

· 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

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

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

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

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

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

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

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

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

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

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

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

UNITED STATES OF AMERICA1127
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.

VIETNAM1337
Jakob Pastoetter, Ph.D.; Updates by J. Pastoetter

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

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

CONTRIBUTORS and ACKNOWLEDGMENTS1377

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

INDEX1405

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

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.

Special Pricing Just for Users of CCIES at The Kinsey Institute Website!

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

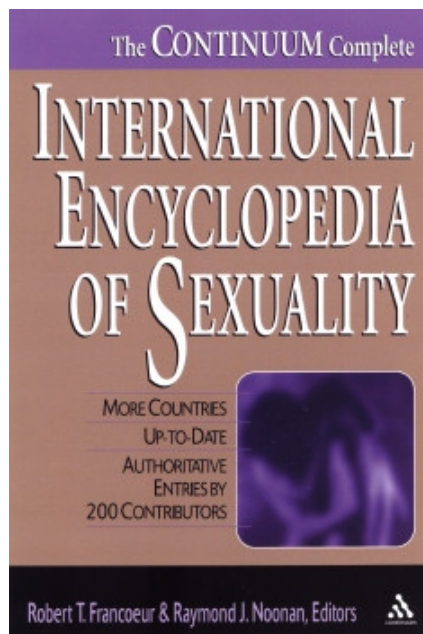
\$195/£100 plus \$4.50/£9.50 S&H (save \$55 US/£30 UK!)

The 1,436-page, 1.5 million-word, single-volume *Continuum Complete International Encyclopedia of Sexuality*, edited by Robert T. Francoeur, Ph.D., and Raymond J. Noonan, Ph.D., with contributions from 280 scholars on seven continents, contains 60 countries and 2 extreme environments:

- The 31 countries published in volumes 1–3 (1997), updated & revised: Argentina, Australia, Bahrain, Brazil, Canada, China, Finland, French Polynesia, Germany, Ghana, Greece, India, Indonesia, Iran, Ireland, Israel, Japan, Kenya, Mexico, Netherlands, Poland, Puerto Rico, Russia, South Africa, Spain, Sweden, Thailand, Ukraine, United Kingdom, and United States
- Plus the 17 countries and places published in volume 4 (2001), updated & revised: Austria, Colombia, Croatia, Cyprus, Egypt, Iceland, Indonesia, Italy, Morocco, Nigeria, Outer Space, Papua New Guinea, Philippines, Portugal, South Korea, Turkey, and Vietnam
- Plus 14 new countries and places: Botswana, Bulgaria, Costa Rica, Cuba, Denmark, Estonia, France, Hong Kong, Nepal, Norway, Outer Space/Antarctica, Sri Lanka, Switzerland, and Tanzania

Come see our other titles at: <http://www.continuumbooks.com>.

Special pricing available only with this page. Print it out and take it to your school or local library and encourage them to add CCIES to their collection.



ORDER FORM

SHIP TO:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

BILLING INFORMATION:

Enclosed is my check/money order, payable to **Continuum**; or

Please charge my: Visa Mastercard AmEx

Card Number:

Exp. Date:

Signature: _____ Telephone: _____



In North, Central, or South America, mail or fax this page to: Emma Cook, Marketing Manager, Continuum, 80 Maiden Lane, Suite 704, New York, NY 10038; Fax: 212-953-5944; Email: emma@continuum-books.com

In the rest of the world, mail or fax this page to: Academic Marketing Department, Continuum, The Tower Building, 11 York Road, London SE1 7NX, United Kingdom; Fax: +44 (0)20 7928 7894

ORDER DETAILS:

Author/Title	ISBN	Special Price	Quantity	Subtotal
Francoeur/Noonan: Continuum Complete International Encyclopedia of Sexuality	0826414885	\$195/£100		
	(Add \$4.50 first book; \$1.00 each additional book/£9.50 in U.K.)		Shipping	
	(NY residents please add 8.375% sales tax; PA residents please add 6% sales tax)		Sales Tax	
			TOTAL	

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/.

Italy

(Repubblica Italiana)
(The Italian Republic)

Bruno P. F. Wanrooij, Ph.D.*
Updates by B. P. F. Wanrooij

Contents

- Demographics and a Brief Historical Perspective 620
1. Basic Sexological Premises 621
 2. Religious, Ethnic, and Gender Factors Affecting Sexuality 622
 3. Knowledge and Education about Sexuality 622
 4. Autoerotic Behaviors and Patterns 623
 5. Interpersonal Heterosexual Behaviors 623
 6. Homoerotic, Homosexual, and Bisexual Behaviors 626
 7. Gender Diversity and Transgender Issues 627
 8. Significant Unconventional Sexual Behaviors 628
 9. Contraception, Abortion, and Population Planning 630
 10. Sexually Transmitted Diseases and HIV/AIDS 632
 11. Sexual Dysfunctions, Counseling, and Therapies 633
 12. Sex Research and Advanced Professional Education 634
- References and Suggested Readings 635

Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Italy is a large peninsula extending into the central Mediterranean Sea. It borders with France on the northwest, with Switzerland and Austria on the north, and with Slovenia on the northeast. The peninsula also contains the two small independent states of San Marino and Vatican City. Italy has a total of 116,306 square miles (301,230 km²), including the islands of Sicily with 9,920 square miles (25,700 km²) and Sardinia with 9,300 square miles (24,090 km²). The alluvial Po Valley drains most of the northern portion of the country. The rest of the country is rugged and mountainous, except for intermittent coastal plains like Campania, south of Rome. The Apennine Mountains run down the center of the peninsula. The island of Sicily, at the southwestern tip of the Italian peninsula, is 180 miles by 120 miles (290 km by 190 km) with a 1992 population of 5 million. A second major island, Sardinia, is about 115 miles (185 km) west of Rome and Naples, south of Corsica, which is a part of France. Sardinia had a 1992 population of over 1.6 million.

In July 2002, Italy had an estimated population of 57.7 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 14.1% with 1.06 male(s) per female (sex ratio); 15-64 years: 67.3% with 0.99 male(s) per female; 65 years and over: 18.6% with 0.7 male(s) per female; Total population sex ratio: 0.94 male(s) to 1 female

Life Expectancy at Birth: Total Population: 79.25 years; male: 76.08 years; female: 82.63 years



Urban/Rural Distribution: 67% to 33%; regionally, the north has 44.5% of the population, central Italy 19.2%, and the south 36.3%

Ethnic Distribution: An Italian majority with small clusters of German-, French-, and Slovene-Italians in the north, and of Albanian-Italians and Greek-Italians in the south. In recent years, most immigrants have come from Morocco, the former Yugoslavia, Albania, and the Philippines

Religious Distribution: Roman Catholic 78%; Protestant 5%; Muslim and other 10%; 7% profess no religion. The number of those adhering to other religions is increasing, partly as a result of immigration. Identification with a religion does not coincide with active participation: 8.7% of Italians never attend religious services; 39.6% do so only rarely.

Birth Rate: 8.93 births per 1,000 population

Death Rate: 10.13 per 1,000 population

Infant Mortality Rate: 5.76 deaths per 1,000 live births

Net Migration Rate: 1.73 migrant(s) per 1,000 population. The natural growth rate of a negative 0.8% per 1,000 population is offset by a positive immigration rate. The total number of immigrants legally present in Italy on January 1, 1999, was 1.1 million, about 2% of the total population. In recent years, family reunifications, mixed marriages, and the increase in the number of children born of foreign parents have led to a decline in the overrepresentation of young, single males among the immigrant population.

Total Fertility Rate: 1.19 children born per woman

Population Growth Rate: 0.07%

HIV/AIDS (1999 est.): Adult prevalence: 0.35%; Persons living with HIV/AIDS: 95,000; Deaths: 1,000. (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): 98%; education is free and compulsory from age 6 to 13

Per Capita Gross Domestic Product (purchasing power parity): \$24,300; Inflation: 2.7%; Unemployment: 10% (2001 est.)

Since World War II, Italy has changed from a rural society to an industrial or postindustrial society. Agriculture now contributes only 2.9% to the Gross Domestic Product, against 32.1% for industry and 65% for the service sector.

*Communications: Professor Bruno Wanrooij, Syracuse University in Italy Program, Italian Politics and Cultural Studies, Coordinator, Humanities and Social Sciences Department, Piazza Savonarola, 15 50132 Firenze, Italy; bpwanroo@syr.fi.it; wanrooij@dada.it.

The service sector employs 60.1% of the labor force against 32.5% for industry and a scant 7.4% for agriculture. The per capita income in 1996 was \$21,190, with clear differences in income, higher in the north and lower in the south.

B. A Brief Historical Perspective

The earliest human settlements within the territory of present-day Italy date almost certainly to some 500,000 years ago and correspond to the Lower Paleolithic period. From the beginning of the 1st millennium B.C.E., there were increasing contacts with Phoenician and Greek colonists, and Italy entered the historical period. While the Greeks settled on the southern coasts of the peninsula, Etruscan civilization developed in central Italy. During the 4th and 3rd centuries B.C.E., the Roman state expanded its territory to the entire peninsula. Expansion continued, and by the end of the 2nd century B.C.E., Rome had become the major military power in the Mediterranean. Territorial expansion was accompanied by the growing importance of commercial activities in addition to agriculture and pastoralism. The following centuries saw a gradual decline of Italy's preeminence in comparison with other provinces of the Roman Empire. With the end of the Western Roman Empire in the 4th century of the Common Era, the Catholic Church sought to take over the authority and prestige of Rome, assuming the government in the territories under its control. In the 11th and 12th centuries C.E., agriculture, crafts, and commerce prospered, the latter two in particular becoming the foundations of an urban economy that was to produce the city states of central-northern Italy. Tuscan and Lombard bankers played an ever more important role in financing the military undertakings of European sovereigns and the papacy, thus increasing their own prestige and political influence. Arts and humanistic studies flourished, and during the Renaissance of the 13th and 14th centuries, Italy became one of the major cultural centers of Europe.

The lack of political stability and the frequent wars among the various Italian states, however, allowed the great European powers to intervene, and by the second half of the 16th century, Spain had established its predominance over Italy. What followed was a slow decline of the political role of Italy in Europe, and of its contribution to cultural and scientific developments. Spanish predominance in Italy, extending over some two centuries, had rather negative consequences for the country, in terms of economic decline and of a growing imbalance between part of the southern regions and other areas of the country.

The period of French rule, which followed the conquest of Italy by Napoleon Bonaparte, saw the reemergence of a sense of national unity among the intellectual and middle-classes. In 1861, after a number of wars of independence against Austria, the Risorgimento resulted in the creation of a United Kingdom of Italy governed by the House of Savoy. Rome was conquered only in 1870. The problems, which the new kingdom had to face, regarded the Catholic Church's refusal to recognize the new state, and, more generally, the integration of the older states, and the gap between the political elite and the lower classes of the population, especially in the rural areas.

After World War I, social tensions and the growth of New Socialist and Catholic Mass parties convinced the ruling groups to help the Fascist movement, lead by Benito Mussolini, to take over power. The Fascist regime pursued a policy of repression of the working-class movement while favoring at the same time colonial expansion. Family policies were inspired by the desire to increase the fertility rate and to reinforce the position of the male head of the family. This policy received full support from the Catholic Church

after the Lateran Treaty of 1929, which made Roman Catholicism the state religion until 1984, when a new agreement was signed between the Catholic Church and the Italian government that cancelled most of the privileges enjoyed by the Church.

