancy is supported. Only 2% are in favor of the complete prohibition of abortion, and the majority of Germans are in favor of at least allowing abortion within the first three months. A quarter of eastern German adolescents and a tenth of their western German counterparts are totally against any form of criminal legislation governing abortion. Most German youngsters support the concept of self-determined pregnancy and liberal legislation. Planned childbirth remains the ideal.

[Abortion and Donum Vitae JAKOB PASTOETTER

[Update 2002: In 1998, 131,795 abortions were registered in Germany, for a ratio of 169 abortions per 1,000 live births. Eight of 1,000 women in childbearing age had had an abortion. This corresponds to 14% of all pregnancies, with West Germany reporting 12% and East Germany 23%. Most of the women in West Germany were between 18 and 24 years old and had no children; in East Germany, most women were between 30 and 34 years old and had already one or two children. One of the reasons for this discrepancy might be seen in the fact that East Germans do not worry as much as West Germans do about providing the government with more-or-less confidential information about themselves, as long as the government pays in part or in full for their medical costs, including abortions.

[The government supports consultation offices for pregnant women who are considering an abortion, since women need a *Beratungsschein* (proof of consultation) before getting a legal abortion. The consultation offices are run by the two main churches, the Protestant and the Roman Catholic, most of the latter by organizations like Caritas or the Social Service of Catholic Women, and ProFamila, the German offspring of Planned Parenthood. In January 1998, Pope John Paul II advised the German bishops to find a way to stop the practice of issuing *Beratungsscheine*. The German bishops agreed to an alternative, but still allowed the more than 260 consultation offices to issue the proofs. In September 1999, when the Pope ordered the addition of the phrase, "This Proof may not be used for carrying out an unpunished abortion," the bishops decided to obey. This prompted Catholic laypeople, with the support of the CDU/CSU and SPD politicians, to found a new organization, Donum Vitae [Latin for "Gift of Life"], to continue the pre-abortion consultations and the issuing of *Beratungsscheine*. On January 1, 2001, when all dioceses (except for Limburg) stopped the consultations, 90 offices of Donum Vitae were ready to carry on. (End of update by J. Pastoetter)]

## D. Population Control Efforts

A negative population growth holds only for "native" Germans. The secular trend of a sinking birthrate began here at the end of the 19th century. It has various causes, many of them grounded in the rationalization of the social structure and private life. Many children born in Germany do not become German citizens, because their parents are immigrants. The laws of citizenship follows the principle of *jus sanguinis* instead of that of *jus soli*.

Unification of Germany has unexpectedly resulted in the sharpest drop in birthrates in modern world history. Birthrates have been very low in West Germany for many years. In the last several years, slightly more west Germans have died than have been born. Birthrates in all five states of east Germany have fallen sharply. In Brandenburg, births have fallen by more than two thirds, from nearly 38,000 in 1989 to barely 12,000 in 1993. Birthrates are down by more than half in the other four states in the same period. In late 1994, Brandenburg announced it would begin immediately to pay parents \$650 for every new child they have. This is in addition to both the national health insurance, which covers obstetric and other medical expenses, and a monthly allowance, called *Kindergeld* that is awarded on a sliding scale based on income. *Kindergeld*, which has been distributed in western Germany since 1955, can reach a monthly cap of \$420 for a family of four (Kinzer 1994).

War, famine, and plague are the usual factors triggering such a precipitous drop in the birthrate. In Germany today, the rising rate of unemployment increasing the threat of poverty is the cause for the free-falling birthrate, which is accompanied by a drop in the rate of marriage and a more than tenfold increase in sterilizations. "Young people in east Germany used to think that the most important conditions for marriage were love and a good partnership," a recent report noted, "Now they are seeing that the crucial condition is a secure job." Prior to unification, the Communist system provided jobs and daycare for all and a strong social safety net prevented anyone from falling into poverty. If the current trend continues to 2010, there could well be fewer than half as many children in eastern Germany as there are today.

Nearly all the former Communist countries in Europe have experienced drops in their birthrates, though none match the drop in east Germany. Some countries, including Hungary and Poland, provide payments to the families of newborn babies, but they are much smaller than those initiated in Brandenburg. In the West, Belgium, Luxembourg, and Portugal pay the parents of new babies.

[Update 2002: Two phrases are relevant to any discussion of population programs in Germany: *Überalterung*, or the increase in the percentage of old people, and *kinderfeindliche Gesellschaft*, or the child-hostile society.

