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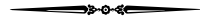
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CONTENTS

VOLUME FOUR

THE INTERNATIONAL ENCYCLOPEDIA OF SEXUALITY, VOLUME 4: AN INTRODUCTION 7

Robert T. Francoeur, Ph.D., A.C.S.

AUSTRIA 11

Dr. Rotraud A. Perner, L.L.D.

COLOMBIA 48

*José Manuel Gonzáles, M.A., Rubén Ardila, Ph.D., Pedro Guerrero, M.D.,
Gloria Penagos, M.D., and Bernardo Useche, Ph.D.*

CROATIA 86

*Aleksandar Štulhofer, Ph.D., Vlasta Hiršl-Hecej, M.D., M.A., Zeljko Mrkšić,
Aleksandra Korac, Ph.D., Petra Hobljaj, Ivanka Ivkanec, Maja Mamula, M.A.,
Hrvoje Tiljak, M.D., Ph.D., Gordana Buljan-Flander, M.A.,
Sanja Sagasta, and Gordan Bosanac*

CYPRUS 120

George J. Georgiou, Ph.D.

*with Alecos Modinos, B.Arch., A.R.I.B.A., Nathaniel Papageorgiou,
Laura Papantoniou, M.Sc., M.D., and Nicos Peristianis, Ph.D. (hon.)*

EGYPT 185

Bahira Sherif, Ph.D.

ICELAND 216

*Sóley S. Bender, R.N., B.S.N., M.S., Coordinator,
with Sigrún Júlíusdóttir, Ph.D., Thorvaldur Kristinsson,
and Guðrún Jónsdóttir, Ph.D.*

INDONESIA 247

*Wimpie I. Pangkahila, M.D., Ph.D. (Part 1)
Ramsey Elkholy, Ph.D. (cand.) (Part 2)*

ITALY 293

Bruno P. F. Wanrooij, Ph.D.

MOROCCO 328

*Nadia Kadiri, M.D., and Abderrazak Moussaïd, M.D.,
with Abdelkrim Tirraf, M.D., and Abdallah Jadid, M.D.*

NIGERIA 351

*Uwem Edimo Esiet, M.B., B.S., M.P.H., M.I.L.D., chapter coordinator, with
Christine Olunfinke Adebajo, Ph.D., R.N., H.D.H.A., Mairo Victoria Bello,
Rakiya Booth, M.B.B.S., F.W.A.C.P., Imo I. Esiet, B.Sc, LL.B., B.L.,
Nike Esiet, B.Sc., M.H.P. (Harvard), Foyin Oyebola, B.Sc., M.A.,
and Bilkisu Yusuf, B.Sc., M.A., M.N.I.*

OUTER SPACE 413

Raymond J. Noonan, Ph.D.

PAPUA NEW GUINEA 433

Shirley Oliver-Miller

THE PHILIPPINES 456

Jose Florante J. Leyson, M.D.

PORTUGAL 502

Nuno Nodin, M.A.,

with Sara Moreira, and Ana Margarida Ourô, M.A.

SOUTH KOREA 547

Hyung-Ki Choi, M.D., Ph.D.,

*with Ji-Kan Ryu, M.D., Koon Ho Rha, M.D., and Woong Hee Lee, M.D.,
redacted with additional information researched by Huso Yi, Ph.D. (cand.)*

TURKEY 602

Hamdullah Aydin, M.D., and Zeynep Gülçat, Ph.D.

VIETNAM 639

Jakob Pastoetter, M.A.

CONTRIBUTORS 692

INDEX 703

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Robert T. Francoeur, Ph.D., A.C.S., is a fellow and past officer of the Society for the Scientific Study of Sexuality. He is editor of *The Complete Dictionary of Sexology*, coauthor of *The Scent of Eros: Mysteries of Odor in Human Sexuality*, as well as the author or editor of twenty-five books on various aspects of the mysteries of human sexuality.

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Hong Kong (Special Administrative Region of the People's Republic of China)

Emil Man-lun Ng, M.D.,* and Joyce L. C. Ma, Ph.D.**

Contents

- Demographics and a Historical Perspective 216
1. Basic Sexological Premises 218
 2. Religious and Ethnic Factors Affecting Sexuality 218
 3. Sexual Knowledge and Education 221
 4. Autoerotic Behaviors and Patterns 225
 5. Interpersonal Heterosexual Behaviors 226
 6. Homoerotic, Homosexual, and Ambisexual Behaviors 228
 7. Gender Conflicted Persons 229
 8. Significant Unconventional Sexual Behaviors 231
 9. Contraception, Abortion, and Population Planning 236
 10. Sexually Transmitted Diseases 237
 11. HIV/AIDS 237
 12. Sexual Dysfunctions, Counseling, and Therapies 238
 13. Research and Advanced Education 239
- Conclusion 242
- References and Suggested Readings 243

*Demographics and a Historical Perspective****

A. Demographics

Located at the mouth of the Pearl River about 90 miles southeast of Canton (Guangzhou), the former British crown colony of Hong Kong is

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a very small but important Asian territory and hybrid culture now incorporated as a Special Administrative Region of the People's Republic of China. Hong Kong has 416 square miles, including the 32-square-mile island of Hong Kong. Hong Kong's 1997 estimated population was 6.5 million, including less than 20,000 British citizens. Between 1949 and 1962, Hong Kong absorbed more than a million Chinese refugees. Ninety percent of the Hong Kong residents are affiliated religiously with Buddhism or Taoism. Affiliations with other religions are Christianity (7.8 percent), Hinduism (1.8 percent), Muslim (0.8 percent), and Jewish (0.15 percent).

In 1996, the median age of Hong Kong people was 34. The age distribution was 18.9 percent 14 and younger, 71.4 percent between ages 15 and 64, and 10.1 percent 65 or older. Life expectancy at birth in 1996 was 79 years, 76 for males and 81.5 for females. The 1996 birthrate was 11.2 per 1,000 persons, the infant mortality rate was 5 per 1,000 live births, and the death rate was 5.1 per 1,000 persons, for a natural annual increase of 0.6 percent. Hong Kong's 1995 Total Fertility Rate (TFR) of 1.3 children per fertile woman placed it among the slowest-growing nations, with a ranking of 220 among 227 nations. In 1995, Hong Kong had one hospital bed per 218 persons and one physician per 700 persons. The literacy rate was over 95 percent, with over 90 percent attendance for 9 years of compulsory schooling. The per capita domestic product in 1996 was \$22,990 U.S. dollars. Long a major British naval base and one of the world's great transshipment ports, Hong Kong also benefits from some of the world's best spinning mills and a booming electronics industry.

B. A Brief Historical Perspective

In 1841, the 32-square-mile island of Hong Kong was ceded by China to Britain. In 1860, Britain annexed Stone Cutters' Island (one-quarter square mile), 200 other islands, and the 3 square mile Kowloon Peninsula. In 1898, Britain leased 355 square miles of agricultural land in the New Territories on the adjoining mainland. As a crown colony, Hong Kong was, despite its tiny size, a vibrant capitalist enclave and free port on the edge of China. In 1994, following two years of painstaking negotiation, the British and Chinese governments agreed that Hong Kong would return to Chinese sovereignty on June 30, 1997, when Britain's lease on the New Territories expired. The agreement specified that the territory would retain its social, economic, and legal system as a special administrative region of China under a unique "One Country, Two Systems" arrangement for the next 50 years. The agreement guaranteed freedoms of speech, press, assembly, association, travel, the right to strike, and religious belief. However, the chief executive and some members of the legislature are appointed by Beijing.

*1. Basic Sexological Premises, and
2. Religious and Ethnic Factors Affecting Sexuality*

Different sexological premises co-exist in Hong Kong, along with a variety and mix of ethnic and religious factors that affect sexual attitudes and behavior in Hong Kong.

A. The Original Taoist-Confucian Premise

This most ancient sexological premise of the Hans, the major Chinese tribal group, has a documented history of over 5,000 years. It holds a very natural and utilitarian view of sex. The interaction of two cosmic forces, Yin and Yang, is thought to be universal and essential for the existence, change, and growth of all matters, and sex is just one mode of this interaction in living things. For their well being and prosperity, human beings are advised to follow this natural interaction to the full as long as it does not jeopardize social harmony, which is a Yin-Yang interplay of a higher order. Based on this doctrine, both the reproductive and pleasurable aspects of sex were given high consideration. Sex within marriage must serve the purpose of procreation whereas sex outside marriage is for erotic satisfaction. Within marriage therefore, contraception is discouraged, and infertility is a good enough reason for divorce or for the husband to take a second wife or a concubine. Outside marriage, except for incest and rape, a wide range of sexual behavior is acceptable or at least tolerated, including homosexuality, bestiality, prostitution, fetishism, and pedophilia. This explains why, for the Chinese before the second half of the twentieth century, prostitution, homosexuality, and pedophilia were openly practiced. Foot fetishism, taking the form of bound feet for females, had even been an open paraphilic custom in China for a thousand years. From the beginning of the second millennium down to the early decades of the twentieth century, some well-bred Chinese women had to undergo extreme pain in childhood to orthopedically deform their feet by means of cloth bindings, splints, and special shoes to a size and shape supposed to be sexually stimulating and fascinating to the men. [While “bound feet” is a most cruel custom, modern Western women wear high-heeled shoes, pluck their eyebrows, and have their ears pierced, liposuction, face lifts, and breast implants. Male and female ballet dancers wear special shoes and suffer through special exercises to achieve a lilting gait and sprint movements.] (M. P. Lau)]

B. The Neo-Confucian Premise

During the Song Dynasty (960-1279 C.E.), a group of scholars started to reinterpret the original Confucian doctrine. The resultant Neo-Confucianism has been very influential on the Chinese concept of sexuality up to the present day. Selected books and passages in the Confucian teaching were given new and strict meanings to denounce sexual intimacy, pleasure, and

all types of physical enjoyment. In this premise, the harm of sexual pleasure to bodily health and to spiritual pursuit was very much emphasized. Sexual chastity, especially for the females, had to be guarded at all costs, even at the price of one's life. Premarital sex, extramarital sex, and remarriages were seriously frowned upon. Socially, sex must not be discussed openly, dresses must be all-covering up to the neck, and males and females not belonging to one family must not touch one other under any circumstances. For example, even when a male physician had to ascertain the pulse of a female patient, he should only do it by feeling the tight extension of a piece of string tied to the patient's wrist.