Fascist family legislation remained valid in Italy even after World War II, and the national government, dominated by the Catholic party, Democrazia Cristiana, opposed changes in family and gender relations. However, developments in the late 1950s and 1960s, including growing industrialization, migration from the rural south to the industrialized north, secularization, and higher standards of education, brought the traditional structures under attack. The youth movement, the feminist movement, and the gay movement also played an important role in promoting profound changes, but maybe even more important was the diffusion of consumer culture.

While Italy in the 1990s has much in common with other European countries, some of the peculiarities of Italian society—the importance of the family, the strong regional differences, and the role of Roman Catholicism, among others—can only be understood in their historical context. For example, in the past in northwest and central Italy, the incidence of patrilocal residence and multiple family households was high. In these regions today, about one third of the population lives for some time in an extended family or in a multiple-family household, and contacts with the husband's family tend to be stronger (Barbagli & Saraceno 1997).

1. Basic Sexological Premises

A. Character of Gender Roles

Sexuality, as we understand it today, is not merely a biological and "natural" fact, but above all a historical construction, resulting from the pressure by manifold forces, and, as such, it is the outcome of complex historical transformations. Gender roles, in particular, are not only based on physical or biological premises, but are primarily the result of the conditions of life of males and females in a given social class, time period, and geographical location.

During the last decades of the 19th century, emancipationist movements in Italy started to question the traditional gender roles, which were based on the identification of males with production and public affairs, and of women with reproduction and private affairs. The prescribed female gender role contrasted sharply with a reality, which—especially in the northern and central regions—saw an active participation of women in the production process. The need to maintain industrial production led to a further increase of the female employment rate in industry during World War I.

The Fascist regime, which came to power after World War I, tried to reinforce the role of the male breadwinner by introducing legislation favoring male employment and by introducing discriminatory measures against female workers. Women received lower salaries and had no access to certain positions in state administration. A quota system was introduced to limit the number of women working for private companies. The government measures failed to reduce significantly female employment, but public appreciation for the female role in the family contributed to strengthen already existing familist tendencies. The desire to conform to the traditional female role of mother and housewife explains the drop in the female employment rate coinciding with the economic boom of the 1960s.

Since this period, new ideals of independence and autonomy have created a trend of growing participation of women in the labor market. Nevertheless, in the 1990s, the female activity rate was still much lower than that of men,

while, partly because of protectionist measures, female unemployment was higher. In addition, women were over-represented on the “black” labor market, where wages are lower, working conditions worse, and social benefits and job security nonexistent.

In 1995, Italy ranked tenth on the United Nations world list of male-female equality. Since the 1960s, the level of education of women has rapidly improved, and today more women than men obtain a university degree. Also, in private business and in public administration, women in Italy have made important progress in the last few years, even though there is still a long way to go for real equality.

The participation of Italian men in household chores is relatively low. While the majority of men—especially in the northern regions—take an active part in the education of children, and a growing percentage is willing to cook, to set the table, and do shopping, very few men participate in activities like cleaning, doing the laundry, or ironing. On the contrary, almost all married women, both housewives and women with full-time employment, participate in domestic work.

B. Sociolegal Status of Males and Females

Women received the right to vote in 1945, and in 1947, the Italian Constitution was approved, with Article 3 recognizing equal rights for men and women. According to Article 29 of the Constitution, however, the need to guarantee the unity of the family justified limits to the legal and moral equality of husband and wife. It took several decades to adjust the existing legislation to the principle of equal rights and to change traditional views about the role and position of women. Until 1968, adultery was considered a crime for women, whereas men could be punished for adultery only in special circumstances. Other discriminatory conditions deriving from the male position as head of the family survived until the general revision of family legislation in 1975. The new law, based on the principle of male-female equality and on the recognition of the rights of children, abolished the position of the head of the family, and attributes equal rights and duties to husband and wife in terms of residence, work, education of the children, and so on. Married women in Italy keep their own family name, and can add their husband's name if they wish to do so. Proposals are in discussion to give couples the choice to transmit to their children either the name of the father or that of the mother.

Legislation regarding crimes of honor—recognizing special mitigating circumstances for those who, enraged by an offense to their personal and family honor, killed their wife, daughter, or sister, or the person with whom their female relatives had an illicit sexual relationship—was canceled in 1981, but had become obsolete in most parts of Italy long before.

Discrimination against women existed also with regard to labor: Women were excluded from many positions and were paid less. This discrimination has been gradually abolished. In 1960, for instance, the Constitutional Court eliminated a law dating back to 1919, which excluded women from many higher-rank positions in the public sector. In 1977, a law was approved which guarantees equal rights for males and females in issues like recruitment and hiring, career, and the like.

C. General Concepts of Sexuality and Love

In Italy, the prevailing ideology links love and sexuality. Love is presented as a necessary precondition for sexual relations, while happy sexual relations are generally considered necessary for the success of a love relationship. Yet, 60% of women and 74% of men admit sexual desires regarding persons for whom they feel no love (Sabatini 1988). In this case, the fact that the statistics were based on a ques-

tionnaire distributed among the readers of *Duepiti*, a progressive magazine with a clear pro-sex attitude, may have influenced the results. Later surveys, however, confirmed that, especially among young men, sexual relations without love were rather common.

Faithfulness is considered an important value for couples, but a recent survey among young people (Buzzi 1998) shows that about one third of young men and one sixth of young women had sexual relations with persons other than their partner. Adhesion to the values of romantic love and faithfulness thus often is more formal than real.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

In Italy, the values of consumer society seem to have replaced religious values in many issues, especially among many young people who refuse to accept the moral guidance of the Catholic Church. In 1996, religious marriages made up 79.6% of the total number, compared to 20.4% of civil marriages. According to a recent survey, the religiosity rate—calculated on the basis of the importance of religion in personal life, and on participation in the activities of the religious community—is close to zero or low for 28.5% of Italians, and high only for 12.3% (Cesareo 1995).

Notwithstanding the ongoing process of secularization, the Catholic religion is still the main source of values affecting sexuality, and the public pronouncements of the Pope are widely discussed in the mass media. Because of the Catholic Church's opposition to a separation between procreation and sexuality, it has been impossible to introduce clear legislation regarding artificial insemination and other forms of medically assisted procreation. An administrative rule dating back to 1985, which applies only to hospitals and clinics falling under the public health system, admits medical assistance for procreation in case of married couples, but excludes the use of donors. Therefore, medically assisted procreation with the use of gametes from donors takes place only in private clinics, with possible health risks because of insufficient public control. Because of Catholic opposition, a new bill regarding medically assisted procreation, which was approved by the Commission for Social Affairs of the Chamber of Deputies in January 1998, still had not become law by the end of 1999.

B. Character of Ethnic Values

Immigration to Italy is a relatively recent phenomenon, and as yet the values cherished by immigrants have not had much influence outside the various ethnic groups. In this sense, Italy is not yet a multicultural society. In a medium- or long-term perspective, there is no doubt that the presence of large ethnic groups which do not share many of the views about family values, gender relations, and extramarital sexuality commonly held by Italians, will be a challenge. Contrasting views may lead to greater appreciation of diversity, but may also become a source of growing social tensions and conflict.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

The introduction of sexual education as part of the regular program of primary and secondary school has met with opposition from Catholics who question both the responsibility of schools in this area and the content of education. Catholics have changed their longstanding view that sexual education could lead to the premature arousal of sexuality

in young people, but still insist that sexual education is, above all, the responsibility of parents. Moreover, they deny the value of an education that focuses on the physical aspects of sexuality if it does not place these aspects in a more general context, and if it ignores moral issues.

For these reasons, and notwithstanding the fact that a majority of Italians favor sex education in school at an early age (Durex 1998), until early 1999, sexual education occurred in schools only on the initiative of individual teachers. Only recently has the Ministry of Education decided to sustain these initiatives formally.

B. Informal Sources of Sexual Knowledge

Peer-group conversation and the mass media are the primary sources of sexual knowledge. Parents, above all the mother, rank third as a source of information. Magazines and both public and private television offer instructive articles and programs dealing with sexual issues. Moreover, publishers have responded to market demands, and have supplied sexual information both in printed form, in video-cassettes, and on compact disks (CDs).

In contrast with the past, sexual education today is less focused on procreation and on genital activity, and tries to explore the relations between gender identity and sexual identity. Moreover, sexual education no longer wants to prescribe sexual behavior on the basis of ideological or religious principles, but rather aims at providing the cultural instruments for self-realization (Cipolla 1998).

Today, young Italians are generally well informed. It should be noted, however, that a high level of information does not automatically translate into sound practices. Knowledge of the risks of sexually transmitted diseases, for instance, does not always lead to the use of condoms.

4. Autoerotic Behaviors and Patterns

According to the most recent survey among young people, nine out of ten men, and four out of ten women, admit to masturbating (Buzzi 1998). However, earlier surveys give higher numbers for female masturbation, even though the number of women who never masturbate remains five times higher—20% against 4%—than that of men (Sabatini 1988). Men start masturbating earlier than women: 16.3% before age 12, and 33.3% between age 12 and 13. In any event, the vast majority—both men and women—consider masturbation part of the sexuality of every normal human being. This idea is the outcome of radical changes in the consideration of masturbation.

In the 19th century, masturbation was the object of severe repression, and was said to be the cause of numerous physical problems. Moreover, masturbation, especially if performed in the presence of other people of the same sex as might occur in boarding schools, was believed to lead to homosexuality. In the 20th century, opposition against masturbation was based, above all, on the idea that masturbation undermined the individual's capacity to use sexuality as a form of communication. Alternatively, masturbation was considered a substitute for "real sex," an act which could be performed by young people without stable partners, but which denoted a lack of sexual maturity in the case of adults. Still, in the 1978 sex survey by Giampaolo Fabris and Rowena Davis, 31% of males and 28% of females expressed the opinion that masturbation was unhealthy, while 26% of males and 36% of females expressed their moral condemnation of this activity. Today, even though taboos have not disappeared altogether, masturbation generally is rated more positively as a source of pleasure and as an experience allowing the increase of self-awareness and knowledge of the self (Rifelli 1998).

5. Interpersonal Heterosexual Behaviors

A. Children

In the beginning of the 20th century, expressions of infantile sexuality were considered a form of perversion and were severely repressed. Today, on the contrary, most Italian parents acknowledge the sexual curiosity of children, but at the same time fear that games with a sexual overtone may lead to oversexualization. Moreover, Italian parents are afraid of the sexual abuse of children by adults, which is the object of general severe condemnation and repression.

From a legal point of view, sexual relations with minors under age 14 are considered statutory rape. The age limit is higher, 16, in the case when the adult person cohabiting with the minor is a relative, guardian, or other person with educational responsibilities over the minor. A minor who has sexual relations with another minor is not guilty of any crime, on the conditions that the younger partner is at least age 13, and the age difference between the partners is not more than three years.

B. Adolescents

Puberty Rituals

In Italy, no specific rituals exist marking the passage from childhood to adolescence or adult age.

Premarital Sexual Activities and Relationships

Only a limited number of general surveys about the sexual life of the Italians exist, and most of them were based on the responses of a sample of a preselected population, such as the clients of public family advisory agencies. Most of the information about the sexual life of young people presented here comes from a survey of 1,250 persons aged 18 to 30 by the IARD Institute (Buzzi 1998).

According to this survey, males in contemporary Italy have their first complete sexual relations with penetration when they are 17 to 18 years old; the age of their first sex was not much different from that of their fathers. The average age for females is 18 to 19. The 1998 Durex global sex survey (Durex 1998) does not make a distinction between males and females, and indicates an average age for first sex at 17. The tendency to start sex at an earlier age began with the generation of women born in the 1950s and 1960s.