[According to a study of the United Nations published in early 2000, Germany would need an influx of an additional half million immigrants each year to keep the number of 15- to 64-year-old social security contributors at the level of 1995. To stabilize the number of people living in Germany, 17 million immigrants would be needed in the next 50 years. On the first of January, 1999, Germany had a population of 82.1 million. In all of 1999, 767,000 children were born (765,000 in 1995), while 844,000 people died (885,000 in 1995). In 1998, for the first time, the number of deaths surpassed the number of immigrants, 67,353 compared with 47,098, reducing the population of Germany by 20,000. Germany's birthrate was 1.35 per fertile woman in the west and 1.10 in East Germany, one of the lowest rates worldwide. At the end of 1998, 22% of the German population was age 60 or older; the average age was 39.1 years.

[Reasons for this development can be seen in a growing life expectancy, in the decline of immigrating younger people, and last, but not least, in what is referred to by Germans as *kinderfeindliche Gesellschaft*, or our "child-hostile society," meaning the combination of factors that make it difficult for young adults to think about having children. These factors include a high social pressure to give priority to one's career, difficulty in finding part-time jobs, and a society and environment that are perceived by aspiring parents as non-supportive or even hostile and dangerous to children. The latter includes the often-mentioned aversion against noise caused by children's play, a pessimistic outlook to the future in general, the high costs of raising children, gangs and drug use in the schools, and finally, high traffic-accident and death-toll rates. Children are even seen as "women trap Number One" that prevents self-fulfillment through job and leisure time. Especially in the east, many parents feel left alone, in comparison with the full-time care children received in the former German Democratic Republic.

[The German government tries to improve the financial and social position of parents with certain allowances and other privileges. Primary among these are the *Erziehungsgeld*, a child-support allowance with a maximum of US\$300 per month paid until the child's second birthday, and the *Kindergeld*, a child allowance of about \$130 a month for the first and second child, \$150 for the third, and \$175 for subsequent children. The *Kindergeld* is normally paid until the child reaches age 18, but it may continue to age 21 if the young adult is still without job, until age 27 if he or she is still in education, and lifelong if handicapped. There is also the right of *Erziehungsurlaub*, or unpaid vacation with job guarantee. In addition, the government has increased by \$15,000 per child the amount of money a couple can invest tax-free into a special savings account to be used to build or purchase their own townhouse, condominium, or apartment. In Germany, and elsewhere in Europe, only 15% of couples own their own residence, while 85% rent. This is the reverse of the situation in North America, and the German government hopes that its *Eigenheimförderung* incentive, linking home ownership with family size, will encourage couples to have more children. (End of update by J. Pastoetter)]

## 10. Sexually Transmitted Diseases and HIV/AIDS

### A. Sexually Transmitted Diseases

The incidence of sexually transmitted diseases is incompletely known, since there is a legal obligation to report only four of the 20-some diseases. Presumably, the incidence of STDs equals that observed in other Western countries. That means it has remained quite high in spite of medical and hygienic progress. Within the medical profession, venereology is associated with dermatology. National and private health insurance pays for the cost of treatment.

[Update 2001: The figures for STDs have remained quite low in Germany for several years. In 1995, 4,061 new cases of gonorrhea were reported; this decreased to 2,412 cases in 1998. The largest drop came between 1984 and 1990, before Union, when the number of cases in West Germany decreased from 42,045 to 6,614. The same trend can be seen for other STDs, like syphilis, which decreased from 4,250 in 1984 to 868 in 1990. The annual number of new cases of syphilis increased to 1,138 in 1995 and has remained at this level since. The influx of prostitutes from Eastern Europe is likely to reverse this trend, since in the Russian Federation alone, the number of newly infected

persons with syphilis has jumped to several hundred thousand. (*End of update by J. Pastoetter*)

[*Update 2002*: In the first half of 2002, Germany recorded 1,116 new cases of syphilis, compared with 756 cases during the same time period in 2001, according to the Robert-Koch-Institut, the German equivalent of the American Centers for Disease Control. The increase in the number of new cases of syphilis was similar to that for other sexually transmissible diseases in the same time span. Health experts interpreted this as an “early warning” of an impending increase in new HIV infections, because it indicates a willingness by people to engage in unprotected sexual contact. Young people who did not witness the “AIDS shock” of the mid-1980s and do not fully comprehend the need to use condoms, appear particularly susceptible.

