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CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

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

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· THE ·

CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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

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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

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

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(*Republika ng Pilipinas*)

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Demographics and a Brief Historical Perspective

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A. Demographics

The Philippines is an archipelago of about 7,107 islands that stretch 1,100 miles (1,770 km) north and south in the Pacific Ocean off the southeast coast of Asia. With 115,830 square miles (300,000 km²) of total land area, the landmass of the archipelago is about the same size as the state of West Virginia, but slightly smaller than the British Isles. The Philippines is located northeast of Malaysia and Borneo, east of mainland China and Vietnam, south of Taiwan, and a distant west of the Hawaiian Islands in the Pacific Ocean. Ninety-five percent of the 1999 estimated 79.345 million Filipinos (Pilipinos) lived on the 11 largest islands, which are mountainous, except for the heavily indented coastlines and the central plains of Luzon. Slightly over half the nation's population live in the cities—in Manila, the former capital, with a 1990 estimated population of 1.6 million, in Quezon City, the new capital, with 1.7 million, and in Cebu City with 612,000. The Philippines is divided into three major regions: Luzon in the north, Visayas in the center, and Mindanao in the south.

In July 2002, the Philippines had an estimated population of 84.53 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 36.6% with 1.04 male(s) per female (sex ratio); 15-64 years: 59.7% with 0.98 male(s) per female; 65 years and over: 3.7% with 0.8 male(s) per female; Total population sex ratio: 0.99 male(s) to 1 female

Life Expectancy at Birth: Total Population: 68.12 years; male: 65.26 years; female: 71.12 years

Urban/Rural Distribution: 55% to 45%

Ethnic Distribution: The large majority of Filipinos are Malays, either Christian- (91.5%) or Muslim- (4%) affil-



(CIA 2002)

ated, with small minorities of Chinese, American, Spanish, and Indian. Twelve percent constitute the ethnic and cultural minorities that include Aetas, Negritos (north), Ifugaos, Igorots, the "hill people" (north central), and the Muslims in the south.

Religious Distribution: Roman Catholic: 83%; Protestant: 9%; Muslim: 5%; Buddhist and other: 3%

Birth Rate: 26.88 births per 1,000 population

Death Rate: 5.95 per 1,000 population

Infant Mortality Rate: 27.87 deaths per 1,000 live births

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

Total Fertility Rate: 3.35 children born per woman

Population Growth Rate: 1.99%

HIV/AIDS (1999 est.): Adult prevalence: 0.07%; Persons living with HIV/AIDS: 28,000; Deaths: 1,200. (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): 94.6%, with 97% attending primary

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(elementary) school and 55% attending secondary school. Education is free and compulsory from age 6 to 15. The Philippines also has the distinction of having one of the oldest universities in the modern world, Santo Tomas University, founded in 1645, 25 years before Harvard University, the oldest university in the United States. Although ten major languages (Cebuano, Bicolano, Ilocano, Pampangino, Spanish, English, etc.) are widely spoken, and there are 80 different dialects, Tagalog (Filipino) became the national official language in 1937. English is still widely used today throughout the country, and it is the medium of instruction beyond the 6th grade.

Per Capita Gross Domestic Product (*purchasing power parity*): \$4,000 (2001 est.); *Inflation*: 6%; *Unemployment*: 10%; *Living below the poverty line*: 41% (2001 est.)

In 1997, *Time/World News* reported a 7% economic growth for the Philippines, with a per capita gross domestic product of \$2,600, and considered the Philippines as one of the 10 leading major Asian countries in a business boom. However, in 1999, because of global economic crises, the country was trying to recover and survive in agriculture, aquaculture, and industry.

B. A Brief Historical Perspective

Several waves of Malay peoples arrived in the Philippine archipelago from Southeast Asia long before the arrival of Europeans. These tribal societies and petty principalities coexisted with links to China, the East Indies, and countries in the Indian Ocean. Discovered by Magellan, who was killed there in 1521, the islands were named Las Filipinas (the Philippines) in 1559 by the Spanish explorer Ruy L. de Villalobos in honor of Prince Philip of Asturias, who later became King Philip II of Spain. The first Spanish settlements came in 1564, and a colonial capital, established at Manila in 1571, quickly became the key transit point for trade between Mexico and the Far East. Under Spanish rule, a majority of Filipinos became Catholics, except in the southwest islands where the people remained Muslim. In the shadow of a tepid colonial administration, the Catholic Church grew in power and wealth.

A nationalist movement gained strength in the late 19th century, leading to an armed uprising in 1896, the Spanish-American War, and defeat for Spain. In 1898, Spain ceded the Philippines to the United States for \$20 million. When the nationalist movement declared the islands an independent republic, the United States refused to accept the declaration. A six-year war followed between 1899 and 1905, in which American troops brutally repressed the guerrilla uprising. In 1916, the Filipinos elected a Senate and House of Representatives, but the President was an American governor general. In 1935, a Philippine Commonwealth, modeled on the U.S. constitution, was established.

Japan brought the United States into World War II by attacking and then occupying the Philippines in December 1941. On July 4, 1946, the Philippines became the first Asian colony of the United States to gain independence, in accordance with an act passed by the United States Congress in 1934. In the 1970s, Muslim (Moro) secessionists fought repeatedly for their autonomy from the Christian majority on the island of Mindanao. In 1972, President Ferdinand Marcos declared martial law to combat riots by radical youth groups and terrorism by leftist guerrillas and outlaws. Despite some land reform and control of inflation, opposition continued, as a high population growth rate was aggravated by both poverty and unemployment. Opposition to Ferdinand Marcos continued despite his lifting of martial law and his election in 1981 to a second six-year term as president. The 1983 assassination of Benigno Aquino, the

prominent opposition leader, sparked demonstrations calling for the resignation of the president. When Marcos declared himself victor in the bitterly contested elections of 1986 despite widespread charges of fraud, Corazon Aquino, the widow of Benigno Aquino, proclaimed herself president and announced a nonviolent "active resistance" to overthrow the Marcos government. The 20-year rule of Marcos ended in February 1986, with the recognition of Aquino as the new president by the United States and other nations. A weak economy, widespread poverty, and communist insurgents kept the political scene unstable between 1987 and 1990. Government forces were able to put down an attempted coup in 1989 with help from the United States military stationed in the Philippines. In 1994, the government signed a ceasefire agreement with Muslim separatist guerrillas, although some rebels have refused to abide by the agreement.

1. Basic Sexological Premises

A/B. Character of Gender Roles and Sociolegal Status of Males and Females

The traditional gender roles in Filipino society are strongly influenced by centuries of Islamic culture, Chinese mores, and 425 years of deep-rooted Spanish Catholic traditions. However, since the 1960s, traditional Filipino gender culture has been transformed by tremendous Western—European and American—influences, except in the Muslim-dominated southern islands, which have been much less influenced by Western contacts. Polygamy, the wife as the husband's chattel, and deferential behavior of women in the presence of men are still strong values in the Muslim-dominated areas. The Muslim ideals of feminine behavior still produce a dependent, inferior, passive, and obedient woman.

In traditional Chinese society, women were to be obedient to the father and elder brothers when young (single), to the husband when married, and to their sons when widowed. For Filipinas of Chinese ethnic origin, marriage was the only means to economic survival. Arranged marriages are still common, with the clear expectation of male offspring who will maintain the "family business" interests and continuity. A wife's position and security within her husband's family remains ambiguous until she produces a male heir. These women have no right to divorce or to remarry if widowed. Those who try to defy these traditions have been ostracized and sometimes driven to depression or even to suicide.

The traditional colonial Filipina was supposed to reach marriage in a virginal state. She was expected to take care of the domestic tasks, go to church, bear and educate children, and support her man in his political, professional, and economic endeavors. The oppressive attitude of colonial Spain toward the Filipinas was first challenged by Mechloria Aquino (Tandang Sora), a nonviolent intellectual woman. In the mid-1800s, she was considered as the equal of the French "political" heroine, Joan of Arc, for leading both a political and cultural revolt against the suppression of women's rights. However, the colonial government quickly extinguished the local revolt, and the treatment of Filipinas as second-class citizens remained in force until Spain ceded the Philippines to the United States in 1898.

In the early years of the American occupation, 1900 to 1930, both females and males were provided with free elementary education. However, only the children of the rich had access to a high school and college education. Although women's social standing was improved, it was not until the late 1950s that the majority of women achieved equal

rights; but this also happened mainly in the urban areas. For a long time, this double standard of colonial mentality was accepted without open criticism. That has changed since the Philippines gained its independence from the United States, with the democratic government taking steps towards recognizing the social and political rights of women. The Western influences on women have resulted in sociocultural independence from parents, spouses, and/or lovers. Women with a college education and businesswomen have started painstakingly to open spaces in the country's political, economic, legal, and administrative positions. On February 21, 1986, Mrs. Corazon Aquino became the first woman president of the democratic Philippines.

Today, Filipinas occupy key positions in university and medical schools, hospitals, both local and national government, large corporations, research-pharmaceutical companies, journalism, and all fields of the arts. However, discrimination against women and special privileges granted to men continue to exist simply because the males benefit from a deeply rooted and longstanding "male buddy" (*compañé*) network.

C. General Concepts of Sexuality and Love

Virginity is no longer a universally expected prerequisite for the marriage covenant. The 1994 *Young Adult Fertility and Sexuality Survey (YAFSS)* of 11,000 young people, ages 15 to 24 years, conducted by Dr. Z. C. Zablan, professor of demography at the Population Institute of the University of the Philippines, revealed that 18% of Filipino youths approved of premarital sex, 80% disapproved, and 2% were neutral. Today, sexual attitudes are more liberal and accepting of radical changes in sexuality and love because of the influences of the media and global communications. The same *YAFSS* survey showed that a large number of female college graduates residing in urban areas (35%) were exercising their liberal roles, both in their personal and professional lives with flexible sexual attitudes, while 40% were more likely to employ contraception. Filipinas in all classes are trying to balance their responsibility as mothers and lovers with some real class distinctions. The mothering role of the middle- and upper-class Filipinas is often supported by housemaids, professional babysitters, and grandmothers. In general, sophisticated, well-educated Filipinas are more comfortable than older women in taking the initiative in foreplay and learning new erotic techniques to introduce a variety of sexual techniques in their sexual lives. Also, these younger middle- and upper-class wives try to increase both the depth and scope in the emotional and intellectual communications within the couple. On the other hand, the 65% of Filipinas who live in the rural areas are less educated, more conservative in their sexual lifestyles, less likely to use contraception, and less independent in their personal lives.

The Philippines is a third-world country that enjoys the benefits of a young population, with 37.6% under age 15 and 47% between the ages of 15 and 49 years. There are also more women than men, with the surplus women finding support as maids or "nannies." The Latino tradition of single women serving as surrogate mothers for infertile wives is morally and legally unacceptable in the Philippines. For some males, especially in the rural areas and in minority groups, it is often difficult to internalize the impact of the women's liberation movement both in their sexual and professional lifestyles. In my observation, most well-educated males, especially urban dwellers, are starting to perceive that they enrich the relationship by participating in the rearing and education of their children, and the sharing of two incomes are beneficial to the family. The sophisticated pro-

fessional men are also learning to relax during lovemaking, enjoying alternating passive and active roles, and accepting the fact that they can also be seduced and excited.

The majority of the Filipino urban population today is clearly Westernized, but still very conservative in its public and legal sexual values. Because of the dominant and pervasive influence of the Catholic Church, the only sexual behavior considered legal and moral is heterosexual intercourse within a monogamous marriage. Every other imaginable sexual variation is explicitly condemned. Thus, prostitution, pornography (nudity), polygamy (except in some minority groups and the Muslim south), premarital and extramarital sex, cohabitation, homosexuality, and other variant sexual behavior are all illegal. However, quiet homosexuality and heterosexual cohabitation seem to be more socially acceptable today, especially when they involve celebrities and politicians.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

Although 83% of the Philippine population are Roman Catholic, 8% are members of the Mormons (Church of the Latter-Day Saints of Jesus Christ), Seventh Day Adventists, Four Square Church, Philippine Independent Church (Aglipan), Church of Christ, Jehovah's Witnesses, and Iglesia ni Kristo. Five percent are Muslim, and 4% follow Hinduism, Buddhism, Taoism, or the traditional nature worship of the aborigines or hill people. Taoism was introduced to the Filipinos by Chinese merchants during the 10th century. Taoism has both a philosophical and a religious tradition. Before the Spaniards came to the Philippines in the 16th century, in 1521, Taoism had some definite ideas about sex. For example, the wife's purpose is to please the husband and conceive more children. If the wife is barren, the husband can have a concubine or mistress to bear children, especially sons, for him. As the traditional Chinese population has aged, Taoist temples are increasingly seen only in a few major cities where they serve as tourist attractions, not religious symbols and sites. As octogenarian males are dying and their religion is fading away, modern Chinese males are being Westernized or practice a more popular religious persuasion.

Buddhism was probably first introduced to the Philippines during the 18th century from India through the Malaysian peninsula and China. Chinese Buddhism, based on the Mahayana (Great Vehicle, Wide Path) school of India, was handed down from generation to generation by both Chinese traders and immigrants. This form of Buddhism is very similar to Taoism. More recently, Buddhism has become more of a social ceremonial practice rather than a religion, and its temples have become a tourist curiosity. The "fat-bellied" Buddha statue is a symbol of the family's wealth and fertility that bedecked a Chinese house's foyer or living room.

Nature worship, the traditional indigenous religion of the Philippines, has been practiced from prehistoric times by the aboriginal Aetas, Negritos, Ifugaos, Igorots, and the hill people. Their constant struggle with the forces of nature for their survival has led to a closer relationship with their ancestors and the elements of nature. This form of religion has little if any systematic doctrine. However, there is one basic characteristic: the belief in the spirits of their ancestors who influence the living in every conceivable sphere of life and apply rewards and sanctions where appropriate. These religions also have lesser gods and deities with different powers related to physical health and fertility. The majority of tribal peoples believe that the first woman came from the "split" of

the bamboo node, a kind of a tropical, tall, and slender palm with sequenced “nodes” in the trunk. Some tribal customs allow sexual activity as early as puberty, comparing this early exploration with sweet and tender young bamboo shoots. On the other hand, the expectation of virginity—the absence of penile/vaginal intercourse—with the assumed “tight vaginal entrance”—as “tight” like the nodes of an adult bamboo stalk—is favored for marriage.

Islam is practiced by 5% of the population, with the majority residing on Mindanao at the southwestern tip of the archipelago. Islam reached the Jolo and Zulu Islands in the Philippines, a century before the Spanish colonialists arrived, through Arab and Persian merchants arriving from the Malayan peninsula. Despite the fact that the Philippine government legally approves only monogamy, local Muslims, known as “Moros,” are allowed to have several wives provided they can afford them.