It is more common for young women aged 18 to 21 from central and northern Italy to have complete sexual relations than it is for males of the same age group (females 71% vs. males 66.3%). The opposite is true for females from the south: Only 51.8% of females aged 18 to 21 had complete relations compared with 64.8% of males from the south. For the age group 26 to 30, the percentages are 84.7% for females and 88.2% for males. Moral values determine why young females do not engage in sexual relations; for males the main reasons are the lack of opportunity or the refusal of the partner (Buzzi 1998).

The first sexual partner for both males and females in almost half of the cases is a person of the same age; the partner of 41.8% of females is somewhat older (21.6% for males), and is somewhat younger for 25.9% of males (4.7% of females). Major age differences are rare. Especially for males, it is very rare that the partner of their first complete sexual relations is their wife (0.8%); it is more common for females to have this experience with their husband (10%).

The "first time" is appreciated positively by 48.7% of males and by 38.6% of females, for whom embarrassment, fear of pregnancy, and pain play a greater role. Young women are also more prone to admit sexual passivity (10.7%), absence of sexual desire (8.8%), and major psychological difficulties (15.3%). Without making a distinction between the sexes, the Durex (1998) survey reports that

first sexual intercourse was disappointing for 32% of Italians, and better than expected for 29%.

First-time intercourse is often at risk for pregnancy and sexually transmitted diseases: Condoms are used on this occasion by about 40% of Italians. Coitus interruptus is used as a method of birth control by 24%. The low incidence of teenage pregnancy in Italy is therefore not a consequence of better contraception, but of the fact that young Italian females start to have sexual relations at a later age than in other countries. [*Update 2003*: One consequence of the low incidence of teenage pregnancies is the fact that in Italy—contrary to trends existing in other European countries—the number of young unmarried mothers is decreasing. (*End of update by P. F. Wanrooij*)] Statistical data relating to premarital conception, extramarital pregnancy, and induced abortion showed a radical change in the ten years between 1969 and 1978, when the incidence of these events increased rapidly. The increase affected unmarried females of all age groups. In the following years, however, the growth in the number of extramarital pregnancies stopped, while the increase in premarital conceptions slowed down.

Stable relationships become more common with the increase of age, but a relatively high percentage of young people aged 26 to 30 have no stable partner (38.5% of males and 21.2% of females). Love, physical attraction, and trust are the elements that determine the creation and the duration of a relationship.

C. Adults

Premarital Courtship, Dating, and Relationships

[*Update 2003*: In recent years, American television news magazines like *60 Minutes*, the International Section of *The New York Times*, and investigative reporters “discovered” an Italian premarital lifestyle that lent itself to what might be most accurately called a titillating cross-cultural comparison. The journalists knew that in the last quarter of the 20th century, after the 1960s’ sexual revolution, the number of American unmarried couples living together rose dramatically from half a million in 1970 to 3.7 million in 1994. They also knew that one in seven American children who reported living in a single-parent household actually resided with a cohabiting unmarried couple. Cohabitation had become a part of American culture. “It was the modern way” (Bohlen 1996; Rodriguez 1997/1998; Stanley 1999).

[Young Americans, it seems, place an extremely high value on individual autonomy and the freedom to do what they please. Independence means living on your own or cohabiting without marital ties, and postponing marriage while you find a career and build your nest egg. Leaving home, taking time to live on your own, “helps one grow up, experience life, and be happy with yourself” (Whitehead & Popenoe 1998).

[Then there are young Italian men who find the idea of moving out of the parental home quite unacceptable and unnecessary. They continue living with their parents, into their 30s or 40s, despite being financially independent, and often in a serious ongoing relationship with a woman. In the Italian view, a man does not have to leave home to “be his own person and to do his own thing.”

[This contrast between independent young American men and the Italian *mammoni*—simplistically translated “mama’s boys”—was a bonanza for both Italian and American journalists.

[Personally, I prefer not to speak of *mammoni*, which has a pejorative meaning and suggests a morbid relationship between mother and son, which has little to do with the reality. A more appropriate term would be “long family.” In my view, and that of many Italian men and women, living at

home is not necessarily an indication of a lack of autonomy, unless one refers only to financial autonomy. For all other matters, young Italians are quite successful in negotiating a rather high level of independence while continuing to enjoy the “fringe benefits” of staying at home. In fact, my American students often are amazed by the freedom that their Italian friends enjoy in their families. According to them, American parents would never allow their daughters and sons to invite boyfriends or girlfriends over and sleep with them under the parental roof. Incidentally, I am told that the number of young Americans who return home after college is increasing as it is becoming more difficult to find a job or affordable lodging. I wonder how they will manage to convince their parents to become more accommodating to their personal intimate relationships.

[Which brings up a comment by Barbara Defoe Whitehead and David Popenoe (1998) in their study of unmarried, non-college-educated, young Americans:

[We were surprised by the high number of young adults living with parents. This may be due to the combination of available employment and scarce affordable housing in northern New Jersey. These young men and women are likely to find work close to their families but they may not find affordable rents—thus increasing the attractiveness of living with parents. Also, most of these men and women reported living in intact families at age 15, and perhaps their parents’ marital stability increased the likelihood that they would have the option of returning home. . . . Interestingly, some women said that you had greater freedom living with your parents than living on your own or with a partner. Apparently, this form of dependence on parents is not incompatible with notions of personal independence.

[To make valid cross-cultural comparisons, one needs to avoid the simplistic description and, at the same time, understand and appreciate the subtleties of the social context in both cultures. (*End of update by P. F. Wanrooij*)]

Although there is no strong social condemnation of the cohabitation of unmarried couples, cohabitation is relatively rare, and marriage is considered the natural conclusion of a stable heterosexual relationship. In 1991, cohabiting couples made up 1.6% of Italian couples. The rate of cohabitation is significantly higher in the northern regions than in the south, for example, 4.1% in the region of Val d’Aosta against 0.5% in the Basilicata.

Notwithstanding a generally positive view of marriage, there is a tendency to delay the time of marriage, and, partly as a result of this, the nuptiality rate in Italy is low: In 1997, it was 4.7 per 1,000 population. The average age at a first marriage in 1994 was 29.3 for males and 26.5 for females; in 1984, it was 27.4 for males and 24.3 for females. Italians in the south are distinguished by a higher nuptiality rate: In 1994, it was 5.6 per 1,000 population against 4.8 in the regions of the north and the center, and at an earlier age at marriage, 25.6 for females and 28.7 for males (Barbagli & Saraceno 1997).

Most Italians leave the parental home only when they get married, and this holds true even for the older age groups: 68% of Italian males aged 35 and over and 63.3% of females who never married live with their parents. Divorce or separation often results in a return to the parental home: About 20% of divorced or separated Italians (25.2% of males and 17.1% of females) cohabit with their parents (ISTAT 1996)

“Long families” are the combined effect of the low cohabitation rate and a relatively late age of marriage: The majority of unmarried young people aged 18 to 34 continue to live with their parents (58.8% in 1998). It is more com-

mon for young men to stay with their family (66.5%) than for young women (50.9%). The percentage of young people living with their family is increasing, especially among young women: In 1983, only 40.4% of them were living with their family.

Economic circumstances, high unemployment among young people, and the difficulty of finding housing also contribute to the incidence of "long families," but do not offer a sufficient explanation for the fact that young people in Italy do not "strike out" on their own. "Long families" are in fact as common in the northeastern region, where unemployment is less a problem, but where 59.5% of young people aged 18 to 34 live with their parents, compared with the south, where economic problems are much more serious, and 59.8% of young people live with their parents. An alternative and more positive explanation of the growing incidence of "long families" is the democratic character of the modern Italian family, where young adults have the possibility to renegotiate their position. In this way, young adults are able to have a satisfactory level of autonomy and independence, while at the same time enjoying the "fringe benefits" of family life in terms of financial advantages and services (Barbagli & Saraceno 1997). For a high percentage of young people (57% in the northeast, 34.2% in the south), the reason for staying is that they are happy to stay and enjoy a fair amount of freedom. Satisfaction increases with age as the reasons for tension decrease (ISTAT 1999b).

The high level of interaction between married adults and their parents is further proof of the importance of the family network in Italy: 3.8% of married Italians under age 64 whose mother is alive live with their mother. Of those who are not cohabiting, 77.8% see their parents at least once a week and one third of them every day. One partial explanation of the high interaction with parents is the low level of geographical mobility: 28% of married Italians live at a distance of less than one kilometer (0.62 mi.) from their parents (ISTAT 1996).

Marriage and Family

According to the 1975 family law, the legal age of marriage is 18 for both partners. Legal courts can give exemption from this requirement, provided that the partners are at least 16 years of age. Generally, the courts do not consider pregnancy a valid motive to grant permission for the marriage of minors. The same 1975 legislation abolished the possibility of reparatory marriage, which in the past had been used by persons accused of crimes like rape and forceful abduction, who could avoid punishment by marrying their victim.

The average frequency for sexual intercourse was 92 times per year (Durex 1998). According to an earlier survey, on average, men and women had sexual intercourse about eight times per month, but there were important differences according to age, with the highest levels of sexual activity in the age group 18 to 25 for women and 35 to 44 for men. The fact that females under 25 showed a higher frequency of sexual intercourse than males of the same age can be explained as a result of their earlier participation in stable relationships and marriage. A similar explanation is proposed for the fact that young women have more sexual partners than men, while the situation is inverted in the higher age groups. In this case also, the higher tolerance of male pre- and extramarital sexual relations may play a role (Fabris & Davis 1978). The more recent survey published by Carlo Buzzi (1998) confirms the higher sexual activity rate of young women, 33.8% of whom have sexual intercourse two to three times a week (against 27.4% for males). Also, the percentage of young women who had no sexual

intercourse during the previous three months turned out to be almost half that of men (12.4% against 23.5%).

According to the 1978 survey, women, more often than men, had sexual intercourse not because they desired to have it, but to please their partner. While 49% of males would like to increase the frequency of sexual intercourse, this was true for only 25% of females, most of whom were satisfied with the frequency (56% against 43% for males). Thirteen percent of females—mostly in the higher age groups—desired to reduce the frequency of sexual intercourse as compared with 3% of males. These gender differences may be explained as the result of a greater pressure on males for sexual performance, but also by the fact that more women found sex less enjoyable. Many of them, in fact, complained that before, during, and after sexual intercourse, men paid insufficient attention to their desires.

The brief duration of foreplay and sexual intercourse, limited almost exclusively to penetration, is more common among the uneducated, among more-religious couples, and among the higher age groups. The average duration of foreplay was about 13 minutes, and that of coitus about 9 minutes (Fabris & Davis 1978). A more recent survey indicates the duration of sexual intercourse, excluding foreplay, is 14.2 minutes (Durex 1998).

It should be noted that the statistical data regarding the frequency and duration of sexual intercourse, as well as other aspects of sexual life, should be treated with caution. Not only do the averages ignore important differences in individual reactions, but it is also possible that the responses are influenced by the desire of those interviewed to satisfy the presumed expectations of the interviewer, or—more generally—by the desire to make a positive impression. For these reasons, it is wrong to use these data as a measure of "normality."

Seventy-six percent of male partners and 72% of female partners in stable couples rated their sexual life "good" or "very good." More-negative judgments were expressed by 3% of males and by 7% of females. The degree of satisfaction with their sexual lives increased during the first ten years of the relationship, and remained the same or decreased thereafter (Fabris & Davis 1978).

According to the 1978 survey, 69% of males and 26% of females always experienced orgasm during sexual intercourse. About one fifth of women never or rarely experienced orgasm. Young, educated, and nonreligious women had a higher orgasm rate. Of the women who experienced orgasm, 29% experienced orgasm as a result of the oral or manual stimulation of the genitals, and 27% experienced it during penetration, whereas for 44% of these women, both activities resulted in orgasm.

