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ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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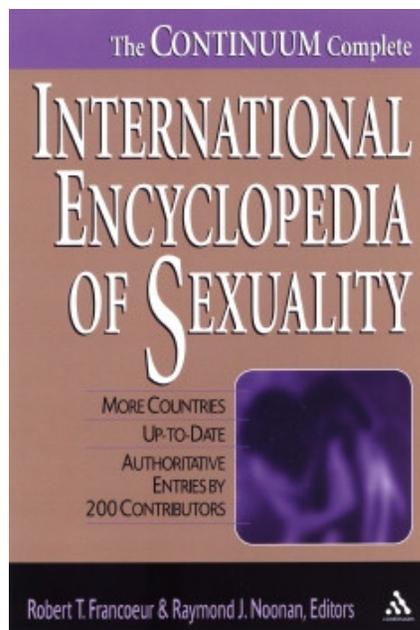
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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

The Republic of Ireland—"Eire" in the Irish language—occupies five sixths of the island of Ireland in the North Atlantic Ocean west of Great Britain. Slightly larger than the state of West Virginia, Ireland has an area of 27,135 square miles (70,280 km²). The northeastern corner of the island is Northern Ireland, a part of the United Kingdom. The terrain is mostly level-to-rolling interior plains surrounded by rugged hills and low mountains, with sea cliffs on the western coastline. The climate is temperate maritime, moderated by the North Atlantic Current, with mild winters and cool summers. The island is consistently humid and overcast about half of the time.

In July 2002, Ireland had an estimated population of 3.88 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 21.3% with 1 male(s) per female (sex ratio); 15-64 years: 67.3% with 1.02 male(s) per female; 65 years and over: 11.4% with 0.77 male(s) per female; *Total population sex ratio:* 0.98 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 77.17 years; *male:* 74.41 years; *female:* 80.12 years

Urban/Rural Distribution: 57% to 43%

Ethnic Distribution: Celtic and English

Religious Distribution: Roman Catholic: 91.6%; Church of Ireland: 2.5%; other: 5.9% (1998 est.)

Birth Rate: 14.62 births per 1,000 population

Death Rate: 8.01 per 1,000 population

Infant Mortality Rate: 5.43 deaths per 1,000 live births

Net Migration Rate: 4.12 migrant(s) per 1,000 population

Total Fertility Rate: 1.9 children born per woman

Population Growth Rate: 1.07%



(CIA 2002)

HIV/AIDS (1999 est.): *Adult prevalence:* 0.1%; *Persons living with HIV/AIDS:* 2,200; *Deaths:* < 100. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 100% (1993 est.), with 96% attendance in nine years of compulsory school

Per Capita Gross Domestic Product (*purchasing power parity*): \$27,300 (2001 est.); *Inflation:* 4.9%; *Unemployment:* 4.3%; *Living below the poverty line:* 10% (1997 est.)

B. A Brief Historical Perspective

Celtic tribes invaded what is now Ireland about the 4th century B.C.E., bringing their Gaelic culture and literature. St. Patrick brought Christianity to these Celts in the 5th century C.E. The Norse invasions, which began in the 8th century, ended in 1014 when the Irish King Brian Boru defeated the Danes. English invasions began in the 12th century with bitter rebellions, famines, and savage repressions. The Easter Monday Rebellion (1916) failed, but was followed by guerrilla warfare and harsh repression by the English. When the Irish Parliament (Dail Eireann) reaffirmed their independence in 1919, the British offered dominion status to the six counties of Ulster and to the 26 counties of southern Ireland. The Irish Free State in the south adopted a constitution and dominion status in 1922, while northern Ireland remained a part of the United Kingdom. In 1937, a new constitution was adopted along with the declaration of Eire (Ireland) as a sovereign democratic state. In 1948, Eire withdrew from the Commonwealth declaring itself a republic. The British Parliament recognized both actions, but reaffirmed its control over the northeast six counties, a declaration Ireland has never recognized. Despite recurring violence and political shifts, both the British and the people of Ireland favor a peaceful resolution of the conflict.

1. Basic Sexological Premises

A. Character of Gender Roles

The idea that there are definite and separate roles for the sexes pervades all aspects of Irish society. In this division of roles, the feminine is regarded as subordinate to the mascu-

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line. The society is a patriarchal one where social power and control are associated with masculinity. The 1937 Irish Constitution reflected what was considered the main role of Irish women thus: "In particular the State recognizes that by her life within the home, woman gives to the State a support without which the common good cannot be achieved." This provision, and the attitudes underlying it, have been used to deny women equality in all spheres of Irish life.

[*Comment 1997*: The cult of the Virgin Mary is very strong in Ireland. Mary is depicted as a kind of Cinderella—confined to the kitchen with her dreams and fantasies. The model presented to the women of Ireland is seen at the Marian Shrine of Knock in western Ireland. In this vision, she was reported to have worn a long dress with a sash, a veil, and wearing the crown of a rich feudal lady. Yet, one of the best-selling prayer-cards at the shrine is "The Kitchen Prayer":

Lord of all the pots and pans and things . . .
Make me a saint by getting
Meals and washing up plates.

[The image of the Virgin Mary held up before the eyes of Irish women reinforces the established cultural attitude: Women can have their dreams, but their place is in the kitchen. (*End of comment by H. A. Walsh*)]

[*Comment 2003*: However, the present generation of young mothers is quite different from their mothers. Getting a career outside the home in place before starting a family is quite common. They may be married, but they are in no rush to get pregnant the first year or, indeed, for several years after marriage. In the "old Ireland," tongues started to wag if a young wife failed to get pregnant within the first year or two after marriage. This, of course, raises the question: How are they avoiding pregnancy? The only reasonable conclusion has to be that they are using some method of artificial birth control. It is hard to imagine that all young couples are employing the natural family planning method of contraception—which suggests that young couples are making conscious decisions that fly in the face of the moral dictates of their Church. The fact that personal conscience is taking priority over institutional conscience is certainly a new feature of Roman Catholicism in Ireland.

[Another small, but significant, sign of the changing times can be seen in a practice that has become quite common today. Young females, when they marry, do not take their husband's name, not even as a second, hyphenated name. So, if Molly Malone marries, she stays Molly Malone. (*End of comment by H. A. Walsh*)]

At the same time, since the advent of the women's movement and Ireland's joining with the European Community in 1973, a number of legal reforms have been brought about, giving women more or less legal equality. But socially, economically, and politically, women are far from equal, although the gap has narrowed somewhat in the past 20 years. Women make up about 30% of the workforce, but in industry, their average earnings are only 67% of the average male earnings. Ireland has the lowest employment rate in Europe for mothers with children under 5 years of age. In 1991, 16.7% of married women were in the labor force, compared with 50% in Germany. There are no publicly funded childcare facilities. Discrimination against women is widely practiced, and as yet, they have no redress in law. The most powerful positions in politics, law, medicine, the military, police forces, industry, universities, and financial institutions are held almost exclusively by men. Although attitudes to equality have changed considerably in recent times, in the social sphere, actual practice lags far behind. For example, in a 1986 survey, 95% of the respon-

dents agreed that men and women should share housework. In reality, women do the lion's share.

B. The Sociolegal Status of Males and Females

There are no differences between the legal status of male and female children. There are minor distinctions between male and female adolescents. For example, boys may work in bars at age 16 while women cannot work there until age 18. It is illegal for a male over age 14 years to have sexual intercourse with a girl under 17 years of age, but the girl commits no crime in the same situation. Homosexual acts under the age of 17 are illegal for males, but not for females. The government has recently promised legislation that will make discrimination on the grounds of sex illegal.