C. The Christian Premise

Christianity came into China as early as the Tang Dynasty (618-907 C.E.) but its influences became significant only after the eighteenth century when Western civilization, supported by a strong British military superiority, entered China with Western scientific technology and a different lifestyle. The fundamentalist Christian ideas of sex were sown, developed, absorbed, and practiced. They included the denunciation of sexual pleasure, the love-marriage-sex trilogy, and the exclusively monogamous marital system. As a result, at the establishment of modern China in 1949, monogamy replaced polygyny as the only legal marital system of the country. Although Christians represent less than 10 percent of the Hong Kong population, the influence of the Christian premise on the sexual ethos of the territory must not be underestimated. Up to June 30, 1997, Hong Kong had been under the governance of Great Britain. Hence, Christianity had a great advantage over other religions in promoting their ideology and practices in Hong Kong. For example, up to now, five of the roughly twenty government-designated public holidays have been Christian holidays. None of the government-designated holidays are Buddhist, Taoist, or Confucian holidays. Most of the elite schools in Hong Kong are Christian-affiliated and directed. Instruction in the Christian doctrine is standard and required for all students, whether or not they will ultimately become converted Christians. Many of these elite students become the ruling or influential class in Hong Kong and help to spread the Christian premise consciously or subconsciously.

D. The Male Domination Premise

All the above three premises assigned a dominant role for men over women, making Hong Kong still a society tilted in favor of men. Although the participation rate of Hong Kong females in the labor market has increased from 36.8 percent in 1961 to 49.5 percent in 1993 and 49.2 percent in 1996 (Hong Kong Government 1996), their employment is mostly concentrated in traditional service industries (e.g., clerical and secretariat jobs, manual and menial services with lower job status and lower payment in comparison

with their male colleagues). Among all working women, less than 5 percent are in administrative and managerial jobs (Westwood, Ngo, & Leung 1997). The employment situation of Hong Kong women is more or less similar to that in the cities of Mainland China and Taiwan.

The educational statistics also demonstrate this male dominance. According to the mid-census report in 1996 (Census and Statistical Department 1996), in 1986, 66.38 percent of students in degree courses in tertiary institutions were male and 33.62 percent were female, whereas in 1996, 57.15 percent were male and 42.85 percent were female. Although the gap had decreased, there was still a sizable 15 percent difference.

The suicide rate among Hong Kong women has increased from 4 to 8 per 100,000 between 1981 and 1994 (Yip 1995), which is lower than in Mainland China, where the female suicide rate is 15.9 per 100,000 for urban women and 78.3 per 100,000 for rural Chinese women (Pearson 1998). In a survey of married women's gender views (FPAHK 1993), 22 percent of the respondents believed that their career achievement should not be higher than that of their husbands and 17.9 percent indicated that they would get respect from friends and relatives by giving birth to a son. Because of the disadvantaged position of women in society, it is not surprising to find from a youth sexuality survey (FPAHK 1998) that 8.7 percent of girls between 18 and 27 wished they were the other gender, compared with 2.7 percent of boys of the same age range who wished they were female.

E. The Liberalism Premise

Liberalism is a growing premise in Hong Kong. It could refer to sexual recklessness stemming from a lack of sexual knowledge and ethics, but it is more likely a summation of the confluence of ideas from a wide range of modern philosophies, which call for gender equality, human rights, elimination of sexual discrimination, scientific rationalism, democracy, and freedom. These individual philosophies go hand in hand with the general political change of the territory, engineered by the British government before 1997, major examples being the decriminalization of homosexuality in 1991, and the establishment of the Equal Opportunities Commission in 1996. Less apparent changes can also be seen in the growing social tolerance of prostitution and sexually explicit materials. To live by the income of prostitution is illegal in Hong Kong, but patronizing a prostitute is not. Sexually explicit materials are subject to the monitoring and rating by the Obscene and Indecent Articles Tribunal, but only after the materials are published and distributed. Publishers are penalized only if they are found to have produced sexually explicit materials that are obscene or indecent, and distributed this material to readers in the inappropriate age range. It is commonly believed that sexually liberal ideas come from the West. This belief, however, may be too simplistic, at least for Hong Kong, because, as mentioned above, the Chinese culture has a long history of tolerance to varied sexual practices. Hence, modern liberal sexual ideas may be seen as

a signal of the swinging back of the pendulum, gradually settling into a new equilibrium.

3. Sexual Knowledge and Education

A. Government Policies and Programs

Sexuality Education in Schools

Hong Kong started public sex education in the 1950s, led by the Family Planning Association of Hong Kong (FPAHK). Various social service and volunteer agencies joined in afterwards (Ng 1988). Late in 1971, the Education Department issued a memorandum to all schools in Hong Kong to include sex education topics in their standard subjects and offered a summary of suggestions on what could be taught. In the subsequent years, efforts were made to include sex education as a part of the social education subject in the junior secondary grades. In 1986, the Department issued its *Guidelines on Sex Education in Secondary Schools* (Education Department 1986). It proposed an interdisciplinary approach to sex education and made further and more detailed recommendations on resources and references. In the same year, a Sex Education Resource Center was set up by the Department to further assist in-school sex education. Frequent sex education seminars, lectures, and short courses have also been held to train the teachers. These efforts at sex education have received official applause. Some official statistics have also shown that changes do seem to be heading in a satisfactory direction (Pau 1991). A growing number of schools or teachers are reported to show an interest in strengthening sex education and have assigned teachers as coordinators. In 1990, 40 percent of the schools, which responded to a sex education survey conducted by the Education Department, felt that their sex education plans had been successful.

However, these official figures are far from being firm proof that sex education is making good overall progress. In 1989, the Family Planning Association of Hong Kong did a survey of sex education in schools. They found the topics taught were mostly the basic biological information like “puberty bodily changes” and menstruation. The teachers were unprepared for topics like contraceptive methods or prostitution, which are also very important (FPAHK 1989). In the in-school portion of the sexuality survey of the Association (FPAHK 1986, 1991a), it was found that the percentage of students who reported having acquired sexual knowledge from their teachers had decreased from 26.4 percent in 1986 to 21.4 percent in 1991. The percentage of students who reported they got sexual knowledge from seminars had decreased even further, from 58.4 percent to 31.6 percent. Most of them had turned to newspapers and magazines. How this drop has affected the students’ sexual knowledge was shown by figures in the same surveys: Except for the question on the safety function of condoms, there was on the average a 12.4 percent decrease of students who were able to

give correct answers to some simple sexual knowledge questions. The disconcerting fact is that, despite a lot of statistics and a lot of work by the educational bodies, they are not meeting the students' educational needs as it has been hoped for.

How this situation has come about cannot be discussed in detail here. The obvious problem is that the "sex education" efforts in Hong Kong so far have only been lip work and service, consisting of empty words much more than effective action or support. Memoranda, guidelines, resources, lectures, and theories abound without paying enough attention to practicality or feasibility. Restricted by the insistence that sex education has to be an interdisciplinary and therefore a shared and fragmented subject, sex education teachers in schools lack identity, promotion, and the prospect of any psychological or material reward. Because of the heavy content and examination pressure of other "more important" subjects, it is also impossible for them to squeeze enough sex education materials into the school curriculum to make their sexuality teaching continuous, meaningful, or interesting.

There seems to be little hope for much improvement in the foreseeable future, because the official bodies appear to be sitting tight with their established principles and are hesitant to move forward. Their work plans are still geared toward setting up more resource centers, publishing more sex education bulletins, and organizing more piecemeal sex education seminars, lectures, and courses. As for the crucial issue of setting up sexuality education as an independent subject and assigning it more time and recognition, nothing substantial is likely to be done if one looks at the second, more recent *Guidelines for Sex Education Guideline* published by the Department of Education in 1997. In these guidelines, all secondary schools are advised to set a minimum amount of teaching time for sex education. The students of Form One to Form Three are to have an annual minimum of twenty hours of Life Education, the contents of which include civics, social ethics, politics, environmental protection, etc., etc., and among all these, also sex education! In view of the special difficulties in sexuality teaching, teachers are likely to continue using most, if not all, the time for the other "more important" content.