At least 41% of Italian males and 14% of females have had extramarital sexual relations. Especially for women, the adultery rate increases with the level of education; it was 20% for women with a university degree. The adultery rate and the number of partners are lower for women, but the extramarital relationship is also characterized by a higher emotional investment (Fabris & Davis 1978). More recent figures indicate that 38% of Italians admit to having been involved in more than one sexual relationship at a time (Durex 1998).

Divorce and Remarriage

Divorce became legal in Italy in 1970, and a 1974 referendum confirmed the existing legislation with a 59.1% majority. Between 1985 and 1996, the number of divorces increased from 15,650 to 32,717. In the same period, separations increased from 35,163 to 57,538. The numbers were highest in the region of Lazio, followed by the more indus-

trial northwestern regions. The divorce rate was much lower in the south. Even though there is a clear tendency toward an increase in the divorce rate, the stability of marriage is higher in Italy than in any other European country. This impression remains true, even when taking into account both separations and divorces: In 1994 in Italy, 16 out of 100 marriages were dissolved as a result of legal separation, and 8 out of 100 because of divorce. In the same year, the divorce rate was 44% in the United Kingdom and Sweden and 29% in the Netherlands. In 1996, the divorce rate in Italy was 0.6 per 1,000 population against a European Union average of 1.8 (ISTAT 1999).

The main reason for the relatively low divorce rate is probably religion. Added to this factor is the importance of the family, not only as a source of emotional support and the context for the development of profound personal relations, but also for many other aspects of social life, from financial support to finding a job. Divorce is seen primarily as evidence of personal failure, and the end of the relationship is considered, above all, the beginning of a difficult period in personal life, rather than as a possible new start and an occasion to regain freedom and independence.

Incidence of Oral and Anal Sex

Oral sex, which in the past was condemned as “unnatural,” is practiced more or less often by 55.2% of young Italians, and only rarely by 26.8%. Earlier surveys indicated that 47% of females and 58% of males experienced oral sex (Fabris & Davis 1978). Oral sex is a common element in the sexual fantasies of Italian males, especially during masturbation; this is less true for women. Both men and women prefer their partner to perform oral stimulation of their genitals, fellatio and cunnilingus, rather than performing these sexual acts themselves on their partners.

While anal intercourse is not part of the fantasies of the majority of women, it is part of the fantasies of 75 to 80% of men. However, the incidence of this practice is relatively low. According to the 1978 survey, 35% of males and 23% of females had experienced anal sex. A more recent survey among young people indicates that 78.6% of females and 62% of males never experience anal sex (Buzzi 1998).

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. History

With the noteworthy exceptions of the Kingdom of Sardinia and the regions under Austrian rule, the Italian states in the first part of the 18th century had no legislation against homosexual acts. After Unification, the repressive legislation of the Kingdom of Sardinia was extended to the other regions of Italy, excluding the territory of the ancient kingdom of Naples. With the introduction of a new penal code in 1889, regional differences in the treatment of homosexual acts were eliminated and homosexuality was decriminalized. Legal persecution of homosexuals continued, however, based on accusations regarding indecent acts, and so on. Especially in southern Italy, however, the general attitude regarding homosexuality was rather tolerant, and by the end of the 19th century, male homosexual communities existed on the island of Capri and in towns such as Taormina. In this same period, Italy attracted a fair amount of sex tourism from countries like the United Kingdom and Germany where existing legislation against homosexuals was applied more severely.

Homophobic attitudes were prominent in the nationalist propaganda during World War I, which often made references to sexual scandals in the German imperial court, and used accusations of homosexuality against all those who

opposed the Italian war effort, including neutralists and pacifists.

The attitude of repressive tolerance that characterized public reactions to homosexuality continued during the Fascist period, when attempts to introduce more-specific legislation were blocked to safeguard the virile reputation of Italian men. Homosexual communities were thus allowed to survive, but at the same time, police measures were used against homosexuals who dared to “come out.” Especially after 1938, when racist legislation was introduced in Italy, many homosexuals were condemned to legal confinement.

While at the level of legislation, the situation remained unchanged after the fall of Fascism in 1945, during the 1950s, some isolated publications voiced the need to improve the social status of male and female homosexuals. These attempts, however, met with the opposition of medical doctors, and especially the Italian specialists of the new discipline of sexology, who insisted on considering homosexuality a perversion or disease, and advocated anything from sports and sexual encounters with prostitutes to electroshock therapy to cure homosexuals. During the 1960s, members of Parliament tried to introduce legislation against homosexuality, which would punish not only homosexual acts between consenting adults, but also any public discourse in favor of homosexuality. These attempts failed because of the prevailing attitude of repressive tolerance.

Within the context of the sexual liberation movement of the late 1960s, which in the first phase was not sympathetic to the problems of homosexuals, the first Italian group of organized homosexuals emerged. In April 1972, the Unitary Front of Revolutionary Italian Homosexuals (FUORI; the acronym also means “out”) contested the power of medical science at a congress of sexologists. The lack of support from the traditional leftist parties and the radical opposition from the right-wing parties and from the Catholic party, Christian Democracy, convinced the leaders of FUORI in 1975 to establish institutional links with the Radical Party, which had a tradition of civil rights actions. However, the decision led to a split between the reformers and those who considered themselves part of a revolutionary movement; new groups with links to the extreme left-wing parties were then created. In 1982, FUORI was dissolved.

The first nucleus of a new organization of homosexuals, Arcigay, was created in Palermo in December 1980 as a reaction to the tragedy of a double suicide of two gay lovers who had become the victims of public ostracism in the small town of Giarre, when their story became public. The first national congress designed to unite the local groups, created with the support of a dissident Catholic priest, Don Marco Bisceglia, took place in Palermo in 1982. It saw the participation of the most important leaders of Arci, a leisure-time and cultural organization traditionally close to the parties of the left (the communist and socialist parties). The connection between the homosexual movement and the traditional parties of the left, created through Arcigay, was the result of the innovative political strategy of attention for new social groups, feminists and homosexuals, inaugurated by the Communist Party in 1977. This initial connection was followed by a debate on the conditions of homosexuals in the party press (Giovannini 1980). Finally, in 1985, Arcigay was given a more structured national organization, with the election at the second national congress of Franco Grillini as national secretary and Beppe Ramina as president.

The relations between lesbian women and gay men have not been easy, because of, among other reasons, the separatist tendencies of the most radical lesbian groups. In 1990, however, a group of lesbians created Arcigay Donna, and for the first time a woman, Graziella Bertozzo, was elected

national secretary. In 1992, the association itself was rebaptized Arcigay Arcilesbica. In 1996, the association was once more restructured and became a federation of different groups; Arcilesbica chose to become autonomous. The most recent strategy aims at the construction of a gay and lesbian community offering services, institutional support, and the solidarity necessary to allow lesbian and gay persons to express their sexual identity just like non-homosexual persons. [Update 2003: In this context, it is important to note that according to a recent survey carried out by Marzio Barbagli and Asher Colombo (2001), the majority of homosexuals have never openly discussed their sexual orientation with their parents. Coming out on the job is considered even more of a problem, even though only 2% to 5% of those who did come out were confronted with serious acts of discrimination (End of update by P. F. Wanrooij)]

B. Legal Status

Article 3 of the Constitution of the Italian Republic, approved in 1947, recognizes the equality of all citizens, and condemns discrimination based on sex, race, language, religion, political opinion, and personal and social conditions. The Republic has the obligation to remove social and economic obstacles, which *de facto* limit the full development of the human personality. While this can be interpreted as including the protection of the right of each individual not to be discriminated against on the grounds of his or her sexual orientation, there is no explicit mention of this in the Italian legislation. A campaign to introduce sexual orientation among the conditions mentioned in Article 3 of the Constitution started in 1998.

The creation of Arcigay has given more visibility to the problems of homosexuals in Italian society, and has made it possible to recognize and fight stereotypes, prejudices, and homophobic attitudes. The recognition of the role played by Arcigay in the defense of the interests of homosexuals became clear in 1987, when a group of members of Parliament attended the Third National Congress of the movement. Together with the fight against all forms of discrimination of homosexuals in Italian society, Arcigay has dedicated much energy to the issue of the recognition of the rights of homosexual couples. In 1997, a proposal was presented to Parliament in favor of the public recognition of relations not based on marriage. The proposal defines these so-called "civil unions" as relations between two consenting adult persons of any sex who have led for at least one year a common spiritual and material life. Legal recognition of these unions would entail the possibility of formal registration, and the extension to the partners of these unions of all rights commonly recognized to the partners of traditional couples, including unemployment benefits, compensation for injuries to the partner, priority access to public housing projects, the recognition of the right to reside in Italy for foreign partners, and so on.

A recent survey among Italian Catholics (Inchiesta 1998) indicated a 72.2% majority in favor of giving "*de facto* unions" the same rights as legal families. In this case, an insufficient understanding of the term "*de facto* unions" probably invalidates the results. However, according to a recent survey (Buzzi 1998), 47.1% of young people agree with the idea that "homosexual couples should have the same rights as heterosexual couples," while only 30% disapproved. The ideas that homosexuality is a disease or a form of sexual perversion that should be illegal obtained, respectively, the support of 17.4% and 8.3% of the respondents.

Notwithstanding this public support, the proposal for the recognition of "civil unions" has made no progress in Parliament, because of numerous groups voicing their objections and the opposition of the Catholic Church and its allies.

According to a 1988 survey, homophobic attitudes are strong, especially among the lower social classes and among the elderly. But 35.3% of all Italians declared that they would simply acknowledge the discovery of a homosexual relative, while 23% would try to help homosexual relatives to express their sexual orientation without anxiety (Fiore 1991). This relatively open-minded attitude at the individual level contrasts with the social rejection of homosexuality. Still, 11.2% of Italians proposed legal measures against homosexuality and, while 48.8% are in favor of the recognition of the equal rights and dignity of homosexuals, 45.3% of Italians see the diffusion of homosexuality as a social peril.

C. Behaviors

Most males discover their homosexual desires during puberty, between the ages of 11 and 15 (42.6%), or adolescence, age 16 to 20 (20.9%). Females become aware of their desires at a later age. They also start having sexual relations at a later age (22.3% before age 15, against 42.1% in the case of males). Whereas homosexual contacts precede the acquisition of a homosexual identity in the case of males, in the case of females, the first homosexual experiences usually take place after the acquisition of a sexual identity. The main reaction in the case of females is happiness (64.5% against 47.2% in the case of males). However, fear and a sense of guilt continue to play a role. The high number of partners of male homosexuals—12.9% declared sexual contacts with over 400 partners—is in contrast with the declared preference for monogamous same-sex couples. [Update 2003: The number of partners per year is significantly lower for the generation born after 1972 than for those born before 1956. This may be explained in part by the fear of AIDS. However, it might also be the result of a generational change, because those coming of age in the 1980s and 1990s do not share the ideals of free love that were popular both among homosexuals and among heterosexuals in the 1960s. (End of update by P. F. Wanrooij)]

According to Fiore (1991), the most common sexual practices among homosexual couples are: mutual masturbation (practiced in all sexual contacts by 25% of males and 41.9% of females), followed by oral-genital contacts and penetration. Sadoomasochistic practices are much less frequent. Generally speaking, sexual practices among homosexuals are polymorphous and depend on the partner, the place, and other specific conditions. [Update 2003: A recent survey by Barbagli and Colombo (2001) shows that similar characteristics apply to lesbian women: mutual masturbation and penetration of the vagina are the most common sexual practices, but practices vary widely depending on conditions like the level of emotional participation. (End of update by P. F. Wanrooij)]

7. Gender Diversity and Transgender Issues

During the late 1970s, a group of transsexuals created the Movimento Transsessuali Italiani (MTI) (Movement of Italian Transsexuals or MIT). With the support of the Radical Party, this movement succeeded in 1982 in convincing Parliament to change the existing legislation. The original proposal would have made it possible to change one's sex simply by requesting a change in the sex indicators on official documents. The final approved compromise introduced a two-step procedure for changing one's sex. First, a court has to give permission for the surgical adaptation of genitals on the basis of medical and psychological evidence. Certification of the surgical intervention is then needed to change the indication of sex in the documents.