[Because advances in HIV/AIDS treatments have created false hopes of a cure among many people, health officials warn that prevention efforts must be redoubled. However, funding for HIV/AIDS programs in Germany has remained steady over the last three to five years, even though the number of new German AIDS cases has been increasing steadily. The growing concern is that a kind of “prevention fatigue” may reduce prevention efforts at the very time these efforts need to be increased, not just in Germany, but also in other European and North American countries (Staford, Reuters Health, September 9, 2002; Kaiser 2002). (*End of update by R. T. Francoeur*)]

## B. HIV/AIDS

Among the people diagnosed as HIV-positive, men with homosexual experiences constitute the biggest category, about 70%, followed by IV-drug users, about 15%. Consequently, in Germany, AIDS is essentially understood as a venereal disease. The prevalence up to 1993—about 10,000 cases of AIDS—is lower than in some other European countries, not to mention the United States. Women constitute 10% of the cases. Eastern Germany is as yet a sort of developing country for HIV infection following the fall of the Iron Curtain, which served as a preventive measure.

The comparatively low incidence is a result of a policy that emphasized rational recognition instead of repression and denial. Campaigns in the mass media, at schools, and by street workers delivered preventative messages. Homosexual men changed some of their practices (Bochow 1993; Dannecker 1990). Since the rules of safer sex are not observed completely, some new infections still occur.

Because the official information applies to the whole population instead of just to special risk groups, it is understood that sexuality in general will be affected by the AIDS crisis. It may be that the recently identified return of young people to the ideal of romantic love results partly from official condemnation of promiscuity.

Approximately one tenth of adolescents with experience in sexual intercourse say they have on at least one occasion shunned some sort of sexual activity for fear of being infected with the HIV virus. For most young people, sexual contact is not normally connected with a current fear of being infected with AIDS, and when it is, there is some obvious reason, such as a suspected at-risk partner or unprotected intercourse. Despite the very different epidemiological situations reigning in eastern and western Germany—there are hardly any AIDS patients in eastern Germany and most of these are in Berlin—AIDS has produced equal degrees of consternation. This anxiety is rarely fear for one’s own health or behavior, but rather a more general sense of concern, including sympathy for those infected by HIV and PWAs (persons with AIDS). Somewhat older and more-experienced young people, in particular, do not see themselves

in danger as a result of their partnership activity and sexual behavior and know how to protect themselves in doubtful cases. The fear of AIDS among younger adolescents results from uncertainty, ignorance, and a lack of experience. It represents a sort of “mental barrier” to the adoption of sociosexual contact, which is subsequently dissipated during the relationship. The real dangers are often suppressed in daily sexual life.

Autistic concepts of safer sex are out of fashion, especially among younger people and, in particular, in eastern Germany. Sexuality is not idealized as aseptic sex without contact if at all possible (with the “enemy”), or as an anonymous service, or as isolated desire, but rather as firmly linked with the (beloved) partner. Both heterosexuals and homosexuals love a concrete person, enter into a relationship, and have sexual contact with them. The rates of masturbation are comparatively low. Although masturbation is accepted as a sexual activity, and inhibitions in this respect have been dispelled, partnership sex is still preferred.

[*Update 2001*: In 1999, 2,100 Germans were newly infected with HIV, about the same number as in 1998. Also the number of people diagnosed with AIDS (568) or died (close to 600) has remained constant in recent years. This marks a decrease from 1995, when 2,045 AIDS patients died, and is mainly because of improved medical treatment. According to an estimate from the Robert Koch Institute, Berlin, in 1999, an estimated 37,000 Germans were infected with HIV: 29,000 men, 8,000 women, and about 400 children. (*End of update by J. Pastoetter*)]

[*Update 2002*: UNAIDS Epidemiological Assessment: By mid 2001, a cumulative total of 16,769 cases of HIV infection had been reported in Germany. HIV testing is systematic among blood donors and recommended for pregnant women, with an estimated coverage of 50% to 80%. Since 1993, laboratories and, since 1998, clinicians report anonymously newly diagnosed HIV infections to a national HIV database. Clinician reports are provided for over 90% of cases and contain a name-based code to allow for detection of duplicate reports. Among cases reported in 1997 to 1999, 38% were homosexuals, 30% heterosexuals, 11% injection drug users, and 20% were reported with an undetermined mode of transmission.