The social status of males and females is reflected in the gender roles demanded of each. From a very early age, girls begin to learn to prepare themselves for a traditionally feminine role in society and boys learn to prepare for a traditionally masculine role. The feminine role is regarded as having a sense of social value, while men regard themselves personally as superior to women. These attitudes are used as a justification for denying women equality and for the fact that political, social, and economic power is exercised by men.

C. General Concepts of Sexuality and Love

The socialization process and gender-role stereotyping generally demands that sexual expressions belong properly to the married state of heterosexual men and women. The proper expression of sexuality within the marital union is limited to the act of penile-vaginal intercourse. An inability or lack of inclination to engage in coitus can be grounds for annulment of a marriage. Childless marriages are generally frowned on and the childless couple is considered selfish. Any overt or suggested sexual expression outside the privacy of the marriage bed is, at the very least, disapproved of. Within marriage, women are expected to be sexually available and to play second fiddle to their husband's sexual desires.

Sexual activity outside marriage in heterosexual relationships is tolerated to some degree, especially if it appears that the couple may eventually marry. However, different standards exist for men and women. Males are seen as sexual go-getters with instinctive sexual urges they cannot control. They are neither encouraged nor expected to take responsibility for the consequences of their behavior. Females are seen as sexually passive and in need of a male to awaken their relatively weak sexual desires. Because females are seen as more in control, they are held responsible for both their own and the male's sexual behavior. A further twist to the tale is that women must never undermine the male's dominant role in sex.

Romantic love is idealized and this ideal is perpetuated in all media forms. Romantic novels outsell all other types of fiction. Most people would say they married because they were "in love." People who say they are still "in love" after many years of marriage say so with pride.

The sexuality of children, disabled persons, the chronically ill, the elderly, those who live in institutions, and single persons without an opposite-sex partner is hardly acknowledged, let alone recognized and respected.

[*Comment 2003*: An older, Irish priest recalls the time when married women would confess to experiencing an orgasm when engaging in sex with their husbands. It was assumed that a woman engaged in sex just to satisfy her husband, and that she herself had low or no sexual desire. Consequently, women who experienced orgasm felt that this must have been the working of an evil spirit inside of them; therefore, she needed to confess and be forgiven. The young

people of Ireland today would find it hard to believe that such a mentality existed just a generation back.

["Boys will be boys and girls will be sluts" was an imbedded, male attitude. All examples employed by preachers made it clear that the female was responsible if a couple had sex outside of marriage. Since she did not have any sexual desire worth talking about, she could maintain her composure and control the urges of the aggressive male. (*End of comment by H. A. Walsh*)]

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

The Irish are an outstandingly religious people. Over 90% of the population are Roman Catholic and 3% Protestant. Eighty percent attend church at least weekly and about 50% express a great deal of confidence in their Church. Among the younger generation, there is less acceptance of orthodox beliefs and religious practices, but the difference between generations is not nearly as great as that found in other Western countries.

Roman Catholicism greatly influences all aspects of Irish life. Since its foundation, the state laws have complemented Catholic Church laws. Until 1972, the Irish Constitution paid homage to the "special position" of the Catholic Church in Irish life. [*Comment 1997*: This resulted, until recently, in an unresolved issue of Church annulments vis-à-vis the constitutional prohibition against divorce. After the constitutional prohibition against divorce was revoked in a November 1995 referendum, it became possible for the estimated 80,000 separated Irish couples to obtain a civil divorce. The Church has, in recent years, granted annulments, dubbed "divorce Irish-style," and permitted remarriage, but annulments were and remain difficult to obtain from Church authorities. (*End of comment by H. A. Walsh*)]

[*Comment 2003*: Since the Irish are enjoying new wealth, the promise of "the grass of a goat and a cow" is ancient folklore to divorcing females today. If the divorcing husband has wealth, women are demanding their fair cut. Also, because of the new wealth of the country, thousands of Irish in America are returning home. Some are returning with second wives. The old put-down about "driving a second-hand car" (marrying a divorced person) has lost its sarcastic bite in today's Ireland.]

State schools, which the majority of children attend, are mainly run by religious organizations. [*Comment 1997*: However, because of aging and a decline in vocations, many teaching and administrative positions in schools, once held by religious orders, are now filled by laity. This has caused some tension in recent years as lay educators become more conscious of having political clout. (*End of comment by H. A. Walsh*)] Religious bodies also play a major role in the provision of the country's nonprimary health-care services.

This pervasive religious influence is reflected in the way sexuality is treated on political, social, and personal levels. It is reflected in the type of censorship of books, films, and television programs that prevails. It is reflected in the laws relating to human reproduction, the lack of sex education in the schools, and the absence of the study of sexuality in any academic institution.

On a personal level, sex is associated with fear and guilt for many people, and even in communal, single-sex showers, nudity is unusual. There is evidence, however, of some decline in religious influence over the past ten or so years.

The Irish people as a whole are characterized by conservatism—conservative in religion, in morality, in poli-

tics, and in their views on work, marriage, and the family. Many Irish people are at ease with a republic that is traditional, nationalist, and Catholic. However, a growing number feel alienated in such a society.

[*Comment 1997*: Ease of travel has made the young people of Ireland less insular and more impatient with the insular mentality of the older generation. The youth of Ireland think of London, Paris, Frankfurt, and even Boston and New York, as "neighboring cities," and have exposure to lifestyles and value systems that their parents never had.]

[Catholicism and nationalism were synonymous in the minds of the previous generation. To be Irish was to be Catholic. Some of Ireland's greatest writers went into exile because, although thoroughly Irish, they were not seen as Catholic enough. The young Irish today do not see Catholicism as a necessary component of self-identity. They seem to understand where culture leaves off and real faith begins. Consequently, they can discard elements of Catholic orthodoxy with greater ease and feel no guilt about being un-Irish when they do so. (*End of comment by H. A. Walsh*)]

[*Comment 2003*: The Roman Catholic Church in Ireland faces an enormous challenge in today's Ireland. For one thing, the trust level between Church and people has been damaged seriously by revelations of clergy sexual abuse. In the former Ireland, the common thinking was: If you had a doctor in the family, you were blessed; if you had a priest and a doctor in the family, you were saved. Parents are not holding up priesthood as an ideal to their children as they used to do. (*End of comment by H. A. Walsh*)]

For some, the shift towards greater permissiveness and tolerance that began in the 1960s is progressing too quickly, for others too slowly. There is a constant tension between old and new ideologies, between Catholicism and nationalism on the one hand, and liberalism and materialism on the other. Until recently, the battle lines were clearly drawn, but now some are attempting a synthesis of these seemingly contradictory values. Foremost in this attempt is the Irish President, Mary Robinson.