The law is based on the assumption that only two sexes exist, male and female, and, while acknowledging the right of transsexuals to recreate the unity of body and mind, the law offers no solution for transsexuals who intend to change their sex status without undergoing surgical interventions.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse and Incest

A number of serious crimes committed in Italy and abroad has brought the problem of sexual abuse of children to public attention. The activities of the telephone help service for children, Telefono Azzurro ("Blue Telephone"), have also contributed to making the problem better known to the general public.

Reacting to the increase in the number of cases of sexual abuse of children that have reached public attention, the Italian Parliament introduced in 1998 new legislation against the sexual exploitation of minors in prostitution, pornography, and sex tourism. The clients of prostitutes aged 14 to 16 risk a term of prison from six months to three years, or of four months to two years if the client is under age 18. Similar punishment is attached to the acquisition of pornography involving minors. The main innovations of the law regard more severe punishment for those who produce, sell, or transmit pornography depicting minors, and for those responsible for supporting the prostitution of minors. Those responsible for traffic in minors for prostitution risk a punishment of six to 20 years. The law can also be applied if the crimes are committed abroad, so that travel agencies have the obligation to warn their clients about the risks of sex tourism.

In order to combat sex tourism and the distribution of pornography involving minors, police forces are allowed to work undercover, participate in organized travel abroad, and create Internet sites and discussion groups.

The recent legislation has been criticized for confirming existing stereotypes and for calling for new crusades or "witch hunts." The main criticism centers on the fact that the law tends to focus on persons who are unknown to the child, whereas, in reality, in the majority of cases, those responsible for child abuse are family members or members of the community.

Indictment for incest involving two adults takes place only on complaint and in case of public scandal. Generally, police and judiciary authorities do not take action unless a formal complaint has been filed.

Sexual Harassment

The majority of Italian women aged 14 to 59 have been the victim of at least one of the following forms of sexual harassment: obscene telephone calls, acts of exhibitionism, physical harassment, and/or sexual intimidation on the job. The persons responsible for acts of sexual harassment are generally outsiders not known to the victims.

Proposals to clarify the legal status of some forms of behavior with a sexual connotation that are clearly offensive came up for open discussion, but early public opinion has resisted all attempts to introduce a more extensive notion of sexual harassment. In many cases, these attempts are considered part of a moral crusade imported from the United States.

Rape

The Fascist penal code defined rape as a crime that offended public morality and not as a crime against the person. Like many other parts of Fascist legislation, the articles regarding sexual violence remained valid during the first

decades of the Italian Republic. Rape was considered a crime against morality, and no mandatory prosecution existed. The victim had to file a complaint, and often would be as much on trial as the perpetrator, because the defense would insist that the victim had provoked the crime. Evidence of the sexual history of the victim could be presented to the court. Moreover, the fact that the men responsible for this crime could escape punishment if they married their victims, often led to heavy pressure on the victim. In any case, punishment of the crime was relatively mild.

Given this legal situation, and taking into account the psychological problems that still today make it difficult to denounce acts of sexual violence, the statistics have no direct relation with the real incidence of the crime, but are linked with the attitudes prevailing in society, and especially among women. Until the early 1960s, the number of denunciations of rape was highest in the southern regions of Italy, where legal pressure was used to obtain extralegal solutions, like marriage, which could restore the honor of the family (Sabadini 1998).

During the 1970s, changes in sexual mores led to a decline of the number of denunciations in the south. The general increase of denunciations in the 1980s is linked with changes in public opinion, which had grown more aware of the importance of women's rights, while the police forces and judiciary system also changed their attitudes. Women's organizations have played an important role in this change. Already in the 1960s, women's organizations had started to campaign against the existing legislation, underlining the importance of sexual violence against women. The existence of anti-violence centers and of other assistance services organized by women, like the Telefono Rosa ("Pink Telephone"), convinced more women to denounce violence.

Still today, most cases of sexual violence are not denounced, and this is even more true when the person responsible for the crime is someone known by the victim, as is often the case. Only in 21.7% of the reported cases of sexual violence was the person responsible totally unknown to the victim; most other cases regarded friends, relatives, employers, and so on. Friends, relatives, and (ex-)boyfriends are responsible for 54.3% of reported incidents of sexual violence; violence on the job by employers or colleagues accounts for 10.7%. Street violence accounts for 22.5%.

In February 1996, new legislation was introduced. Sexual violence is now considered a crime against the person, and is punished more severely than in the past. By abolishing the distinction between rape (sexual violence with penetration) and other forms of sexual violence, Law n. 66 has eliminated the need for specific medical checks and for a detailed discussion of the acts. According to the new legislation, sexual violence, meaning sexual relations obtained with the use of physical violence, threats, abuse of authority, abuse of conditions of physical or mental inferiority, or deception, is punished with a term in prison from five to ten years. The punishment is six to 12 years if special conditions occur, as in the case of gang rape. Prosecution is mandatory only in special cases, such as when the victim is under age 14. In all other cases, it is necessary to file a complaint within a period of six months from the time of the crime. It is not possible to retract this complaint.

B. Prostitution

In 1860, the new Italian kingdom followed the French and Belgian example of allowing regulated prostitution in closed houses, where prostitutes were subjected to mandatory medical control and deprived of many civil rights. Notwithstanding the opposition of the abolitionist movement and feminist groups, the system of regulated prostitution re-

mained in vigor, with relatively minor changes, until 1958. The system was justified on the grounds that it gave young men a safe outlet for their sexual desires, and helped to avoid both masturbation and the socially more disruptive problem of the seduction of "honest" girls. Moralistic arguments played an important role as well in the discourse of the abolitionists, who refused to recognize that prostitution could be a choice for poor women for whom the alternatives offered by the labor market often were not much more attractive. Medical science viewed regulated prostitution as a necessary protection against the diffusion of sexually transmitted diseases. Moreover, positivist scientists like Cesare Lombroso (1836-1909), an Italian physician and criminologist, claimed that prostitution was the "biological destiny" of women who shared certain physical and psychological characteristics.

In 1948, Lina Merlin, a socialist member of Parliament, proposed a bill for the abolition of closed houses of prostitution. The proposal, which was not approved until 1958, met with the open opposition of brothel keepers who financed a campaign in the newspapers against the "Salvation Army mentality" of Lina Merlin, and accused her of disregarding male privileges. Protests were expressed also by the national association of venereologists, who warned that the abolition of mandatory medical checks on prostitutes would lead to a rapid increase of syphilis and other venereal diseases. The group of abolitionists was internally divided because some saw the abolition of organized prostitution primarily as a way to reconstruct the moral bases of male superiority, or as part of a more complex effort of moralization, including measures against premarital sex, adultery, and contraception. The main cause of the delay, however, was the silent opposition of the male members of Parliament who simply refused to put the issue on the agenda.

The new legislation, which was finally approved in 1958, did not make prostitution, as such, a crime, but punished only persons involved in procuring and in the exploitation of prostitution. Therefore, those who organized prostitution now ran most of the legal risks, while the prostitutes themselves had little to fear. The result has been that most prostitutes turned to streetwalking; only those prostitutes who could guarantee a high income, and who did not represent special risks of being minors or drug addicts, were employed in illegal brothels.

In the 1980s, prostitutes, or sex workers, started to organize themselves, and the year 1983 saw the first meeting of the Comitato per i Diritti Civili delle Prostitute (Committee for the Civil Rights of Prostitutes), created on the initiative of Carla Corso and Pia Covre. The main aim of this organization was to limit the extensive interpretation of the existing law against the exploitation of prostitution, which was often applied against the husbands and partners of prostitutes. An attempt was also made to reeducate the male clients, and to convince them of the necessity to use condoms.

The presence among prostitutes of drug addicts willing to accept lower prices and not requiring the use of condoms limited the successes of the organizations of prostitutes. In the early 1990s, the arrival of women from Eastern Europe and Africa created further problems. According to a report published by the Ministry of Internal Affairs in September 1997, the total number of women working as prostitutes in Italy is about 50,000. Thirty-five thousand of these women have migrated to Italy from abroad, with the major group coming from Albania. In 1996, 4,387 persons were denounced for the exploitation of prostitution.

Prostitutes can be divided into three categories, depending on differences between the level of personal autonomy, the prices paid for their services, the level of integration in

society, and age. At the top level are the call girls who are autonomous in the organization of their activities; they attract their clients through advertising in newspapers and in specialized magazines. Unlike the call girls, the second group of women, who work officially as actors, dancers, hostesses, strippers, and so on, cannot refuse clients who are procured by agencies or by the owners of nightclubs.

The working conditions of streetwalkers, many of them illegal immigrants, are worse, because their legal situation makes them easily exploited. Moreover, many of these prostitutes, especially those coming from Albania, are minors, and are forced to work on the streets. These young women are often exploited by criminal gangs, who force them to hand over all the money they earn. Moreover, they are the frequent victims of the violent actions of the procurers, especially when they stand up against their exploiters, and refuse to work as prostitutes. Streetwalkers also run more risks in their contacts with clients. Police actions against these forms of violence have been notably inefficient.

The rapid increase in the number of prostitutes and their growing visibility has led to a recent debate about the possible reintroduction of some regulation of prostitution. Proposals have been forwarded to force prostitutes to exercise their profession only in certain locations, and/or to allow them to organize themselves in cooperatives, without being accused of "favoring" the prostitution of their fellow sex workers. In 1998, many city councils introduced repressive legislation, using the existing rules regarding traffic and public order, to force prostitutes and their clients to change locations. At the national level, proposals were discussed to coordinate police actions against the exploitation of women and to create public facilities for prostitutes who want to abandon the streets. Moreover, illegal immigrants are offered the right to reside in Italy in exchange for their help in dismantling the criminal organizations responsible for the "traffic in women."

[Update 2003: In January 2003, the Italian government proposed a bill, which, in its intentions, will combat the increase of prostitution. The exploitation of prostitution by criminal organizations will be punished more severely, and more funds will be made available to assist the women who want to escape from these organizations. Streetwalkers who are not the victims of criminals will be punished with a fine plus a term of prison up to 15 days. Also, their male clients risk a fine. However, prostitution in private apartments will be legal. Moreover, prostitutes are encouraged to undergo frequent medical checkups, even though the bill does not introduce any formal obligation in this sense.

[The conservative government presented its bill as a way of promoting traditional family values, without reintroducing regulated prostitution. Members of the opposition and nongovernmental organizations, however, speak about a return to the system of "closed houses." They claim that the bill merely aims at eliminating the visibility of prostitution, without tackling the problem itself. (End of update by P. F. Wanrooij)]

Transsexuals and transvestites also participate in prostitution, where the two categories are often lumped together under the name *viados*. Male homosexual prostitution, which created Italy's reputation for sex tourism early in the 20th century, is concentrated in the major cities, and takes, above all, the form of streetwalking. As in the case of heterosexual prostitution, some of the prostitutes offering their services to homosexual clients are minors, and a relatively high percentage is recruited among (illegal) immigrants. Male heterosexual prostitution is less common, but according to journalistic sources, there is an increase in the phenomenon. Unfortunately, little research has been done

on this. In recent years, the larger Italian cities have attracted Brazilian and other Latino transvestites, who can earn a much better living as prostitutes than they can in South America.