[UAT of all newborns has been conducted since 1993 in Berlin and Lower Saxony and since 1995 in Bayern. HIV prevalence is low in the general population, in particular outside metropolitan areas. In Berlin, the city with the highest cumulative AIDS incidence, HIV prevalence in pregnant women is below 0.1%. No significant trends could be detected between 1993 and 1995. Since 1985, prevalence has decreased among injection drug users entering drug treatment centers; and varied in 1992 to 1993 from 6% to 4%. Other data, partly based on self-reported test results, showed a prevalence around 20% among users of syringe vending machines or storefront units (1992 to 1993). As in other Western European countries, prevalence in non-injection drug-using prostitutes is similar to that in the general population.

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

Adults ages 15-49:	41,000 (rate: 0.1%)
Women ages 15-49:	8,100
Children ages 0-15:	550

[An estimated 660 adults and children died of AIDS during 2001.

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

## 11. Sexual Dysfunctions, Counseling, and Therapies

### A. Concepts of Sexual Dysfunction

Real fears of sexual joys exist. The most common fear in connection with sex among males and females and throughout Germany is that of unwanted pregnancy. Sexual diseases and AIDS are, by contrast, currently regarded as worry factors of lesser importance. Other fears refer to the anticipation of sex and the experience of sexuality.

Only one quarter of 16- to 17-year-old, sexually inexperienced females in western Germany have a desire for more sex, and only 10% of them want to have their first experience of sexual intercourse. They are afraid of disappointment, they are fearful of not finding the right partner who will meet their expectations, they are occasionally conscious of an aversion to men in general, not wanting to become a man's sexual plaything, and they are rather wary of both abstract and direct involvement in sex.

Male adolescents, especially those from western Germany, often abstain from sexual contact: Their sex drive is not that great. During their first incidence of sexual intercourse, only a good half of males from western Germany, compared to 80% from eastern Germany, said that a strong sex drive was a motive. They link sexual intercourse with a steady relationship and having a faithful girlfriend, and certainly do not want to get involved in something "wishy-washy," unpredictable, restrictive, or vexing only in order to establish a close bond or for reasons of sex.

Sexual experience: By no means do all females experience their sexual activity to be pleasant and enjoyable, especially those from western Germany. This refers both to masturbation, which they often do not find gratifying, and above all to intimacy with their partner and sexual intercourse. Half are sexually unsatisfied after sexual intercourse, and only the remaining half derive any pleasure from it at all. It is only a great experience for a quarter, and only a quarter have the wish to repeat it soon. Among eastern German females, almost two thirds find sex a great experience. This appraisal is acted on, as girls from eastern Germany have sexual intercourse more often than their counterparts from the west.

Men in the west suffer, in particular, from mental problems connected with sexual competence, sexual performance, their own attractiveness, and frustrations in love and sex, and these are connected with failure to cope with the pressure of norms or a fear of not being accepted without bias, but rather having to first fight as a man against a barrage of devaluation, mistrust, and prejudice.

[Update 2001: Impotence and lack of sexual desire are rapidly growing phenomena in Germany. The number of men without sexual desire quadrupled from 4% in the 1970s to 16% today. Most couples seem relieved when they learn that intense sexual libido rarely survives beyond the first few years of an intimate relationship. Most men and women also seem to accept the fact that having good sex means hard work: keeping in shape and learning from and respecting one another. In everyday life, the stress of work and the time and energy consumed in hobbies also affects the level of libido.]

[For most couples, sexual satisfaction is less a matter of sheer lust and ecstasy as it is showing each other affection and love. Emotional intimacy, tenderness, and the feeling of belonging together are increasingly more important than sexual satisfaction. On the other hand, a trend towards less sexual activity, especially in long-term relationships, is not as new as it might look at a first glance. Early in the 20th century, psychoanalyst Carl G. Jung and the German poet and physician Gottfried Benn agreed that "marriage is an institution to paralyze the sex drive." At the end of the 20th

century, three quarters of German wives married for 30 or more years reported a strong decline of the sexual interest of their partners. Only 12% of all couples think that sexuality is important or very important, and four of ten couples have stopped sexual intercourse all together. (End of update by J. Pastoetter)]

### B. Availability of Counseling, Diagnosis, and Treatment

Counseling and therapy in sexual matters is offered by a range of public institutions and private practitioners, most of them psychologists. However, this scene is not as widespread as it is in the U.S.A. Special certifications and licenses for sexual therapists do not exist. National and private health insurance pays a considerable portion of the costs.

