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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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UNITED STATES OF AMERICA1127
David L. Weis, Ph.D., and Patricia Barthalow Koch, Ph.D., editors and contributors, with other contributions by Diane Baker, M.A.; Ph.D.; Sandy Bargainnier, Ed.D.; Sarah C. Conklin, Ph.D.; Martha Cornog, M.A., M.S.; Richard Cross, M.D.; Marilyn Fithian, Ph.D.; Jeannie Forrest, M.A.; Andrew D. Forsythe, M.S.; Robert T. Francoeur, Ph.D., A.C.S.; Barbara Garriss, M.A.; Patricia Goodson, Ph.D.; William E. Hartmann, Ph.D.; Robert O. Hawkins, Jr., Ph.D.; Linda L. Hendrixson, Ph.D.; Barrie J. Highby, Ph.D.; Ariadne (Ari) Kane, Ed.D.; Sharon E. King, M.S.Ed.; Robert Morgan Lawrence, D.C.; Brenda Love; Charlene L. Muehlenhard, Ph.D.; Raymond J. Noonan, Ph.D.; Miguel A. Pérez, Ph.D.; Timothy Perper, Ph.D.; Helda L. Pinzón-Pérez, Ph.D.; Carol Queen, Ph.D.; Herbert P. Samuels, Ph.D.; Julian Slowinski, Psy.D.; William Stackhouse, Ph.D.; William R. Stayton, Th.D.; and Mitchell S. Tepper, M.P.H. Updates coordinated by Raymond J. Noonan, Ph.D., and Robert T. Francoeur, Ph.D., with comments and updates by Mark O. Bigler, Ph.D., Walter Bocking, Ph.D., Peggy Clarke, M.P.H., Sarah C. Conklin, Ph.D., Al Cooper, Ph.D., Martha Cornog, M.A., M.S., Susan Dudley, Ph.D., Warren Farrell, Ph.D., James R. Fleckenstein, Robert T. Francoeur, Ph.D., Patricia Goodson, Ph.D., Erica Goodstone, Ph.D., Karen Allyn Gordon, M.P.H., Ph.D. (cand.), Eric Griffin-Shelley, Ph.D., Robert W. Hatfield, Ph.D., Loraine Hutchins, Ph.D., Michael Hyde, M.F.A., Ph.D. (cand.), Ariadne (Ari) Kane, Ed.D., Patricia Barthalow Koch, Ph.D., John Money, Ph.D., Charlene L. Muehlenhard, Ph.D., Raymond J. Noonan, Ph.D., Miguel A. Pérez, Ph.D., Helda L. Pinzón-Pérez, Ph.D., William Prendergast, Ph.D., Ruth Rubenstein, Ph.D., Herbert P. Samuels, Ph.D., William Taverner, M.A., David L. Weis, Ph.D., C. Christine Wheeler, Ph.D., and Walter Williams, Ph.D.

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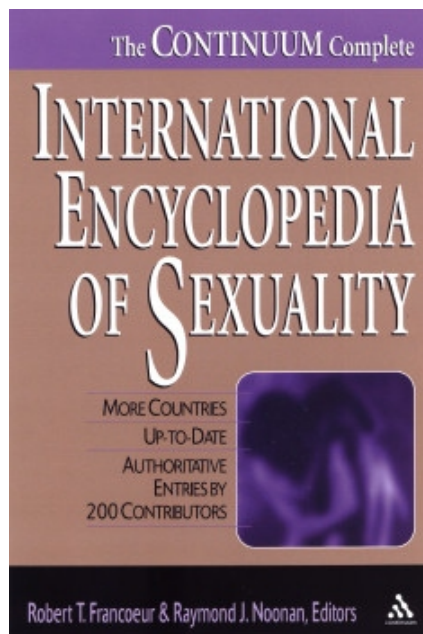
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1. The International Encyclopedia of Sexuality, Vols. 1-3 (Francoeur, 1997)

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

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

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

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

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

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

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

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

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

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

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

For more review excerpts, go to www.SexQuest.com/ccies/.

Austria

(Republik Österreich)

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Located in south central Europe, Austria is a landlocked nation strategically located at the crossroads of central Europe. With a landmass of 32,378 square miles (83,858 km²), Austria is slightly smaller than the state of Maine. Austria's neighbors include Switzerland and Liechtenstein on the west, Germany and the Czech Republic on the north, Slovakia and Hungary on the east, and Slovenia and Italy on the south. Austria is very mountainous, with the Alps and their foothills covering the western and southern parts of the nation. The northern margin and eastern provinces, including the capital of Vienna, are in the Danube River basin.