American settlers brought Protestantism to the Philippines after 1898. The sexuality attitudes of both old and new Protestant tenets are based on the basic Judeo-Christian doctrines. However, two offshoots of the Protestant tradition are homegrown: one established in 1902 by the Aglipay family, the Filipino Independent Church, and the other in 1914 by the Manalo family, Iglesia ni Kristo (Church of Christ). These two Filipino Protestant churches have sexuality restrictions similar to the basic Judeo-Christian principles, but each has added rules imposed by personal preferences from their Filipino religious founders.

The influence of the Roman Catholic Church was and still is hegemonic over 90% of the Filipino population. Throughout Filipino history, the political powers have been submissive to the Catholic Church. The Church is determined to maintain its hold on important aspects of civil life, such as education, the availability of contraception and abortion, and even the registration of major events in the lives of the people, like births, marriages, child adoptions, and deaths. A very conservative interpretation of Catholic decrees about sexuality and marriage have been inscribed in the minds of the Filipino people, in a way that has proven difficult to alter or delete. Outstanding among these are the Church’s views on the social roles of males and females, its insistence that any form of masturbation or premarital intercourse is sinful, and condemnation of homosexuality as unnatural behavior. The Church also places great emphasis on virginity as a prerequisite for matrimony, citing the example of the Virgin Mary, the Blessed Mother of Jesus Christ, who conceived her son without the need of sexual intercourse or a biological father. This sexual innocence and purity is clearly symbolized in the white clothing worn at baptisms, first communions, confirmations, and weddings. Catholicism also offers young men and women a celibate life that is supposedly more spiritual and rewarding in the priesthood and religious life.

B. Character of Ethnic Values

Before the arrival of the Spaniards in 1521, the Philippine islands were inhabited by fierce, indomitable tribes that valued their freedom and had learned to survive by adapting to the climate and resources of the different islands (regions) of the archipelago. It is believed that the chain of islands was a geological product resulting from volcanic eruptions from coastal/mainland China. However, the aborigines came by land and/or ice bridges from the Malayan peninsula. The indigenous people were mostly nomads who fished and hunted wild game. But the “hill people,” the Ifugaos, who settled mainly in the north central part of the country about 1,000 years ago, developed and retain to this day unique sexual and marital ethnic values along with ad-

vanced engineering land cultivation. For instance, some tribal customs consider breast size and prominence of the hips to be financial assets that equate to the value or size of the dowry; large breasts and wide hips in the prospective bride would make a dowry of a few pigs or chickens unacceptable. The Rice Terraces of the “hill people” are considered one of the wonders of the world still existing today.

When the Portuguese explorer, Ferdinand Magellan, funded by Spain, discovered the Philippines in April 1521, he accidentally landed in the central part of the island country called Limasawa. Literally, “Lima” means five and “asawa” means wife. Limasawa, then, translates into “five wives.” Magellan noticed that the natives were practicing polygamy. Most of the men have five or more wives. He did not realize that polygamy was a common marital ethnic norm in most of the indigenous tribes throughout the whole archipelago.

During the 10th century, China was trading regularly with different Philippine tribal clans led by a merchant known as Limajong, who introduced monogamy. The arrival of Chinese traders resulted in about 10% of intermarriages with the indigenous peoples. There was also a great variety in the way religious values and sexual customs developed in different ethnic groups and tribal traditions. For example, Islam takes on a slightly different expression among its many followers in the southern part of the country where ethnic plural marriages occur. Most of the ethnic minorities—Negritos, Aetas, Ifugaos, and Igorots of the north—practiced monogamy. The sexual values of these ethnic minorities often allow marriage by the age of puberty, about age 13 or 14 years for girls and age 15 and 16 for boys.

On the other hand, Catholicism, introduced to the islands by colonial Spain in 1521, considers males not mature or ready for marriage until age 20 or 21 years, and girls only at age 18 or 19. Masturbation is prohibited by the Church as sinful, “dirty,” immature, narcissistic, and unnatural. In recent years, the traditional awareness of and opportunities for sexual initiation among adolescents have been relaxed, with male sexual exploits provided by an abundance of social opportunities, including birthday and college fraternity parties, community celebrations (*fiestas*), and public dances, which generally encourage sensual and erotic relationships.

The socioreligious education of women in traditional Catholic Filipino society encourages them to play the “cat and mouse” game. Young women are expected to develop social strategies that produce maximum enticement and individual satisfaction. This continual erotic stimulation and the hyper value of masculinity drives young men into the “courting game,” leading hopefully to marriages. A young woman’s ability to employ her virginity as a “bargaining tool” makes males inevitably impatient. The young male is then caught in an expensive web of socially productive and profitable engagements associated with courtship that resolves itself in betrothal to the young woman and “marrying” her, coupled with the expense of building his masculine image and sexual experience with prostitutes.

3. Knowledge and Education about Sexuality

A. Early Sex Education Programs

For some 425 years, Spanish colonial rule afforded the Filipinos little political freedom and individual dignity. This began to change in the 1880s, when a multi-talented physician, Dr. Jose P. Rizal, broke through political, racial, and sociocultural barriers by studying medicine in Spain and Germany. Returning to the Philippines, Rizal estab-

lished architectural and ecological parks, and local health education. He also advocated interracial marriages and later married an Irish woman before his political execution in 1896. At that time, only the most sophisticated elite and rich Filipino students were admitted to the oldest university of the Philippines, the University of Santo Tomas. At the time, only a few colleges offered limited science and social courses, and absolutely no sexuality or health education. All university and college courses placed a heavy emphasis on religious subjects. Between 1600 and 1824, the colonial Catholic Church had a total monopoly over education that kept the people ignorant of the advances in science, technology, and political organization that were taking shape in the Western world.

In 1898, when Americans colonists replaced the Spanish, public education was drastically altered and some individual freedoms were granted. In 1916, the Filipinos elected a Senate and House of Representatives, with its president an American governor general. He was interested in economic growth and political participation. Gradually, in the 1910s and 1920s, free secondary education was introduced in the big cities. In the 1930s, college education was free only in national colleges. With political modernization and the advent of the Philippine Commonwealth of 1935, Filipino society became increasingly Westernized, specifically Americanized. However, there was still no formal sex education or published material on the subject. Sex education was completely limited to information about pregnancy and childcare passed on by word of mouth among the women in families.

When Japan invaded the Philippines on December 8, 1941, at the start of World War II, the political and educational climates changed hands. Between December 1941 to October 1944, the Japanese occupation was characterized by political oppression and indoctrination. The Japanese military government was interested in total sociopolitical suppression, not in education.

The “re-Americanization” of the Philippines began when U.S. Army General Douglas MacArthur liberated the islands on October 20, 1944. Two years later, the Philippines was granted its independence on July 4, 1946. Prior to independence, the educational system was reorganized and further modernized. United States soldiers who held educational degrees acted as model teachers and a catalyst for future Filipino teachers. From 1946 to 1968, there was rapid population growth, but still no formal sex education. What was not taught in the classrooms, the students would learn from their families at home and in the streets, although this information was often distorted, incomplete, or outright erroneous.

In 1969, in an effort to reduce the world population, the United Nations, through the World Health Organization in cooperation with the Filipino government, instituted a family planning and birth (conception) control program. In 1970 to 1971, this author was one of the principal instructors and trainers in the family planning program in the suburban and rural areas. The program consisted of teaching basic biology, conception/pregnancy, and the different options for contraception, but mainly the “pill.” Although the Catholic Church was overtly opposed to contraception, particularly the “pill,” the Church covertly supported this education in order to reduce the family’s burden of childrearing because of poverty. In 1970, the educational (college) system was rocked by a widespread explosion of “student unrest” demanding more student rights and an expanded curriculum. The author was again one of the medical student leaders who demanded students’ rights in a peaceful protest rather than a confrontational or violent demonstration. The college administrations finally settled and included in their curriculum

science courses, such as expanded public health, that included information on sexually transmitted diseases and limited information on human sexuality.

During this era, sex education was left to the biology teachers, both in high school and college, who gave very limited information as part of the classes in the biological sciences. In a few cases, when the teacher decided to do so, this instruction was more or less a description of the reproductive organs in plants and animals, with perhaps some references to the role of the ovaries and testes in human reproduction. Explicit mention or pictures of the male and female genitalia were unacceptable and forbidden by custom.

B. The Present Situation

In 1972, President Ferdinand Marcos declared martial law and proclaimed a new sociocultural reform, the “New Society,” which purported to reduce crime, enhance land reform, and augment economic stability. During this period, the government also approved a program, and directed that formal sex education be taught in all levels of education. Sex education courses were offered, starting at the elementary level in science and biology (human development and population). The high school equivalent to the 10th grade in the American system and college courses included elementary basic-level biological information, plus discussion of family planning and separation—divorce being illegal. The information on legal separation (*de facto* separation) was more in-depth in the public schools because of its high incidence in the lower class as compared to the middle and upper classes (professionals), who sent their children to private schools. In the 1980s, the medical schools supplemented the courses on human sexuality with seminars and an international conference in which the author was one of the main speakers. In the 1990s, the government sponsored kindergarten classes. Research on population control, sexually transmitted disease (STD), premarital sex, sexual harassment, and AIDS are ongoing. (See Section 5B, Interpersonal Heterosexual Behaviors, Adolescents, for additional insights into sexuality education for adolescents and medical school students.)

Despite the government’s crackdown on illegal sex publications, which was supported by Catholic Church authorities, it is obvious to any careful observer that informal sources of sexual information—television talk shows, soap operas, radio phone-in programs, and different kinds of adult journals and magazines commonly found in metropolitan and other urban areas—are widespread in the Philippines and cannot be controlled by either the government or religious authorities.

4. Autoerotic Behaviors and Patterns

The Catholic Church still maintains its condemnation of self-pleasuring (masturbation), teaching that any sex outside marriage is sinful. At present, a majority of Filipinos still believe that frequent masturbation can cause neuroses, premature ejaculation, and even blindness. In 1969 and 1970, the author conducted an informal sex survey in Central Region colleges and universities, which revealed that only 22% of the students, mainly males, engaged in masturbation. Another survey done in 1995, limited to medical school students, showed that 32% of the males and 8% of the females practiced masturbation (total $N = 280$).

5. Interpersonal Heterosexual Behaviors

A. Children

In Filipino society today, it is not unusual for preteenage boys to engage in exploratory “sex” games with other boys and girls. Such exploratory play allows the child to reassure

him- or herself of the normality of his or her body. This kind of childhood sexual rehearsal games was more common in the past and in rural areas, when violence and drugs were not as devastating as they are now in the urban areas. In some cases, boys would observe couples kissing and hugging in the park. Occasionally, they sit in the balconies of movie theaters where couples are engaging in heavy petting. In the rural areas and *barrios*, boys commonly compare their bodies with a friend, relative, or schoolmates. Generally speaking, parents and other adults have a mildly negative response when they discover child sexual play, ranging from warnings to spankings.

B. Adolescents

Our knowledge of the sexual attitudes and behaviors of the Filipino youth is limited to a very few anecdotal reports, most of which deal with middle- and upper-class urban teenagers rather than the rural poor and urban street children. In this very limited context, my personal experience was the basis of my premedical school thesis on "First Night Sexual Experience of Young Boys—1968." This study consisted of personal interviews with 80 adolescents in the rural areas of Cebu during social dances and summer festivals. The majority of these teenagers were interested in obtaining information regarding nocturnal emissions, love, sexual intercourse, and, for women, contraception and pregnancy. Most of the males' ideas on sexuality were derived from older boys, brothers, and their uncles. On the other hand, the girls were too timid or shy to answer the sexuality questions.

During the author's return visit to the Philippines in July 1995 as an invited speaker at a college sociocultural conference, he arranged an impromptu meeting with middle and high school students, grades 7 through 10. They informed me that most of their teachers believed that they were too young to hear about sex education. The teachers did not allow questions from their students during the lecture on "family education." Most instructors were too insecure and embarrassed, and so were unable to facilitate any in-depth dialogue. In Catholic Filipino society, the Christian dogma still has a strong influence on the teachers' moral and religious values, so that, despite the presence of a government-mandated educational climate, sexuality remains taboo in public discussion. Unfortunately, these teenagers were afraid to elaborate further, confessing only that it is attitudes like this, repeated in their conservative homes, that make them view society and family cynically.

In Christian colleges and universities, being pregnant out of wedlock can result in expulsion. In most public nonsectarian universities, sex education is still mostly nonexistent except for those basic biological courses and family planning programs mandated by the government in 1972. However, in the largest government-run university, the University of the Philippines, sex education courses are more in-depth and liberal, because of the sophistication of the instructors and department heads who are Westernized and comfortable with controversial and sensitive ideas.

Although still limited—some might say elementary—sexuality courses in most urban medical schools are generally open to updating because of the infusion of new ideas from visiting professors and experts in periodic international forums and conferences. The best medical school students can graduate as doctors at the young age of 23, a factor that makes their communications with patients about sexual issues difficult at best.

Pubertal Rites for Boys

The anatomical and physiological changes that herald puberty are universal to the human race. However, in Fili-

pino society, the sociocultural pubertal rites are expressed in a variety of customs and traditions depending on the particular subculture and its religious orientation. In the Christian tradition, the custom is to circumcise all males. Male circumcision is performed either by a medical doctor trained in this surgery or by a traditional medicine man. Filipino boys may be circumcised as newborn infants or somewhere around age 8 to 10 years, when they are in the 3rd or 4th grade. City dwellers and the sophisticated elite have their newborn males circumcised before they are discharged from the hospital. Working-class and poor families seldom have their newborns circumcised, but usually wait until the boys are 9 or 10 years of age. The medicine man is not a medical doctor, but a man of ordinary skills who has learned the art of circumcision handed down from his father or grandfather.

Circumcision is done in two ways. In superincision, a dorsal-mesal cut is made along the length of the upper surface of the penis, from the base to the foreskin, or only on the top of the foreskin. In the coronal technique, the excess foreskin is removed with a circular incision, as is the practice in Europe and North America. When a medical doctor performs either of these types of circumcision, the incision is closed by sutures and oral antibiotics are prescribed to avoid postoperative infection. The medicine man, on the other hand, only performs the dorsal slit circumcision, using a specially "cleaned" (not sterilized) sharp knife or a modified slender "machete" as scalpel. The medicine man uses neither antibiotics nor anesthesia.

This pubertal initiation traditionally occurs in the spring or when the schools begin summer recess, somewhere in May or June. The ceremony commences when boys, aged 8 to 12 years old, march in procession, usually in groups of 10 to 12, to the medicine man's house. The medicine man, with the parents' knowledge and consent, will then lead the boys to a secluded place, a clearing in a thicket or on a farm to insure privacy. The boy, with pants removed, is seated on the edge of a rock or stump of a tree, while the medicine man sharpens and cleans the knife. Despite this tension-producing buildup, the boy must remain calm and composed to show that he is brave and ready to enter the new realm of adulthood and can handle the rigors of manhood. The medicine man places the knife's sharpest side underneath the tip of the excess prepuce (avoiding the glans penis). He instructs the boy to look up, saying "look for a bird or a plane," diverting his attention. In a split second, a piece of wood or a branch is struck down against the knife, resulting in a midline cut or dorsal slit of the prepuce. Bleeding may be profuse or minimal. The juice of a certain tropical palm plant (*nipa palm*) is squeezed over the wound as a post-surgical anesthetic and caustic agent to stop the bleeding. No wound dressing is applied to cover the fresh and ragged incision. A clamp of cobwebs or a mesh scraped from the underside of a coconut palm branch over the incision serves as a bandage and additional clotting agent (to stop further bleeding). In some parts of the Philippines, the medicine man spits on the wound pre-chewed tobacco or a concoction of guava (a tropical peach-like fruit) leaves to act as a clotting agent. Both the cobwebs and coconut palm scrapings act as mechanical meshes to trap blood platelets in order to stop bleeding. The guava leaves mixed with saliva has papase, a chemical agent that medically can minimize post-operation swelling and sometimes arrest bleeding.