[*Comment 2003*: It is true that the Irish of the last generation packed their churches on weekends. However, the drop-off in church attendance by today's youth would lead one to ask: What brought the previous generation to church in such great numbers? Was it faith or fatherland? There was a saying in Ireland: "It's easier to go to church than to stay away, because, if you stay away, everyone will be talking about you." It was the cultural thing to do. Also, Ireland had been touched by the Reformation Wars through people like Henry VIII, Oliver Cromwell, and Queen Elizabeth I. So, to go to church was a patriotic act, a defiance of English Protestantism. To be Irish was to be Catholic. To be Irish and Catholic was to be anti-British and anti-Protestantism. To say that the Irish packed their churches because of pure faith would be an exaggeration. Faith they had, but not in its purest form, because nationalism was part of the mix. Because faith is a unifying force, the fact that the "faith" of the British and the "faith" of the Irish kept them fighting each other for centuries surely makes one wonder how "faith-ful" either was. So, if Irish youth are not attending church as regularly as the generation ahead of them, it may not indicate a lack of faith but, rather, a search for a faith that comes without the trappings of nationalism and cultural pressures. Church leaders who are crying in their Guinnesses over the fact that youth are not coming to church as faithfully as their parents did, need to understand that the old Reformation Wars have no relevance for young Irish boys and girls today. The biases that still work with some success in Northern Ireland are irrelevant to young people in the Republic. (*End of comment by H. A. Walsh*)]

B. Source and Character of Ethnic Values

[*Comment 1997*: In the 4th century B.C.E., Celtic tribes invaded what is now Ireland, where their Gaelic culture and literature flourished. The Celtic worldview was dualistic, dividing the world into two opposing subworlds, one of light, good, and spirit, and the other of darkness, evil, sin, and body. In the 5th century C.E., St. Patrick converted the Celts to Christianity. Some anthropologists have suggested that a major factor in the negative and repressive view of sexuality that pervades Irish culture may be traced to the adoption of the original Celtic dualistic philosophy by celibate Christian monks who found it congenial to their own apocalyptic vision. (*End of comment by R. T. Francoeur*)]

[*Comment 1997*: Monasticism introduced an ascetical element into Irish spirituality. To this day, thousands of Irish seek out the barrenness of mountains and islands to do penance for their sins of the flesh. Suffering is seen as meritorious, something to be “offered up” in union with Christ on the Cross or for the release of “the poor souls in purgatory.” Since suffering was seen as meritorious, it was natural that pleasure would be suspect. Sex was “a stolen pleasure.” (*End of comment by H. A. Walsh*)]

[*Comment 1997*: In the 17th and 18th centuries, Irish youth were trained for the clergy in France where they were strongly influenced by another dualistic current, French Jansenism. The Jansenists saw the world torn between two opposing forces of good and evil. Jansenism stressed the corruptibility of human nature and its sinful, evil tendencies, associated the body and emotions with evil, and glorified the ascetic denial of all “worldly” desires (Messenger 1971; Francoeur 1982, 58-60).

[English invasions and colonization started in the 12th century, and the resulting 700 years of struggle, marked by bitter rebellions and savage repressions, have left their mark on Irish culture. English taxation, limits on industrialization, and restrictions on the kinds of crops Irish farmers could raise helped create a society in which marriage of the offspring was delayed to provide manual labor for the farm and support for the parents. In the system of primogeniture, the first-born son inherited the entire paternal homestead, because dividing up the farmland among all the sons would leave none with a viable economic base. With few other economic opportunities available, the other offspring frequently became priests or nuns, or emigrated.

[This combination of religious dualism and economic pressures has resulted in a society strongly dominated by the clergy and religious, with late marriages for those who marry, and a sexually repressive value system that holds celibacy and sexual abstinence in great esteem (Stahl 1979). (*End of comment by R. T. Francoeur*)]

In 1922, Northern Ireland chose to remain part of the United Kingdom, while the Irish Free State adopted a constitution as a British dominion. In 1937, the Irish Free State rejected dominion status and declared itself a sovereign democratic state. In 1948, the Irish Free State withdrew from the British Commonwealth and declared itself a republic.

[*Editor's Note*: John C. Messenger has provided extensive ethnographic observations of “Sex and Repression in an Irish Folk Community” in a small island community of the Gaeltacht he calls Inis Baeg (see Marshall & Suggs 1971).]

3. Knowledge and Education about Sexuality

A. Government Policies and Programs for Sex Education

Prior to 1984, the government had no formal policies regarding sex education. In that year, a 15-year-old girl and

her baby died during childbirth in a field in the middle of winter. She had not told anybody that she was pregnant. Following this tragic event, sex education became a matter of public and political debate. The Minister for Education planned a reform of secondary level education to include personal and social skills training, including sex education, in the new curriculum. The government's Health Education Bureau began training teachers to teach this new aspect of the curriculum. However, this reform was not implemented because of political, religious, and pressure-group opposition. Nonetheless, over 2,000 teachers have been trained so far to deal with sexuality and personal relationships. A criticism of this training has been that it does not place enough emphasis on how political, religious, economic, and social factors shape sexuality, values, and personal relationships.

In 1987, the Department of Education issued guidelines to postprimary schools recommending that sex and relationship education be integrated into all subjects. These guidelines also recommended that such education should not be secular and would require a religious input. Parents were to be fully involved in the process. Whether or not and how schools implement these guidelines is not known, but it appears that few schools have adopted them. In a *Green Paper on Education* (1992), the government proposed that future curricula will provide for “sexuality education appropriate to all levels of pupils, beginning in the early stages of primary education.”

The government-controlled Eastern Health Board has initiated a Child Abuse Prevention Program in primary schools. The program encourages children to exercise control, to be assertive, and to seek help for any problem. Critics claim that it dwells on negative aspects of sexuality, is too narrow in its scope, and places responsibility for avoiding abuse on potential victims rather than on adults.

It appears that there is wide variation in the ways in which individual schools provide sex education. Some provide none; others set aside a particular day or days and provide expert speakers. More frequently, it is incorporated into one or two school subjects, usually science and/or religion. Surveys reveal that the majority want a more comprehensive school sex education that begins early in schooling and is independent of religious instruction.

No information is available on the provision of sex education in special schools, such as those for mentally handicapped persons.

[*Comment 1997*: Higher education was not available to most Irish in the first half of the 20th century. The priests, schoolteachers, and local doctor, if the town had one, were the only ones with a higher education. This gave the clergy enormous power. Many of them were, for all practical purposes, mayors of the towns. With Irish universities turning out thousands of graduates today, the clergy have to deal with an educated youth. Older Irish people obeyed instinctively when the Church ruled on something. The young Irish today test the pronouncements to see if they make sense or not. If not, they say so. The older Irish were too superstitious to disagree with the Church (“God will get you for that”). The availability of higher education has resulted in young Irish men and women testing the ethical positions of Catholic orthodoxy. (*End of comment by H. A. Walsh*)]

B. Informal Sources of Sexual Knowledge

The Durex Report—Ireland (1993), designed to be statistically representative of the adult population aged 17 to 49 years living in the Republic of Ireland, found that the following were the main sources of sexual information: own friends, 36%; mother, 23%; books and magazines, 12%; religious teacher, 10%; lay teacher, 10%; father, 5%; and sis-

ters or brothers, 5%. Sixteen percent of this sample believed that the teaching of sex education should be directly influenced by their Church's teachings.

Another nationally representative survey carried out by *The Irish Times* (1990) found that 95% of urban dwellers and 92% of rural dwellers were in favor of providing sex education in the schools. A Health Education Bureau study in 1986 of a national random sample of 1,000 parents found that 64% learned about sex from friends, 37% from books, 23% from mother, 6% from both parents, 2% from father, and 11% from a teacher. Thirty-two percent stated that they had not themselves provided sex education for their children and one in three of these parents stated that they did not intend to do so.

Although sex education is firmly on the political and social agenda in Ireland, consensus has not yet been reached by those who control education on how it should be incorporated into the school curriculum. Meanwhile, the needs of children and adolescents go largely unheeded.

4. Autoerotic Behaviors and Patterns

A. Children and Adolescents

The first Irish study of childhood sexual behavior (Deehan and Fitzpatrick 1993) assessed sexual behavior of children as perceived by their parents. It was not nationally representative and had a middle-class bias. More than half of the parents reported that their child had shown no interest in his or her own genitals. Boys were much more likely to show such interest, as were younger children. Thirty-seven percent reported that their child played with his or her genitals. Most parents said this occurred openly in the home. Sixteen percent described such play as self-pleasuring, most regarding this as a comfort habit or "nervous fiddling." It is probable that much childhood autoerotic behavior does not come to the attention of parents.