Since the collapse of the Habsburg (often spelled Hapsburg in English) Empire in 1918 after World War I, Austria comprises only nine states (or provinces). Clockwise, they are: Lower Austria, Vienna, Burgenland, Styria, Carinthia, Upper Austria, Salzburg, Tyrol, and Vorarlberg. In Burgenland, the smallest and farthest east, Hungarian and Croatian influences are noticeable, whereas Vorarlberg, lying farthest west, tends strongly towards Switzerland.

In July 2002, Austria had an estimated population of 8.17 million, with 20% (1.7 million) living in Vienna. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

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(CIA 2002)

Age Distribution and Sex Ratios: 0-14 years: 16.4% with 1.05 male(s) per female (sex ratio); 15-64 years: 68.2% with 1.02 male(s) per female; 65 years and over: 15.4% with 0.62 male(s) per female; *Total population sex ratio:* 0.95 male(s) to 1 female

Life Expectancy at Birth: *Total Population:* 78 years; *male:* 74.85 years; *female:* 81.31 years

Urban/Rural Distribution: 53% to 47%

Ethnic Distribution: German: 88%; non-nationals, including Croats, Slovenes, Hungarians, Czechs, Slovaks, Roma (Gypsies): 9.3%; naturalized: 2%

Religious Distribution: Roman Catholic: 78%; Protestant: 5%; Muslim and other: 17%

Birth Rate: 9.58 births per 1,000 population

Death Rate: 9.73 per 1,000 population

Infant Mortality Rate: 4.39 deaths per 1,000 live births

Net Migration Rate: 2.45 migrant(s) per 1,000 population

Total Fertility Rate: 1.4 children born per woman

Population Growth Rate: 0.23%

HIV/AIDS (2001 est.): *Adult prevalence:* 0.1%; *Persons living with HIV/AIDS:* 843; *Deaths:* < 100. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (*defined as those age 15 and over who can read and write*): 98; attendance rate for nine years of compulsory school: 95% (education is free and compulsory from age 6 to 15)

Per Capita Gross Domestic Product (*purchasing power parity*): \$27,000 (2001 est.); *Inflation:* 2.6%; *Unemployment:* 4.8%; *Living below the poverty line:* NA

B. A Brief Historical Perspective

The Romans conquered Austrian lands from Celtic tribes around 15 B.C.E. In 788 of the Common Era, the territory was incorporated into Charlemagne's Holy Roman Empire. By 1300, the House of Habsburg had gained control of the land. In the next few hundred years, they added to their realm vast territories in all parts of Europe.

Austria's dominance of Germany was undermined in the 18th century and ended with the rise of Prussia in 1866. However, the 1815 Congress of Vienna confirmed Austria's control of a large empire in southeast Europe, consisting of Germans, Hungarians, Slavs, Italians, and oth-

ers. The Austro-Hungarian dual monarchy was established in 1867, when Hungary was given some autonomy. Fifty years of peace followed.

The 1914 assassination of Archduke Franz Ferdinand, the Habsburg heir, by a Serbian nationalist, led to World War I and dissolution of the Habsburg Empire when Austria, Germany, and the Ottoman Empire were defeated. Austria was then reduced to a small republic with the borders it has today. Nazi Germany invaded Austria in 1938; the republic was reestablished in 1945 under Allied occupation. Full independence and neutrality were restored in 1955.

[Update 2003: Politically, Austria is a democratic federal republic, with a proportional voting system. After the grand coalition between the moderately conservative People's Party and the moderate Social Democrats as a result of the 1995 elections, the political scene changed radically in 2000, when the nationalistic right-of-center Freedom Party received 26% of the votes, more than doubling the number from the earlier election, and was invited by the People's Party to form a coalition government. European Union sanctions, and weekly demonstrations that continued for the entire two years of the coalition government, followed. The European Court of Human Rights sent a commission, known as "The Three Wise Men," to investigate whether or not democracy was in danger, and the sanctions were lifted in September 2000. Jörg Haider, who had been the leader and loudest voice of the right-wing party, eventually lost his effectiveness. New elections were held in November 2002, and the Freedom Party lost two thirds of its support. The Greens gained in the last election, and it is not yet clear whether or not the grand coalition will again be entered into, or if there will be new political constellations. (End of update by L. Kneucker)]