Sexuality Information and Knowledge

Surveys have been directed toward specific groups to evaluate their sex knowledge. In 1994, the Education Department carried out the Study on Knowledge and Attitudes of Secondary School Pupils on Sex and Sex Education with a sample of 4,087 pupils. In this study, a grade of 60 was considered a passing mark, and the average mark the students obtained was 68.4. The subjects showed that they were knowledgeable about AIDS and the risks associated with unprotected sex with an HIV-infected person. However, the students got low marks in two areas, which should be the concern of all secondary school pupils. Only 24.6 percent of the students

stated correctly that the bad effects of masturbation come only from psychological guilt. Only 47.7 percent stated correctly that the size of the penis does not reflect the sexual ability of a man. For the self-evaluation of sexuality knowledge, only 41 percent of the pupils claimed to have sufficient knowledge, whereas 45.8 percent claimed their knowledge was insufficient, and 10.9 percent claimed it was very insufficient.

In a 1996 study of the sexual knowledge of couples preparing for marriage Wong had 41 couples with a male age range of 19 to 37 (mean 28.5) and female age range of 19 to 35 (mean 26.5). They obtained a mean score of 67 percent. The female respondents got a lower mean score than the males, but the difference was not statistically significant. Knowledge of female sexuality was particularly poor. Approximately half of the sample believed that women must have pain and bleeding at first sexual intercourse. The location of the clitoris was not known to one-third of the respondents. Furthermore, the knowledge of those couples who had attended a premarital preparation course (23 percent) was not necessarily higher. The association between sexual experience and sexual knowledge was tested but was found not significant, except for the association of experience with knowledge about female sexual arousal. Experienced subjects were more likely to understand that orgasm in women could be produced by various means of foreplay and clitoral stimulation, and not solely by vaginal intercourse. No association was observed between educational background and gender on the overall level of sexual knowledge. One exception was that the higher the level of education, the more correct answers could be obtained regarding the differences in the nature of female and male orgasms. Also, female respondents were generally ignorant about male erectile problems.

Knowledge about HIV/AIDS was studied by Chung and Fung (1999). In testing 1,160 women, ages 20 to 50, the average score of correct answers was seven out of ten. Only 55 percent of the respondents knew that HIV could be transmitted via breast-feeding. Only 11 percent of the respondents knew that the incubation period for AIDS was eight to twelve years, not seven years as formerly claimed. See also Section 3B below for data on informal sources of sexuality information.

Sexual Attitudes and Values

The Family Planning Association of Hong Kong (FPAHK) provides the most detailed, reliable, and longitudinal data on sexual knowledge, attitudes, and behaviors in Hong Kong. Since 1981, the Association has been conducting sexuality surveys of secondary school students once every five years (FPAHK 1981, 1986, 1991a, 1991b, 1996). In each of these surveys, to ensure comparability of data from different years, Hong Kong students in Form Three to Form Seven (age range 14 to 19) were sampled by stratified random sampling and given similar questionnaires to answer. Despite problems of non-response and other inevitable technical deficien-

cies of sexuality surveys, the data represent the most reliable that can be obtained in Hong Kong. Since 1986, the survey has a section added on the out-of-school youths, graduates and drop-outs, ages 19 to 27, making it possible to trace the direction of change in the sexual knowledge, attitudes, or behaviors of the subjects when they grow older.

According to the FPAHK data, the sexual attitudes of Hong Kong youths are not as open or liberal as many people think. Also, being liberal or not seems to depend on which sexual attitude or value one is looking at. Although an overall picture can be drawn that the Hong Kong youths are increasingly more open and permissive in their sexual attitudes, there are items also showing that in some aspects they are holding on to sexual repression and conservatism. In the in-school surveys, for example (FPAHK 1986, 1991a), an increasing percentage of males were found to be dissatisfied with their own gender, from 1.4 percent in 1986 to 2.9 percent in 1991. In the three out-of-school surveys, which spanned a period of ten years (FPAHK 1986, 1991b, 1996), roughly the same percentage of males could accept single males having sex with prostitutes (36.2 percent in 1986, 28.4 percent in 1991, and 30.7 percent in 1996).

Using and reanalyzing part of the 1986 survey data of the Family Planning Association of Hong Kong, Lui, Cheung, Chan, and Ng (1993) confirmed that different types of traditional sexual values in Hong Kong changed at very different paces. They examined three items in the survey representing three different sets of sexual values: sexual enjoyment, social conformity in sex, and sexual equality. It was found that social conformity in sex was upheld by a strong majority of the subjects (81.7 percent) and that it was quite resistant to social changes, because covariate analysis demonstrated the small contribution of the subjects' social contextual factors to any of its variation. An even more important finding is that in these subjects, their strong adherence to social conformity went in parallel with their support for the value of sexual enjoyment, which was also quite high (65.9 percent). The message is that, for whatever reason, even though the Hong Kong youths might increasingly recognize and accept the enjoyable side of sex, the recognition does not necessarily make them less socially responsible in sexual attitudes and behavior. [When confronted with double messages, the youths were able to resolve their conflicts by prioritizing their choices and preferences (M. P. Lau)]. The moralists could have been misled or misleading when they sounded out alarms simply based on a changing social attitude to the function and value of sex.

It is interesting to find that despite a high acceptance of the value of sexual enjoyment, compared with their counterparts in China, Hong Kong youths show a much more conservative sexual attitude in general. Of the Hong Kong secondary school students in 1991, 80.4 percent supported the idea of monogamous marriage and said they planned to get married in the future (FPAHK, 1991). In the Shanghai secondary school students of 1988, however, only 49.5 percent had the same idea. As to pornography, only 39.5 percent of the Hong Kong secondary students of 1991 accepted its existence

in the community. This compares with 63.5 percent of Mainland Chinese secondary school students from a large variety of regions who, in 1989 and 1990, accepted pornography as harmless, and maintained that they should be allowed to read it (Liu et al. 1997). Some scholars (Fan et al. 1995) found evidence that the greater sexual conservatism in the Hong Kong students to be because of the greater Christian influences in the territory.

B. Informal Sources of Sexual Knowledge

In the 1994 Study on Knowledge and Attitudes of Secondary School Pupils on Sex and Sex Education carried out by the Education Department with a sample of 4,087 pupils, the main sources of sexuality knowledge for secondary school students were the newspaper (54.1 percent), television, and biology and science classes at school. As for the sources of sexual knowledge about HIV/AIDS, Chung and Fung (1999) reported that 94 percent of the 1,160 women respondents, ages 20 to 50, cited television as an information source, 75 percent cited newspapers and magazines, and 67 percent cited radio.

4. Autoerotic Behaviors and Patterns

In the Family Planning Association of Hong Kong (FPAHK) 1996 survey of 4,116 students aged 15 to 18, 46 percent of the boys and 17 percent of the girls reported experiences of masturbation. Girls had more negative feelings and perceptions about masturbation than boys. About 36 percent and 51 percent of boys and girls, respectively, indicated that masturbation was immoral, and about 37 percent and 43 percent, respectively, thought it was not good for mental or physical health. Compared with the FPAHK surveys of 1991 and 1986, the percentages of subjects who masturbate have been rising, and those holding negative views about it have kept on decreasing. There are no data on the methods of masturbation. Clinical information suggests that simple manual manipulation is the most common method, followed by squeezing the genital by the thighs or pressing on the bed sheets. Sex aids are rarely used, although they are available openly in “adult shops,” which are not very different from the “sex shops” in Western countries.

However, the survey indicated that the more common form of autoerotism among the youths involved voyeurism and the consumption of sexually explicit materials. About 66 percent of the boys and 39 percent of the girls under 18 reported that they had seen pornographic movies and about 60 percent and 39 percent respectively had bought pornographic comics. Other channels of consumption included videotapes and discs, the Internet, and sexual telephone services. This finding should be a surprise to some policymakers in Hong Kong, because by law, youngsters below the age of 18 are supposed to be prohibited from access to these materials or services. The degree of sexual explicitness or “obscenity” of all published media in

Hong Kong is subject to rating by government officials in consultation with representatives from the public whom the government appoints. The law imposes heavy penalties for anyone who distributes “obscene” materials to anybody or “indecent” materials to youngsters below the age of 18.

5. Interpersonal Heterosexual Behaviors

A. Youths

By comparing the in-school surveys of the Family Planning Association of Hong Kong (FPAHK) in 1986, 1991, and 1996, a trend of increasing heterosexual activity can be identified among secondary school students. Dating behavior among the boys increased from 42 percent to 54.2 percent, and among the girls from 42.5 percent to 55.0 percent in five years. In terms of having experience with sexual intercourse, the boys' figure increased from 5.7 percent to 6.1 percent, and the girls, from 3.5 percent to 4.3 percent. The frequencies of other types of physical intimacy increased much more. The out-of-school surveys further confirm the sexually permissive behavior among the youths. A greater number of these youths in 1991 perceived that their friends and relatives were sexually permissive, in terms of premarital sex and visits to prostitutes or other “vice” establishments. A greater percentage of the boys, 32.8 percent in 1986 and 36.7 percent in 1991, reported having had sexual intercourse. The 1991 survey shows that 16.7 percent of the males and 15.1 percent of the females of age 18 to 19 already had sexual intercourse.