The impression that autoerotic behavior is common in adolescence comes from the frequency with which it is condemned by the clergy reacting to the frequency with which this "sinful behavior" is confessed, the high proportion of letters to "Agony Aunts" on the subject, and the frequent usage of slang words for self-pleasuring, particularly among adolescent boys.

[*Comment 1997*: Only 50 miles (80.5 km) separate Ireland from England, the home of Victorianism. During Victorian times, Ireland was occupied by England. The Victorian frenzy about masturbation crossed the Irish Sea, and with it much of the inaccurate "scientific" information about the health risks to those who masturbate, the so-called degeneracy theory. Both the Church and the medical profession reflected Victorian attitudes to autoeroticism in Ireland. Even the language of Victorian England crossed the Irish Sea, with masturbation being known as "self-abuse," "the solitary vice," and so on. However, the Irish have a way of molding the English language. While churchmen and physicians spoke of the "solitary vice" and "self-abuse," the native Irish began to speak of "pulling the wire" and "playing the tea pot." (*End of comment by H. A. Walsh*)]

B. Adults

No studies have been carried out to indicate the extent or diversity of adult autoerotic behavior. There are indications that some men who engage in self-pleasuring during adolescence stop doing so when they reach adulthood because of the stigma of immaturity attached to it. This seems to be particularly so in the case of married men. In contrast, there are some indications that many women engage in self-pleasuring for the first time in adulthood. In recent years, there has been an increasing market for vibrators and other

sex toys in Ireland. Sexually explicit books, magazines, and videos have become increasingly available in recent years, and these undoubtedly sometimes play a part in autoerotic activities. Unusual autoerotic practices sometimes come to light through the work of coroners and doctors. One of these is the use of asphyxiation techniques to heighten sensation during self-pleasuring. Other examples are the use of penile constricting devices, or "cock rings." It appears, too, that drug use is sometimes associated with autoerotic activities.

5. Interpersonal Heterosexual Behaviors

A. Children

In Deehan and Fitzpatrick's (1993) study, less than half the parents stated that their child had shown interest in the bodies of others. Where interest was shown, 46% mentioned the interest was in the mother's breasts or genital area; 25% mentioned sibling's genitals as the focus of interest. Sexualized play that involved looking at another child's buttocks or genitals was reported by 23% of parents. However, parents always qualified their answers by adding that this had only taken place in a situation where the child would need to be undressed.

When parents were read a list of possible sex games their child might have engaged in, 7% reported genital touching games and 4% said that their child had been lying on top of another child in imitation of a sexual act. Simulated intercourse or kissing or licking of the genitals was not reported by any parents. Thirteen percent of the children were reported to share a bed, usually with siblings. This was distinguished from children going regularly to the parents' or sibling's bed, which was reported by 64% and 39%, respectively. Bathing or showering with other family members occurred in 78% of 3- to 5-year-olds, 68% of 6- to 9-year-olds, and 33% of 10- to 12-year-olds. These situations provide opportunities for sexual exploration of which the parents would not necessarily be aware.

B. Adolescents

Puberty Rituals

There are no rituals to mark the milestone of puberty in Irish life. In the Deehan and Fitzpatrick (1993) study, parents reported having discussed breast development with 38% of daughters and 20% of sons, menstruation with 26% of daughters and 7% of sons, pubic hair development with 40% of daughters and 20% of sons, erections with 11% of sons and 5% of daughters, and wet dreams with 4% of sons and 3% of daughters. The vast majority of those children were prepubertal. An increasing number of primary school teachers are discussing puberty with their pupils.

Premarital Sexual Activities and Relationships

The only survey to date on premarital sexual activity in adolescence was conducted in 1991 by Ni Riordain among 2,000 female 12- to 17-year-old students in the province of Munster. It revealed that 25% of the 17-year-olds, 10% of the 15-year-olds, and 1% of the 12-year-olds had experienced sexual intercourse. In the same year, teenage extramarital births accounted for 26% of all extramarital births and 4.7% of all births. These figures suggest that the traditional religious and social taboos regarding premarital sex that were effective for so long are no longer so. It appears that adolescents are sexually active to a degree that would be unthinkable to their parents as adolescents. In addition to the change in adolescents' attitudes towards sex, there is the fact that today's teenagers also have greater freedom to meet and spend time with potential sexual partners. Mixed schools, teenage discos and other social events, trips away from home, and fewer social restrictions by parents provide

sexual opportunities that were not heretofore available. The formation of couple relationships with an understanding of some degree of exclusivity seems to be occurring at a progressively earlier age.

C. Adults

Premarital Courtship, Dating, and Relationships

The most common pattern in premarital heterosexual relationships is that of a series of more or less "steady" relationships leading eventually to engagement and marriage. A "steady" relationship usually involves a high degree of mutual affection and sexual exclusivity. Partners usually get to know and socialize with one another's family and friends.

Dances, workplaces, colleges and other postsecondary educational institutions, and social networks, appear to provide the most opportunities for meeting prospective partners, but parents, in particular, are not slow in letting a son or daughter know that they consider a particular person to be an unsuitable partner.

Between "steady" relationships, there may be a series of short-lived relationships, and "one-night stands" seem to be increasingly common. Otherwise, there may be periods of varying length where people show no interest in close heterosexual relationships.

A decision to marry is usually marked by an "engagement," when the couple announce their intention to family and friends. Rings are usually exchanged and a celebration party held. Most couples in steady heterosexual relationships appear to engage in sexual intercourse, though this fact would rarely be openly acknowledged within their families. When such couples spend the night in a family home, they are usually shown to separate bedrooms. More and more couples are choosing to cohabit, often causing considerable conflict with family, particularly for women.

Single Adults

Little is known about the sexual behavior and relationships of single adults. The cultural imperative to marry is so strong that older single adults, especially women, are often referred to in pejorative terms. Despite this, more and more adults are remaining single. In 1986, 39% of the adult population were single.

Marriage, the Family, and Divorce

Until the 1960s, Ireland provided an example of a Malthusian population, such that although fertility was high, population growth was controlled through the delaying or avoidance of marriage. Since then, Ireland has moved rapidly toward a neo-Malthusian type of population control, with generally increasing nuptiality and declining marital fertility. In 1961, the crude marriage rate was 5.4 per 1,000 population. This rose to 7.4 in 1973, but has been declining since to 4.6 in 1993. The median age of marriage shows a similar pattern. In 1945-46, this was 33.1 years for grooms and 28 years for brides. This fell to 25 and 23.2, respectively, in 1977, but by 1990 had risen to 28.6 for grooms and 26.6 for brides.

The crude birthrate per 1,000 population remained more or less constant at around 22 until 1980. However, between 1961 and 1981, marital fertility declined 37%, with a corresponding increase in the extramarital birthrate. Since 1980, the crude birthrate has fallen dramatically to 15 per 1,000. The extramarital fertility rate has continued to increase, accounting for 16.6% of live births in 1991, with 28.6% of extramarital births being to teenagers. Marriage has declined in popularity in the past 20 years; women are having fewer children and having them at an earlier age.

As extramarital births increase, so have single-parent families. The 1991 census revealed that at least 16% of

households were single-parent families, with married couples with children making up 48% of the households. The vast majority of single parents are women. On average, they have lower incomes than other women with children and a higher risk of poverty. Most single parents are dependent on the state for their main or only source of income. Single mothers or fathers who cohabit are not classified as single parents.

Within two-parent households, there has been a change from the traditional pattern characterized by a dominant patriarchy, a rather severe authority system, and a generally nonexpressive emotional economy. There was a rigidly defined division of labor, with mothers specializing in emotionally supportive roles. The modern trend is toward a marriage where both husband and wife are expected to achieve a high degree of compatibilities based on shared interests and complementary differences. Rather than being defined and legitimized within closed communal systems, interpersonal relationships are geared toward individual self-development. Part of this trend is that an increasing number of married women are employed for wages, and more married men are assuming childcare and housekeeping duties.