After circumcision, the boys walk home without a sound of complaint or grimace of pain. It is interesting to note that a particular gait can be discerned before and after the circumcision. The boys naturally walk normally on their way to the medicine man's house. When they walk back to their homes, their gait is characterized by a "frog-like" walk, in

which the knees are spread away from each other in order to avoid the thighs touching the newly circumcised genitalia. For three to five days, the circumcised boys stay home. Some wear skirts borrowed from their sisters or mothers, not pants, so that clothes do not touch or accidentally hit the sensitive, partially exposed glans (head) penis. Despite daily wound washing in the ocean, a river, or stream, about 90 to 95% of these cases of nonsterile circumcision become infected. It takes about six to eight weeks for the wound to heal, usually without ugly scars or deforming penile skin adhesions.

In the 1970s, Muslim boys were not usually circumcised unless their parents were well-educated and health-aware of Westernized attitudes of that time. In the early 1950s, boys of minority families in the north were not circumcised. However, with the arrival of foreign Christian missionaries and their conversion to Christianity, most of the boys are now circumcised either by a medicine man or a physician.

Puberty Rites for Young Females

Christian girls undergo two phases of social transition to womanhood: ritual ear piercing and a *cotillion* or debutante's ball. Ear piercing is neither a religious nor a pubertal rite. It is just a custom, a traditional "tribal" rite of socially announcing that the person is a girl. The piercing of the ear is usually done between one month after birth and 2 or 3 years of age. In some parts of the country, the girl is much older. Ear piercing is usually done by a hairstylist, a "medicine woman," or medical person. Outpatient procedures by medical personnel use properly sterilized needles. Oftentimes, however, no anesthesia or antibiotic is given when the piercing is done by a hairstylist or a medicine woman. In general, however, infections from ear piercing are not as common as in male circumcisions done by a medicine man with an unsterilized knife. Phase two, the debutante's ball or *cotillion*, is a social introduction of young females ages 16 to 18 years in the form of an elaborate party or dinner dance. The hostess of this social event is an 18-year-old female usually from the rich families. *Cotillion* is an old Spanish tradition, dating back to colonial days, when the daughters of foreign dignitaries or tenured Spanish government officials were introduced to the eligible bachelors of the equally rich in order to secure the daughter's future financial and sociopolitical status as eligible and eminently suitable future wives.

In the Muslim or Moros community, about 10% of the Filipino population, the ear-piercing ritual is the same as among Christians. In the early 1950s, the older girls would wear a veil. At present, young females seldom use veils or cover their faces. Some Muslims include the *cotillion* in their rite of passage, but for others, dancing or any form of partying is absolutely prohibited and considered sacrilegious.

The minorities, Ifugaos, Kalingas, Igorots, and others, account for 3 to 5% of the population. These females, like most Filipinas, have their ears pierced at any early age. However, in some tribes, family wealth and status are demonstrated by the number of earrings or the layers of necklaces worn. No form of female circumcision or genital mutilation has been recorded. Anecdotal reports suggest that during the pre-Hispanic colonial days, some tribal females wore multi-appendage rings, nose, and lip rings. These tribal cultures do not observe the *cotillion*.

Premarital Sexual Activities

Sexual attitudes and behavior differ from one group of Filipino youth to another, depending on their social class, educational level, and place of residence. In metropolitan

and large cities, Manila, Quezon, Cebu, Iloilo, Davao, Dumaquete, and Zamboanga, adolescents and young adults are exposed to the cosmopolitan life and consequently receive more information on sex and sexuality. They are also freer to experience numerous options than are less-educated youths. Youth in small towns have narrower and more restricted ideas on sexuality, because of the family's and Church's strong control and influence. Furthermore, youngsters in big cities have easy access to adult magazines and entertainment, in which sexuality is openly discussed or shown, even though their parents and the Church try to hide such information from them. The majority of urban youth knows about contraceptives and can acquire these from pharmacies or from friends without problems. Despite the guilt and shame associated with sex, middle- and upper-class urban youth often engage in sexual contacts with girlfriends, household maids, and even prostitutes. For the youths of the poverty belts around the big cities, the situation is compounded by the lack of money and self-control. Even if they would prefer to use a contraceptive, they cannot afford them and there are no places where they can get them free. Oral contraceptives are only given free to married women for family planning purposes by government-run city and municipal health clinics. Although condoms were distributed freely in public high schools in the early 1990s on a mandate from the Secretary of Health as part of an STD and HIV prevention program, this practice was later discontinued because of a public outcry that it was ineffective and because of the Church's persistent objections.

The situation for rural (*barrios*) youth is quite different. They learn and receive information about sex and sexual behavior from observing farm animals, from magazines, from clandestine "boys only" meetings, and from the relations between parents and other family members in homes where there is little privacy. The prevailing Catholic dogma on sexual morality is written deep in the unconsciousness of every boy and girl. Only a few years ago, 98% of the youth associated premarital sex with guilt and sin. Only recently has this begun to change. In 1994, the *Youth Adult Sexuality Survey* (Zablan 1994) revealed that about 18% accepted premarital sex, although a majority of 80% still believed it was a sin and morally unacceptable.

Only a few general surveys about the sexual life of younger Filipinos exist; most of what is known is based on anecdotal reports. The author's experiences are with interviews of preselected groups of the youth population conducted during periodic sojourns back to the Philippines. The samples mainly consist of middle-class youth, ages 17 to 22, who were encouraged to bring to the meeting problems related to their sexual lives and development. Repeatedly, they expressed regret that these aspects of their lives that engender so much anguish and fears could not be explicitly discussed in the intimacy of their household.

It is becoming increasingly clear that first premarital sexual activities are initiated at an earlier age, especially for those in metropolitan areas, where the basic family structure often disintegrates because of a lack of parental supervision, with both parents working or the father absent and perhaps working overseas. Young males pursuing college and graduate studies in the city are often detached from parental supervision and frequently succumb to the lure of metropolitan temptations, go-go bars, and adult-entertainment houses. Twenty to 25% have their first sexual experiences with prostitutes, either out of peer pressure or curiosity. In a few cases, youths in smaller communities who impregnate their girlfriends may be forced to marry them or make an amicable financial arrangement with parental ap-

proval. The woman usually keeps the child in her parents' home instead of giving it up for adoption.

In the Muslim communities, premarital sex is absolutely prohibited. But young girls, ages 14 to 16, can be betrothed through the usual (parental) marriage arrangement, mainly to affluent and much older bridegrooms.

Among girls, the memories of being deflowered were somewhat different from those of the boys. Because of guilt and shame, the majority of young females did not bother to get prior information about sexual intercourse and the possible consequences of their first sexual encounters. They perceived their first intercourse as the fulfillment of young love, motivated by peer pressure to keep their boyfriends, and at the same time as a "challenge" to parental authority or a gross transgression of a religious or social taboo. For the well-educated and sophisticated city dwellers, it was a calculated act to get rid of the old-fashioned social taboo (virginity), which they perceived as an obstacle to entering into a more mature and fulfilling sexual life, or plainly to catch the men of their dreams. It is interesting to note that, compared with the United States and other industrialized nations, Filipino teenagers are probably less sexually active; thus, teenage pregnancy is less of a problem than elsewhere.

Most of the children born to single mothers are kept in the teenager's mother's home, instead of being given up for adoption. In the 1970s, a pregnant teenager was a social outcast and was subjected to severe parental scorn. However, in the 1990s, because of Western influence and financial difficulties, a pregnant teenager is somewhat more tolerated, and her parents are less condemning and more accepting of any financial help the teenage father might offer.

C. Adults

Courtship, Dating, and Relationships

As mentioned previously, Chinese influence runs deep and the majority of Filipinas adhere to its simple social dictum, "Get married at a marriageable age." Marriage is considered the natural conclusion of a stable heterosexual relationship. Recently, however, Filipinos have started to replace their old-fashioned social concepts with ones that recognize that the right to remain single is as much a personal right as the right to marry. Because of the Western influence on women's liberation, to be a single older woman is no longer considered a social disgrace or the result of any personal inadequacy.

Cohabitation

The colonial view of the sacredness of marriage includes a strong social condemnation of cohabitation for unmarried couples. Thus, cohabitation was relatively rare during the 1940s. The social and legal implications of "common-law marriage" (cohabitation) are not significant in a society of less affluence and resources. Furthermore, the definition of unmarried used in compiling official statistics makes it difficult to estimate the popularity of this behavior in the sense it is understood in the Western Hemisphere. Beginning in the late 1980s, the increased tolerance of non-marital cohabitation in the West began to influence the middle-aged and younger generations. During the author's 1996 visit in the provinces of Cebu, Leyte, and metropolitan Manila, there was an estimated increase of half a percent and an estimated 340,000 couples in unmarried cohabitation. The majority of cohabiting couples in the provinces are separated from their legal spouses because divorce is illegal and they cannot be civilly or religiously married. The rest are college students, youth, artists, and intellectuals who are attracted to this lifestyle.

[*Update 2003*: In a recent survey conducted by a polling agency, the Social Weather Station (SWS), in late November 2002, 35% of the respondents considered cohabitation a "good idea" prior to marriage. This was virtually unchanged from 1998. However, an estimated twofold increase in cohabitation is expected by the year 2005, especially in the entertainment industry and among college students in metropolitan areas. The main reasons are financial and novelty. (*End of update by J. F. J. Leyson*)]

Courtship is a cherished Filipino tradition with certain specific rules based on religious, sociocultural, and family values. There are five widely shared rules or "commandments" associated with courtship:

1. Say "yes" to the first invitation.
2. It is a prerequisite to have an escort, either a friend or next of kin, on the first date (no escort is necessary for a woman 28 years or older).
3. It is all right to publicly demonstrate decent affection, such as kissing, touching, and caressing.
4. A young Filipina should reserve criticism after the first date, be discreet about her feelings, and the man must cover (pay for) all expenses.
5. If dating leads to marriage, one must remember that marrying entails marrying into the spouse's whole family as a clan.

The majority of young men and women believe that love, physical attraction, similar religious beliefs, and trust are the basic essentials in creating and maintaining a stable relationship.

Adults, Marriage, and the Family

The marriage ceremony is usually preceded by an engagement. For the rich and middle class, betrothal is marked with elaborate parties. On the other hand, the low-income class concludes the occasion with a firm handshake and/or a sip of a local wine or homemade ferment. The engagement and wedding are usually a happy, festive occasion. However, if questions of family honor and shame arise, the outcome may be violent and deadly, as happened at the time of this writing, when a male's family massacred the bride-to-be's family because she slept with another man two days before the wedding. The community accepted the outcome as a proper punishment for the betrayal and unbearable shame caused to the bridegroom's family.

Whereas the legal age for voting is 21 years for both males and females, the legal age for marriage is 21 for males and 18 for females. In the Muslim community, the parents of a girl between ages 14 and 16 may betroth her to an older man. Generally, in the Christian community, the courts do not consider pregnancy a valid motive to grant permission for the marriage of a minor. Legislation has also abolished the possibility of reparatory marriage; in the past a person accused of rape or forceful abduction could avoid punishment by marrying the victim. In the southern end of the archipelago, where the majority of the Muslims live, a dowry is agreed on before a formal marriage arrangement is signed. The dowry, given by the bride's parents to the groom, may be a large sum of money, property, or a sizable wedding present.

Muslim marriages are conducted by a judge or an *imam* (a religious cleric), Christian marriages by a priest or pastor. Civil marriages are recognized and accepted in both the Christian and Muslim communities when conducted by judges and commercial chiefs, such as pilots and ship captains.

Although polygyny had a long history in pre-colonial Filipino civilization and was common in the Muslim com-

munity prior to the 1970s, polygynous marriages are the exception today. The majority of sophisticated, highly educated males, whether Muslim or Christian, choose to be monogamous for financial reasons. Middle- and upper-class Filipino families also elect to have fewer children, two on average, as compared to three or more for the less educated and low-income families.

With the advance of information technology, foreigners seeking brides with traditional values can now surf the Internet for a modest fee. Companies also advertise "mail order brides" in different magazines and specialty journals. There are currently about 100 companies competing to lure mail-order bride customers, such as "Cherry Blossoms," "Asian Rose," and "Exotic Girls." The service charge can range from a basic \$150 to upwards of \$2,500. For \$150, the bridegroom-to-be will receive a brief biographical sketch and a photo or video of the woman. He can correspond with her in letters or even phone calls. He can arrange to go to the Philippines and see her at his own expense. For \$2,500, the services include airfare, hotel accommodations, and a two- or three-day tour to personally interact with the candidate bride(s). The client is introduced to different women during a party and the couples can interact socially.

A major shortcoming of this venue for finding a mate is that the interested males are not screened properly. These men can be psychopaths, criminals, or worse. In some cases, a syndicate of "Internet bride-merchants" sells young women aged 14 to 18, oftentimes with fake birth certificates, for a mere \$3,000. These women are admitted to the United States on a fiancée's visa. Parents with severe income hardship frequently sign the contract believing that their daughters will either be given a job opportunity or be future brides of these unscrupulous foreigners. Recently, a congressman from the state of New Jersey sponsored a bill in the United States Congress to severely restrict the issuing of these "fiancée's visas" and to stop the practice of "bride-to-be/sex slave" businesses. Newspaper reports and embassy communiqués have documented that many young Filipino mail-order and Internet brides are held captive, raped, divorced, and then pressed into prostitution.

There are no credible published data on marital sexual satisfaction or on the status of Filipino marital life. According to the author's informal survey and radio-talk-show interviews in 1995, 15 to 20% of Filipinos are unhappily married. Women, more often than men, reported having sexual intercourse not because they desired it, but to please their spouses. Whereas 35% of males would like to increase the frequency of sexual intercourse, especially those in their 20s and 30s, most of the women were satisfied with the frequency of sex; only 5% of the females were interested in more frequent sex. These gender differences may be explained as the result of a greater pressure on males for sexual performance to maintain their macho image and maintain total control over women.

A majority of women complained of the brief duration of foreplay and premature ejaculation. Sexual intercourse is limited almost exclusively to penetration, which is more common among the less educated, more devotedly religious couples, and the older age groups. The average duration of foreplay is about five minutes, that of coitus about five to six minutes. On the other hand, the more educated, sophisticated, younger age group, and the "unchurched" have a longer duration of sexual foreplay and coitus, about 22 minutes. Although premature ejaculation is not uncommon among males, very few men seek medical help. Husbands generally do not consider premature (early) ejaculation a problem.