However, the out-of-school survey shows that, although the Hong Kong youths of 1991 were becoming more sexually active, they were also more cautious in many respects. For example, much more of those who had sex before marriage did so with their dating partners, 52.2 percent in 1986 compared with 79.8 percent in 1991, and much less with prostitutes (28.4 percent compared with 10.8 percent). The percentage of males who had ever used prostitutes decreased from 16 percent in 1986 to 11.7 percent in 1991. The percentage of males who used condoms in their premarital sexual intercourse increased from 64.5 percent to 84.2 percent, and for females, from 50.6 percent to 76.5 percent between 1986 and 1991.

With these findings, it would appear that the increase in sexual activities among Hong Kong youths has been moderate. The Hong Kong youngsters are not as promiscuous or reckless with sex as some moralists are trying to portray. The sexual self-control of Hong Kong youths is more obvious if they are compared with their counterparts in China, who are often thought of as very much under the influence of traditional sexual repression and conservatism. If Hong Kong youths are compared with their counterparts from all parts of China, their rates of sexual experience are higher. For example, in 1989, Liu, Ng, Chou, & Haeberle (1997) did a sexuality survey of 6,092 secondary school students in ten cities in China. It was found that only 461 (7.5%) of the Chinese youths had experienced sexual contact

(kissing, embracing, petting, and coitus) and of these 461, only 39 of the males and 95 of the females reported having experienced sexual intercourse. However, if an equal degree of modernization is taken into account by comparing the Hong Kong youths with the Shanghai youths only, the story is different.

In 1991, the Hong Kong Tertiary Institutions Health Care Working Group did a sexuality survey on all university freshmen of Hong Kong and found 3.5 percent of the males and 1.4 percent of the female had experience with sexual intercourse. In the same year, Hong et al. (1994) did a sexuality survey on a random sample of the university freshmen in Shanghai. Their data showed that 6.3 percent of the males and 2.9 percent of the females had experienced sexual intercourse. The percentages were nearly double those of Hong Kong. For those who had sexual experience, 19.5 percent of the Hong Kong male students had sex with more than one partner. For Shanghai, the corresponding figure was 25.0 percent, also showing that the Shanghai students were more sexually permissive and active.

On the other hand, only 15.0 percent of the Shanghai males and 20.0 percent of the Shanghai females had the habit of using condoms, while the corresponding figures in Hong Kong were much higher, at 69.5 percent and 37.5 percent, respectively. Although there are data to show that Hong Kong subjects are increasingly more open and permissive in their sexual behavior, this openness could just be part of a universal trend in modern cities. The magnitude of change is far below that of many Western societies, and not even up to that of China or Shanghai (Rosenthal 1999). If this change is a necessary adaptation for people in modernizing and developing societies, the slow change of Hong Kong sexuality should be a cause for worry rather than delight, because Hong Kong is supposed to be one of the more modernized of Asian cities.

[History has provided many examples of overseas or expatriate groups clinging to traditional values and identities, while these same values and identities underwent changes in their places of origin. Consider the Romans in their colonies, the Mennonites, the Taiwanese Chinese (who still use the pre-pinyin characters in their alphabet), the Vietnamese Chinese (with their large family sizes), the United Loyalists in Ireland, and the Quebec separatists. The Marxists in China tried to put loyalty to the state ahead of loyalty to one's family and clan, or material productivity ahead of interpersonal, cultural, and spiritual needs. When loyalty to the central government becomes less intensive, there is a vacuum to be filled, or an anomie that may invite handy substitutes, such as wanton sexual gratification. (M. P. Lau)]

B. Adults

The only form of marriage now legal in Hong Kong is the Western Christian form of monogamous marriage. The old Chinese marital system that allowed a man to take an unlimited number of wives has been illegal since 1971, and arranged marriages are now hardly practiced. For two or more

generations, Hong Kong people have subscribed increasingly to romantic love, freedom in dating, courtship, and choice of one's own marital partner. The nuclear family is the rule after marriage, although the older generations are still respected and supported.

The mean age of first marriage in Hong Kong in 1997 was 30 for males and 27 for females. The age has increased by three years in both sexes over that of 1981. The rising marital age is associated with a rise in cohabitation, casual sex, premarital sex, and prostitution, but the exact extent of these is not known.

There are signs that the monogamous marital system is not meeting the needs of those living in the Hong Kong culture. The annual number of divorce cases had doubled from 5,507 cases in 1989 to 10,492 cases in 1997, while the number of marriages in the same period dropped from 43,952 to 37,593 (Hong Kong Special Administrative Government 1998). In recent years, the high number of males who take mistresses in Mainland China has caused a number of serious marital tragedies and become a social concern. In 1996, it was estimated that, out of the approximately two million married couples in Hong Kong, about three hundred thousand husbands had mistresses in China. If unfaithful wives and those husbands who have mistresses in Hong Kong or practice casual sex are included, one may estimate that at least about one third of the married couples are or have been affected by extramarital relationships (Rosenthal 1999).

The Family Service Division of the Hong Kong Council of Social Services Clientele Information Service, a major marital counseling center in Hong Kong, reported that extramarital affairs constituted 26.1 percent of their cases from 1988 to 1990. The Hong Kong Catholic Advisory Council reported that extramarital affairs occupied about 38 percent of their caseload in 1993, with husband's affairs accounting for 32 percent and the wives' for 6 percent. The Caritas Family Service in the same year reported a similar proportion, and 40 percent of the extramarital affairs involved a stable partner (Young et al. 1995). [See the report later in this volume in the China section of Updates for Countries in Volumes 1 to 3 on efforts of the Chinese government to challenge and eliminate the widespread custom of Hong Kong men maintaining concubines or second wives in suburbs of nearby Mainland China cities. (Editor)]

6. Homoerotic, Homosexual, and Ambisexual Behaviors

Because of the influence of the British laws, up to 1991, male homosexual practices in Hong Kong were illegal. Anal intercourse was punishable up to life imprisonment, while conviction for any act of "gross indecency" could bring up to two years' imprisonment. After 1991, consensual sexual conduct between two males aged 21 or older was decriminalized, following the provision of the Sexual Offenses Act of England (1967). This decrimi-

nalization has permitted Hong Kong homosexuals to “come out,” the opening of homosexual bars, and the founding of a number of new homosexual societies.

There are now more than ten well-known gay bars in Hong Kong. Together with some special discos and sauna baths, there are places where male homosexuals and bisexuals get together to meet friends and spend their leisure. Lesbians have fewer venues to patronize. These are limited to a few bars, so-called lesbian karaokes, in Causeway Bay, a well-known shopping district in Hong Kong. Some selected public toilets are popular places for male homosexuals to find suitable partners. There are also magazines with personal advertisements that help homosexuals find partners or establish friendships. Homosexual erotica is available in adult shops, as well as on cable or interactive television.

The gay societies in Hong Kong are all voluntary organizations established by homosexuals and bisexuals. They provide mutual support, information, and social activities to their members. The oldest of these societies is the Ten Percent Club, established around 1984, with an academic flavor. The Horizon, established in 1992, provides professional hotline or face-to-face counseling and produces regular publications for members. After 1997, the Horizon began to receive sponsorship from the Home Affairs Bureau, Government of the Hong Kong Special Administrative Region. The Satanga, established in 1993, gives medical and psychological advice on the health of the homosexuals. Two lesbian groups, the Female Homosexual Club and Homosexual Sisters, were founded in 1996. Around the same time, a Christian homosexual group and a Buddhist homosexual group were also formed. There are no formal governmental agencies that serve specifically the needs of homosexuals. The idea is that it is less discriminative if the life problems of homosexuals are helped through the usual services provided to the general public.

Despite decriminalization, homosexuals still do not enjoy equal rights with heterosexuals in Hong Kong. They cannot be legally married or adopt children, and are barred from certain types of employment. In 1996, the government of Hong Kong started a public consultation to propose legislation to ban some types of discrimination on the ground of sexual orientation. Public opinions received were divided and the matter is still under consideration.

7. Gender Conflicted Persons

Hong Kong had its first sex-change surgery in 1981. In 1986, a special team for the evaluation and assessment of patients requesting sex change was established in Queen Mary Hospital. The team of psychologists, social workers, endocrinologists, lawyers, geneticists, gynecologists, and surgeons is headed by a psychiatrist. They provide the standard assessment and test

procedures practiced internationally for gender-conflicted persons (Green & Money 1969). By the end of 1998, a total of 78 gender-conflicted patients had been assessed. Forty-eight had received sex-revision surgery and 7 were still under evaluation. The numbers of patients who come to the team have remained rather stable throughout the years and so is the percentage that passed the assessment and was given the surgery. Since there is only one team in Hong Kong doing sex-revision surgery, it might be assumed that the team receives most of the transsexuals in the territory. Based on this assumption, the prevalence of clinically presented transsexualism in Hong Kong is estimated to be about one per 200,000.

With certification by an attending physician, transsexuals can have their names and identity cards changed to agree with their chosen gender, but legally, the law only recognizes and abides by a person's chromosomal sex in case of any judicial disputes. Hence, a male-to-female transsexual cannot be raped according to the legal definition of rape. The law also does not recognize or permit a marriage if one of the partners involved is a transsexual, because the law only recognizes heterosexual monogamy. Because of this legal non-recognition, a transsexual runs the risk of losing many of the social rights enjoyed by ordinary citizens, such as public housing, tax deductions, and children adoption for married couples. Any documents or contracts they sign may become legally invalid if they do not state their chromosomal sex on paper.