Not much information is available about the clients of prostitutes. Until 1960, about a quarter of Italian young men had their first complete heterosexual experience with prostitutes. Visits to brothels were considered part of the process of coming of age for young, unmarried men, even though in reality middle-aged married men made up a large part of the clientele.

Today, there is a growing demand for sexual services, which seems to be linked with the more general phenomenon of the commoditization of human relations. About 16% of sexually active Italian males have sexual intercourse with prostitutes, with a higher percentage in southern Italy (Cutrufelli 1996). The increase in the demand, however, has not kept up with the increase on the supply side. As a result, it has become ever more difficult for prostitutes to refuse certain clients or particular sexual acts. Also, the safety risk is higher, as the request to use condoms is often disregarded by clients.

A recent public opinion survey (Buzzi 1998) shows that most young Italians have a more severe judgment about the clients than about the prostitutes. Prostitution, however, is seen above all as a problem of public order, and 64.7% of young people agree with the idea of reestablishing brothels. Moreover, the majority of young men do not exclude the possibility of going with prostitutes.

C. Pornography and Erotica

While it is difficult to find precise data about the production and commerce of pornography in Italy, there are no doubts about its diffusion. The gradual blurring of the distinction between pornography and other forms of erotica has led to a high level of social acceptance of pornography and opened new markets. In public debate, the anti-pornography position is weak, and pornography is often presented as a form of sexual liberation. Even some Catholic moralists have recognized that pornography can help couples to improve their sexual life as long as it does not replace "natural" sexuality.

The pornography market can satisfy most requests in genres from heterosexual and homosexual to transsexual, and from sadomasochism to sexual acts involving animals, and products including magazines, videocassettes, telephone services, and sex toys. A great diversification exists in the distribution system, which includes normal newsstands, video shops, porno shops, and mail-order services. From the economic point of view, the most important sector of the porno market is the sale of videocassettes, the success of which has been made possible by the wide distribution of videocassette players. With the increase in the sale of videocassettes, the importance of the so-called "red light" cinemas, with their almost exclusively male public, has decreased rapidly, from 122 in 1987 to 85 in 1992. Soft-core magazines, as well, have entered a period of crisis: The October 1991 issue of *Playboy* sold 51,000 copies, whereas during the late 1970s, the average sale had been about 120,000 copies. Hardcore magazines did not suffer the same decline, thanks to the greater diversification of their content. The total yearly sale of porno magazines is about 30 million copies.

Compared to porno cinemas, videocassettes offer the possibility of greater privacy, and cater to the needs of a more mixed public, including women and couples. Pornographic videocassettes are distributed primarily through video shops, where they can also be rented, and at the typi-

cal newsstand. The newsstands have fewer legal problems in selling the hardcore cassettes, which are formally attached to magazines, because, according to a law issued in 1975, the owner of the newsstand is not responsible for the content of the publications that he or she sells. This legal situation has made the newsstands the primary channel for the sale of pornographic cassettes, and has thus determined a high level of visibility for pornography. Video shops, however, offer the advantage of greater anonymity, especially, in the case of automatic dispensers, and the technical quality of the cassettes is usually higher. Estimates of the economic value of pornographic cassettes vary from 250 to 1,000 billion Italian lire per year.

The star system is a characteristic of hardcore pornographic movies produced in Italy, and actresses like Ilona Staller, Moana Pozzi, Jessica Rizzo, and Eva Henger have achieved some popularity also outside the world of pornography, thanks to their presence as guest stars in non-porno television shows. The best-known pornography stars have tried to exploit their popularity also, through the creation of pay sites on the World Wide Web. Not much is known about the consumption of pornography through Internet services, but the growing number of sites in Italian seems to indicate an expanding demand.

Surveys regarding the consumers of pornography (Eurispes 1993) indicate that about 50% of both males and females are sexually excited by erotic films. However, whereas females prefer erotic films where sexual acts are embedded in a narrative context, males are more easily excited by viewing mere nudity and sexual organs. Earlier surveys (Sabatini 1988) defined the interest for pornography as predominantly male, and suggested that female curiosity increased with age. Moreover, female consumption of pornography seems to take place in the context of the couple, whereas for men it is more linked with solitary sex. The gender differences in the consumption of pornography are probably related to its male focus. Notwithstanding this, generally speaking, there are indications of an increase of the consumption of pornography by couples.

9. Contraception, Abortion, and Population Planning

A. Contraception

According to a 1997 survey (De Sandre 1997), the most common method of contraception in Italy is withdrawal, which is used by 29.2% of women of fertile age with a stable relationship. The incidence of this method is highest among women in the age group 20 to 24 (38.0%), where the contraceptive pill ranks second with 32.9%, and in the age group 45 to 49 (39.6%). Condoms are the most popular method of birth control for women aged 35 to 39 (28.1%); the contraceptive pill prevails in the age group 30 to 34 (30.8%). Nine percent of women with a stable relationship do not use any method of contraception.

The situation is completely different among women without a stable relationship: 48.7% use the contraceptive pill, and 30.8% use condoms. Differences between the age groups are less important for this category, with the exception of women belonging to the age group 45 to 49, whose use of the contraceptive pill is equaled by the use of other modern methods of contraception (both 22.9%). Condoms are used by 7.6% of the 45-to-49 age group, whereas 38.9% of this group does not use any method of contraception. Differences between the age groups are less pronounced among women without a stable relationship. Only the women aged 45 to 49 distinguish themselves: The use of the contraceptive pill is lower for this group (22.9%), and the difference is even

more striking for the use of condoms (7.6%). Thirty-nine percent of women without a stable relationship aged 45 to 49 do not use any form of contraception.

Condoms and other means of contraception were not easily available in Italy until World War I. However, the existing methods of birth control, sexual abstinence and withdrawal, were not popular among men from the higher classes, who often preferred the sexual exploitation of domestic servants and peasant women. The ideals of neo-Malthusianism gained more popularity in the first decades of the 20th century when rubber condoms became available. In 1913, Luigi Berta and Secondo Giorni founded the neo-Malthusian League. The success of this movement was hampered by the advent of World War I, which seemed to show the need of population growth, and gave birth control an anti-patriotic image.

Eager to win the "demographic battle" in favor of population growth, the Fascist leaders introduced in 1930 legislation prohibiting publications and any other form of propaganda in favor of birth control. The production of condoms, as such, was not affected, because they were deemed necessary as a protection against venereal diseases. Subsidies and tax reductions for large families, jobs and better career chances for prolific fathers, higher taxation for bachelors, and healthcare for mothers and children were introduced in this period, but did not convince men, and above all women, to have more children. The main result of the prohibition of contraception was, therefore, an increase in the number of abortions. In addition, there was an increase in the number of illegitimate children, because economic hardship made it difficult to set up new households.

In the years after World War II, there was growing opposition against the Fascist legislation regarding contraception, which had remained valid in Italy even after the fall of Benito Mussolini. In 1956, the Italian Association for Demographic Education (AIED) was founded with the aim of defending the idea and the practice of a voluntary and conscious limitation of the number of children, and of combating the existing legislation against birth control. AIED had the support of the secular lay forces in Italy, of the socialists and of the communists, but its proposals were strongly opposed by the Catholics, who upheld the existing legislation. Still, in 1965, the Constitutional Court declared that detailed information about contraceptives should remain illegal because it offended public morality. In 1971, the legislation forbidding "propaganda in favor of birth control" was declared unconstitutional.

Since the legalization of contraception, the fertility rate has accelerated its decline. Notwithstanding the opposition of the Catholic Church, which has repeatedly reaffirmed its condemnation of contraception in the 1969 Encyclical *Humanae Vitae* of Pope Paul VI, the use of the contraceptive pill has increased, and almost tripled in the ten years between 1985 and 1996.

Some taboos survive, however. In 1997, the installation of condom dispensers in a public high school caused a major outcry in the conservative press. The official newspaper of the Vatican, *L'Osservatore Romano*, spoke about an act of arrogance committed by a minority, even though according to public opinion polls, 79% of the Italians were in favor of the initiative. Earlier, in 1993, an anti-AIDS campaign in high schools was blocked because it endorsed the use of condoms. Furthermore, a recent agreement among private and public television networks excludes publicity for condoms during prime time.

Especially among young people, who seem to be aware of the risks of unprotected sexual relations in terms of STDs and pregnancy, the use of condoms is limited, because it is

assumed that they make sex less enjoyable, because it is embarrassing to buy them, and also because the risk of not using condoms in contacts with occasional partners is judged acceptable. The low incidence of extramarital pregnancies is nevertheless an indication of the widespread use of contraception. The majority of unmarried women above age 20, in fact, have complete sexual relations, but only a few of them cohabit or have children. This is even more significant taking into account the distance between the age of first sex and marriage.

B. Abortion

Although induced abortion was not allowed during the Fascist period, legal measures against contraception, and the high incidence of premarital sex in certain regions, made abortion a common method of birth control. The first exception in the general prohibition of abortion was made in 1975, when the Constitutional Court ruled that induced abortion should be possible in the case of serious health risks for the woman. After a campaign by pro-choice feminist groups, abortion was legalized in 1978, and women were granted the right to terminate a pregnancy upon request during the first trimester. However, the law contained a number of restrictions: Legal abortion is confined to women whose physical and psychological health are at risk or for whom social conditions, economic conditions, or the family situation make it extremely difficult to educate children. Further limitations regard the obligation to consult a medical doctor, and the mandatory waiting period of seven days between the medically certified decision and the actual intervention. Minors need to obtain permission of a parent or guardian. The male partner of the woman is involved in the decision process only if the woman wishes so.

After the first three-month period, induced abortion is legal only in case pregnancy or childbirth creates serious health risks for the woman, or when the fetus presents pathologies that entail serious risks for the physical and mental health of the woman. All induced abortions have to take place in public hospitals, where the medical staff has no obligation to cooperate if abortion is in conflict with their moral and religious convictions. Partly as a result of the limitations to the freedom of choice, illegally induced abortion has not disappeared in Italy. For obvious reasons, no exact data are available, but the Ministry of Health estimated that 50,000 clandestine abortions were carried out in 1993, 70% of which were in the south.

Attempts to change the existing legislation failed in 1981, when two different referenda, one aimed at eliminating the restrictions, the other designed to severely reduce access to abortion, were voted down by majorities of, respectively, 88.4% and 68%. Abortion remains controversial in Italy, however, and is severely condemned by the Catholic Church. The condemnation was reiterated in a recent Papal Encyclical on ethical questions, *Evangelium Vitae*. The Italian pro-life movement tries actively, but without much success, to convince the political leadership of the need to change the existing legislation. Most of its resources, however, are spent in providing alternative solutions and facilities for single mothers.

After the introduction of Law no. 194, abortion rates rose modestly, increasing from 13.7 abortions per 1,000 women aged 15 to 44 in 1979 to 16.9 per 1,000 in 1982. Since 1984, there has been a steady decline, reaching 9.8 per 1,000 by 1993. A similar pattern was displayed by abortion ratios (the number of abortions per 1,000 live births), which reached 213 in 1996 after having reached a peak of 389.5 in 1984. While the abortion ratios are relatively high because of Italy's low fertility rate, the general trends are similar to other

western European countries. (Salvini Bettarini 1996). Abortion rates and ratios vary considerably according to regions. Since legalization, abortion rates have dropped most in the northern regions, where family planning services are more extensive, but both abortion ratios and rates remain higher in the northern and central regions than in the south.