The Durex Report—Ireland (1993) included questions regarding frequency of sexual intercourse, change in sexual behavior in relation to the awareness of AIDS, and the number of sexual partners in the previous 12 months. Daily coitus was reported by 2% of married and single adults. Forty-five percent of married and 25% of single people reported intercourse once or twice a week; 13% and 10%, respectively, reported a frequency of once or twice a month. Three percent of married and 36% of single people said they were not sexually active. Married men and women averaged 1.05 and 1.03 sexual partners, respectively, in the previous year. Single men averaged 2.72 partners and single women 1.25 partners in the previous 12 months.

Faithfulness within marriage is highly valued. In the 1983 *European Value Systems Survey*, 98% of the Irish respondents considered it as very important for a successful marriage. In the same study, 12% said they considered marriage to be an outdated institution; less than 1% were cohabiting. In law, a person may have only one husband or wife. Occasional instances of bigamy come to light.

In November 1995, Irish voters approved a referendum legalizing divorce. The original Irish Constitution had stated that "No law shall be enacted providing for the grant of a dissolution of marriage." A 1986 referendum on an amendment to allow divorce was rejected by 63.3% of the voters. Recent opinion polls suggest that the majority would now vote for such an amendment; the government proposed holding a second referendum in 1994. In the 1991 census, just over 2% of adults classified themselves as separated.

[*Comment 1997*: In December 1993, after a Matrimonial Home Bill had been approved by Parliament, the Republic's President, Mrs. Mary Robinson, sent the bill to the Supreme Court for a review of its constitutionality. This unexpected move appeared to be an effort to avoid a protracted battle in 1994, when the people were scheduled to vote again whether to legalize divorce. The matrimonial bill was intended to replace the traditional practice of almost always giving the home to the husband with joint ownership of homes in divorce settlements. After a year's delay, in November 1995, a scant majority of 0.4% of the voters, slightly over 9,100 votes out of more than 1.6 million votes cast in a country of 3.5 million people, legalized divorce. In mid-1996, the Supreme Court of Ireland rejected a challenge and confirmed the pro-divorce vote of November 1995. (*End of comment by R. T. Francoeur*)]

[*Comment 2002*: Divorce was forbidden by the Constitution. The referendum to amend the Constitution in 1996 led to a fight of Irish proportions. Anti-divorce campaigners ran with the slogan: "Hello divorce, goodbye daddy." The Catholic Church threw all its resources behind the anti-divorce campaign. Even the Pope intervened the day before the vote, calling on the Irish people to vote "no." Those favoring a change used some emerging, clerical sex scandals. They showed a picture of a prominent Irish Bishop who resigned after admitting that he had fathered a son in Connecticut. The caption read: "Let the Bishops look after their own families. Vote 'Yes.'" It seems that disgust over clerical sexual misconduct won the day—but not by much. The final vote was 50.3% in favor, 49.7% against. In round body numbers, the margin of victory was only 9,114 out of 1.6 million ballots cast. The one problem with the new Family Divorce Law is that its language is so incomprehensible that the average person will not be able to understand it, and it is so packed with clauses and subclauses, that even attorneys will have trouble interpreting it. It seems that all this padding was inserted to give the impression that a divorce would be difficult to get. Possibly the framers hoped that restrictions would make the bill more palatable. For example, the bill states that couples must be separated for four years before a divorce will be granted.

[Other indications that attitudes have changed in Ireland: It is no longer illegal for Irish women to travel abroad for an abortion; homosexuality was removed from the Criminal Code; between 1974 and 1992, the birthrate dropped by half; and, legal restrictions on the purchase of condoms were dropped. (*End of comment by H. A. Walsh*)]

Sexuality and the Physically Disabled and Elderly

Attitudes about the sexuality of physically and mentally handicapped persons and the elderly are generally negative. In the training of teachers and health personnel who work with the handicapped and the elderly, sexuality is given little or no attention. Institutions in general make little provision for the sexual needs of their residents.

Incidence of Oral and Anal Sex

The incidence of these sexual expressions is unknown. Oral sex appears to be relatively common and anal sex much less so. There are no legal restrictions on any of these activities.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Representation of heterosexuality as the only acceptable sexual expression is directly linked to the wider relationships between the sexes in society. The family, based on marriage, is promoted as the only valid social unit. Homosexual men and lesbian women are seen as a threat, and are marginalized, ostracized, and discriminated against. They can be, and are, dismissed from jobs and denied promotions. In custody proceedings, they can have their children taken from them on the basis of their sexual orientation. They cannot adopt children. They are the targets of pervasive social prejudice, often amounting to open hostility and physical assault.

The societal messages to which young people are exposed almost entirely omit the experiences, desires, and hopes of young lesbians and gay men, as they do with all minority groups. Those images that do occur are almost always negative stereotypes and caricatures. Young homosexuals face an even greater burden of sexual guilt and confusion than is the norm in other societies.

While little or no research has been carried out on homosexual experiences, it appears that these are common in adolescence, particularly for males. It may be just as common for girls, but the greater general tolerance for male sexual expression makes it more likely that one becomes aware of the male homosexual.

Gay men and lesbians tend to meet in particular bars, discos, saunas, and clubs. These are concentrated in cities, particularly in Dublin. Relationships formed can include brief anonymous sexual encounters, a series of sexual friendships, an open relationship with a primary partner, or a closed monogamous relationship. Cruising, in which sexual partners are sought in public places, such as parks and toilets, seems to be limited to gay men. Bisexual married men also appear to favor these outlets.

Telephone support and information lines are run in the major cities by gay and lesbian organizations. They also provide facilities for meetings and social events. Gay and lesbian publications are widely distributed, and publications by the Gay Health Action organization have been in the forefront in keeping all segments of the community informed about HIV infection and AIDS.

In 1993, the government repealed the existing law making homosexual acts between men in public or private illegal, giving all such acts the same legal status as heterosexual acts. The extent of the reform surprised many, since a more limited reform would have resolved a ruling by the European Court of Human Rights in 1988 that Ireland's laws on homosexuality were in breach of the European Convention on Human Rights. The government has also initiated introduction of specific legislation to outlaw discrimination on the grounds of sex and sexual orientation in both employment and social areas.

7. Gender Diversity and Transgender Issues

Transvestism and transsexualism are so marginalized as to be almost invisible. However, people are generally aware of both phenomena and transvestism appears to be quite common. There are a number of transsexual people, but all would have undergone gender-reassignment surgery abroad. It is probable that most hospital ethical committees would not permit the procedure. At present, it is not possible to alter one's birth certificate to change the sex designated at birth. There are no legal restrictions on transvestism.

[*Comment 1997*: Transvestites have a way of acting out their transvestism that is culturally accepted. They can join a fife-and-drum band or belong to a troupe of traditional dancers, and wear kilts. (*End of comment by H. A. Walsh*)]

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Sexual Abuse, Incest, and Pedophilia

In the past decade, there has been a growing awareness that child sexual abuse is common and widespread in Ireland. A 1987 survey of Dublin adults revealed an incidence of 6% for males and females. However, this survey asked only about digital-genital and penile-genital contact. There has been much controversy and some denial concerning child sexual abuse, but there are now signs of official recognition of the problem. An integrated approach involving different disciplines is being developed in an effort to reduce its incidence and to treat victims. Following the success of a recent pilot project, plans are to introduce a full treatment program for abusers. A Child Abuse Prevention Program has been introduced in primary schools, but is not universally sup-

ported. One criticism has been that it places too much responsibility on children for prevention of such abuse.