In the Christian community, sexual activity is not prohibited during any religious event or celebration. In some

cases, Christian women make the personal choice of not having sex during their menstrual period. On the other hand, Muslim custom does not allow any sexual activity during the menstrual period, between sundown Friday and sundown Saturday, and during *Ramadan*, the month-long period of daytime fasting.

It is difficult to gather data on female orgasm because of religious repression and personal shyness. It is believed that Filipinas' sexual satisfaction is based on cultural and religious grounds. The husband's satisfaction is primary and the wife's orgasm clearly secondary. Young, educated, and less religious or unchurched women have a higher orgasmic rate as compared to their older, less-educated, (oftentimes) more religious, and shy counterparts. It is believed that for a majority of women who experienced orgasms, it was more a result of psychological and religious expectation and not so much because of oral or manual genital stimulation. However, the barrage of media and Western influences has increased the proportion of Filipinas who prefer both psychic and physical stimulation. Filipinas are bombarded by the mass media and performing arts with messages about more openness in sexual matters, greater gender equality, information about new techniques for lovemaking, new roles within the couple, and new opportunities for extramarital relationships. These issues are also conversation matter among friends and families, at business meetings, and at almost any social-civic gatherings.

Divorce and Remarriage

The Catholic Church does not allow divorce of any kind, but it will grant annulments, which most Filipinos find socially distasteful. However, generally, we find civil decrees of legal separation, divorce, and annulment are becoming more socially acceptable for Christian and Muslim Filipinos. A civil divorce requires that the ex-husband support the children and provide some assistance to the ex-wife along with household maintenance.

[Update 2003: A recent survey by *Filipino 2.0* (2003) magazine revealed that most Filipinos are satisfied with their family life, but the survey also found a "significant" minority who agree with divorce despite a ban on the practice by Philippine law and the dominant Roman Catholic Church. According to the Social Weather Station (SWS) survey of 1,200 Filipinos nationwide, 36% agreed that "divorce is usually the best solution when a couple can't seem to work out their marriage problems." On the same question in SWS's survey the year before, 29% agreed that divorce might be the best solution. In the 2002 poll, 50% of the respondents disagreed with divorce, down from 61% in the 2001 survey.

[Asked about satisfaction with family life, 27% said they were satisfied, 29% said they were completely satisfied, and 31% claimed they were very satisfied. Only 6% said they were fairly, very, or completely dissatisfied, while another 2% said they were neither satisfied nor dissatisfied; the remaining 5% had no opinion. On the question whether married people are generally happier than unmarried people, an overwhelming 61% agreed while 19% disagreed.

[In January 2003, the Philippines Solicitor General (the equivalent of the U.S. Attorney General), A. Benipayo, said that judicial officials are considering reforms that will make it easier for estranged couples to have their church marriage annulled. The Philippine Constitution states that "marriage is an inviolable social institution and the foundation of the family, and shall be protected by the state." Under the proposed reform, special family courts handling annulment cases would no longer be required to gain the consent of the Solicitor General's office before voiding a marital union.

Benipayo remarked that he favored the new proposal, which came from a judicial reform committee created by the Supreme Court, that his office should stop representing the state in annulment cases. The reform would also be empowered to invalidate marriages on specified grounds, including psychological incapacity. The office of the Solicitor General received on average 410 annulment cases every week. Benipayo added that the special court judges are "already properly guided by the law and pronouncements and interpretations of the Supreme Court" to handle the reform (Bascug 2003). (*End of update by J. F. J. Leyson*)]

Slightly more acceptable are consensual separations. What is popular today is having a court declare a marriage null and void under the Family Code (Executive Order 209, Article 36). The Family Code has adopted the grounds of "psychological incompatibility" as a basis for civil annulments. This was the criterion for annulment articulated by the Catholic Church 40 years ago after the Vatican II Council, when annulments became much more common. A civil annulment dissolves the marriage and leaves both parties free to remarry. With the incidence of annulments clearly increasing in the mid-1990s, Filipino Senator A. D. (Nikki) Coseteng introduced in the legislature a pro-marriage anti-divorce bill (No. 179), which now legally defines marriage as an inviolable social institution and the foundation of the family.

The incidence of remarriage is not presently known. However, both in the rural and metropolitan areas, cohabitation is on the upswing because of Western influences and financial problems. In major cities, younger, more sophisticated, and affluent women have more chances for remarriage, but priests will not officiate at a second marriage ceremony unless the Catholic Church has annulled the previous marriage. Despite liberalization in the dissolution or annulment of marriages, the main reason why the divorce rate is still relatively low, when compared to the industrialized countries, is most likely the pervasive influence of the Catholic Church and parental moral values. The importance of extended family norms derives, 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. Legal separation, divorce, and annulment are still frequently perceived as evidence of personal failure and as a "social anomaly." The end of the relationship is not viewed as freedom and independence, but as the beginning of a different period in one's personal life.

Extramarital Sexual Activities

Most of the causes of legal separation involve extramarital affairs. Adultery or extramarital sex is vehemently condemned by the Catholic Church and is socially detested. However, there is an issue of legal terminology and social definition. Under Filipino penal laws, a man does not commit adultery unless he violates the law against concubinage. To be guilty of concubinage, a man must:

1. keep a mistress within the conjugal dwelling;
2. have sexual intercourse with another woman under scandalous circumstances; or
3. cohabit with another woman outside the conjugal dwelling.

Having sexual intercourse with a woman who is not one's wife does not in itself violate the law of concubinage. Nor is the ban on concubinage violated if a man fathers a child with a woman who is not his wife. A wife commits adultery simply by having sexual relations with a man who is not her husband, regardless of the circumstances.

The provisions of the Penal Code on female adultery and male concubinage are glaring examples, not only of the inequality between the sexes, but also of the inequity between erring spouses. The law provides a maximum penalty of four years imprisonment for the erring husband. The concubine shall be meted a penalty of *destierro*, wherein she is prohibited from setting foot within the man's residence. A wife found guilty of adultery, on the other hand, may be imprisoned for a maximum period of six years. Some lawmakers have pointed out that it is easier to send a female to jail and that this violates the constitutional provision on equality of the sexes. In simple terms, the law does not criminalize the sexual infidelity of a married man except under certain circumstances. This, some lawmakers point out, seems to imply that the extramarital affairs of men are acceptable as long as they are discreet in handling them—a clear reflection of the double-standard mentality of society with regard to sexual infidelity.

A 1996 survey conducted by an advertising and research group revealed that out of 485 married men in metropolitan Manila, 51% admitted having had extramarital affairs. The survey results reflect the machismo culture in the Philippines, wherein a man's worth, among other things, is also equated with his ability to lure other women. In an attempt to correct this inequality in 1997, Senator M. Santiago filed a bill simplifying marital infidelity. In her measure, she proposed that the extramarital sex by either the husband or wife be called *adultery*, whether the extramarital partner is of the other or same sex. The House committee made amendments to her bill and put the marital offense under a single crime called "marital infidelity," eliminating the separate provisions on concubinage and adultery, and the consideration of whether the infidelity occurs within the couple's home or elsewhere. Congress proposed a maximum penalty of six years for all parties concerned. Speaking for the Women's Legal Bureau, a nongovernmental organization (NGO), E. Ursua claimed that imposing criminal liability on the offenders is not the answer. "We do not think criminalizing is the proper solution. We can't force someone to be faithful."

The new law penalizes the guilty party with imprisonment, regardless of the reasons behind the infidelity. A woman escaping from an abusive or violent relationship, or one who simply falls out of love and finds growth and fulfillment with another person, is treated no differently than a man who keeps several mistresses. In effect, the law also punishes individuals who get out of marriages that are bereft of love, respect, and trust. Some legal organizations propose a modified "divorce" law and/or a new bill to decriminalize sexual infidelity. But Senator Santiago countered that this might send a "subliminal message" to the youth that the state is encouraging "free love."

In the Muslim world, adultery is severely punished, with the perpetrators either made social outcasts or, in rural villages, stoned to death in public. This "fatal justice" is carried out clandestinely as an expression of community justice that government magistrates (*datu*) can do nothing to either prevent or punish. The whole village maintains a "code of silence," because this punishment is written in the Muslim moral marital law. There is no witness to interrogate or testify.

During the Spanish colonial days, 1775 to 1899, rich Filipinos who owned *haciendas* (estates or a large parcel of land) and employed several female domestic helpers could easily have extramarital relations with their female employees, with or without the knowledge of their wives. Today, we still find married men in all walks of life who maintain a longstanding relationship with a second woman, oftentimes with the knowledge and approval of their spouses,

and even of their grown children. In some cases, an extramarital affair can end a politician's career; in other cases, an affair, even when it makes headlines, may have no political consequences. Some couples find extramarital affairs a solution that keeps their marriage alive. The man may be freed to satisfy sexual needs he does not dare, because of religious restrictions, reveal to his wife, while the wife is relieved of any pressure to change her sexual behavior. Most wives who adopt this compromise have limited horizons in their lives and a very low sexual appetite. Less common is a marriage in which both the husband and wife have extramarital relationships by mutual knowledge and agreement. In such cases, usually the husband has a job that keeps him abroad for long periods of time, with periodic visits to wife and family. Occasionally, Filipinos who married, found employment abroad, immigrated for a few years, and married a second woman while abroad, bring their second wives back when they return and set up a second household in a different dwelling. Discovery of this bigamous affair can be costly if the courts become involved. Legal penalties for bigamy can bring up to four years in prison and fines for moral and psychological damages between US\$500 and \$1,300.

These relationships pose a serious problem in Philippine society because many of these men resist the use of condoms, do not practice safe sex, and pay no attention to the possibility that their regular or occasional partner(s) may be HIV-positive.

Incidence of Oral and Anal Sex

Both the Christian and Islamic sects abhor oral and anal sex acts. The Muslim tradition specifically requires the husband to enter the wife by natural means in penile-vaginal intercourse. Oral sex, which in the past was condemned as "unnatural," is practiced more or less by educated Christians who live in the metropolitan areas. From the 1950s to the 1970s, when there was no constant supply of electricity in many towns and areas of the country, professional couples enhanced their sexual lives by using pornographic and specialty magazines. In the 1970s and 1980s, with electricity more widely available, middle-class and upper-class couples used film projectors, and later videocassette players, to enhance their sexual repertoire and learn about alternatives to penile-vaginal intercourse that could bring renewed vigor to their routine sex lives.

Anecdotal reports suggest that oral sex is practiced by 10 to 15%, and tried by 20% of the professional couples (i.e., doctors, lawyers, and businesspersons who travel a lot). The majority of Filipinos, however, still consider oral sex as dirty and unnatural. For the few who engage in oral sex, cunnilingus is acceptable, but Filipinas will only very rarely engage in fellatio. In general, older and lower-class Filipinos have a more negative view of oral and anal sex.

Modern Filipino youth, however, seem to be taking a new look at Westernized sexual expressions, according to what they said at the author's impromptu meetings. Although no general survey data are available, a segmental study of metropolitan youths revealed two groups of young women based on their responses. One group accepts and practices oral sex as a way of avoiding the risk of pregnancy, maintaining their technical virginity until marriage, and/or as a form of safer sex. For the second group, oral sex was a more intimate form of sexual relationship, somehow more "romantic" than genital intercourse. Youths holding the latter view believed that oral sex should be only engaged in with a stable (engaged to be married) partner and not in the first few exploratory encounters or dates. Some other older girls joined some boys in rejecting this way of ex-

pressing love, and thought that only prostitutes could practice fellatio on boys.

Whereas anal intercourse is not part of the fantasies for the majority of devout Christian women, anecdotal reports revealed that 30 to 40% of males fantasized about having anal sex with women other than their wives. Prejudices against anal sex are even stronger in less educated youths. Most of the youths I spoke with do not accept anal sex even after marriage, perhaps influenced by the increasing incidence of AIDS in the Orient. Older boys agreed that a woman will never ask for it.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Early Christian and Muslim colonists brought their religious views of homosexuality as either sinful or at least unnatural and immoral. Today, the Philippines is still, to a large extent, a macho society, and macho men detest gays, whom they see as effeminate and "strange." For a majority of the population, including locally trained physicians, psychologists, and social workers, homosexuality is viewed as a perversion and a disease. Teenagers who feel a strong attraction to persons of their own gender at first experience confusion about their feelings and sexuality. Gradually, as their orientation becomes clearer in their minds, they awake to the unpleasant reality of belonging to a group that Filipino society marginalizes.

Homosexuality in the Philippines, however, is increasingly being tolerated, and a gay movement is gaining strength and demanding their rights. Twenty years ago, this would have been unthinkable. The scorn for gays is stronger among low- and middle-class men than in the upper class. There always were artists, beauticians, fashion designers, writers, and medical and dental professionals whose homosexuality was known among the elite, but which was carefully kept out of scrutiny from the media and the masses. Lesbians are still not too visible in Filipino society, in keeping with the Christian and Victorian tradition, which never wanted to think about sexual activities in a relationship between two females. To be gay or lesbian in a repressive environment whose stereotypes are the macho man and the submissive reproductive woman is not an easy task. Anyone who deviates from strict heterosexual behavior is ridiculed: A gay is not a man and a lesbian is a degenerate woman. The Filipino Armed Forces does not allow gays to join the military and expels them when they are discovered.

To be bisexual, however, is not so annoying, as long as one's same-gender behavior is kept very private. In the early 1970s, it was common for Filipinos to identify or classify two types of gays: those who engage in homosexual sex activities and those who act effeminate but do not engage in homosexual acts. However, in the early 1990s, the former group has been active in promoting gay rights for the whole gay community. Although the "Gay Organization for Liberty and Dignity" is not yet a formal organization, they speak for both the visible and the invisible, helping the latter to openly assume their identities. Part of the emergence of gay and lesbian subcultures are masseurs who advertise their services in the most important papers and magazines and in metropolitan "gay" bars, discos, and hair salons. Some vocal gay groups lobby to influence politicians for future legal status and/or political clout.

Most Filipino gays prefer to mix with the heterosexual mainstream in their own social class and not form exclusively or predominantly homosexual neighborhoods. Those who have a well-defined and highly visible economic or political role are still in the closet. The same is true for members

of the Armed Forces and the clergy. To admit their homosexuality would be unthinkable or suicidal. On the other hand, among artists, writers, movie producers, TV personalities-actors, dancers, some doctors and dentists, and university professors, to openly admit they are gay may bring rejection from the most conservative members of society, but they may end up being accepted and sometimes even see their popularity increase. In the medical community, homosexuality is still generally viewed in Freudian terms as a condition originating in conflicts and childhood sexual conflicts, which can be cured by psychotherapy. Whereas members of the locally trained medical community, with limited experience abroad, view homosexuality as a violation of the laws of nature, the general public continues to believe that homosexuality is a result of growing up effeminate in a family without a masculine image or male role model.