The discrimination against transsexuals has caused a lot of suffering to this minority group. In the series of transsexuals who have undergone sex-revision surgery on the recommendation of the Gender Identity Team, none has regretted receiving the surgery and all have found the post-surgical complications mild and tolerable. It is the social and legal discrimination that has caused in them the greatest tragedies. A female-to-male transsexual was turned down by the Marriage Registry at the last minute, after he had announced his marriage to all relatives and friends. A male-to-female transsexual killed herself after her cohabitation with a male was widely publicized in the tabloids.

Along with the legislative proposal under consideration banning discrimination based on sexual orientation, the Hong Kong government has started public consultation to propose legislation to ban some types of discrimination against transsexuals. However, the proposal focuses on superficial and trivial matters only. It does not say anything about the discrimination created by the legal adherence to chromosomal sex, which is the root of many other discriminations against transsexuals. The Gender Identity Team has recognized its duty to enhance public awareness of the problem of discrimination and the need to correct it. It has also organized self-support groups for pre- and post-surgical transsexuals. But all this work is still at its infancy and far from being successful to a desirable degree.

Cross-dressing is not illegal in Hong Kong and the law does not actively interfere with transsexuals as long as their appearances or behaviors do

not upset public peace. However, they are given a strange eye socially, are often the subject of gossip and ridicule, and are disadvantaged at work and in social rights.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse and Neglect

Little is known about the type and extent of unconventional sexual behaviors such as child sexual abuse, sex crimes, and spouse sexual violence in Hong Kong. The issue of child abuse did not receive public attention until 1979 when the first comprehensive survey of twenty-two organizations involved in treating child abuse was conducted, with the aim to understand the prevalence of the problem and to develop better coordinated service for the abused children and their families (Mulvey 1997). In the 1979 survey conducted by the Hong Kong Council of Social Services, a total of 358 cases were identified. Cases of child neglect, that is, the failure to provide the child with adequate supervision, guidance, and care, constituted the largest category, 80.7 percent of cases reported, while sexual abuse cases accounted for only 4.2 percent of cases studied. However, the percentage of sexual abuse reported has increased from 4.2 percent in 1979 to 17.9 percent in 1995 (Tang & Davis 1996). The increase may probably be the result of increased awareness and reporting.

In a 1992 review of 134 sexual abuse cases by Ho and Mak-Lieh, the typical victims of sexual abuse were females with the mean age of 12.2; 96.3 percent of the perpetrators were male. These perpetrators are: the victims' friends or members of their household ($n = 96$, 64.2 percent), strangers ($n = 50$, 37.3 percent), father ($n = 16$, 11.9 percent), elder brother ($n = 4$, 3.0 percent), stepfather ($n = 2$, 1.5 percent), parents' cohabitators ($n = 2$, 1.5 percent), and unknown relationship ($n = 7$, 5.2 percent). Vaginal intercourse ($n = 93$, 69 percent) and inappropriate fondling ($n = 59$, 44 percent) were the most frequent types of abuses reported. Although these studies give us some information about the rate, patterns, and characteristics of child sexual abuse in Hong Kong, one has to be cautious of a bias of underreporting in interpreting these data. Chinese families tend to protect the reputation of the family rather than to fight for the welfare of the victim. Hence, Chinese families would be hesitant and reluctant to report any sexual abuse incident to helping professionals or the police, to avoid the family losing "face" and suffering shame and pain during the investigation.

In recent years, the government and voluntary organization have invested considerable energy and resources in public education to increase public awareness of the problem of child sexual abuse. This has enabled the social work and legal circles to improve their methods of investigation,

identification, and tracking processes for child sexual abuse cases. At the same time, considerations are given to minimize false accusations and psychological trauma to the child during the investigation and trial.

Sexual Assaults

The rate of sex crimes is a frequently discussed topic because many local moralists keep trying to use it as a reason for purging commercial sexual institutions, prostitutes, and pornography. The fact, however, is that there are as yet no reliable data to show that the rate of sexual offenses in Hong Kong is on the rise. There are only two sources from which reliable figures of sex crime rates can be obtained in Hong Kong, the annual reports of the Royal Hong Kong Police (on rape and sexual assault cases) and the Family Planning Association of Hong Kong on victims of sexual assault counseled (FPAHK 1988-1992). The police figures (Royal Hong Kong Police 1988 to 1997) show that in the ten years from 1988 to 1997, neither rape nor indecent assault cases, reported or ending in arrest, showed any clear evidence of a rise (see Table 1). From the data on sex criminals below the age of 16, there is no evidence also to support the fear or claim that the age of sex offenders is getting lower.

Table 1
Annual Sex Crime Rates in Hong Kong (Police Figures)

| Year | Prosecuted Rape | | Prosecuted Indecent Assault | | Reported Rape | Reported Indecent Assault |
|------|-----------------|------|-----------------------------|--------|---------------|---------------------------|
| 1998 | 81 | (4)* | 768 | (110)* | 90 | 1214 |
| 1997 | 89 | (9) | 753 | (85) | 74 | 1114 |
| 1996 | 67 | (6) | 776 | (98) | 86 | 1214 |
| 1995 | 102 | (6) | 744 | (96) | 103 | 1099 |
| 1994 | 84 | (0) | 677 | (113) | 100 | 1066 |
| 1993 | 97 | (5) | 607 | (76) | 103 | 1030 |
| 1992 | 86 | (3) | 611 | (57) | 116 | 1099 |
| 1991 | 86 | (10) | 655 | (81) | 114 | 1101 |
| 1990 | 109 | (10) | 659 | (80) | 111 | 1078 |
| 1989 | 101 | (5) | 584 | (77) | 120 | 1019 |
| 1988 | 92 | (7) | 479 | (38) | 97 | 922 |

*Figures in parentheses are the numbers of offenders below age 16.
(Source: Royal Hong Kong Police Annual Reports, 1988 to 1998)

It might be argued that these official figures could not reflect the actual situation because they depend very much on self-reporting, which could be affected by a lot of social, legal, or psychological factors. However, without more reliable figures or any clear evidence that people are more or less reluctant about reporting sex crimes, one is at least justified stating that there is no proof to show that sex crimes are on the rise in Hong Kong.

Marital Rape and Spousal Abuse

Domestic sexual violence has been a topic of concern in recent years in Hong Kong. The exact rate of this type of violence before 1980 is unknown, because it had not been surveyed and few people reported it to the police when it happened. In the service statistics of institutions that provide counseling and asylum to battered wives, such as Harmony House and Wai On House, the average annual number of admissions was around 300 cases for 1986 and 1987 (Yeung 1991; Tang 1994). The official data may not reveal its actual prevalence in society. As estimated by a current survey among 246 female and 136 male undergraduate students at a local university (Tang 1994), 14 percent of the respondents' parents have made use of physical force against each other; the rate of spouse aggression is comparable to that reported in the United States.

Among the various forms of family violence, there has been an increasing number of spouses who reported having been sexually assaulted by their partners in recent years. In 1998, sexual violence occurred in 6.5 percent of all the spouse violence cases handled by Harmony House, and the assault was invariably associated with other types of non-sexual bodily or psychological violence. It took the form of forced sexual intercourse, genital injury, or other forced sexual behavior. The victims were predominantly female (96.08 percent) and mostly between age 30 and 40 (41.7 percent). Women experiencing spouse abuse ($n = 21$) were the most depressed and anxious, in comparison to those women seeking help from family service for other marital problems ($n = 20$) and the normal group ($n = 18$) (Tang 1997). Local scholars (Tang 1994; 1997) argue that patriarchal beliefs and values from traditional Chinese culture have legitimized and sanctioned men's use of violence toward their wives. However, Hong Kong people are also subjected to the influence of Western values, such as individualism, autonomy, and feminism. Spouse sexual abuse is a complex issue. It is likely to be the result of the interactions among forces at different levels: the individual, family, and society.

B. Prostitution

Following Chinese tradition, prostitution was initially legal in Hong Kong. It was made a crime only after 1935 when Britain began to ban prostitution. However, the *Crimes (Sexual Offences) Ordinance* (Hong Kong Government, 1980) is not exactly aimed at the prostitutes. It only punishes those who run brothels, or live wholly or partly on the earnings of prostitution. That means, if a prostitute appears to be just working on her (or his) own, she/he can still make a living without being prosecuted. Hence, although prostitution is illegal in Hong Kong, with the existence of the black market as well as independent operators, it is not difficult to find prostitutes. And, they do have rather good business. The Family Planning Association of Hong Kong (FPAHK) survey in 1996 showed that 10.2 percent of males up

to the age of 27 got their first sexual experience with prostitutes and 13.9 percent had had sexual intercourse with at least one prostitute. (See also Sections 1/2A and E, Basic Sexological Premises and Religious and Ethnic Factors Affecting Sexuality above.)

Pearson and Yu's study (1995) of eight prostitutes on the streets of a working-class area in Kowloon reveals that these women entered into the trade voluntarily in the face of negative life events such as sudden widowhood or heavy gambling debts. Working on the street as a commercial sex worker enabled them to earn "quick" money, exert control in the choices of their customers, and most importantly to pay off the significant debts. Use of soft drugs or alcohol was common. Perceiving themselves as forever polluted, they hid their professional status from their spouses, children, and parents. Despite of the lack of trust toward their customers, a few of them could develop genuine affection with their customers.