There had been a radical change in Austria's political situation since October 3, 1999. The Parliamentary mandates in early 2000 were: 65 for the Social Democrats, and 52 for both the People's Party and the Freedom Party (with clear self-acknowledged fascist tendencies). The environmentalist Greens held 14 seats, and the Liberal Forum was no longer represented. There was, thus, a coalition government between the conservatives and the Freedom Party. Observers expected this alliance to bring a distinct increase of conservative, restrictive, and xenophobic ideas. The first sign of this conservative swing was seen in the abolishment of the Federal Ministry for Women's Affairs, which had, in its ten-year existence, been strongly engaged in combating violence against women and enacting harsher punishment for sexual offenses.

1. Basic Sexological Premises

A. Character of Gender Roles

At the end of the 1960s, a kind of "velvet" cultural revolution began. Austria's women became conscious of the discrimination they experienced as women, their reduced roles as reproducers, and discrimination in the labor market. Social politics, activated by women in the new feminist movement, brought considerable social change, especially in the first years of the Socialist Government, between 1970 and 1983. Two signals of this revolution were the appointment of a State Secretary for Women's Rights in 1979 and, in 1990, establishment of a Ministry for Women's Affairs.

Women benefited most from the educational reforms of the 1960s and 1970s, even if there is still a difference in educational levels between men and women. The employment of women increased at the beginning of the 1970s and, in 1992, 62% of all women between the ages of 15 and 59 were gainfully employed. Improved training and the more skilled

qualifications of women had, however, little influence on their salaries and positions. The average gross income of men was 43% higher than that earned by women.

In the course of the Family Law Reform of 1978, the marriage laws were changed from the legally incapacitating discriminatory laws against women to an emphasis on marriages based on partnership. Before this reform, the man was the "head of the family," and the woman had to take on his name. The man decided the place of residence. He could forbid his wife to work and could make all decisions concerning the children. His wife had to obey his "orders."

The practically unchanged sole responsibility of women for the care of children, the lack of institutions, such as day-care centers and kindergartens, a shortage of qualified part-time jobs, as well as potential motherhood, still greatly lessen the possibilities for women in the labor market. Women are subject to certain work prohibitions that are supposed to protect them, e.g., night shifts, but actually make entering certain occupations more difficult. Women who want both children and careers, something that is a matter of course for men, can often fulfill this only with double or triple burdens. Although it has been legally possible since January 1, 1990, for fathers to take leaves of absence from work for childcare (*Karenzurlaub*) until the child's second birthday, few men take such leaves. Many men also have difficulties with the legally established partnership in running a household, dividing the responsibilities of earnings, running the household, and raising children.

B. Sociolegal Status of Males and Females

According to the equality principles of the Austrian constitution, all citizens (written in masculine form) are equal before the law (Article VII). Nevertheless, there are gender-specific differences in some laws that cannot be biologically justified, such as the legal protection for pregnant women and mothers.

Women and men are considered sexually mature when they are 14 years of age, i.e., they are seen as adult enough to be able to accept desired sexual contacts and refuse those they do not want (Perner 1994). In the case of homosexual contacts, however, the lawmakers believe that young men are not able to decide independently for or against them until they are 18. Women and men who are 19 are both considered to be of full legal age, but the marriageable age for women is 16, and for men 19 years. Women can retire with pension at age 60, five years earlier than men, but, as of 2019, the age will be successively raised for women who were born after 1962 and, eventually, the pension age for men and women will be the same—65 years. There is no military conscription for women.

C. General Concepts of Sexuality and Love

The general sexual concept of love is within a heterosexual relationship. It is based on love and should be realized, preferably, in a life-long marriage, or at least as a partnership for life or a stable partnership. As a result of this attitude, practically all young Austrian women were married in the early 1960s. Since the 1970s, there has been a change to more pluralism: The age for marriage and for bearing the first child has risen; the number of those who marry and have children has fallen. The number of extramarital births has risen, as well as the possibility of divorce and remarriage of those who have divorced. Still, the wish to marry is prevalent among 70 to 80% of youth.

Norms and attitudes relating to sexuality have also changed since the end of the 1960s. The availability of different methods of birth control and the possibility for legal

abortion within the first three months (trimester) have given many women their first feelings of freedom regarding sexuality. Considering the frequent occurrence of sexual violence against women, it is, however, only possible in a limited way to talk about the sexual liberation of women.