[Update 2003: In December 2002, the continual suppression of gay activity by the Catholic Church was further reinforced by the Philippine government's refusal to issue a special non-immigrant visa to a "female spouse" of a female bank executive, even though the two women were legally recognized as "domestic partners" in the U.S.A. Then Justice Secretary H. Perez said that the Philippine Constitution and Family Code were "very categorical" in stating that marriages are only between a man and a woman. However, the Justice Secretary also said that "their (gay couple) marriage cannot be countenanced under Philippine laws for reason of public policy." In his view, "determinations or conventions agreed upon in foreign countries" do not override local laws.

[As recently as 2002, the public's reaction to lesbian activities was mixed, ranging from the firing of a medical school dean and professor for having a "romantic" involvement with a medical student, to the acceptance of a movie star's son as a macho gay topless dancer. In spite of the public's "conditional" acceptance of Filipino gays in early 2003, Oscar Atadero, a spokesperson for ProGay Philippines, again accused the Catholic Church of family anti-gay hatred. He referred to the exclusion of Filipino homosexuals from the Fourth World Meeting of Families, which was held in Manila in 2003. At the time, Manila's Archbishop Cardinal Sin warned that Christian family values were being eroded by advocates of same-sex marriages, divorce, the modern media, and technology. In response, Atadero declared that homosexuals are "not calling into question the existence of the family or staging a rebellion," but are merely asserting that they should be given "the same love and legal rights that other children of God have" (*Filipino Express* 2003). (End of update by J. F. J. Leyson)]

7. Gender Diversity and Transgender Issues

Despite the prevailing Spanish machismo mentality, the advent of democracy and Westernized media messages are slowly changing traditional attitudes. Thus, the "eccentric" minorities have had a chance to come out of their closets and express themselves. For the moment, the public reacts with curiosity rather than violence or acceptance. In the world of beauticians, dressmakers/designers, and performing artists, there are well-known transvestites. Because these persons are celebrities in Filipino culture, the public, especially the women, accepts them with smiles and gentle jokes. There is an annual summer parade of transvestites in Manila, where some men are indistinguishable from real women in physique and even "beauty." This event is similar to gay, lesbian, and transgender pride parades in San Francisco and New York City's Greenwich Village. In his younger days, this author would cross-dress with other

young professionals to entertain hometown guests during *fiestas* and Christmas celebrations. On the superstitious side, folklore in the North Central and Central parts of the archipelago holds that, when someone is confronted by a witch or travels through a haunted region, it is advisable to cross-dress so that the witch or the devil does not recognize you. In some rare cases, transvestites have acceptance from their mates, and sometimes from their children, when they live in metropolitan cities, cross-dress in the privacy of their homes, and maintain the macho stereotype in their work and social environment.

If life is not easy for non-effeminate gays or non-masculine lesbians, it is more difficult for those who identify themselves as the opposite sex in manners and clothing, and even more so for those who want to see their bodies change towards the features of the other sex. Persons who want to change their physical sex and be socially recognized as being of the other sex have not been seriously considered in the Philippines. The Philippine Medical Association and the Philippine College of Surgeons have not officially reported any case of transsexualism. Transsexuals are provided with psychiatric treatment, not transsexual surgery. The courts have not addressed this situation, and any person who desires to undergo medical (pre-surgical) and transsexual surgery treatments has to seek such services abroad.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Sexual Abuse of Children and Incest

There are no statistics on the incidence of incest in the Philippines. However, it is quietly known that adolescent girls are often raped by older male family members, and fathers often use them as sexual objects after the death of the mother, or when the wife's work takes her outside the home for long periods. Abusive males are usually unemployed people with a past history of family violence, high consumption of alcohol, social inadequacy, and impulsive behavior. Although less frequent, cases of incest are also known in which the male is the head of an upper-class household and respected by his community. Cases of incest in middle- and upper-class families seldom surface while the victim is a minor. The trauma may emerge during private sexual therapy with an older woman, but there is a strong reluctance on the part of most victims to make formal charges. Generally, indictment for incest by judicial authorities does not take effect unless a formal complaint has been filed or in cases of public scandal.

Reacting to the increase in cases of child sexual abuse reported in the media, law enforcement agencies and the courts have started taking this situation seriously. Sexual exploitation of minors is more frequent in the cities, in the form of child prostitution, child pornography, and sex tourism. The clients and supporters of child prostitutes and those who produce, sell, or transmit pornography involving minors risk heavy fines and imprisonment. Crimes of sex tourism are difficult to prosecute because they originate or transpire outside the geographic borders and legal jurisdiction of the Philippines. There is, however, an organization, Hand Extending Love to the Philippines (H.E.L.P.), based in Phoenix, Arizona, USA, whose primary mission is to help sexually abused Filipino children, provide counseling for pedophiliacs, and prevent teenage pregnancy.

Sexual Harassment

The Euro-American concept of sexual harassment has no place in the tradition of Filipina subservience to males

that is part of *marianismo*, the symbiotic culture to *machismo*. However, the experience of sexual harassment is emerging in the social consciousness, as Filipinas respond to Western influences and begin to assert their personal and political rights. Women from the *barrios* and small towns are easily intimidated, but it is the sophisticated and well-educated women who challenge the "old-boy buddy" system and file complaints. Sexual harassment is punished through an administrative indictment that may end with a dismissal from public service. The administrative procedure, however, does not preclude legal action by the alleged perpetrator. The strength of the current law shows that Filipinas are expanding their political presence/clout, and winning the support of men, who know the problem well from inside the system.

[*Update 2003*: In December 2002, Rodolfo Stavenhagen of the United Nations Human Rights Council issued a complaint to the Philippine government on the sexual harassment perpetrated on indigenous Filipinos by the Philippine Army. The report claimed that native Filipinos were physically abused and sexually harassed if they were suspected of being terrorists or communist guerillas. The report cited destruction of houses, herding the people into hamlets, torture, and sexual abuses. The sexual harassment consisted of sexual innuendos, poking guns into female vulvas, and frottage by intoxicated government soldiers.

[In order to put more legal teeth into preventing or reducing sexual harassment, the 12th Philippine Congress (2002) passed a more comprehensive anti-sexual harassment law. It provides more protection for victims and severe punishments for perpetrators. The law is gender neutral, applying to male-to-female and female-to-male cases. But, it does not clearly define or include same-gender sexual harassment. Despite the passage of this new law, the incidence of sexual harassment cases has not changed. A January 2003 incident is unfortunately still typical: A female vice-governor (American lieutenant governor equivalent) was groped by a businessman during a public works bidding. At the same time, groping (frottage) of female passengers on the MetroManila Light Railway train was so serious that the LRT assigned coaches exclusively for female passengers in order to protect women from physical sexual harassment. The all-female coaches are installed behind a special section reserved for the elderly, pregnant, and disabled passengers, and adults with infants or young children. To avoid confusion, security guards are assigned at the platforms to guide female passengers who want to use the all-female coaches. Women are not required to use the all-female coaches and can ride alone or with a male companion in the mixed-gender coaches. Sixty percent of the estimated 320,000 daily passengers are female. (*End of update by J. F. J. Leyson*)]

Rape and Family Violence

Despite a long colonial period during which wealthy *hacendados* controlled and regularly exploited their indigenous female employees without fear that the victims might find some recourse in the justice system, recent educational reforms and the transition to a democratic government are producing a more humane society. However, there is still considerable violence within Filipino households perpetrated by the male head of the household. Abuse of this kind is seldom reported to police, because women know that the male police usually behave in the same way in their homes.

In the poorest households, girls are conditioned from infancy to accept the violent behavior of their fathers, particularly when they return home intoxicated. The initial physical abuse may lead to sexual intercourse that amounts to marital

rape. Faced with a society that until recently did not recognize the possibility of marital rape or a woman's basic rights, abused women capitulate, repress their feelings, retreat into their taciturn dreams, and continue laboring for the survival of their families, especially their offspring. Even then, if she does not manage to hide at least some of her earnings, the husband may spend them with another woman or drinking with friends. Local newspapers occasionally report domestic incidents when a wife inflicts serious genital damage on her husband while resisting his violent carnal advances. Philippine Department of Social Work and Development (DSWD) statistics reported that in the first three quarters of 1998, there were at least 1,152 cases of rape and attempted rape, 656 cases of incest, and 400 cases of lasciviousness.

The seriousness of rape against an individual female was brought to the public eye by the media when a famous actress was "gang raped" in the mid-1960s. The public demanded the severest punishment, the death penalty, and they got it. Execution by hanging, electrocution, or lethal injection as a penalty for rape has been on the books since 1924. The death penalty was abolished in 1987 but reinstated in 1994. There are currently about 900 persons on death row, including a former member of Congress convicted in 1998 and awaiting execution for rape. Even though no actual executions for rape have taken place, the law has been instrumental in helping reduce such incidents.

After nine years of debate, the House of Representatives finally, in 1997, approved the bicameral conference report on a new law that heavily penalizes rape and makes it easier for government prosecutors to prosecute rape cases. This anti-rape law reclassifies rape from "a crime against chastity" to "a crime against a person." Thus, if the victim is a minor and refuses to accuse the perpetrator, only the minor's legal guardian or the court can file a suit. This new law also penalizes marital rape, but opens the door for the spouse to forgive her husband, in which case the charge is voided. The new law also redefines the nature of rape, expanding the traditional definition of forced penile insertion in the vagina to include unwanted insertion of the penis, or any object or instrument, in any bodily orifice of another person. These "other acts" are now part of "sexual assault." The law in the Revised Penal Code also eliminates the gender bias, so that a woman can now be charged with raping a man. Finally, the law makes it possible to present evidence in court, in which presumption is created in favor of a rape victim, so that any overt physical act manifesting resistance in any degree can now be accepted as evidence of rape. Similarly, evidence that the victim was in a situation where she or he was incapable of giving valid consent can now be accepted as evidence of rape.

B. Prostitution

Tribal wars between the aborigines in the Philippine islands turned the vanquished into slaves for labor or cannibalism, but not sexual slaves. When Chinese merchants started trading with the inhabitants of the archipelago in 960 C.E., they intermarried with native women, but did not sexually exploit the women. With the advent of Spanish colonists in the late 1500s, a flourishing slave trade was established between the Philippines, the Caribbean, and Spain. Anecdotal reports revealed that some Filipina slaves were sold as "exotic sex objects" or prostitutes to European brothels. When Pope Gregory XIV abolished slavery in the Philippines in 1591, middle-class Europeans started to immigrate to the archipelago, but the sexual exploitation of Filipinas by the Spanish colonists continued.

During World War II (1941-1944), the Japanese Imperial Army forced Philippine women from Manila and sur-

rounding towns to serve as “comfort girls” (military prostitutes) to provide sexual favors to all Japanese soldiers serving in the Philippines and in the Pacific region. In the 1990s, with international (legal) backing, these comfort girls were partially compensated for their humiliation and moral sufferings. When the American troops liberated the Philippines from Japanese imperialism in October 1945, many American soldiers left illegitimate Amerasian children behind. The mothers of these children and their Amerasian children were social outcasts. In order for these mothers to survive, they became part-time prostitutes in the rural areas for single laborers and traveling salesmen and in the cities with all kinds of customers. In 1947, President Roxas signed a military agreement granting 22 military bases to the United States. In the following year, the two largest U.S. military bases in the Far East, the Naval Subic Bay and Clark Air Force Base, were established north of Manila. Angeles City, located near Clark Air Force Base, later became the “Mecca of Sex Trade,” the military adult-entertainment capital of the Philippines, with every variety of prostitution, exotic bars, pornography, and sex tourism conceivable.

With the advent of information technology and global travel, the old part-time prostitutes have moved to the big cities. Prostitution survives because of poverty, the commercialization of human relations, and the sustained carnal demand. Although for different reasons, all social classes made their contributions to the trade in sexual services. The rich are looking for entertainment and diversity of sexual practices that they would never dare to ask from their wives. These respectable matrons are assigned by society only to bear and raise children, manage households (sometimes businesses), and organize social activities. The out-of-town students, immigrant workers, and wayward youths may be looking for their first sexual experiences and to combat the loneliness of being separated from their family for the first time. The poor frequent the brothels to affirm their masculinity by using many women or to relieve their loneliness.

As in most other countries, there are three types of prostitutes or sex working girls in the Philippines: streetwalkers, entertainment girls (*hostitutes*), and call girls or high-class prostitutes. Streetwalkers are not common, are usually self-employed, and many have pimps. Their safety is at jeopardy on the streets. The majority of the prostitutes fall under the category of entertainment girls. These *hostitutes* include bar girls, nightclub hostesses (waitresses), masseuses, exotic dancers, and those that work in brothels. They are usually business employees and have contact managers (sophisticated pimps). Their safety is secure because they work inside an establishment. However, they cannot refuse clients who are produced by agencies and their managers. They cannot set the prices for their services. Some massage parlors are commercial fronts for prostitutes who offer their services from oral sex to regular intercourse (US\$25 to \$65). Call girls comprise approximately a third of the female sex-worker population. Self-employed or autonomous, they usually do not have managers. They advertise their services in specialized magazines disguised as escort services for sophisticated gentlemen and sometimes ladies. *Hostitutes* and call girls advertise their services through word of mouth, by taxi drivers, bar bouncers, club managers/owners, and hotel bell captains. These agents receive part of the price in exchange for referring clients. In the large sophisticated hotels, the bell captain may have an album with pictures of different prostitutes from which guests may choose. In 1997, a new phenomenon emerged, the *Japосakis*, Filipina *hostitutes* who return home from sex work in Japan and continue serving their Japanese special

clientele or sugar daddies on their periodic “business” trips to the archipelago. Recently, there are also reports of an increasing number of *gigallos* or *toy boys* who provide escort services and pleasures for lonely matrons and wealthy widows.

Although prostitution is still illegal, Filipino society believes that some regulation is always needed, based on the premise that prostitution is regulated in order to minimize the damage to society. Local city councils may require filing an application with the city to establish a brothel, indicating the location for legal reasons and/or tax purposes. Local authorities may also restrict brothels to certain areas and regulate any signs that would identify it as a brothel. Prostitutes cannot reside anywhere other than at the brothel itself, which is her official domicile. Brothels also have to have a bedroom for each working woman. The women cannot show themselves at the balconies or in a window, nor can they solicit in the streets. In order to work in a brothel, a woman has to register with the sanitary-health authorities (Bureau of Health). The authorities will check whether she is a victim of deceit or coercion and advise her that help and assistance is available from legal authorities.

Each prostitute is given a “sanitary notebook” with her picture, personal data, registration number (if any), and the main articles of the decree that concern her rights as a provider of a service. Her rights include being free to stay or quit the brothel in which she lives and works, debts cannot be used to compel her to stay in a given brothel, and no one can subject her to any abuse. Each prostitute has to undergo mandatory monthly medical examinations for sexually transmitted diseases (STDs). If an STD is diagnosed, the brothel pays for medical treatment. The sex worker must show her sanitary notebook to any customer that asks to see it. The manager of the brothel cannot accept any “prostitute-candidate” or applicant who has not first registered and passed a medical examination. The manager also has to report immediately to the sanitary authorities whenever a prostitute is ill, be this an STD or nonsexual disease.