A 1989 study of 512 confirmed cases of child sexual abuse in a health board area revealed only 55 criminal prosecutions (10.7%). Sentencing ranged from a seven-year jail term to application of the Probation Act. Police statistics for 1991 include only six reported or known incest offenses, a gross understatement of actual incidence. Legally, a male is prohibited from having sexual intercourse with his daughter, granddaughter, sister, or mother, and a female from having intercourse with her son, father, grandfather, or brother. When the victim is under 15 years of age, the maximum penalty for convicted males is life imprisonment and for convicted females, seven years imprisonment. When the victim is over age 15, the sentencing varies greatly.

There is very little public discussion of pedophilia and its incidence is not known.

[Clergy Sexual Abuse

[Update 2003: In the spring of 2001 and March 2002, documentaries produced and broadcast by the British Broadcasting Corporation (BBC) television and state network RTE reported on the life and 1999 suicide of a priest from Wexford, Ireland, who faced 29 charges of sodomy, sexual assault, and gross indecency, as well as dozens of other cases of clergy sexual abuse. The documentaries shocked the very-Catholic nation, forced the April 1, 2002, resignation of Bishop Brendan Comiskey, the bishop of Wexford, and brought charges against Dublin's Cardinal Desmond Connell, the nation's primate. In 2001, the Catholic Church in Ireland agreed to pay \$110 million in compensation to hundreds of people who were physically and sexually abused by priests and nuns in church-run, state-funded vocational schools. The Church and a special team of police and detectives appointed by the Prime Minister launched two internal investigations and one independent investigation. Early findings put St. Patrick's College in Maynooth, the country's most distinguished seminary, under a cloud following allegations that teenage pupils were sexually harassed by their teachers.

[The core of the scandal was that, despite hundreds of written and in-person complaints to the bishops, no action was taken by the priests' religious superiors. Also, in some cases reported after 1995 by church authorities to the Dublin police, the police took no action on the complaints. In many cases, as has happened in Australia, Canada, the United States, and elsewhere since the mid-1980s, the bishops responded by moving the accused priests to other parishes and jurisdictions. Some of the complaints dated back to the 1930s. In October 2002, the Government Minister for Health and Children said that a national investigation into abuse by Roman Catholic clerics would not be feasible. "How does one cope with the enormity of all of that? It could go on forever." At the same time, the head of the country's Bureau of Criminal Investigation said in an RTE radio interview that "Everything will be looked at, and it will be looked at systematically and collectively" (Lavery 2002ab; O'Brien 2002).

[On the last day of 2002, after a five-hour meeting with representatives of clergy sexual abuse victims, the Roman Catholic Archbishop of Dublin pledged the archdiocese's full cooperation with any police investigation into sexual-abuse allegations against priests. Cardinal Desmond Connell also promised the police full access to Church files, accepted a role for victims in shaping how the Church handles such matters in the future, and their involvement in improving structures for dealing with abuse and complaints (Hoge 2002). (End of update by R. T. Francoeur)]

Sexual Harassment

Irish legislation does not specifically address the problem of sexual harassment. The Minister for Equality and Law Reform has indicated that such legislation will be introduced. Since 1985, victims of sexual harassment can pursue claims against employers under the Employment Equality Act. A survey of personnel managers, conducted by the Dublin Rape Crisis Center in 1993, found that incidents of sexual harassment had been brought to the attention of management in 40% of the companies. Half of the companies did not have a specific sexual harassment policy and 55% of these had no plans to introduce one.

Rape

In 1991, 110 cases of rape were reported or known to the police, yet the Dublin Rape Crisis Center was aware of over 300 cases in the same year. Social and professional attitudes to victims of rape often encapsulate in stark form society's pervasive negative attitudes towards women. These very attitudes lead many victims not to report the crime. It is widely recognized that the number of rapes reported to the police represents a minority of the actual incidents.

The 1990 Criminal Law (Rape Amendment) Act extended the legal definition of rape to include penile penetration of the mouth or anus, and vaginal penetration with any object. This act also permits a married woman to charge her husband with marital rape. Conviction on charges of rape or other serious sexual assaults carries a maximum sentence of life imprisonment. Judges, however, possess complete discretion in sentencing, provided they take into account a Supreme Court ruling in 1988 that held that the normal sentence for rape should be a substantial prison sentence. Lenient sentencing is common and causes considerable public outrage.

B. Prostitution

Female, and to a much lesser extent, male prostitution is practiced in the main ports, cities, and towns. Contact between prostitutes and clients occurs on the street, in massage parlors, and through advertising. Some prostitution is controlled by pimps.

Prostitution is not a criminal offense, but associated activities, such as soliciting in a public place, operating and managing a brothel, or creating a public nuisance, are felonies. The government has recently indicated that it intends to amend the laws on prostitution to make clients liable to prosecution for soliciting and to make "curb crawling" an offense. There is a high degree of tolerance towards prostitution in Ireland, as long as it is out of sight and mind.

C. Pornography and Erotica

In 1926, the government appointed a Censorship Board with the power to prohibit the sale and distribution of material it considers indecent or obscene. Initially, books were its main focus of attention, and many works of literary merit, such as James Joyce's *Ulysses*, were banned. In 1946, an appeals procedure was introduced, and in 1967, the duration of each ban was reduced to 12 years. Customs and Excise officers are empowered to confiscate material they consider indecent or obscene. Pornographic books, magazines, and videos, mainly imported, are widely available, though they are not openly displayed or easily accessible.

9. Contraception, Abortion, and Population Planning

A. Contraception

Until 1979, the law prohibited importation and sale of contraceptives, despite the fact that, in 1975, 71% of the

adult Dublin population supported the view that birth control was a basic human right. *The Irish Times* survey in 1990 found that 88% of the 18- to 65-year-olds favored the provision of contraceptive information in health education courses in schools. For over 20 years, the discrepancy has been growing between Catholic Church teaching on contraception and the actual practice of many Catholics. Yet, the progressive liberalization of contraception law since 1979 has lagged behind the changing public attitude.

The absence of a comprehensive school sex-education program, combined with the reluctance of most parents to discuss contraception with children and adolescents, means that many young people begin having sexual intercourse with little knowledge, and even less use, of contraception. Little attention has been paid to the needs of adolescents in this regard, mainly because, up to now, the focus has been on meeting the needs of adults.

According to *The Durex Report—Ireland* (1993), the main sources of information on contraception for 17- to 49-year-olds were: books and magazines, 31%; friends, 20%; television and films, 7%; and lay teachers, 6%. The preferred main sources of information were: parents, 35%; lay teachers, 22%; books and magazines; 10%; and government health agencies, 5%.

[*Comment 1997*: Before the advent of “the pill” and condom, the most frequent form of contraception in Ireland was coitus interruptus. Many an Irish woman was shocked to find that she was pregnant even though “he pulled out in time.” Also, men who could not get their hands on condoms were known to fashion their own from saran wrap. (*End of comment by H. A. Walsh*)]

All contraceptive methods are currently available in Ireland, although a person may have to travel a considerable distance for some methods, such as the IUD, diaphragm, or sterilization. Furthermore, the majority must pay for contraceptive services and supplies. Family planning clinics in the main cities and towns are the principle providers of comprehensive family planning services. These receive no government funding except for some educational and research projects. Some clinics have been providing recognized training for doctors and nurses for 20-some years, so that more and more family doctors are now providing fairly comprehensive family planning services.

A recent amendment to the family planning laws allows condoms to be sold to a person of any age with minimal restrictions. Male sterilization is provided in family planning clinics, some private and public hospitals, and by a few family doctors. Female sterilization is carried out in some private hospitals with varying preconditions. Many hospitals will not perform female sterilization for ethical reasons. Some voluntary organizations provide free instruction in natural contraceptive methods, the Billings cervical mucus, and related methods.