Since the prostitutes have to practice semi-secretly, their business could only have very poor quality control. There is no way to obtain a reliable figure on their number in Hong Kong or to monitor their service to ensure their safety or that of their clients. The public generally looks down on the profession. Supported by this attitude, the law enforcers could still have many ways to legally harass the prostitutes, for example, by arresting them for aiding or abetting the commission of other offenses, for indecent behavior or exposure in public, or for "loitering" or soliciting for immoral purposes. In 1995, a well-intentioned social worker organized a small work-union type of association for the prostitutes to help them fight for civil and legal rights. The group is growing and its voices are heard more year after year.

[In 1997, investigative journalist Kate Whitehead and top Asian writer Nury Vittachi published their report of the sex industry in and around Hong Kong. After reviewing the colonial history of prostitution, Whitehead and Vittachi detail the current state of the sex tourism business in Wan Chai, Hong Kong's real sex center in Mong Kok, the hostess bars, fishball stalls, and the world of expensive escorts and gigolos after the 1950 to 1970 days of Suzie Wong, Hong Kong's fictional prostitute made famous by Hollywood and Broadway. (Editor)]

C. Pornography

Pornography is officially regulated by two government authorities, the Obscene and Indecent Articles Tribunal and the Television and Entertainment Licensing Authority (TELA). These two agencies interpret and apply two ordinances passed in 1995 toward the end of British rule (Hong Kong Government, 1995a, 1995b).

The Obscene and Indecent Articles Tribunal monitors printed matters, exhibits, and electronic publications (such as videotapes and computer programs). It does not pre-censor materials, but has the authority to grade them to the effect of declaring whether they are suitable, if at all, to be made

available to people of a certain age group. There are essentially three grades: the obscene grade that is totally unsuitable for any person, the indecent grade suitable for adults above 18 years of age only, and the all-age grade for people of any age. Any person found by the police, the tribunal staff, or any member of the public to have printed, published, or distributed materials of the obscene grade or of the indecent grade to under-aged people will be committing an offense punishable by law. Hence, before printing or marketing any sexually explicit materials, a publisher would be wise to apply for an examination and grading from the Tribunal beforehand unless he/she can judge from personal experience and knowledge of the public standard to which grading it is likely to belong. To grade material, the Tribunal calls upon a group of adjudicators consisting of a magistrate and two or more lay adjudicators appointed by the government from a list of volunteers from the general public. The grading takes about two weeks, and can be speeded up if necessary, for which the Tribunal charges a small fee.

The Television and Entertainment Licensing Authority (TELA) monitors movies, radio and television programs, shows, and theatrical and related productions. The grades for these materials are slightly different from those for printed matter. They include: the all-age grade, the parental-guidance grades A and B, and the adults-only grade that must not be shown or distributed to people below 18. Movies have to be censored before public showing. For other materials where pre-censorship is not practical, the principles for printed matters apply. That is, the producer will be punished and the broadcast terminated if found to have gone beyond an adjudicated grade. The TELA adjudicators are also appointed volunteers from the general public, but it is different from the Tribunal, with their number for each production larger (nine non-official members and an ex-officio member, who is a secretary for Information Technology and Broadcasting). A magistrate is not required.

The sentiments of the adjudicators are supposed to represent the standard of the general public, but because each adjudication can be made by a different group of people, the standard cannot be perfectly uniform and unexpected grading does come up from time to time. A work of art, e.g., a plain photograph of Michaelangelo's *David* in a newspaper, was once rated to be indecent. Appeals for an adjudication review is time-consuming, expensive, and rarely successful. There are still frequent public debates on how to make this monitoring system more fair and reliable, with the least interference on the freedom of speech and publication. The authorities are willing to listen and are always finding ways to improve the system according to public needs.

Despite laws to prevent youngsters from having access to pornographic materials, the FPAHK Annual Report (1996) showed that they are not very effective. About 1 percent of the males surveyed reported that they started viewing pornography as young as 7 years old. The mode was 15 for males and 18 for females. Also, 34 percent of males and 6 percent of females had bought pornographic materials when under the age of 18.

9. Contraception, Abortion, and Population Planning

A. Contraception

Contraception is widely practiced by Hong Kong people. This is partly because of the hard and successful publicity work of the Family Planning Association of Hong Kong (FPAHK), and partly because of the reality needs in a crowded city. The accepted motto to follow is, "Two (children) are enough." Couples of higher social status and education tend to want only one child. As a result, Hong Kong has kept its annual natural population growth down below 1 percent for more than twenty years. The 1995 total fertility rate for Hong Kong was 1.3 children per fertile woman, ranking Hong Kong 220 among 227 nations.

The most popular contraceptive method is the oral contraceptive pill, used by 50.1 percent of ever-users of contraceptives. The oral contraceptive is available over the counter, without prescription. The male condom is used by 32.4 percent, the rhythm method, or natural family planning, by 5.9 percent, the intrauterine device by 3.9 percent, injections or implantables by 3.3 percent, and female sterilization by 1.6 percent (FPAHK 1993). Vasectomy is the least popular contraceptive method.

B. Abortion

In essence, there are three conditions for legal abortion in Hong Kong:

1. approval from two medical doctors to verify that the pregnant woman or the child will be in physical or mental or social danger if the pregnancy continues or is allowed to come to delivery;
2. the pregnant woman is under 16 years old; or
3. there is evidence that the pregnancy is a result of rape or incest.

Most educated women know these conditions. Among those who have been pregnant, 22 percent have experienced an induced abortion and the rate is increasing. Younger females with lower income tend to have a higher incidence of having an induced abortion (FPAHK 1993). However, only about 45 percent of abortions that the women received were legal abortions, because illegal abortions are readily available and convenient in secret clinics in Hong Kong (15 percent) or in proper hospitals in Mainland China (25 percent). An abortion round trip to China needs only one day. The laws there are much more lenient and the costs lower.

C. Population Programs

As noted above, Hong Kong's total fertility rate of 1.3 children per fertile woman, well below replacement level, makes it one of the slowest growing countries in the world. In the future, the demographic shift from a youthful population to a graying population is bound to result in major societal disruptions and adjustments.

10. Sexually Transmitted Diseases

Government statistics in Table 2 show that traditional types of sexually transmitted diseases are rather well controlled in Hong Kong. This could be because of the generally effective therapies available and the good public knowledge about precautions. But government statistics are not reliable in this respect because many people go to the offices of private practitioners for treatment and these cannot be recorded.

Table 2
Annual Number of New Cases of Gonorrhoea and Syphilis
Treated in Public Hospitals, Correctional Institutions,
and Private Hospitals from 1990 to 1997

| | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 |
|---------------|------|------|------|------|------|------|------|------|
| Syphilis | 87 | 100 | 78 | 94 | 133 | 147 | 129 | 153 |
| Male Deaths | 3 | 1 | 2 | 1 | 4 | 3 | 0 | 0 |
| Female Deaths | 1 | 0 | 0 | 0 | 2 | 0 | 0 | 1 |
| Gonorrhoea | 22 | 11 | 11 | 8 | 20 | 17 | 12 | 19 |

(Hong Kong Government Department of Health statistics, 1990-1997)

11. HIV/AIDS

A. HIV/AIDS Incidence

The statistics on HIV/AIDS come from voluntary reporting since 1984. The cumulative number of HIV/AIDS cases as of June 1998, and some analysis, are shown in Table 3. The trend is an increasing number of HIV/AIDS cases reported year after year, with a continued narrowing of the male-to-female ratio of new HIV infections. Mother-to-baby transmissions have been found only in the last five years and number between one to two cases per year. The number of HIV cases in homosexuals and bisexuals has continued to rise, but its ratio with heterosexual cases was inverted after 1989.

B. HIV/AIDS Prevention

There are four basic components in the strategies for AIDS prevention, care, and control in Hong Kong. The first is to prevent its transmission by the providing of transmission information and education to bring about behavioral modification, as well as early detection and treatment of sexually transmitted diseases. Secondly, the AIDS-care programs aim to relieve physical and psychological suffering. A third component focuses on understanding better the dimensions and impact of HIV/AIDS in Hong Kong—epidemiological surveillance studies and monitoring are conducted regularly to obtain useful and accurate information about HIV/AIDS distribution in the community. The fourth component consists of partnerships,

Table 3
Cumulative Reported HIV/AIDS Statistics from 1984 to June 1998

| | HIV+ | AIDS |
|---------------------|-------|------|
| Sex | | |
| Male | 912 | 314 |
| Female | 154 | 35 |
| Ethnicity/Race | | |
| Chinese | 732 | 261 |
| Non-Chinese | 334 | 88 |
| Age at Diagnosis | | |
| Adult | 1,039 | 349 |
| Age 13 or less | 27 | 6 |
| Exposure category | | |
| Heterosexual | 579 | 200 |
| Homosexual | 239 | 82 |
| Bisexual | 58 | 24 |
| Injection drug user | 17 | 5 |
| Blood products | 67 | 16 |
| Perinatal | 6 | 2 |
| Undetermined | 100 | 20 |
| Total | 1,066 | 349 |

(Department of Health 1998)

with the community and internationally, to bring about a coherent and constantly updated method of prevention and control. These strategies are carried out jointly by governmental and non-governmental organizations (NGOs). The main governmental organizations come under the Department of Health. They are the AIDS Hotline, for public education, and the AIDS Unit, for the screening and treatment of AIDS patients. On the non-governmental side, there are the Hong Kong AIDS Foundation, which centralizes and distributes public donations for running AIDS education, counseling, or research programs, AIDS Concern, to give assistance to AIDS patients and their relatives, and TeenAIDS, which runs AIDS educational programs for the youngsters. The government Secretariat has an Advisory Council, comprising AIDS experts from various fields, to advise on the implementation and coordination of all these organizations and strategies.