It is easy to imagine the rampant corruption that this naive attempt to protect customers and suppliers of contractual sex alike has produced. Police protection is bought, violations are ignored, and politicians and judges are bribed, often on the pretext of protecting the free practice of a fully consensual sex by the client and sex worker. In reality, this law and its application or lack thereof does little to protect the health of the women and their clients. The women have no protection from customers already infected. The prostitutes can request that their clients wear condoms, but cannot demand the performance of safe sex practices. The clients are not subject to compulsory medical “control,” and many may be infected but not show any symptoms, while others suffer in silence and continue practicing unsafe sex with other prostitutes, lovers, and even wives.

Transvestites also participate in prostitution, especially with unwary foreigners. Male homosexuals and child prostitutes who created Asia’s reputation for sex tourism are concentrated in major metropolitan cities.

Sex Tourism

The Philippines has always been known as the “Pearl of the Orient Seas,” the Land of the Three Ss—Sun, Sand, and Sea. A fourth “S,” Sex, sold in “coolly” wrapped packages, has emerged to the point where it has already warranted the United Nations’ attention: sex tourism involving child prostitutes as young as 6 years old.

Angeles City in Pampanga, north of Manila, once home of the mighty Clark U.S. Air Base, is now being developed as an international airport. But the new airport has also be-

come the center of sex tours to the Philippines, openly promoted abroad, arranged by Filipino tour operators and their foreign counterparts, with attractive come-ons for men seeking sexual activities with “virginal” or child prostitutes who they hope are free of STD and HIV infections.

While the government is making major arrests in this trade, and sex establishments are regularly closed down, the front page of major dailies show bikini-clad young girls being led away by operatives, but never the brothel owners, the tour operators, their cohorts, and pimps. The Philippine Congress is still struggling to pass a law making a customer of a child prostitute criminally liable, even if he does not engage the services of a pimp. An increase of the maximum punishment for child labor and exploitation to 20 years was sought. The 1995 law set the punishment for child prostitution at 20 years in prison; the punishment for pornography and pedophilia, however, remained unchanged.

Sex tourism is the third-highest money-making industry in the Philippines. But the current penalties and enforcement policies do nothing to have an impact on the business. As in many other countries, the prostitutes are arrested, but not the clients, managers, and others whose enormous profits make this business so attractive. The punishment for committing prostitution is a US\$500 fine or 12 years in jail. While this law, in effect for three decades, applies to women dancing in the nude or in scanty bikini tongs, a major element in the prostitution trade, arrests are seldom made because of corruption and bribery.

In order to reduce the negative moral and economic effects of prostitution, government and some nongovernment agencies are working together to rehabilitate former prostitutes or entertainment girls who retire or change their “profession.” The government’s Department of Social Welfare and Development has programs to teach these ex-prostitutes other work alternatives and technical skills as a means to a decent living. A civic action and rehabilitation group, Marriage Encounter, is also training married former prostitutes to help them move back into mainstream society and divert single women from the sex trade by improving their personal skills for future relationships and family life. But funds and enthusiasm for such social programs are too limited.

C. Pornography and Erotica

Under Spanish colonial rule, the Dutch (in 1600), and the British (in 1762), Filipinos were concerned about their personal freedom rather than freedom of the press. In 1820, the Spanish Cortes (government) granted the Filipino freedom of the press, but it was not until 1887, 67 years later, that Dr. Jose P. Rizal, a Philippine national hero, published in Germany the first Filipino novel, *Noli Me Tangere* [*Touch Me Not*]. This literary masterpiece exposed the Spanish political, economic, and sexual abuses in the Philippines. However, it was not until the early 1900s that Filipino romantic novelist Francisco Balagtas published *Florente at Laura*, his Filipino variation on the Romeo and Juliet theme.

In 1946, when the Philippines became a republic after 48 years of American colonialism, American and foreign magazines started to pour into the country. Pornographic magazines were illegal, but the rich and some devoted collectors managed to import literary exotic pieces (erotica). By the 1960s, changes were visible in the social attitudes and private interests of Filipinos. Women’s magazines are now found everywhere, in homes, hair salons, physician’s offices, and in businesses. And in almost every issue, there are articles about sexuality and eroticism. These articles also cover a variety of subjects, such as contraception, the influ-

ence of a healthy sexual life on physical and mental well-being, and how to improve a marital relationship.

Although there are no precise data on the production and commerce of pornography in the Philippines, there is no doubt about its widespread distribution and availability. The gradual blurring of the distinction between pornography and other forms of erotica has led to some level of social acceptance of pornography and opened new markets. In public debates, 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 lives, as long as it does not replace the “natural” (romantic) sexuality.

Three types of Filipino magazines deal with sexuality and eroticism:

1. Magazines dealing with sexual issues, but avoiding pornographic images and full nudity, (e.g., *Superstuds*, *Gossips*, *Intrigue*, *Expose*, *Teen Stars*, and *Soap Opera Stars*). They are moderately to expensively priced, have quality printing, and are directed at informing a public that accepts a scientific (although popular rather than academic) language. *Sex Forum* magazine, published by a lawyer in the mid-1980s, provided sexual information reviewed and approved by the author of this chapter. Among the topics discussed in *Sex Forum* were techniques to enjoy an intense sexuality, to make your bedroom a more erotic place, to renew sexual passion without changing partners, safer sex practices, and ways of taking care of yourself without handicapping your pleasure.
2. Magazines of literary and sexual humor, with pornographic texts, advice columns, letters, and partial or total nudity (e.g., *Tik-Tik*, *Playboy*, and *Penthouse*).
3. Magazines and packages of playing or picture cards, clearly pornographic and devoid of artistic quality, some with scatological content.

In reality, a wide range of pornography and erotica is readily available, with distribution handled by regular newsstands, video shops, porno shops (major cities only), and mail-order services.

From the economic point of view, the most important sector of the Filipino pornography market is the sale of videocassettes, fueled by the wide distribution of videocassette players-recorders. In the 1960s, before video players, rich couples viewed adult films with an eight- or super-eight-millimeter portable film projector in the privacy of their own homes, or at some occasional college students’ “stag parties.” Videocassettes offer the possibility of greater privacy, and cater to the needs of middle-class and even poor men, women, and couples. Most of the pornography is produced abroad and imported for rental through video shops and typical newsstands. The legal situation seems to favor the newsstand as the primary channel for the rental/sale of these cassettes. Video shops, however, offer the advantage of greater anonymity and the higher technical quality of the cassettes. The sale and distribution of these pornographic materials are illegal. Although enforcement of the anti-pornography law is weak, sometimes it will produce a dramatic example. In April 1999, a 61-year-old Filipina grandmother was arrested for selling pornographic tapes on the streets of a metropolitan city.

Filipino pornography also comes in the form of “Live Sex Shows” arranged through special parties held in motels or hotels. The movie *UHAW* (*Sexual Hunger*), a soft-core film in the early 1970s, was the first erotica produc-

tion with the lead female role played by a former national Philippine beauty queen. Hardcore videos, although poor in quality, are also homemade, but lack the better quality of American and foreign imports. The advent of the Internet has brought a wide variety of sexual information and visuals, including local Web sites, like *sex maniacs* (*manyakis*, www.mayakis.com), with a modest monthly access fee.

The author's informal survey of consumers of pornography indicates that about 85% of the males and 15% of females are sexually excited by such films. Females prefer erotic films where sexual acts are embedded in a narrative context, whereas males are more easily aroused by simply viewing mere nudity and sexual organs. Female consumption of pornography seems to take place in the context of the couple, whereas for men it is more linked with solitary sex. Generally speaking, there are indications of an increasing trend toward increasing consumption of softcore (clean) pornography by educated, sophisticated, and professional couples.

[Body Painting and Piercing

[Update 2003: The aboriginal civilization of the Philippine natives has flourished simultaneously with other native populations of Eastern Asia, Africa, and Mexico. While the Incas, Mayans, and Aztecs were erecting their temples, the aboriginal Filipinos were sculpturing rice terraces along the mountainsides that are considered one of the engineering wonders of ancient civilizations. At the same time, these ancient people perfected body painting (tattoos) for religious reasons and sexual attraction as an art form using primitive tools and different plant dyes. The tattoo artists, sometimes a medicine man, etched exquisite patterns mainly on the faces of females and on the extremities of the males as "spiritual armour" to scare evil spirits or their enemies.

[In the late 1970s, when "liberal nudity" was appearing in the cinema, body tattooing underwent a revival. With Americanization in the 1980s, young Filipino urbanites followed the trend set by young actors and entertainers, applying tattoos in some strategic sexual parts, buttocks, inner thighs, umbilicus, and breasts. On the other hand, young females in the *barrios* have modified their simple makeup into elaborate "facial painting." Body tattooing is limited to male college students and only on the body parts covered by clothing.

[Body piercing is as primitive as body painting for the Filipino aborigines. Both sexes subject themselves to ear piercing solely for sexual attraction. However, anecdotal reports indicate that cannibalistic natives also pierced their noses with animal or human bones for decoration or as a trophy of their conquest.

[In the late 1980s, when the majority of young Filipinos were concerned with finding a date or romantic interlude, eroticism was still considered a sexual taboo until they entered college. With the advent of global communications, the use of body piercing as a form of eroticism was popularized by young artists and Filipinos living in the metropolitan areas. The traditional ear piercing expanded to eyebrows and the umbilicus. In 2001, this author (a surgeon) had to surgically remove an infected "umbiliring" from a female patient to avoid the spread of an infection. Young Filipinos, and others, who decide to have body piercing and umbilical rings need to be clean the umbilicus and ring regularly to avoid infections. Also rings are more dangerous in the inverted ("inny") umbilicus than they are in the everted ("outty") umbilicus.

[At present, the art of body piercing as a form of eroticism has intensified and expanded to other parts of the torso, the

tongue and lips, and the genitals, labia, clitoral hood, and penile glans. The presence of erotic rings and balls in strategic sensual body parts will continue to pose a health hazard in the future. (End of update by J. F. J. Leyson)]

9. Contraception, Abortion, and Population Planning

A/B. Population Planning and Contraception

[Update 2003: In the 1970s, Thailand and the Philippines each had populations of about 50 million and economies of similar sizes. Three decades later, Thailand has grown by 10 million to 60 million, while the Philippines has exploded exponentially to 85 million. Experts expect the Philippine population to double again to 130 million by 2025. Meanwhile, Thailand, Indonesia, South Korea, and Taiwan have brought their population growth under control. The Total Fertility Rate in the Philippines is 3.6 children per fertile woman, among the highest in the world outside Africa. Most of the larger families reside in the villages and *barrios*, especially among poor families. Families of 10, 12, or more children are the greatest source of pride. "If you have many children you are a great man," is a common belief. A few years back, when Cardinal Jaime Sin was asked about the country's population, his response was simple: "The more the merrier." The topography of the Philippines has made agriculture the main source of livelihood. This agrarian living needs workers. In order to provide "cheap" labor, it is advantageous for a Filipino family to sire more children, mainly boys, as workers and helpers in the agribusiness and aquaculture.

[The only contraceptive method accepted by the Catholic Church, the rhythm/cervical mucus or Natural Family Planning method, has a very low effectiveness rate because of menstrual irregularities. But in March 2003, President Gloria Macapagal Arroyo affirmed her backing for the "rhythm method." Mrs. Arroyo suggested that the rhythm method would promote family values by bringing spouses together, with the wife observing her body temperature, vaginal secretions, and menstrual cycle, and her husband writing them down on a chart. She also stated her belief that this natural contraceptive method would help teach patience, responsibility, and self-control. In the real world, critics say that the rhythm method is unreliable, complicated to follow (especially for the uneducated), and requires unusual restraint on the part of husbands. Another major barrier to the effectiveness of the rhythm method is the reluctance of Filipinas to check their cervical mucus, and their limited understanding of the physiology of fertility among those with limited school education.

[In 2003, Church officials announced they would be more vigorous in opposing all contraceptive programs, and would campaign in future elections against any politicians who support family planning, calling them "adulterers, fornicators and terrorists." Meanwhile, the Church has begun intimidating retail stores that offer condoms for sale. The Seven-Eleven grocery chain, for instance, stopped selling condoms following a Church-instigated boycott and picketing. Despite the fact that the government cannot educate, provide health services, and feed its present population of 85 million, let alone a population of 130 million 20 years from now, the Church continues its campaign in favor of large families and its ban on all artificial contraception. Family planning has become increasingly popular since World War II.

[Thirty years ago, between 1968 and 1970, the United Nations, through the World Health Organization and Planned Parenthood, initiated a massive population-control program,

distributing contraceptive pills to Filipino families. As one of the trainer/instructors, this author gave public lectures and provided training to all municipal healthcare personnel. The pills were given free to all married women. Fortunately, there was no strong opposition from the Catholic Church. However, after two years of implementation, because of government mismanagement of funding and pill distribution, there was no significant reduction in the pregnancy rate. With the increasing number of couples living together out of wedlock, the number of illegitimate children will double by the year 2005. Before the government started the "aggressive and formal" family planning in the late 1960s, middle-class couples learned the use of contraception through specialized pamphlets, magazines, and private channels (family doctors and pharmacists). Today, with the government restricting public education about contraception, the most effective teaching tools are the American television programs *Sex and the City* and *Friends*.

[Nowadays, in the large cities, contraceptives of all kinds—pills, condoms, diaphragms, IUDs, and vaginal spermicides—are available. These contraceptives can be freely bought in pharmacies without prescriptions. Women who can afford to pay can use the services of private physicians to help them acquire the correct kind of diaphragm or to insert an IUD. But two out of five Filipinos, 41% of the people, live below the poverty level, on less than a dollar a day. Jobs, food, and farmland are increasingly scarce. Urban slums are teeming with poor families with a dozen children (Mydans 2003). (End of update by J. F. J. Leyson)]

The situation is more difficult for women who live in scarcely populated distant rural areas. There, both the birth-rate and infant mortality rate are still high when compared to the urban figures. In these less-developed areas, the government has been trying to organize family planning services as part of its program of mother-child care including kindergarten classes. The number of abandoned children in metropolitan cities has increased. The Catholic Relief Services and other nongovernmental organizations are trying to house these children and provide contraceptive-control classes, including newspapers and television advertisements regarding practical birth controls for women and families who live in the city's slums and newly arrived urban immigrants. In 1997, faced with declining official development assistance from developed countries, the government requested increased funding for population programs. Former President F. Ramos suggested that developed countries must meet the United Nations target of committing 0.7% of their gross national product (GNP) to population control, and that this aid must follow the 20-20 formula on environment and development endorsed by the 1995 Copenhagen World Summit on Social Development.