As far as age patterns are concerned, the abortion rate is relatively low for young women (7.6 per 1,000 women at ages 15 to 19 in 1981, and 4.6 in 1991). This may be, in part, because of legislative restrictions, but it is also linked to the fact that Italian women start to have sexual relations at a relatively late age. Generally speaking, the trend in the distribution of age-specific abortion rates is shifting upward. In 1981, the abortion rate was highest among women aged 25 to 29 (25.3 per 1,000 women), whereas in 1991, the abortion rate was highest among women aged 30 to 34 (16.9 per 1,000 women), with women aged 26 to 29 coming second (15.7 per 1,000 women).

The most recent data (ISTAT 2000) show that the total number of voluntary abortions has stabilized at between 138,000 and 140,000 per year, after a slight increase in 1997 when the number of abortions was 9.5 per 1,000 women of fertile age. Thus, in the years 1980 to 1997, the average number of abortions per woman has diminished by 40.7% against a diminution by 29% of the fertility rate in the same time period. The decline in the abortion rate and in the fertility rate indicate a more frequent, or more efficient, use of techniques of birth control. The decline in the abortion rate is highest among married women in the most fertile age groups, 25 to 28 and 30 to 34. An opposite tendency can be noted among very young women, aged 15 to 19, among whom the abortion rate has increased since the early 1990s, reaching 6.6 per 1,000 in 1998. A more consistent increase regards the abortion rate of immigrant women, which reached the number of 32.5 abortions per 1,000 women in 1998.

C. Population Programs

Under Fascism, public authorities shared the Catholic Church's positive view about large families, and after the fall of Mussolini, they were slow to change their position. Not until 1971 did the Constitutional Court declare that ideas about population growth dating back to the Fascist period were not sufficient to justify the existence of legislation against contraception. To advance information about contraception and to promote responsible parenthood are part of the duties of the public family advisory agencies created in 1975.

In the postwar period, population planning concentrated on various maternity benefits. The first important legal measure was taken in 1950 when employers were prohibited by law from dismissing pregnant women or mothers of small children. The same law prohibited employing pregnant women in activities that would endanger their health or the health of the unborn baby. Finally, a new law introduced a paid maternity leave of three months before childbirth and two months after childbirth. Mothers have the right to six more months of unpaid maternity leave, during which they retain their position. In the attempt to invalidate the attempt of employers to dismiss women as soon as the possibility of pregnancy increased significantly, a 1963 law specified that marriage was not a valid reason for dismissal. The rules regarding mandatory leave of absence for maternity were reaffirmed and elaborated on in Law n. 1204 of 1971.

Today, Italy's birthrate, expressed in Total Fertility Rate (TFR) is, with that of Spain, the lowest of 227 nations: 1.19 children per fertile woman. A TFR of 0.8 in the northern industrial city of Bologna underscores the social challenges Italy faces. The actions of the Italian governments in the field

of population planning are strongly influenced by the fear that this low fertility rate and a relative decline of the active population will make it impossible to finance pensions for the retired and other welfare projects. Most measures aim at improving the conditions of working mothers, and try at the same time to eliminate gender-specific discrimination, by extending rights, such as leaves of absence for the care of children to men. According to recent proposals, financial compensation for maternity, until now limited to employed women, will be extended to non-employed and self-employed women. Further measures focus on the creation and funding of childcare facilities, and, more generally, aim at reducing the financial burden of families with children.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Historically, sexually transmissible diseases (STDs) were seen primarily as a consequence of sexual contacts with prostitutes, and the legal interventions regarding prostitution and STDs were closely connected. The need to control the diffusion of STDs was one of the main arguments for the introduction, in 1860, of regulated prostitution. In 1870, the obligation to notify health authorities of infectious diseases was introduced, together with more specific laws regarding STDs. In 1888, the clinics for the mandatory treatment of infected prostitutes were reorganized and transformed into specialized clinics for the free treatment of contagious venereal diseases. New legislation, approved in 1901, defined syphilis, gonorrhea, and chancroid (*Hemophilus ducreyi*) as "venereal diseases." According to legislation approved in 1923, venereal clinics had to be created in all major cities. While reaffirming the principle of free treatment, Law 837 of 1956 and successive laws updated existing legislation and established a list of four diseases—syphilis, blennorrhagia (a profuse gonorrheal discharge), chancroid, and lymphogranuloma venereum (*Chlamydia trachomatis*)—for which there is an obligation to report. This law is still in effect. Moreover, the terminology used in official documents still refers to "venereal diseases," and has not yet adopted the broader term of sexually transmissible diseases (STD).

While venereologists denounced a rapid increase of venereal diseases after 1958, when the abolition of regulated prostitution made mandatory medical checks on prostitutes impossible, in reality the statistical data could be interpreted in various ways.

In 1972, responsibility for the diagnosis and treatment of STDs was transferred to regional governments. The result has been a growing differentiation in the treatment and operational conditions of various STD centers, with important differences both between regions and within the same region. In the past, venereology was associated above all with dermatology, but recent developments have shown the need for a more interdisciplinary approach.

The precise incidence of STDs is unknown, not only because there is a legal obligation to report only a few diseases, but also because medical specialists tend to disregard this obligation. The Higher Institute for Health (Istituto Superiore della Sanita, ISS) has estimated that the number of unreported cases is at least 100 to 150% higher than reported cases. In September 1991, a national STD surveillance agency was created to collect and analyze data coming from some 48 STD clinics. The aim is not to register the total number of cases, but rather to monitor developments and to gather the data necessary for a better description of STDs (Giuliani & Suligoj 1994).

The results of the first year of the survey confirmed the existence of important regional variations in the registration and/or recourse to STD centers for treatment: 67.4% of the 9,527 STD cases were registered in northern Italy, 19.3% in central Italy, and 33.6% in the south. In order to assist the large number of foreigners involved (10.4%), in 1992, a special project was created for the prevention and treatment of STDs among this group. Heterosexual contacts were responsible for 92% of the cases, and homosexual or bisexual contacts accounted for 8%. The most frequent pathogens were *Condyloma acuta* or venereal warts, 28%; nongonococcal urethritis, 11.2%; nongonococcal vaginitis, 18.6%; and quiescent seropositive syphilis, 10.4%.

B. HIV/AIDS

The first case of AIDS in Italy was discovered in 1982, and until 1995, there was an annual increase in the number of persons diagnosed as being infected with HIV (see Table 1). HIV infection is unevenly distributed over the national territory, with the highest numbers in the regions of Lombardia, Lazio, Liguria, and Emilia Romagna. Between October 1997 and September 1998, the AIDS rate per 100,000 population was 6.5 in Liguria, 9.1 in Lombardia, 6.0 in Emilia Romagna, and 8.1 in Lazio, against 0.6 in the region of Molise and 1.2 in the Basilicata. In 1997, women constituted 23.2% of the cases.

Among the men diagnosed as being infected with AIDS, drug addicts are the major category (63.6%), followed by men with homosexual experiences (19.7%). Heterosexual experiences are held responsible for 15.2% of the cases of AIDS, but heterosexual contact is the second most important cause (34.2%) for HIV infection in women after the abuse of drugs (59.9%). The average age at which AIDS is diagnosed is increasing: In 1985, it was 29 for men and 24 for women, compared to 37 for men and 34 for women in 1997.

While at first, gay organizations interpreted the alarm about AIDS as an attempt of the medical professions to regain control and use the discourse about health risks to moralize "disorderly sexual conduct," the real dimensions of the problem soon became clear. In May 1985, Arcigay, to-

gether with the Abele group from Turin, promoted the publication of the first Italian book about AIDS, written by Giovanni Dall'Orto (1985). Since then, Arcigay has promoted many public debates and information campaigns about safe sex. Other initiatives included the free distribution of condoms and the creation of homosexual health centers managed by the association itself with the support of the Ministry of Public Health. The success of these actions is shown by the fact that homosexuals in Italy make up a much lower percentage of the victims of AIDS than in most other countries.

[Update 2002: UNAIDS Epidemiological Assessment: The incidence of new HIV cases diagnosed decreased from 19.18 per 100,000 in 1992 to 6.68 per 100,000 in the year 2000. Testing is mandatory for blood donors and systematically proposed in STD clinics and injecting-drug-user treatment centers. There are several regional HIV case reporting systems (e.g., Lazio (region of Rome), Veneto, Friuli, and the provinces of Trento and Modena). Universal Assessment Testing (UAT) surveys have been conducted in newborns in all regions since 1989, showing a mean prevalence of HIV seropositivity of about 1 per 1,000. Prevalence varies greatly by regions. In most of the population tested, prevalence is higher in Lazio, Lombardia (region of Milan), Emilia, and Liguria than most other regions. In addition, prevalence is higher in all regions of the north compared to the south in all populations tested, except blood donors, where the opposite is observed, probably due to the higher proportion of occasional blood donors. Geographical variations are even stronger among injecting drug users, where prevalence in the same region varied from 9% to 48% in 1985 to 86% in small cities. Overall, HIV seroprevalence among injecting drug users decreased from 30.8% in 1990 to 15.8% in the year 2000. Prevalence slowly decreased from 1990 to 1992 in pregnant women nationally, mostly due to a decline in prevalence in Lazio and Lombardia. In Lazio, about 2 of 1,000 women were found HIV infected before delivery, whereas prevalence was at least 2 times higher among those who underwent voluntary abortion.

[About 8,000 patients are diagnosed every year by the STD clinics (however, this number underestimates the burden of disease since STDs are diagnosed by private gynecologists in a large proportion of women). HIV prevalence among STD patients tended to increase from 9.3% in 1991 to 18.8% in the year 2000.

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

Adults ages 15-49:	100,000 (rate: 0.4%)
Women ages 15-49:	33,000
Children ages 0-15:	770

[An estimated 1,100 adults and children died of AIDS during 2001.

[No estimate is available for the number of Italian 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. Sexual Dysfunctions

The notion of sexual dysfunction itself is subject to change, and definitions of sexual dysfunctions often mirror changing attitudes toward male and female sexuality. Thus, inhibited female orgasm (anorgasmia) was not considered a problem in a context where female sexuality was linked almost exclusively with procreation. Premature ejaculation became more of a problem with the emergence of the myth of simultaneous orgasm, and also the idea of (hetero-

Table 1

Annual Distribution of New Cases of AIDS and Mortality Rate

Year of Diagnosis	New Cases	Mortality Rate
1982	1	0.0%
1983	8	87.5%
1984	37	100.0%
1985	198	93.9%
1986	457	93.4%
1987	1,029	93.0%
1988	1,773	90.4%
1989	2,480	90.8%
1990	3,135	89.1%
1991	3,826	88.7%
1992	4,261	85.6%
1993	4,818	77.6%
1994	5,521	72.7%
1995	5,654	56.9%
1996	4,993	36.7%
1997	3,728	20.7%
1998 (to 30 September 1998)	1,430	13.6%
Total	42,899	67.5%

(Istituto Superiore di Sanità, Notiziario, XI, 11 November 1998)

sexual) sex as pleasure-created pressures and tensions. Finally, the growing resistance to a compulsory idea of sexuality as necessarily linked with orgasm might eliminate the tendency to treat alternative expressions of eroticism as sexual dysfunctions.