Respondents to *The Durex Report—Ireland* (1993) reported on contraceptive use as follows: condoms, 28%; the pill, 24%; natural methods, 9%; vasectomy and IUD, 3% each; female sterilization, 2%; diaphragm and other methods, 1% each. Fourteen percent reported using no contraception, and 12% reported not being sexually active. The condom is particularly popular among 25- to 29-year-olds, upper-social-class groups, and those living in urban areas. By contrast, natural methods are practiced almost exclusively by married couples over age 30 and those in rural areas. The pill is most popular among single women. (See additional comments in Section 1A, Basic Sexological Premises, Character of Gender Roles.)

No comparable survey has been carried out among adolescents. However, surveys in individual family planning

clinics have repeatedly found that a high proportion of teenage, first-time clients had been having unprotected sexual intercourse, sometimes for up to three years.

B. Teenage (Unmarried) Pregnancies

In 1992, there were 2,435 live births to unmarried teenagers, representing 26% of extramarital births and 4.7% of all births. There has been a continuous rise in both extramarital and teenage unmarried births since 1981, even though the proportion of teens in the population has remained at about 13.3%.

Official statistics show that 700 unmarried teenagers of Irish residence had abortions in England and Wales in 1991. In addition, other Irish teenagers commonly give an English or Welsh address. There is no way of knowing how many unmarried, pregnant teenagers had miscarriages, illegal abortions, or concealed the birth of their babies.

Whatever the actual figures, an appreciable number of Irish teenagers are experiencing unplanned pregnancies each year. In contrast to former times, most pregnant teenagers do not marry. Most have and rear the child themselves, usually with the help of the family and/or partner. About 20% have an abortion and a small number give up the baby for adoption. All unmarried parents are entitled to a means-tested state allowance. In 1984, 42% of Irish teenagers who had an abortion in England or Wales had not used contraception on most occasions when they had sexual intercourse, and 83.4% were not using contraception at the time they became pregnant.

[*Magdalene Asylums for “Fallen Women”*]

[*Update 2002*: In the 19th century, the Roman Catholic Church opened up what were called Magdalene Asylums as refuges for “fallen women.” Some of the Magdalene women were prostitutes or unwed mothers, but others were committed to the asylums because, in some small way, they had violated the very conservative social mores of the time or ignored the Church’s moral code, bringing shame and dishonor on their families. Operated with state approval by the Sisters of the Good Shepherd and other religious orders of nuns, the Asylums and orphanages were, in fact, self-supporting workhouses, functioning as commercial laundries for schools, prisons, and other institutions. Inmates worked long hours, seven days a week, and 364 days a year with only Christmas Day off. They received no pay, praying nonstop out loud, even while working, to prevent the girls from talking with each other. The women were so completely cut off from the outside world, many stayed in the Asylum until they died and were buried in unmarked graves in prison cemeteries. The babies of unwed mothers were given up for adoption or sent off to orphanages. Over the decades, some 30,000 young women were sent to the Magdalene Asylums. The Asylums were named after Mary Magdalene, the patron of prostitutes who repented and washed the feet of Christ.

[News stories about the 1996 closing of the last Asylum, coupled with the growing scandal of clergy sexual abuse and its coverup by both Church and state, triggered a series of biting exposés of the casual abuse and cruelty that characterized the Asylums, workhouses, and orphanages. One of the most influential of these documentaries was *The Magdalene Sisters*, which received the Golden Lion award for best film at the Venice Film Festival in 2002. The film was seen by over a million people, one quarter of Ireland’s population (Lyll 2002). (*End of update by R. T. Francoeur*)]

C. Abortion

The Offenses Against the Person Act (1861) makes abortion illegal in Ireland. However, in 1992, the Irish Su-

preme Court ruled that abortion was permissible where pregnancy posed a real and substantial risk to the life of the pregnant woman. Both pro-choice and antiabortion groups campaigned for further action to clarify this ruling. A referendum followed in which the people rejected an amendment to the Irish Constitution that would allow abortion only where there was a real and substantial risk to the life of a pregnant woman, with the exception of a risk of suicide. At press time, legislation by the government was still pending to give effect to the Supreme Court ruling.

In 1983, the people had voted for an amendment to the Constitution that would have prevented any possible future legislation to allow abortion. Ironically, it was the wording of this amendment that facilitated the 1992 Supreme Court ruling.

Following the 1983 referendum, the court ruled that provision of information and counseling services concerning abortion were illegal. Legal opinion also held that a pregnant woman could be restrained from travelling abroad for an abortion. In 1992, an injunction was obtained prohibiting a pregnant 14-year-old alleged rape victim from having an abortion in England. This was appealed to the Supreme Court and led to the latest ruling mentioned above.

In the 1992 referendum, the people also voted in favor of amendments to the Constitution to allow dissemination of information on abortion and freedom of pregnant women to travel abroad for an abortion. Legislation giving effect to these amendments is also awaited. Opinion polls have indicated that the majority of Irish adults approve of abortion where the pregnant woman's life or health is at risk.

In 1991, 4,154 women who gave Irish addresses had abortions in England and Wales. It is not known how many Irish women giving other addresses have abortions each year. The majority of these women go to private, fee-paying clinics. Because of the ban in Ireland on providing abortion information, counseling, and referral, many of these women travel abroad unaware of and unprepared for what is ahead of them. Many have never been outside Ireland previously. Despite the ban, some organizations and individuals continue to provide nondirective counseling and abortion referral, although these sources will be hard to find for many women in need of such information. It is probable that many women experiencing complications following an abortion are afraid to seek help from medical personnel in Ireland.

[*Update 2002:* In March 2002, despite vigorous opposition from the Catholic Church, the Prime Minister, and the majority Flanna Fail party, Irish voters rejected a referendum that would have further tightened Ireland's already strict limits on abortion. This was the fifth time since 1980 that Irish voters have rejected such legislation. This latest referendum would have overturned a ruling that allowed abortion if the woman threatened suicide, and set a 12-year prison term for violations. It also protected existing rights of women to obtain abortions abroad and of women's advocacy groups to distribute information about overseas clinics, where an estimated 7,000 Irish women obtain abortions each year. As of 2002, Ireland and Portugal, both overwhelmingly Catholic, were the only European Union nations with strict laws against abortion (Gerlin 2002). (*End of update by R. T. Francoeur*)

D. Population Control Efforts

The Irish government has no stated position on population growth or reduction. With the exception of the period between 1961 and 1986, the population has been decreasing since figures were first officially recorded 150 years ago. A high emigration rate has more than offset the traditionally

high fertility rates. Almost every family in Ireland has a personal experience with emigration. In the past, most emigration has been motivated by the prevailing economic and social conditions.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Incidence, Patterns, and Trends

All sexually transmitted diseases are officially reportable in Ireland. However, the number of cases reported to the Department of Health is low and widely acknowledged as representing only a small proportion of the total. A 1979 study by Freedman et al. estimated that reported cases of syphilis represented only 24% of the probable total and reported gonorrhea cases less than 10% of the probable total. The total number of reported STD cases increased from 1,823 in 1982 to 4,619 in 1988 before decreasing to 3,858 in 1991. Overall, there has been a rise of about 400% in the number of cases reported annually between 1972 and 1991. The majority of cases reported are those treated in STD clinics, and these represent a small proportion of all STD cases. Statistics from the STD clinic in the city of Cork show a decline in the number of new cases between 1985 and 1989, with a considerable increase each year since. Genital warts is the most common condition encountered in this clinic, increasing by 63% between 1985 and 1991, while gonorrhea decreased dramatically in the same period.