[Update 2003: It is the Filipino women who bear the burden of raising large families and often seek to control their pregnancies. But the United States Agency for International Development reports that one fifth of women who want contraceptives do not have access to them. One reason, the agency reported, is that two thirds of the Philippine population cannot afford to buy condoms. The problem is immense: The use of modern contraceptive methods would have to rise by 40% for women to achieve the family size they want (Mydans 2003). (End of update by J. F. J. Leyson)]

According to recent studies, the Philippines has nearly 1.5 million street youth. At the same time, 74% of all unintended pregnancies in the Philippines occur in women 15 to 24 years old and 18% of Filipino youths engage in premarital sex. In late 1999, the Family Planning International Assistance office in Bangkok, Thailand, and the Reach Out

Reproductive Health Foundation announced the start of Barkadahan, a new project designed to curb the spread of sexually transmitted diseases and unintended pregnancies among Philippine's street youth, and have launched a program to address their reproductive health needs with sexuality education, treatment for HIV and STDs, and family planning options (World Reporter Asia Intelligence Wire 11/1/1999).

B. Abortion

From 1581 on, the Spanish colonists suppressed women's rights, including the right to an abortion. Filipinas were considered second-class citizens until 1937, when a plebiscite on women's suffrage gave them the right to vote. For the first time, Filipinas could have some impact on decisions regarding their health. In the 1930s, abortion was controversial and performed in rural areas by quack doctors with improvised instruments and herbal concoctions. These crude gynecological procedures often led to serious complications including death. After World War II, the American influence resulted in most abortions being performed by physicians. However, abortion today is illegal in the Philippines and is severely condemned by the Catholic Church. This condemnation was reiterated in a recent Papal Encyclical on ethical questions, *Evangelium Vitae*. The current criminal code penalizes with prison sentences women who have an abortion and the professional who performs this service. Abortions are allowed in only two situations, when the pregnant woman is mentally deranged and the pregnancy is a result of rape or incest, and when the pregnancy endangers the woman's life. The Catholic anti-choice movement tries actively, but with limited success, to convince the political leadership to tighten the existing legislation and its enforcement. Muslim law supports the national law on abortion.

Abortion is a last resort everybody knows about, but nobody talks about. Instead of fighting against the powerful forces that arrogate to themselves control over women's bodies, Filipino society prefers to tolerate the officially condemned practices with a mischievous twinkle of tacit agreement among professionals and citizens. Criminal prosecution and denunciation of abortion practices are rare, and only occur when a woman dies as a consequence of an abortion performed by a non-professional. Given these conditions, the Ministry of Health has no exact statistics for abortion, but it is believed that its practice is not as widespread as previously thought. In the major cities, women who typically seek medical help for abortion are unmarried, mature women who already have several children or single high school and college students. These women resort to abortion mainly to put a stop to an unwanted pregnancy or to reduce the family size.

Although morally wrong, pregnant teenagers are now being gradually accepted by their parents. They do not resort to abortion, but agree to keep the child in their parents' house despite embarrassment and peer ridicule. Studies on the relationship between abortion and socioeconomic position suggest that middle-class professional women resort to abortion more frequently than high- or lower-class women. Studies in Manila and Cebu City during the 1980s and 1990s revealed that the highest rate of abortion was among women with a college education or college students who temporarily reside in college dormitories on city-owned housing. There are no written records of abortion among the lower classes because they are usually not performed by healthcare professionals, and the women deny having them to avoid problems for themselves and for those who help them in the procedures.

The morbidity rate associated with illegal abortions, especially those performed by non-professionals, could be reduced if the Church and the government would provide appropriate sexual education and promote the proper use of contraceptives, and expand the socioeconomic criteria/indications for legal abortion. In addition, the government and nongovernmental organizations should appropriate extra funding to provide better accessibility to well-equipped provincial or regional hospitals to treat the complications of abortion.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

The estimated one million foreign women sold into prostitution in Japan, Singapore, Europe, the Middle East, and Southeast Asian countries and sex tourism are a major source of STD. In metropolitan Filipino cities, the most frequently reported STDs are gonorrhea, genital chlamydia, chancroid, genital herpes, papillomas, and AIDS. There is an alarming increase in the number of cases with the traditional STDs, particularly gonorrhea, herpes, and syphilis. Because of global travel, resistant strains of gonorrhea and trichomoniasis have been reported in some pockets around large Filipino cities with international connections. The lack of appropriate sexual education among mostly the lower social class, an attitude of indifference to prophylactic measures, and a poorly funded medical care system combine to increase the rate at which STDs are growing in the Philippines. The nationalistic policies of the government have meant that doctors are trained and medical services organized to take special care of pregnant women and newborns, not for the prevention of STDs.

Management of STDs is organized on three levels. The first and most advanced environment is provided by private medical practitioners in their offices. In this privileged setting, only prejudice or ignorance can prevent doctors from providing timely prophylactic advice, early diagnosis, and appropriate treatment of STDs. The second environment is industrialized medicine, clinics established by big corporations and specialized businesses. While the quality of care in this setting depends on the training and qualifications of the medical staff, the availability of consulting specialists, dermatologists, urologists, and gynecologists has helped a large number of workers and their families by educating patients about the risks of STDs and encouraging them to seek early detection and treatment. The third environment is provided by municipal health clinics and provincial and/or regional hospitals. These hospitals are entrusted with two missions: to provide medical services to the poorest sectors of the population and to serve as training grounds for medical students from both private and public medical schools and universities. Initially, these services were totally free, but because of escalating labor-management medical costs, these facilities now charge a small fee or donation to defray the recurrent and management costs. This small donation and transportation difficulties may further discourage Filipinos from the shantytowns in the poverty belts around the large cities from seeking early diagnosis and treatment of STDs.

Prostitutes form another subpopulation in the larger cities that requires special focus in terms of being a reservoir of the diseases and implementing measures for prevention. Children and young adults, especially women from the *barrios*/rural areas, pour into the city and become prey to drug traffickers and pimps. Through shared needles and sexual activities, they are infected with all kinds of STDs, further

contributing to the spread in their original milieu and city at large. Because of poor record keeping, there are no precise data or information regarding the incidence of STDs from city health offices. But anecdotal reports from the last ten years revealed that a small percentage of women who came to a medical office or made hospital appointments for gynecological problems, contraception, or family planning are infected with STDs. However, with the increasing population growth and the advent of sexual liberation, young Filipinos are vulnerable to STDs. The government and nongovernmental organizations (NGOs), including the Church, must marshal all their informational-educational resources to counteract the spread of STDs. Schools should incorporate STD-prevention information, with intense mandatory sex education starting in the 6th grade or earlier. Information provided by schools, social workers, health clinics, and NGOs should go well beyond this to help the youth develop a positive attitude towards the body, without shame and guilt about one's sexual nature, and to recognize their instinctive drives and develop an ability to establish tradeoffs between instinctual urges and the social moral constraints. Poor peasants and sophisticated urbanities can both understand a well-delivered message that these tradeoffs do not mean a repression of one's erotic life, but rather its enhancement by seeking to make it free of disease.

B. HIV/AIDS

The current epidemiological explanation of the origins of HIV traces it to a mutant strain of SIV (simian immunovirus) found in "green monkeys" of the sub-Saharan regions of Africa. Two thousand years ago, the ancient Filipinos supplemented their rice and vegetarian diet with meat from a variety of game animals, including native Philippine monkeys. These simian creatures are the main prey of another world-famous carnivore, the Philippine monkey-eating eagle. In spite of their carnivorous appetite, the Filipino aborigines did not contract the HIV virus. Even today, there are Filipinos who still savor exotic menus of Philippine monkeys. Nevertheless, the HIV virus has reached the Philippines by other routes.

Acquired immune deficiency syndrome (AIDS) was first described in the U.S.A. in 1978. In 1988, an anecdotal report indicates that one infected Filipina prostitute from New York City came home to die in the Philippines. Twenty years after AIDS was diagnosed in California, the first 20 cases of AIDS were diagnosed in the Philippines (1990). Epidemiologists believe a major factor in the spread of HIV is the U.S. military personnel who frequented the sex bars and bordellos in the towns surrounding Clark Air Force Base and the Naval Base in Subic Bay. In 1992, it was estimated that 234 people were infected; by 1994, there were 834 cases. According to L. B. Duchene (1997) of Doctors Without Borders (*Médecins Sans Frontières*, MSF), 1,234 Filipinos were infected with the AIDS virus in 1997. But the World Health Organization (WHO) estimated that the true figures of Filipinos with AIDS in 1998 was approximately 23,350 persons. The dramatic increase in AIDS cases is attributed by MSF to exposure and infection of the virus through prostitution (heterosexual activities), the prohibitive cost of medicines, malnutrition, economic depression, untreated STDs, and limited access to modern medical care. Contrary to the experience in the industrialized nations, mortality is almost 82% in the first year of infectivity and 98% in two years. WHO and MSF estimated the Philippines would have 30,112 cases by the end of 1999, and about 39,780 cases by the year 2000. That is a 70% increase in the incidence of AIDS in just two years in a population of 79 million people.

The Department of Health AIDS Registry showed that 53% of the victims are men, 38% are women and 9% are children. Among persons diagnosed as being infected with AIDS, 55% are drug addicts, 40% were infected by heterosexual activities (mainly with prostitutes), and 5% by homosexual activity. Approximately 1.8 million Filipinos, 50,000 in Cebu City alone, are involved in the illegal drug trade, a US\$6.6 billion business. According to Duchene (1997), the drugs and AIDS situation in the Philippines is, for unknown reasons, less serious than it is in India and Cambodia. As of 1999, 90% of the world's 33 million HIV/AIDS cases were found in Africa, Latin America, and Asia. Furthermore, the WHO figures estimated that there would be 38 to 40 million people living in the world with the HIV virus by the year 2000.

[*Update 2003*: One puzzle in the Philippines, where condoms are not widespread, is the nation's extremely low rate of HIV infection. According to government figures, just 1,810 cases have been reported. The United Nations estimate is higher, but still miniscule at 9,400 cases. Experts warn of an explosion to come. According to local studies, only 23% of sexually active young men reported using a condom, and only 4% said they use condoms regularly (Mydans 2003). (*End of update by J. F. J. Leyson*)]

While the gay community initially interpreted the alarm about AIDS as an attempt by the medical profession to regain control and use the discourse about health risks to moralize against "disorderly sexual conduct," the real purpose of this crusade was to reduce the risks and mortality for gays who are sexually active. Government and NGOs are more actively engaged in the education and prevention of HIV/AIDS.

It is now clear that any plan to decrease the social and economic impact of AIDS in the Philippines, as in any society, requires an emotional engagement that facilitates an important paradigmatic change of beliefs and behavior. This paradigmatic change is essential to practicing abstinence, to increasing the use of condoms, decreasing promiscuity, promoting the use of disposable needles among drug addicts, understanding and respecting those who suffer, and helping individuals everywhere to enjoy sexuality while minimizing the risks for one's self and society.

In addition to emotional engagement, changes in individual attitudes require the active and creative support of social groups to which the individual belongs; namely families, schools, private businesses, and churches. In 1995, a private civic organization hired Magic Johnson, a famous American basketball superstar, to give talks to Filipino youth about HIV prevention and living a responsible and healthy sex (safe) life.

[*Update 2002*: UNAIDS Epidemiological Assessment: The Philippines remains a low HIV-prevalence country. Since the first cases of HIV/AIDS were reported in 1984, 1,515 HIV infections, including 508 AIDS cases and 196 HIV/AIDS-related deaths, had been reported as of June 2001. An estimated 9,400 people were believed to be living with HIV at the end of 2001 (prevalence less than 0.1% in people aged 15 to 49 years). The estimated rate of reporting of HIV infection is low (5%). HIV in the Philippines is predominantly sexually transmitted (90%). The number of HIV/AIDS cases is not expected to increase substantially over the next few years.

[There is a high prevalence of STD among sex workers, with the prevalence rate of selected STDs—predominantly chlamydial infections—reaching more than 40%. The prevalence rate of STDs among women attending antenatal clinics was less than 1% for STDs other than chlamydia (5.6%). Gonococcal resistance to penicillin, tetracycline, and cipro-

floxacin is high. Most of gonorrhea isolates (89.3%) were resistant to penicillin and 38% were resistant to quinolones in 2000.

[Behavioral surveillance data in 1997 and 1998 indicated high prevalence of HIV/STD risk behavior. Sharing of needles was reported by 52% of injection drug users in 2000, and unprotected sex (non-condom use during the last sex with a non-regular sex partner) was reported by 75% of men who had sex with men and 34% of female sex workers.

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

Adults ages 15-49:	9,400 (rate: 0.1%)
Women ages 15-49:	2,500
Children ages 0-15:	< 10

[An estimated 720 adults and children died of AIDS during 2001.

[At the end of 2001, an estimated 4,100 Filipino children under age 15 were living without one or both parents who had died of AIDS. (*End of update by the Editors*)]

11. Sexual Dysfunctions, Counseling, and Therapies

A. Concepts of Sexual Dysfunction and Treatment

The Philippines is a conservative society in which definitions of sexual dysfunctions often mirror the changing attitudes towards male and female sexuality. Thus, in the 1970s, inhibited or absent 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 in the 1980s with the emergence of the myth of simultaneous orgasms, promoted by the Western media, and the idea of heterosexual sex as spontaneously pleasant, which taken together created a new set of pressures, expectations, and tensions. Finally, the growing public rejection of the conservative attitude of the Church linking emotionally stable sexuality with orgasm might reduce the tendency to treat alternative expressions of eroticism as sexual dysfunctions.

Prior to the mid-1950s, Filipino physicians had no better knowledge or understanding of human sexuality than the sophisticated Filipino citizen. Both could, but seldom did, read Kinsey's works and Masters and Johnson's book *Human Sexuality*. Even after some sexuality education was introduced into medical training, the information they received was prejudiced and biased. The departments of obstetrics and gynecology in the public health and urology section taught the pathologic aspects of genitourinary (sexual) organs and reproductive mechanisms, but refused to consider with the same vigor or objective the sexual behavior of healthy males and females. In my interviews with medical students and young doctors during my periodic visits to the Philippines in 1984, this author perceived that two years later, the physicians still did not feel comfortable discussing healthy sexuality issues. Some of these doctors even felt personally offended, especially in being asked to deal with the "sexually oppressed" minority social groups, such as the aging, homosexuals, and the mentally and physically disabled (handicapped).

Gynecologists, psychiatrists, urologists, and general practitioners often have limited knowledge when people come for advice on sexual problems, such as frigidity, impotence, ejaculatory dysfunction, painful sex, sex during pregnancy and after delivery, consequences on sex life from drug/alcohol abuse, sex among the aged and physically handicapped, and sexual surgical procedures. Although their scientific information about sexuality is lim-

ited and incomplete, they perceive that science and common sense conflict with their ideologies and cultural-religious beliefs. The internal battles between these two opposing patterns of thinking and behavior only add confusion and distress to ignorance.

In 1990, this author initiated the creation of sexuality programs in major Filipino universities and medical schools. *Sexual Rehabilitation of the Spinal Cord Injury Patients* (Leyson 1991), by this author, was introduced, along with other resources, and quickly became popular among medical and paramedical personnel along with judges, lawyers, and teachers who are increasingly more aware of their need for advanced education on sexual topics/issues.