12. Sexual Dysfunctions, Counseling, and Therapies

Before the advent of the modern sex therapies in the 1970s, the treatment and counseling of people with sexual dysfunctions relied mainly on folk medicine or traditional Chinese medicine. These treatment methods included the use of herbs, health tonics, physical exercise (e.g., Kung-Fu) or breathing exercises (e.g., Chi-Kung), acupuncture, acupressure, and sex aids. There is some evidence that some of these modalities are effective

(Ng 1988) and they are still used by many in Hong Kong (Liu & Ng 1995; Rosenthal 1999). Supportive psychotherapy and anxiolytic drugs are also used.

The first sex clinic to offer the Western type of sex therapy in Hong Kong was established about 1979 as a part of the general psychiatric clinic in the Department of Psychiatry at Queen Mary Hospital. The clinic receives referrals from all other clinics for cases of sexual dysfunction, paraphilia, and miscellaneous sexual problems. Referrals in the early years were few, but they have increased steadily. The male-to-female ratio of initial presenters has also changed from 5:1 in 1977 to around 2:1 in 1997, showing a rising awareness and initiative among females in understanding and meeting their sexual needs and rights. There has been a gradual change in the types of cases attending the sex clinic too. For males, the most common cases have changed from retarded or inhibited ejaculation to erectile dysfunction. For females, the shift has been from vaginismus to general sexual dissatisfaction. These changes are found to be associated with a diversification of referral sources, which indicates a general awareness by the medical profession and general public of the effectiveness of the Western type of sex therapy in dealing with a variety of sexual problems (Ng 1990b).

Despite this increasing demand, only one other formal sex clinic has been established. This clinic, established in 1997, will be discussed in the next section. Other less specialized or comprehensive sex therapy or counseling is offered by social workers or psychologists in private practice or in non-profit organizations such as the Family Planning Association of Hong Kong, the Social Welfare Department, and agencies for the mentally or physically handicapped. Some psychiatrists, gynecologists, and family physicians have also gained a reputation for being able to provide sexual counseling. Urologists, of course, have always helped to manage a large share of erectile dysfunction cases that are principally of organic origin.

All types of medication found to be useful for erectile dysfunction are used in Hong Kong, including intracavernosal injection or urethral insertion of prostaglandin E1. Most recently, in February 1999, Sildenafil (Viagra) was approved and, as in many other places, the drug has caused sensational public reaction even before its approval, leading to abuses and illicit sales. However, there have not been any reported cases of death or severe complications because of the drug up to the time of writing (April 1999). The government has imposed strict regulations on the prescription and dispensing of Viagra to prevent abuses.

13. Research and Advanced Education

A. Advanced Sexuality Education

There is no sex education on the advanced level. Different faculties in different universities run their own sex courses to meet the specialized needs of their students. The advanced sex education course with the longest

history at a tertiary institution is the Human Sexuality Course in the Medical Faculty of the University of Hong Kong. It was started in 1981 by the Department of Obstetrics and Gynecology and was taken over by the Department of Psychiatry in 1990. Its aim is to provide the medical students with a basic understanding of the interdisciplinary nature of the study of human sexuality and its relation to the practice of medicine. The course is run at the end of the third year of the medical curriculum and lasts for five half-days (about 20 hours). The topics include introduction to medical sexology, Chinese sexual attitudes and practices, sexual philosophy, social construction of sexuality, psychosexual development and sex education, sexual variations, forensic sexology, sexual attitude reappraisal, sexual problems in medical practice, clinical sexual interview, introduction to sex therapy, sexology, and AIDS. The teaching format consists of lectures, video demonstrations, intranet computer-interactive teaching, group discussion, opinion polling, and role-plays. Besides medical practitioners, non-medical specialists, including a social worker, a philosopher, educators, and psychologists participate in the teaching significantly. Prominent sexologists from different parts of the world have been invited regularly to take part and to advise on the teaching as well. This has helped to ensure the quality of the course and to regularly update its contents. From the post-course feedback, it has been found to be one of the favorite courses for the students.

There are other sexuality courses in other departments or universities, but they are of shorter history and less systematic, usually focusing on areas of direct interest to the discipline concerned. For instance, in 1993-1994, a general education course known as Sexuality and Culture was started at the Chinese University of Hong Kong, with the aim to equip the undergraduate students with a cultural perspective on human sexuality. This course was stopped in 1995 and was reintroduced in 1998 upon the request of the students. The popularity of this course can be reflected by the fact that over 100 students attended.

Even less systematic are those short or part-time courses organized ad hoc by health or family planning agencies. These courses do not have set structures, formats, or content, but are run to meet immediate social or professional needs only.

Generally, although advanced sexuality courses in Hong Kong are improving both in quantity and quality, sexology in Hong Kong has not been recognized for its value and deserved status. There is no advanced sexuality program that can lead to a separately recognized degree in sexology or sex education, although a postgraduate student can take up a sexuality subject as a research project for a master's or doctoral thesis.

B. Sexual Medicine and Research

Hong Kong has been proud of its medical services. It is the first Chinese community in the world to provide valuable and verifiable organized service

for sexual problems. The excellence of this service has been well supported for a long time by statistics on obstetric care, infant mortality, neonatal care, population control, and the treatment and prevention of sexually transmitted diseases (Ng 1990a). The sex clinic in Hong Kong, set up in 1979, was the first in Chinese communities. It was also in Hong Kong that the first Chinese sexology association, the Hong Kong Sex Education Association, was set up in 1985. The Association was instrumental in the formation of the Asian Federation for Sexology in 1992. Despite an early start, the subsequent growth of sexual medicine in the territory has been slow. Besides the clinics run by traditional healers, there is only one sex clinic in the public hospitals in Hong Kong, established in 1997. Aside from the gynecologists and urologists with partial interests in sexual problems, only one new medical doctor has specialized in the field of medical sexology and sex therapy. A sex clinic needs not just a doctor and a consultation room, but also nurses, social workers, psychologists, technicians, and many other auxiliary personnel, as well as laboratories, drugs, reading materials, instructions, and treatment devices that can be easily accessed by the public. Patients also have to know where and when to come, and they need to not be too shy to come. All these require a sexually enlightened and open atmosphere.

[In understanding the uniqueness of sexology in Hong Kong and the conflicting currents that have inevitably had an impact on Hong Kong culture as its people moved from being a British colony into the People's Republic of China, it is important to remember that in democratic societies, the majority decides how the public should be governed, and the lay and nonprofessional perspectives prevail, as a safeguard against the pitfalls of professionalism and authoritarian government. Although the experts have the cutting-edge knowledge and skill, they need to be sensitive to the historical, political, and emotional elements involved in making public decisions.

[Frustrated as professionals may at times be by the obstacles and the resulting inclination to ventilate, influencing public health policy decisions requires another set of perspectives and skills. These include an understanding of the dynamics and processes involved in dealing with controversial and polemical political issues and in testing the applicability of new ideas in certain frameworks. More time, effort, and patience are required for more progress—as well as more communication, lobbying, the alignment of support groups, and the creation of new coalitions. Cooperative alliances are particularly effective, especially when they bring together the collaborative skills of professionals and laypersons and facilitate the exchange of ideas. (M. P. Lau)]

Like all other societies making a start on sex research, Hong Kong spends quite a lot of effort on sexuality surveys to understand the basic sexual characteristics of its people. These surveys have ranged from the broad knowledge, attitudes, beliefs, and practices surveys to specific ones focusing on the consumption of pornography, experience, and attitudes toward rape

(Cheng, Ip, & Cheung 1984; Cheung, Audry, & Tam 1990), sexual harassment (Tang, Yik, Cheung, Choi, & Au 1995), child sexual abuses (Tang & Davis 1996), homosexuality, gender inequality (Westwood, Ngo, & Leung 1997), and sex among the disabled and the mentally handicapped. Some of these surveys are commissioned by the government to guide its social or health policies, some by voluntary agencies to evaluate their work, some by religious or political groups to support their views and affirmations, and some are sponsored by academics with theoretical interests. The quality of these surveys is very variable. The religious and political surveys are well known to be very unscientific. They use vague and broad definitions and unrepresentative samples. Good surveys should satisfy international standards and their data should be suitable for cross-cultural comparisons.

Clinical sexuality research has focused on the development and application of sex therapy, family therapy and psychotherapy, drugs and devices in the treatment of sexual dysfunction, and transgender problems. There is also sexuality research into the biomedical aspects of sexuality, such as research on sexually transmissible infections, contraception, assisted reproduction, prostate and penile surgery, sex hormones, and women's health. As in most other countries, it is difficult to obtain funding for sexuality research in Hong Kong. Research studies on sexual behavior, psychology, and sexual minorities are often thought to be unimportant and unscientific, and attract little financial support unless they are done for specific political or ideological causes. This is a principal reason for the highly uneven quality of sexuality research in Hong Kong.