### [C. Redefining the Meaning of Sex

[Update 2002: German men and women are becoming more and more similar in their attitude toward sex, as well as the quantity and quite-high satisfaction both get from their sexual activity. The percentage of women who say they have masturbated increased from 50% in the 1960s to 86% in 2000. The percentage of males who masturbate has been above 90% for decades. For 90% of Germans, love and sex belong together; only one in ten persons says that love is not decisive for sex. For 60% of Germans, touching, tenderness, and petting are the most important sexual behaviors. Overall, only one in three—50% of men and 25% of women—says coitus is the most important aspect of sex. (End of update by J. Pastoetter)]

## 12. Sex Research and Advanced Professional Education

### A. Advanced Education and Research Institutes

Funding and support for sexological research in Germany are deplorably low considering the public demand for knowledge and the gravity of social and individual problems with sexuality. The funds available are far less, proportionately, than in the U.S.A. Consequently, Germany is throwing away its great tradition in sexology.

There are some small institutes within the medical departments of the universities of Frankfurt/Main, Hamburg, and Kiel. Empirical sex research is mainly conducted in Leipzig, pedagogical in Landau, and sociological in Bremen. Ideological cleavages cause controversies, which means that researchers do not cooperate very much. Frequently, they ignore and despise each other. The small sexological community is split into five organizations—which, in turn, contributes to the political weakness of the profession.

Postgraduate training exists at only one or two medical faculties. Graduate-level programs for the advanced study of human sexuality are unknown. Some private institutes for family counseling and birth planning offer courses for interested adults, that is, at the college level. What the Federal Bureau for Health Information (offices in Cologne) can do depends on the ruling party. The conservative government, in power since 1982, had an information pack destroyed soon after it had been developed by their liberal predecessors. This symbolizes how the evolution of sexology in Germany is impeded by the public moralization of sexual matters, even in the time of AIDS.

### B. Sexological Publications and Organizations

Only one sexological journal, a quarterly founded in 1988, is published in Germany: *Zeitschrift für Sexualforschung*. Address: Enke, Box 101254, Stuttgart.

National sexological organizations include:

Deutsche Gesellschaft für Sexualforschung, based at the Universities of Hamburg and Frankfurt/Main. Address: Martinistr. 52, 20251 Hamburg, Germany.

Gesellschaft für Sexualwissenschaft (Leipzig). Address: Bernhard-Goering-Str. 152, 04277 Leipzig, Germany.

Gesellschaft für Praktische Sexualmedizin (Kiel). Address: Hospitalstr. 17-19. 24105 Kiel, Germany.

Deutsche Gesellschaft für Geschlechterziehung (Bonn/Landau). Address: Westring 10A, 76829 Landau, Germany.

Deutsche Gesellschaft für Sozialwissenschaftliche Sexualforschung (Düsseldorf). Address: Gerresheimer Str. 20, 40211 Düsseldorf, Germany.

### Germany's Immigrants

JAKOB PASTOETTER

[Update 2002: Germany has 7.5 million immigrants: Turkish citizens account for 2.1 million (28.8%); citizens from the former Yugoslavia, 9.8%; and Italians, 8.4%. About one third have lived in Germany for 20 years or longer; about 20% were born here. The jobless rate for immigrants is about double that of native Germans. A major factor in this unemployment, according to the last biannual *Report of the Situation of Migrants in Germany* (3/2000), is the decreasing level of education among immigrant students. Another subgroup that deserves more interest is the rapidly growing number of senior immigrants, with half a million now over age 60.

[The immigration rate of Aussiedler, people with German heritage resettling from host countries like Russia, Poland, and Rumania after having lived there for several hundred years, has remained relatively constant, with 104,916 registered in 1999 and 103,080 in 1998. Meanwhile, the number of people becoming naturalized Germans increased rapidly from 61,709 in 1994 to 106,790 in 1998.