Treatment and Prevention Efforts

Treatment for STD is available free of charge at STD clinics in the main cities and towns. Treatment is also available from specialists in private practice and family doctors. Thirty percent of the population is entitled to free medical treatment by family doctors. Until the appointment of a full-time consultant in genitourinary medicine in 1988, clinic services were poorly developed, understaffed, and overcrowded. Since 1988, the situation has improved, but many parts of the country still have no clinical services.

Patients are encouraged to contact partners at risk. If they fail to do so, some clinics will make the contact themselves with the patient's permission. In the 1979 Freedman et al. study, one in five family doctors was interviewed by phone about treatment of STDs. Six percent had seen no STD cases in the previous 12 months. The vast majority had not seen a single case of syphilis or gonorrhea in a woman and a very small number saw more than two cases in the prior 12 months. More than half saw at least one case of male gonorrhea; 4% saw ten or more cases. At the time, the male/female ratio of syphilis and gonorrhea cases was 8.4:1 and 8.5:1, respectively. Over two thirds of the family doctors said they would diagnose and treat cases of STD themselves; 18% would use laboratory tests, and 51% would treat on the basis of clinical diagnosis alone. Unfortunately, there is no more-current data on STD treatment in Ireland.

Only in very recent years has an effort been made to educate the public about STD symptoms, treatment facilities, and prevention. Leaflets on these topics are now produced by the Department of Health, STD, and Family Planning Clinics. STDs are sometimes discussed on radio programs.

B. HIV/AIDS

By April 1993, over 70,000 HIV tests had been administered in Ireland. Of these, 0.5% were positive, with intravenous (IV) drug users representing 52% of those who tested positive, with homosexuals 18% and heterosexuals 13%. Among the 341 persons diagnosed as having AIDS, 40%

were IV-drug users, 35% were homosexual or bisexual, 10.5% were heterosexual, 7% hemophiliac, and 2.8% were babies.

All blood donors have been tested for HIV since the mid-1980s. Since November 1992, women attending antenatal clinics and pregnant women having blood tests for rubella status have had anonymous (unlinked) HIV testing. Consideration is being given to similar testing of IV-drug users and those attending STD clinics to ascertain the incidence of HIV infection in these populations.

The vast majority of those suffering from AIDS are treated at a Dublin hospital that is finding it more and more difficult to cope as the numbers increase. Efforts are now being made to concentrate medical care for AIDS patients in primary healthcare settings.

In Ireland, the gay community reacted swiftly and effectively to the AIDS epidemic. A 1989 survey of gay men found that there had been a major swing to safer sex practices, and that this had resulted primarily from education and information campaigns initiated by the gay community. For IV-drug users, the government has initiated a methadone-maintenance and needle-exchange program. This is concentrated in satellite clinics around Dublin. A national AIDS committee advises the Minister of Health on various aspects of AIDS. This has led to wider availability of condoms and government-sponsored advertising about HIV infection in the media. These prevention efforts are supplemented by school sex education programs, but the availability and effectiveness of these, as discussed earlier, is highly suspect. Many nongovernment bodies, such as trade unions, have initiated their own prevention programs.

[Update 2002: UNAIDS Epidemiological Assessment: By the end of December 1999, there were a cumulative total of 691 cases and 349 deaths. Injection drug users accounted for the largest number, 280 (40.5%), of cases of AIDS, homosexual/bisexuals accounted for 237 cases (34.2%), heterosexuals for 92 (13.3%), and the remaining 82 cases (11.9%) was composed of hemophiliacs, children, and others. By mid 2001, a cumulative total of 2,469 cases of HIV infection were reported. The latest breakdown of HIV infection data from the HIV Surveillance System showed at the end of December 1999 that 41.6% of the reported 295 cases were among injection drug users, 22.7% among homosexuals, 18.8% among heterosexuals/unspecified risk, and the remainder (16.9%) was made up of hemophiliacs, children, and other categories.

[The progress of HIV infection and AIDS is monitored through the National System of Surveillance in Ireland. The available data include the AIDS reporting system and the laboratory information on HIV Surveillance. The AIDS reporting system is based on clinical events that are reported by the regional AIDS coordinators to the Department of Health and Children. A number of laboratories throughout Ireland perform HIV testing, and confirmatory tests are carried out in the Virus Reference Laboratory. The HIV Surveillance System is supplemented by an anonymous unlinked antenatal HIV-testing project and a linked antenatal HIV-screening program introduced during 1999.

[The Irish data indicate a relatively low incidence of known HIV-positivity, with approximately 150 new cases per year in a population of 3.6 million (4 per 1,000). It is important that the HIV data reflect the true overall transmission rates, and in this context, the reporting system will include new developments. These include HIV case-based reporting, adjustments for reporting delays, and additional surveillance data, including HIV infection in high-risk groups, including prisons, drug treatment clinics, and sexually transmitted infection clinics. The most recent HIV sta-

tistics indicate that interventions with injection drug users are effective in reducing transmission rates in this group. While Ireland has a low prevalence of HIV/AIDS, transmission has increased significantly in the heterosexual category, and prevention programs are reflecting the new epidemiological data.

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

Adults ages 15-49:	2,200 (rate: 0.1%)
Women ages 15-49:	660
Children ages 0-15:	190

[Less than 100 adults and children died of AIDS during 2001.

[No estimate is available for the number of Irish 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

Irish society defines healthy sexuality differently in many respects for men and women, young and old, rich and poor, and able-bodied and disabled persons. Consequently, cultural definitions of sexual dysfunction depend on who is doing the defining and which people they are talking about. Those who define sexual dysfunctions are often the same people who treat it. In many instances, the definitions current in professional circles in Ireland reflect and reinforce cultural stereotypes of what is considered socially appropriate gender and sexual roles. Those seeking treatment are usually as culture-bound as professionals in their concept of what is sexually dysfunctional or unhealthy.

B. Availability of Counseling, Diagnosis, and Treatment

Kieran (1993) sent questionnaires to 201 organizations and individuals who appeared to practice psychosexual counseling and sex therapy. Psychologists, social workers, and doctors made up the majority of 75 respondents. Most worked in private-practice settings and doctors were the most common source of referral. The responses are the only perspective on sexual therapy in Ireland.

While there are psychosexual therapists who practice a more psychosomatic approach; they are in a minority. The most common theoretical element shared by the respondents was a behavioral approach.

In the survey, sexual problems were defined in terms of symptoms, for example, vaginal spasms, erectile dysfunction, and early ejaculation. Symptom relief is regarded as a successful outcome in sexual therapy. This symptom-oriented approach is also evident in the enthusiastic manner in which many people have embraced the latest "cure" for "erectile dysfunction," namely, pharmacologically induced penile erections.

Government-funded psychosexual therapy services are not available, except on an ad hoc basis by some public health personnel. Most family planning clinics provide this service, as do organizations such as the Catholic Marriage Advisory Council and the nondenominational Marriage Counseling Services.

There are no legal or other restrictions on who may practice as a psychosexual therapist in Ireland. Although all respondents to Kieran's survey stated that they had undergone training in counseling, no indication of the quality of such training was given. Forty percent of the respondents had received no specific training in psychosexual counseling or sex therapy; 70% were receiving supervision. Training,

professional standards, and accreditation were the most common concerns of the respondents.

12. Sex Research and Advanced Professional Education

Little sexual research is carried out in Ireland. No university or other tertiary educational institution has a graduate or postgraduate program on sexuality. Nor is there any formal program for sexual research in any of these institutions.

The only sexual organization working in Ireland is the Ireland Region of the British Association of Sexual and Marital Therapists. Address: 67 Pembroke Road, Dublin 4, Ireland.

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