B. Sexual Counseling and Therapies

Prior to the 1960s, the management of sexual dysfunctions was based mostly on folklore and "witchcraft." In the 1970s, management was a mixture of traditional folklore and medical science. In the rural areas, marital dysfunctions (sexual and reproductive) were treated with exotic concoctions and herbal remedies. In the urban areas, impotence was mainly treated with psychotherapy, occasional antidepressants, and hormones. Premature ejaculation was managed by psychotherapy. In 1998, the most common male sexual problem was impotence, followed by premature ejaculation, decreased libido, and infertility. Premature ejaculation was managed by antidepressants and psychotherapy, with perhaps some behavioral sex therapy. Impotence was treated with nonspecific vasodilators, sex therapy, and, for those who could afford it, penile prostheses. Libido disorder and infertility were treated with psychotherapy and pharmacological remedies. Among women, the most common sexual problems were painful intercourse (dyspareunia), vaginal spasms, and inhibited orgasm (dysorgasmia). Occasionally, older women complained of a decrease of sexual desire. Dyspareunia was treated with psychotherapy and sex therapy. The other sexual dysfunctions were grouped into one disease and managed with sex therapy and pharmacological remedies.

From 1995 to the present, sexual dysfunction management is almost the same as in the United States and Europe for those able to afford it. Most urologists and gynecologists have taken additional training in sex education and therapy. A few American- and European-trained sexologists have opened offices in major cities. With the infusion of new ideas and discoveries in sexology, management of sexual dysfunctions consists of behavioral therapy, sensory amplifications, advanced psychotherapy, and sex therapy. Modern impotence treatment includes erection vacuum devices, oral and intraurethral medications, intrapenile injection medicines, and solid and inflatable penile prostheses, as well as sexual performance medications like Viagra. However, some herbal remedies for impotence, infertility, and libido disorders have also been revived. The Church and NGOs with social services offer premarital and marital counseling, although the official Catholic position still maintains the traditional female role of motherhood, and perpetuates a generally more passive attitude towards sexuality and pleasuring even in marriage.

C. Sexual Counseling for Emigrant Filipinos

Sexual counseling and therapy for Filipinos who immigrate to other countries presents some unique problems. The "Filipino Blend," which represents the majority of Filipinos, is the result of racial diversity and genetic pooling involving over 1,300 years of infusions from China, Indonesia, Malaysia, Indochina, India, Borneo, Java, Spain, and

the United States. The profound psychological and cultural result is a Filipino self-concept of being powerless and inferior. This perceived sense of dependency on the benevolence of envied Western masters detracted from the development of a strong national identity and solidarity, perpetuating a subservient mendicant role and passive resistance. A different generation of Filipinos immigrating to the United States and Canada are subjected to a variety of traditional and Westernized cultural and ethnical (values-communication styles) conflicts. This clash of values and behaviors may result in a cultural psychodynamic conflict, a kind of cultural baggage, which may include any or all of the following:

1. The primacy of family and small-group affiliation over the individual, a strongly held value that inhibits free expression of dissent and tends to detract from the creativity and autonomy that are highly prized by Americans.
2. A strict adherence to gender-role stereotypes and patriarchal family structure that goes against the egalitarian norms in the American family.
3. A primacy given to smooth interpersonal relationships that conflicts with the American ideal of openness and frankness.
4. An attitude of "optimistic fatalism" or *bahala na*, that is opposed to American beliefs in future orientation, careful planning, and the drive for excellence and economic development through determined effort.
5. A sensitivity to slight and criticism, which springs from an exaggerated need for self-importance, *amor propio*, and often leads to withdrawal and/or vengeance, in direct opposite to the American style of directness and sportsmanship.
6. A fear of *hiya* (devastating shame) that often inhibits competitiveness. This concern over face-saving is fostered by the use of ridicule and ostracism in child training.
7. The practice of *delicadeza*, or nonconfrontational communication, most evident among females, that is ineffectual in Western societies, where directness is appreciated and competitiveness is encouraged.
8. *Utang nang loob*, or reciprocity of favors, that derives from a sense of gratitude and belongingness, is incongruous in societies that give primacy to individualism and the "bottom line."
9. A strict adherence to Catholic belief on virginity, abortion, contraception, and homosexuality, which can nourish a self-righteous judgmental stance that is out of place in a pluralistic society with emerging alternative lifestyles.

The stress of immigration and acculturation have extracted a heavy toll on Filipinos, which can result in psychological and/or sexual dysfunctions and symptoms of depression, schizophrenia, and paranoia. These adjustment disorders may show up in family and marital conflicts, extramarital affairs, embarrassment from inadequacies in work situations, estrangement from the Filipino family, and even divorce. Unemployment and underemployment weigh heavily on the Filipino male's sense of his own masculinity, and he frequently takes his frustration out on his spouse and children. Filipino women may internalize their frustration against male dominance by developing symptoms of depression and/or arousal or orgasmic dysfunctions.

Santa Rita (1996) emphasized the need of professionals providing sexual and relationship therapy for native and émigré Filipinos to understand the psychodynamics and cultural and ethnic background of the Filipino personality

and their families. The therapist should try to discard the "cultural baggage" of the Filipino colonial mentality by utilizing alternative Filipino cultural norms and practices in the therapeutic role. Such role playing can be used to suggest alternative, more functional ways of interacting as individuals within a family and as a family in a changing Filipino culture or in a different culture. These stage scenarios might include:

1. A scenario for role playing *Lakas ng loob* (assertiveness) may be used to contrast *mahinhin* (self-effacing) and long-suffering, passive behaviors of Filipinos with assertive behavior. Assertiveness is an alternative to playing the martyr, which exacts such a high psychological price in the form of depression and other medical symptoms.
2. *Tinikling* (a bird in a bamboo trap) is the traditional Filipino dance simulating how a bird skips and jumps its way through clashing bamboo poles. This dance can be used to remind the family that, like the bird, Filipinos can be resilient and resourceful, and thereby escape whatever traps the colonial masters might concoct. This resourceful dancing-bird image suggests an alternative to maintaining *amor propio* (need for self-importance) and *hiya* (shame) at all cost. These traits are so often exaggerated in both Filipino men and women, that failures and disappointments often lead to depression and adjustment disorders, including arousal and erectile dysfunctions.
3. "God helps those who help themselves" is a study theme that can utilize the religious theme of "actively working with God" through one's labor and accomplishments to "glorify" Him. This biblical view suggests an alternative to *Bahala Na* (fatalism) that may result in lack of initiative and impedes economic and social mobility.
4. "In my father's house, there are many mansions" is another basic religious theme common among Filipinos that can be used as an exercise in "hospitality"—welcoming one's fellow human beings. This thesis of "Christian welcome" may help Filipinos become more accepting of other people's beliefs and lifestyles, especially on very emotion-laden issues like contraception, abortion, premarital sex, homosexuality, and bisexuality.

The marital and psychogenic sexual dysfunctions of immigrant Filipinos stem from their sense of vulnerability over their perceived, often acutely subordinate status as a minority in a pluralistic society that reminds them of their colonial history. Culturally sensitive therapeutic approaches are important in order to neutralize the Filipino family's low image of self and provide the family and the individual an opportunity to discover its inner strengths and resources including the gaining of self-respect (Santa Rita 1996).

12. Sex Research and Advanced Professional Education

A. Advanced Education

In August 1887, while on a trip to America, Dr. J. P. Rizal, a foreign-trained eye surgeon and "the Liberator of the Philippines," deplored the American prejudice against Asians and African-Americans and was especially appalled by the laws against interracial marriages in some states. At the time, over 100 years ago, the Spanish religious teachings were solely limited to family life, and sexual issues were totally suppressed. Despite the declaration of independence

from Spain by Filipino nationalists on January 12, 1898, sex education was not formally taught in colleges until the American colonial rule. In the late 1940s, sexuality was introduced to the Filipino educated elite in the form of family planning and topics on reproduction and birth through pamphlets and specialized magazines.

Since the 1980s, despite the proliferation of medical schools, human sexuality courses have been limited to sexuality-related professional degree programs in nursing, psychology, and medicine. In 1996, through the author's encouragement, three medical schools in Manila, Cebu City, and Quezon City established some form of sexuality courses in the gynecology, urology, and public health sections. Today, there is only one so-called accredited postgraduate program in sexuality and humanities, offered by the Population Institute of the University of the Philippines in Quezon City. The Ministry of Health regularly trains nurses and midwives in family planning and contraception through the municipal health clinics. The Philippine Psychiatric Association and the Philippine Urological Association are updating their diagnostic codes for the diagnosis and management of sexual dysfunctions.

B. Research

Most of the government research dollars and interest have been earmarked for the prevention and treatment of childhood diseases, population control, and combating the spread of HIV/AIDS. The limited research resources from private and civic organizations are directed to traditional medical illnesses, such as heart diseases, hypertension and stroke, and tuberculosis. Some international, foreign medical associations and the Association of Philippines Physicians in America (APPA), and medical alumni associations sponsor research projects that relate to social and practical sexual issues, including:

1. Sexually transmitted diseases and HIV/AIDS;
2. Birth control—the effectiveness of new contraceptives and their side effects;
3. Management of sexual dysfunctions—old treatment and new alternatives; and
4. Sexual attitudes and behavior: child prostitution, sexual violence (rape, incest, and spousal abuse), extramarital sex, homosexuality, and the sexuality of minority groups (blind people and the handicapped).

Conclusion

The peoples of the Philippine archipelago, both indigenous and immigrant, Muslim, Christian, and other, reflect the cultural attitudes and behavior of their mixed Malaysian and Chinese ancestries. There are also wide variations because of the sociocultural and linguistic mix. However, the dominant Catholic Church, the legislative body, and the educational system are essentially an amalgam of the old Hispanic dogma and the modern Western flavor with the present public sexual morality reflecting the values of these enduring institutions.

References and Suggested Readings

- Austria, T. 1999. *Sexual customs and attitudes of Filipinos*. New York: Library of the Philippine Consulate.
- Avento, G. P. 1982. *Sexuality: A Christian view*. Mystic, CT: Twenty Third Publications.
- Bascug, A. 2003 (February 13). *Marital laws and other social bills*. Member 11th Congress, Manila, Philippines.
- Baxter, J. 1992. Power attitudes and time: The domestic division of laborer. *Journal of Comparative Family Studies*, 23: 165-182.

- Birk, L. 1970. Shifting years in treating psychogenic sexual dysfunctions, medical treatment, sex therapy, psychotherapy and couple therapy. *Psychiatry Clinics North America*, 3:153-172.
- Bonoan, R. J. 1996. Jose Rizal, liberator of the Philippines. *America*, 20:18-21.
- Bradley, E. 1996 (October 27). R and R in South East Asia. *60 Minutes* [Television news magazine]. New York: CBS Television.
- CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: <http://www.cia.gov/cia/publications/factbook/index.html>.
- Duchene, L de B. 1997 (December 8-14). AIDS cases in the Republic of the Philippines. *The Filipino Express* [Jersey City, NJ].
- Evaristo, F. 1995 (August 1). Sex tours: A tourism come on. *Manila Bulletin*, 80.
- Fernandez, T. 1995. *Prostitution, sexuality transmitted diseases, AIDS in Cebu*. Cebu City, Philippines: Chief City Health Officer.
- Filipino Express*. 2003 (February 2). Filipino homosexuals accuse Church of family anti-gay hatred [Jersey City, NJ], p. 9.
- Filipino 2.0*. 2003 (February 9). Happy with family life; more open to divorce. [New York], p. 4.
- Freud, S. 1965. *Standard edition of the complete psychological works of Sigmund Freud*. London: Hogarth.
- Highlights of Philippine history. 1999. *Filipino yellow pages*. New York: The American Kayummanggi Communication, Inc.
- Leyson, J. F. 1965. *First night*. Unpublished psychological thesis. Cebu City, Philippines: Cebu Institute Of Technology.
- Leyson, J. F. 1982 (June 10-12). *Sexuality for Filipinos update in medicine*. Paper presented at the annual alumni meeting of the Cebu Institute of Medicine, Cebu City, Philippines.
- Leyson, J. F. 1987 (May 17-23). *Comparative study between oral and intrapenile vasoactive drugs in the management of impotence*. Paper presented at the annual meeting of the American Urological Association, Anaheim, CA.
- Leyson, J. F. 1988 (December 2-3). *Future options in impotence management*. Paper presented at the American College of Surgeons Meeting, Ashbury Park, NJ.
- Leyson, J. F. 1991. Controversies and research in male sexuality. In: J. Leyson, ed., *Sexual rehabilitation of the spinal cord injury patients* (pp. 483-531). Clifton, NJ: Humana Press.
- Leyson, J. F. 1995 (July 6). AIDS and Filipino sexuality. TV Talk Show *Medicine*. CBS, Channel 3, Cebu City, Philippines.
- Leyson, J. F. 1996 (June 2 and 3). Sexual dysfunction management for the year 2000. Radio Talk Show *Dyrc and Dys*. Cebu City, Philippines.
- Laurel, S. H. 1999 (January 29-February 4). Malolos Republic glazer first democracy in Asia. *Turning Point Filipino Reporter Newspaper* [Jersey City, NJ].
- Loach, L. 1992. Bad girls: Women who use pornography. In: L. Segal & M. McIntosh, eds., *Sex exposed: Sexuality and the pornography debate*. London: Virago.
- Moore, S. W., & D. A. Rosenthal. 1991. Condom and coitus, adolescents' attitudes to AIDS and safe sex behavior. *Journal of Adolescence*, 14:211-227.
- Morrison, A. 1988 (September 22). HIV may be a 200 year old infection. *Oncology and Biotechnology News*, 2.
- Mosher, W. R. 1996 (February 6). *Visionaries*. New Jersey Television Channel, Trenton, NJ.
- Mydans, S. 2003 (March 21). Resisting birth control, the Philippines grows crowded. *The New York Times*.
- Paez, M. S. 1999 (March). Department of Social Work seeks NGOs' help to stem rise of child abuse cases. *The Filipino Express* [Jersey City, NJ], p. 10A.
- Philippine population—Increased funding population programs sought. 1997 (December 10). *The Filipino Reporter* [Jersey City, NJ], p. 14.
- Saludo, A. G., Jr. 1999 (March 22). The first Holy Mass in Limasawa as the embodiment of our faith and reaffirmation of history. Congressional Privilege Speech, House of Representatives Assistant Majority Leader, Philippine Congress, Manila, Philippines.
- Santa Rita, E. 1996. Pilipino families. In: M. McGoldrick, J. Giordano, & J. Pearce, eds., *Ethnicity and family therapy* (2nd ed.). New York: Guilford Press.
- Sison, J. 1996. Adultery by any other name. *Mr. and Mrs. Magazine* [Manila, Philippines], 19:14.
- World Bank. 1993. *World development report*. New York: Oxford University Press.
- Zablan, Z. C. 1994. *Young adult fertility and sexuality survey (YAFSS)*. Quezon City, Philippines: Population Institute, University of the Philippines.
- 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.