[Specific medical problems, like a higher rate of sexually transmitted diseases, and sexual problems, like inhibited ejaculation, are often the result of highly traditional gender roles and sexual traditions colliding with the values of a postindustrial, Western society. For people living in the conservative and patriarchal traditions of Islam, of Catholic Poland, or of the village societies in rural Eastern Europe, the confrontation with liberal sexual attitudes is a shock. It seems that immigrant males have more problems with the devaluation of their often highly ritualized and privileged position within their family, as well as in society. Women, however, experience the individual freedom of choosing their own lifestyle. German social workers, sex educators, and physicians have started to see some of these conflicts as cultural problems, and are trying to find cultural answers. For example, a German doctor would normally ask to see a male patient alone without the male friend or relative who accompanied him. Turkish men, however, are accustomed to have a male friend or relative present with them during the whole visit to the doctor. Another culture-related problem is the sex-information leaflets, which use a formal, impersonal German style and language, whereas Turkish men tend to prefer an informal and personal form of address.

[Migrant women and men alike tend to be less informed about sexual facts. They also have more difficulty in speaking about sex in general. Immigrant women, particularly those from the former Eastern Bloc, often see abortion as the preferred contraceptive; some have had as many as ten abortions during their reproductive years. Their men, in turn, have a strong dislike for condoms. Polish surveys find the same high level of double moral standard as in the United States; women are expected to enter marriage as virgins while men are expected to have multiple sexual "experi-

ences." That sexual experience male immigrants can achieve with German women at *Salsa* parties in discos and bars, which have developed as rendezvous places over the last ten years. This also sheds some light on how German women view their fellow countrymen as intimate partners, and on their high regard for Latin looks and temperament, which makes German women leaders in sex tourism to the Caribbean. As sex tourists, German men travel mainly to South East Asia.

[Sex education in school can only be a success with immigrant children if the parents are not informed in advance, because many parents do not allow their children to learn about sexuality at all. They regard the German culture as being unchaste and immoral—for Muslims even to talk about sex is "impure." Sex education for immigrant adults also runs into difficulties, because the women, in particular, fear that their peers, parents, or husbands will criticize them. Solutions for this information deficit and culturally conditioned hostility may be found in developing a range of cultural sensibilities and introducing peer-education strategies. (End of update by J. Pastoetter)]

### References and Suggested Readings

- Becker, S., H. A. G. Bosinski, U. Clement, W. Eicher, T. Goerlich, et al. 1997. Standards of treatment and expert assessment of transsexuals by the German Society for Sex Research, the Academy for Sexual Medicine, and the Society for Sexology [Standards der Behandlung und Begutachtung von Transsexuellen der Deutschen Gesellschaft für Sexualforschung, der Akademie für Sexualmedizin und der Gesellschaft für Sexualwissenschaft]. *Sexuologie*, 4:130-138.
- Beier, M., H. A. G. Bosinski, & Hartmann. 2000. Sexual medicine fundamentals and practice [Sexualmedizin—Grundlagen und praxis]. München: Urban und Fischer.
- Bochow, M. 1993. Einstellungen und werthaltungen zu homosexuellen maennern. In: C. Lange, ed., *AIDS—Eine forschungsbilanz*. Berlin: Bohn.
- Bosinski, H.A.G., P. M. Bonatz, G. Arndt, R. Heidenreich, M. Sippell, & W. G. R. Wille. 1997. A higher rate of hyperandrogenic disorders in female-to-male transsexuals. *Psychoneuroendocrinology*, 22:361-380.
- Bundeszentrale für gesundheitliche Aufklärung (BzgA), Abteilung Sexuaufklärung, Verhütung und Familienplanung. 1995ff. *Research and praxis of sex education and family planning*, vol. 1-17 [Forschung und praxis der sexualaufklärung und familienplanung, Bde. 1-17]. Köln.
- BzgA Forum Sexuaufklärung und Familienplanung 2. 1999. *Intercultural [Interkulturell]*.
- CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: <http://www.cia.gov/cia/publications/factbook/index.html>.
- Clement, U. 1986. *Sexualitaet im Sozialen Wandel*. Stuttgart: Enke.
- Dannecker, M. 1990. *Homosexuelle Maenner und AIDS*. Stuttgart: Kohlhammer.
- Glatzer, W., H. Stuhler, A. Mingels, et al. 1997. Consensual unions: Marriage substitute or marriage alternative? State of research in Germany 1996-1997. [Nichteheliche lebensgemeinschaften: Eheähnlich oder eher alternativ? Stand der forschung in Deutschland 1996/97]. *Materialien zur Bevölkerungswissenschaft*, 89:87. Wiesbaden: Bundesinstitut für Bevölkerungsforschung.
- Glueck, G. 1990. *Heisse Eisen in der Sexualerziehung*. Weinheim: Deutscher Studien Verlag.
- Haerberle, E. J., & R. Gindorf. 1994/1998. *Bisexualitäten*. Stuttgart: Fischer-Verlag. 1994. *Bisexualities: The ideology and practice of sexual contact with both men and women*. New York: Continuum, 1998.
- Hirschauer, S. 1993. *Die soziale Konstruktion der Transsexualitaet*. Frankfurt/M: Suhrkamp.