About 11% of Italian males have erectile dysfunctions. More widespread are problems regarding orgasm: About one third of Italian males have had at least some experience with problems of early (premature) ejaculation. The most serious problem, however, is a decreased libido. The incidence of physical problems and, above all, psychological factors, like the identification of virility with sexual potency, and the desire to please the female partner, have created a market for new pharmaceutical products. Among women, the sexual dysfunctions with the highest incidence are painful intercourse (dyspareunia), vaginal spasms (vaginismus), and inhibited orgasm (anorgasmia). Also, among women the loss of sexual desire is common.

Recent research among young people aged 18 to 30 indicates that, among males, 10.2% presented erectile dysfunctions, and 30.1% presented problems of premature ejaculation. Inhibited orgasm was mentioned by 13.2% of young females, while painful intercourse was reported by 50.7%. Difficulties in experiencing orgasm were reported by 11.5% of males and 39.8% of females, while 14.1% of males and 28.4% of females complained about the lack of sexual desire (Buzzi 1998).

Other male problems involve fertility. A comparison of the results of sperm analyses of 4,518 men without fertility problems, carried out by the Centro di Andrologia based in Pisa between 1975 and 1994, has confirmed the thesis of a general decline of the number and of the motility of spermatozoa. In this 20-year period, sperm counts went down from 71 million to 65 million spermatozoa per millimeter. The decline of the motility was even more serious, as the number of spermatozoa with progressive motility decreased from 50% to 32%. Oxidation caused by environmental pollution is the main cause of this phenomenon.

B. Counseling and Therapies

In 1948, the first Italian family advisory agency was opened in Milan by Don Paolo Liggeri. La Casa and its sister organizations functioned as a social movement, where volunteers tried to transmit values and ideals, not as a service agency where paid professionals offered their services to clients. For this reason, the use of American manuals for marriage counseling, with their pragmatic attitude, often created problems. Nevertheless, these Catholic marriage advisory agencies were often innovative, because they underlined the positive role of sexuality in marriage and favored a more active role of fathers in the education of their children. However, as far as the female gender role was concerned, they subscribed to more traditional ideas about the female biological destiny of motherhood, and women's generally more passive attitude in sexuality.

Law n. 405 of 1975 created a network of public family agencies, which were to offer psychological and social assistance to couples and families, and to assist couples in choices regarding procreation and responsible parenthood through information and the distribution of contraceptives. The same law allowed for the public funding of private family agencies. Both Catholic and feminist-oriented advisory agencies thus received funding. The prerequisite of client-oriented, non-directive counseling was satisfied, not by the single agencies, which maintained their ideological premises, but by the system as a whole.

Among the therapies often used in combination to combat sexual dysfunctions, it is possible to distinguish these:

psychotherapies focused on improving the understanding of sexual problems, and thus modifying reactions and behaviors; behavioral therapy using special assignments to modify and improve the perception of pleasure and the idea of sexual pleasure itself; and autogenous training and pharmacological therapies.

12. Sex Research and Advanced Professional Education

In 1921, the Società Italiana per lo Studio delle Questioni Sessuali was founded by Aldo Mieli, with the aim to improve the level of information about human sexuality. The journal published by the Society, *Rassegna di Studi Sessuali*, introduced in Italy the themes and ideas developed by progressive German sexologists, and greatly contributed to a more open discussion. The rise to power of the Fascists in 1922, however, reduced the possibilities for reformist action. This was one of the reasons why, in 1928, Mieli submitted his resignation as editor-in-chief of the journal and left Italy for France. By 1931, when Corrado Gini took over control, the journal had become an instrument of the Fascist population policy.

Sexology had to start again in the postwar period. In 1959, a group of medical doctors, headed by Professor Giacomo Santori, created the Centro Italiano di Sessuologia (Italian Center of Sexology, CIS), which is active, above all, in the sector of training and information. The CIS (Via O. Regnoli, 74, 40138 Bologna) promotes an interdisciplinary approach that draws on the results of medical science, psychology, and anthropology, and favors an interpretation of human sexuality that takes into account the biological and medical aspects, as well as the social and relational aspects, without excluding moral aspects. The CIS is a founding member of the World Association of Sexology (WAS), and a member of the European Federation of Sexology.

Aspects of sexology are part of medical training, and specialized schools are attached to some universities. Among these, the Center of Andrology of the University of Pisa, founded by Professor Menchini Fabris in 1975, deserves special mention. Numerous other institutes and associations do research and offer training in sexology, among them:

- Istituto Internazionale di Sessuologia, Via della Scala, 85, Firenze, Italy (founded in 1981).
- Istituto di Sessuologia Clinica, Via Fibreno 4, 00199 Roma, Italy.
- Società Italiana di Sessuologia Scientifica, Istituto di Sessuologia Clinica, Via Fibreno 4, 00199 Roma, Italy; publication: *Rivista di Sessuologia Clinica*.
- Società Italiana di Sessuologia ed Educazione Sessuale, c/o Prof. Gabriele Traverso, Via Circonvallazione 28, 10015 Ivrea, TO, Italy.
- Centro Italiano di Sessuologia (CIS), Via della Lungarina, 65, Rome, 00153, Italy; phone: +39-6-51-245-785.
- Istituto di Sessuologia di Savona, 17026 Noli, Via la Malfa, 5, Savona, Italy; phone: 39-19-748-5687; fax: +39-19-748-5687; Associazione per la Ricerca in Sessuologia (ARS), Via Angelo Cappelletti 1/8, 16126 Genova, Italy.
- The Centro Italiano di Sessuologia (CIS) is the publisher of the *Rivista di Sessuologia* (CLUEB, Via Marsala 24, 40126 Bologna, Italy; www.clueb.com).
- Other publications in the field of sexology are *Rivista di Scienze Sessuologiche* (Edizioni del Cerro, Via delle Orchidee 17, 56018 Tirrenia, Pisa, Italy) and *Rivista di Sessuologia Clinica* (Franco Angeli, Viale Monze 106, 20127 Milano, Italy; www.francoangeli.it; frang@tin.it).

The results of sexological studies often receive great attention in the mass media, and some sexologists—Willy Pasini, to name but one—have gained national popularity as guests on television talk shows and through their articles in the popular press.

References and Suggested Readings

- Barbagli, M., & A. Colombo. 2001. *Omosessuali moderni: Gay e lesbiche in Italia*. Bologna: Il Mulino.
- Barbagli, M., & C. Saraceno, eds. 1997. *Lo stato delle famiglie*. Bologna: Il Mulino.
- Bohlen, C. 1996 (March 1). At 30-something, leave home? Mamma mia, No! *The New York Times* (Foreign Desk), p. A4.
- Buzzi, C. 1998. *Giovani, affettività, sessualità. L'amore tra i giovani in una indagine IARD*. Bologna: Il Mulino. (IARD Foundation, Via Soncino 1, 20123 Milano, Italy).
- Cesareo, V. 1995. *La religiosità in Italia*. Milano: Mondadori.
- CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: <http://www.cia.gov/cia/publications/factbook/index.html>.
- Cipolla, C., ed. 1996. *Sul letto di Procuste. Introduzione alla sociologia della sessualità*. Milano: Franco Angeli.
- Cutrufelli, M. R. 1996. *Il denaro in corpo. Uomini e donne. La domanda di sesso commerciale*. Milano: Marco Tropea.
- Dall'Orto, G., with R. Ferracini. 1985. *AIDS*. Torino, Italy: Gruppo Abele.
- De Rose, A. 1992. Socio-economic factors and family size as determinants of marital dissolution in Italy. *European Sociological Review*, 8(1).
- De Sandre, P., et al. 1997. *Matrimonio e figli: Tra rinvio e rinuncia*. Bologna: Il Mulino.
- Durex. 1998. *Global sex survey. 1998*. Available: www.durex.com.
- Eurispes. 1997. *Terzo rapporto sulla pornografia 1992*. Eurispes, *L'Italia sotto la lente 1982-1997. Quindici anni di lavoro di ricerca sulla società italiana* [CD-ROM]. Roma: MGE Communications.
- Fabris, G., & R. Davis. 1978. *Il mito del sesso. Rapporto sul comportamento sessuale degli italiani*. Milano: Mondadori.
- Fiore, C. 1991. *Il sorriso di Afrodite. Rapporto sulla condizione omosessuale in Italia*. Firenze: Vallecchi.
- Giovannini, F. 1980. *Comunisti e diversi. Il PCI e la questione omosessuale*. Bari: Dedalo.
- Giuliani, M., & B. Suligoi. 1994. La sorveglianza in Italia delle malattie sessualmente trasmesse. In: M. Dolivo et al., eds., *Malattie sessualmente trasmesse* (pp. 245-255). Milano, Parigi, Barcellona: Masson.
- Inchiesta. 1998. 'I diritti della famiglia e le 'unioni di fatto.' In: *Famiglia Cristiana*. Vol. LXVIII, n. 31.
- ISTAT (Istituto Nazionale di Statistica). 1996. *Famiglia, abitudini, servizi di pubblica utilità. Indagini multiscopo sulle famiglie. Anni 1993-1994*. Roma: ISTAT.
- ISTAT. 1998. *Annuario statistico italiano 1998*. Roma: ISTAT.
- ISTAT. 1999a. *Annuario statistico italiano 1999*. Roma: ISTAT.
- ISTAT. 1999b. *Rapporto annuale. La situazione del paese nel 1998*. Roma: ISTAT.
- ISTAT. 2000. *L'Interruzione volontaria di gravidanza in Italia. Evoluzione e tendenze recenti*. Roma: ISTAT.
- Rifelli, G., & P. Moro, eds. 1989-1995. *Sessuologia clinica. Vol. 1, Sessuologia generale; Vol. 2, Impotenza Sessuale maschile, femminile e di coppia; Vol. 3, Consulenza e terapia delle disfunzioni sessuali*. Bologna: CLUEB.
- Rifelli, G. 1998. *Psicologia e psicopatologia della sessualità*. Bologna: Il Mulino.
- Rodriguez, H. 1997/1998. *Cohabitation: A snapshot*. The Center for Law and Social Policy.
- Sabadini, L. L. 1998. *Molestie e violenze sessuali*. Roma: ISTAT. Available: www.istat.it.
- Sabatini, R. 1988. *L'eros in Italia. Il comportamento sessuale degli Italiani*. Milano: Mursia.
- Salvini Bettarini, S., & S. S. D'Andrea. 1996. Induced abortion in Italy: Levels, trends and characteristics. *Family Planning Perspectives*, 28(6):267-271.
- Sgritta, G. B. 1988. The Italian family. *Journal of Family Issues*, 40(3):372-396.
- Stella, R. 1991. *L'osceno di massa. Sociologia della comunicazione pornografica*. Milano: Angeli.
- Stanley, A. 1999 (November 16). Vastogirardi journal; Blissful bachelorhood and the shrinking village. *The New York Times*.
- Tatafiore, R. 1994. *Sesso al Lavoro. Da prostitute a sex-worker. Miti e realtà dell'eros commerciale*. Milano: Il Saggiatore.
- Trifiletti, R., A. Pratesi, & S. Simoni. 2001. *WP2 care arrangements in single parent families. National report: Italy*. Available: www.uta.fi/aitokset/sospol/soccare/report2.3.pdf.
- UNAIDS. 2002. *Epidemiological fact sheets by country*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS/WHO). Available: http://www.unaids.org/hiv/aidsinfo/statistics/fact_sheets/index_en.htm.
- Wanrooij, B. P. F. 1990. *Storia del pudore. La questione sessuale in Italia 1860-1940*. Venezia: Marsilio.
- Whitehead, B. D., & D. Popenoe. 1998. *Why wed: Young adults talk about sex, love and first unions*. The National Marriage Project at Rutgers University. Available: <http://marriage.rutgers.edu/pubwhywe.htm>.