Conclusion

Hong Kong is a very special place as far as the evolution of understanding sexuality is concerned. One finds Hong Kong very sexually open if one reads the newspapers, watches the "illegal" videotapes or disks that are easily available in street shops, listens to sexual discussions on the radio and television, experiences how easy it is to find casual or commercial sex, and follows the lifestyles of some of the movie stars and socialites. On the other hand, the laws are strict, voices for sexual conservatism are loud, and sex education activities or serious discussion of sexual matters are difficult to find. Such a sexuality split is found probably in many other communities around the world, but it is certainly very strong in Hong Kong. This could be because of the strong influences of both the Chinese and Western civilizations, which often clash vigorously with each other, creating difficult choices for the common people. Luckily, and probably because of the high level of mutual tolerance in the Chinese, open physical violence between antagonistic camps has rarely, if ever, occurred. This type of sexuality environment should make Hong Kong a particularly interesting place for sexologists to study, to see how sexual diversities can coexist peacefully and be properly managed and promote growth.

[In commenting on this summary of sexuality in Hong Kong, M. P. Lau, co-author of the China chapter and a native of Hong Kong, emphasized that “in spite of on-going conflicts and some set-backs, amazing progress has been made in Hong Kong so that there are many reasons to be optimistic and upbeat. Admittedly, the people of Hong Kong, and pioneers in sexology like Emil Man-lun Ng and Joyce L. C. Ma, have found themselves confronted with double messages, conflicting views, inconsistent commandments, and ambiguous role models, out of which they have struggled to emerge with decisions for action. Both professionals and laypeople in Hong Kong have witnessed the struggle and the dissonance, the casualties and sufferings, the resolution and reintegration, however idiosyncratic these may be. The crises and opportunities in Hong Kong, a crucible of diverse worldviews and ideologies, some very fascinating, invite further scrutiny and empirical endeavors.” (Editor)]

References and Suggested Readings

- Census and Statistical Department. 1996. *Population by census: Summary results*. Hong Kong: Hong Kong Government.
- Chung, S. F., & Fung, E. 1999. *Survey on women and AIDS: AIDS knowledge, attitudes, opinions, about condom use and practice with spouse or sexual partner(s)*. Hong Kong: St. John's Cathedral HIV Information and Drop-In Centre.
- Department of Health. 1998. *Hong Kong STD/AIDS update. 4:3:2. 1998*. Hong Kong: Department of Health, Hong Kong Special Administrative Region Government.
- Education Department. 1986. *Guidelines on sex education in secondary schools*. Hong Kong: Education Department, Hong Kong Government.
- Education Department. 1994. *A study on knowledge and attitudes of secondary school pupils on sex and sex education*. Hong Kong: Education Department, Hong Kong Government.
- Fan, M. S., Hong, J. H., Ng, M. L., Lee, L. K. C., Lui, P. K., & Choy, Y. H. 1995. Western influences on Chinese sexuality: Insight from a comparison of the sexual behavior and attitudes of Shanghai and Hong Kong freshmen at universities. *Journal of Sex Education and Therapy*, 21(3):158-166.
- FPAHK. (Family Planning Association of Hong Kong). 1988 to 1998. *Annual report*. Hong Kong: Family Planning Association of Hong Kong.
- FPAHK. 1981. *Hong Kong school youths*. Hong Kong: Family Planning Association of Hong Kong.
- FPAHK. 1986. *Adolescent sexuality study*. Hong Kong: Family Planning Association of Hong Kong.
- FPAHK. 1991a. *Youth sexuality study, in-school youth*. Hong Kong: Family Planning Association of Hong Kong.
- FPAHK. 1991b. *Youth sexuality study, out-school youth*. Hong Kong: Family Planning Association of Hong Kong.
- FPAHK. 1993. *Report on women's health survey*. Hong Kong: Family Planning Association of Hong Kong.
- FPAHK. 1998. *Youth sexuality study 1996*. Hong Kong: Family Planning Association of Hong Kong.
- Green, R., & Money, J. eds. 1969. *Transsexualism and sex reassignment*. Baltimore: Johns Hopkins Press.
- Hong, J. H., Fan, M. S., Ng, M. L., Lee, L. K. C., Lui, P. K., & Choy, Y. H. 1994. Sexual attitudes and behavior of Chinese university students in Shanghai. *Journal of Sex Education and Therapy*, 20(4):277-286.

- Hong Kong Government. 1980. *Crimes (sexual offences) ordinance*. Hong Kong: Hong Kong Government.
- Hong Kong Government. 1995a. *Control of obscene and indecent articles ordinance (revised)*. Hong Kong: Hong Kong Government.
- Hong Kong Government. 1995b. *Film censorship ordinance (revised)*. Hong Kong: Hong Kong Government.
- Hong Kong Government and the Hong Kong Special Administrative Region Government. 1988, 1997. *Against child abuse society: 1988, 1997. Annual reports*. Hong Kong: Hong Kong Government.
- Hong Kong Police. 1997, 1998. *Annual report*. Hong Kong: Hong Kong Special Administrative Region Government.
- Hong Kong Special Administrative Region Government. 1998. *Hong Kong monthly digest of statistics: August*. Hong Kong: Special Administrative Region Government.
- Hong Kong Tertiary Institutions Health Care Working Group. 1991. Survey on sexual behavior of students in tertiary institutions in Hong Kong. Unpublished data.
- Liu, D. L., & Ng, M. L. 1995. Sexual dysfunction in China. *Annals of the Academy of Medicine of Singapore*, 24:728-731.
- Liu, D. L., Ng, M. L., Chou, L. P., & Haeberle, E. 1997. *Sexual behavior in modern China—A report of the nationwide "Sex Civilization Survey" on 20,000 subjects in China*. New York: Continuum.
- Lui, P. K., Cheung, C. F., Chan, K. L., & Ng, M. L. 1993. Differential erosion of three traditional Chinese sexual values in Hong Kong. In: M. L. Ng & L. S. Lam, eds., *Sexuality in Asia* (pp. 21-32). Hong Kong: Hong Kong College of Psychiatrists.
- Ng, M. L. 1988. Transsexualism—Service and problems in Hong Kong. *The Hong Kong Practitioners*, 11(12):591-602.
- Ng, M. L. 1990a. Sexual problems in Hong Kong—A medical perspective. In: M. L. Ng, ed., *Sexuality in dissent* (pp. 198-210, in Chinese). Hong Kong: Commercial Press.
- Ng, M. L. 1990b. Sex therapy for the Chinese in Hong Kong. *Sexual and Marital Therapy*, 3(2):245-252.
- Ng, M. L. 1998. School and public sexuality education in Hong Kong. *Journal of Asian Sexology*, 1:32-4.
- Pau, W. N. 1991. Sex education in schools and its outcome. In: Hong Kong Federation of Sex Educators and Hong Kong Education Resource Centre, eds., *An analysis of Hong Kong education* (pp. 377-385, in Chinese). Hong Kong: Wide Angle Press.
- Pearson, V. 1998. The mental health of women in China. *Hong Kong Journal of Psychiatry*, 8(1):3-8.
- Pearson, V., & Yu, R. Y. M. 1995. Business and pleasure: Aspects of the commercial sex industry. In: V. Pearson & B. K. P. Leung, eds., *Women in Hong Kong* (pp. 244-275). Hong Kong: Oxford University Press.
- Rosenthal, E. 1999, April 11. Seriously, China learning sex is fun. *The New York Times*, p. 6.
- Royal Hong Kong Police. 1988-1997. *Annual reports*. Hong Kong: Hong Kong Government.
- Tang, C. S. K. 1994. Prevalence of spouse aggression in Hong Kong. *Journal of Family Violence*, 9(4):347-356.
- Tang, C. S. K., Yik, M. S. M., Cheung, F. M. C., Choi, P. K., & Au, K. C. 1995. How do Chinese college students define sexual harassment? *Journal of Interpersonal Violence*, 10(4):503-515.
- Tang, C. S. K. 1997. Psychological impact of wife abuse—Experiences of Chinese women and their children. *Journal of Interpersonal Violence*, 12(3):466-478.
- Tang, C. S. K., & Davis, C. 1996. Child abuse in Hong Kong revisited after 15 years: Characteristics of victims and abusers. *Child Abuse and Neglect*, 20(12):1213-1218.
- Westwood, R. I., Ngo, H. Y., & Leung, S. M. 1997. The politics of opportunity: Gender and work in Hong Kong. In: F. M. Cheung, ed., *Engendering Hong Kong society* (pp. 41-100). Hong Kong: The Chinese University Press.
- Whitehead, K., & Vittachi, N. 1997. *After Suzie: Sex in South China*. Hong Kong: Corporate Communications/A Chameleon Book.

- Wong, W. L. E. 1996. *To talk or not to talk—A study of the knowledge, communication pattern and expectation about sex of couples preparing for marriage*. M.S.W. dissertation. Hong Kong: Department of Social Work and Social Administration, University of Hong Kong.
- Yeung, C. 1991. Wife abuse: A brief historical review on research and intervention. *Hong Kong Journal of Social Work*, 25:29-37.
- Yip, P. S. F. 1995. *Suicides in Hong Kong: 1981-1994*. Hong Kong: Department of Statistics, University of Hong Kong.
- Young, K. P. H, Chau, B. C. H., Li, C. K., Tai, L. Y. Y., Yim, V. P. L., & Cheung, W. Y. 1995. *Study on marriages affected by extramarital affairs*. Hong Kong: Family Service, Caritas-HK.