- Jürges, H. 1998 (October). Vocationally motivated migration behavior in double-income households. An empirical analysis using GSOEP data [Beruflich bedingte umzüge von doppelverdienern. Eine empirische analyse mit daten des SOEP]. *Zeitschrift für Soziologie*, 27(5):358-377.
- Karatepe, H. 1996. Sexual troubles of migrants [Sexualstörungen bei migranten]. *Sexualmedizin*, 1:20-21.
- Kinzer, S. 1994 (November 25). \$650 a baby: Germany to pay to stem decline in births. *The New York Times*, p. A3.
- Lautmann, R. 1977. *Seminar: Gesellschaft und Homosexualität*. Frankfurt/M.: Suhrkamp.
- Lautmann, R. 1994. *Die Lust am Kind*. Hamburg: Klein.
- Lautmann, R., & M. Schetsche, 1990. *Das Pornographierte Begehren*. Frankfurt/M.: Suhrkamp.
- Lindemann, G. 1993. *Das Paradoxw Geschlecht*. Frankfurt/M.: Fischer.
- Mayer, K. U., & P. B. Baltes. 1996. *The Berlin study on aging [Die Berliner altersstudie]*. Berlin: Akademie Verlag.
- Reinecke, J., P. Schmidt, & I. Ajzen. 1997 (May 1). Birth control versus AIDS prevention: A hierarchical model of condom use among young people. *Journal of Applied Social Psychology*, 27(9):743-59.
- Schmidt, G. 2000. *The sexual revolution and her children [Die sexuelle revolution und ihre kinder]*. Gießen: Psychosozial-Verlag.
- Sigusch, V. 1992. *Geschlechtswechsel*. Hamburg: Klein.
- Starke, K. 1991. Jugend und Sexualität. In: W. Friedrich, & H. Griese, eds., *Jugend und Jugendforschung in der DDR*. Opladen: Leske.
- Starke, K., & W. Friedrich. 1984-1991. *Liebe und Sexualität bis 30*. Berlin: Deutscher Verlag der Wissenschaften.
- Starke, K., & K. Weller. 1993. West- und Ostdeutsche Jugendliche. In: G. Schmidt, ed., *Jugendsexualität*. Stuttgart: Enke.
- UNAIDS. 2002. *Epidemiological fact sheets by country*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS/WHO). Available: [http://www.unaids.org/hivaidsinfo/statistics/fact\\_sheets/index\\_en.htm](http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/index_en.htm).
- Weitze, C., & S. Osburg. 1996. Transsexualism in Germany: Empirical data on epidemiology and application of the German Transsexuals' Act during its first ten years. *Archive of Sexual Behavior*, 25:409-425.
- Winawer-Steiner, H., & N. A. Wetzer. 1982. German families. In: M. McGoldrick, J. K. Pearce, & J. Giordano, eds., *Ethnicity and family therapy*. New York: Guilford Press.

### Internet Sources

- The Magnus Hirschfeld Archive for Sexology. <http://www2.hu-berlin.de/sexology/>.
- Bundeskriminalamt. <http://www.bka.de>.
- Bundesministerium für Familie, Senioren, Frauen und Jugend. <http://www.bmfsfj.de>.
- Bundeszentrale für gesundheitliche Aufklärung (BzgA). [www.bzga.de](http://www.bzga.de).
- Deutsche Gesellschaft für Sozialwissenschaftliche Sexualforschung. [www.sexologie.de](http://www.sexologie.de).
- Robert Koch Institute, Berlin. <http://www.rki.de>.
- Kaiser Health Report. 2002. *German health experts concerned that rising STD rates are 'early warning' of increase in HIV incidence*. [http://www.kaisernetzwerk.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=13377](http://www.kaisernetzwerk.org/daily_reports/rep_index.cfm?DR_ID=13377).
- Shell-Studie "Jugend 2000." <http://www.shell-jugend2000.de>.
- Statistisches Bundesamt. <http://www.statistik-bund.de>.