Except in a few ethnic groups and religious minorities, virginity is not given any special value at the time of marriage. Although "wild" marriages and unmarried mothers and their children were stigmatized and legally discriminated against in the 1960s, life partnerships, "illegitimate" children, and single mothers are increasingly accepted in society. Likewise, relationships before marriage that include sexual intercourse and a series of monogamous relationships are accepted, and not only the ideal of "one great love." Despite the Church's opposition (e.g., by forbidding the use of most birth control methods), sexual desire and procreation are seen as separate from one another; as proven by the low fertility rate of 1.5 children per woman.

The norm for sexual intercourse is still the "complete" face-to-face heterosexual coitus with ejaculation. The attitude towards homosexuality is still negative, socially excluding, and, in traditional Catholic circles, openly hostile. Its impact can be seen in attempts to maintain legal discrimination against homosexual lovers. However, in recent years in Austria, the discussion in favor of recognition of homosexual partners is no longer taboo, and is in fact increasing.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

To be religious in Austria is a sort of "social-cultural matter of course" accompanied by a certain amount of social pressure. The majority of Austrians are members of the Roman Catholic Church, which exerts a traditionally dominant role in comparison to other religious communities. Especially during the time of Austrian Fascism, 1934-1938, the cultural and political life was determined by the Catholic Church. Austria was organized as a so-called corporate country that met the Catholic concept of a corporate system (Encyclical, *Quadragesimo Anno* of Pius XI: 15.5.1931). It was seen as the responsibility of the State to guard moral life. In this model, according to the Constitution of 1934, women were only considered equal to men if laws did not determine otherwise. In 1929 and in 1930, Pope Pius XI had confirmed the subordinate role of the woman in marriage in two encyclicals.

Since 1970, the number of withdrawals from the Catholic Church has increased dramatically, especially because of the sexual morals of the Church that are no longer accepted by many of its believers (above all, because of the prohibition of the pill in the encyclical, *Humanae Vitae*, by Pope Paul VI in 1968). These teachings define the Catholic view regarding the rigid regulations of the sexes: Mary, the Mother of God, as childbearing without sexuality (on the basis of the virgin birth) as a model for women was emphasized. Virginity was given the highest value, and a motherhood of sacrifice was propagated as the essential duty of women. During the period of National Socialism, the veneration of Mary and the ideal of chastity were mixed with ideas of "racial purity" and therefore fit into the National Socialist regime.

Sexuality in Catholicism is only permitted in the insoluble state of marriage, since for hundreds of years biological reproduction was considered the one purpose of marriage. The encyclicals of Pope Pius XI (1930) dealing with marriage underlined the value of love in marriage that was especially confirmed later by the Second Vatican Council (1962-1965): The value of this love exists, even without reference

to procreation. It is bound to marriage, with sexual intercourse, as a permanent unity. The moral system, according to the teachings of the Church, requires that heterosexual coitus must not interfere with the possibility of procreation. However, intercourse is also permitted when procreation is not possible (during the woman's monthly infertile period) or no longer possible (after menopause).

Marriage in Catholic teaching is the replica of the love of God for human beings: Christ is the bridegroom, the Church is the bride, and the Catholic family is the smallest church community, the "home church." The love relationship of the responsible couple, according to this concept, includes "natural birth control" (measurement of the infertile days of the woman).

According to the encyclical *Humanae Vitae* (1968), every form of active birth control is forbidden by the Church. However, this opinion does not require absolute obedience, as it is not a question of infallible dogma, but a writing of the pope. Because of the acceptance of the theological concept of "immediate animation," the presence of the soul at the moment of conception, abortion was (and is) considered murder. In 1991, one third of all Austrians and 40% of the female population stated that religion was meaningful for conducting their life. Forty percent of those who were religious thought that sex education in schools was damaging. A third of the religious wished that homosexuality would be again legally punishable (of the non-believers, one fourth wanted this).

The 1995 encyclical *Evangelium Vitae* (John Paul II) condemned abortion, as well as birth control, as generally being enemies of "life." Masturbation was seen as a terrible sin, or, at least, as against the rules. In the same way, practiced homosexuality was condemned as immoral.

Mostly it is the rural and farming population that lives according to Catholic norms. However, the majority of Austrians do not think highly of the ever-increasingly authoritarian path the Vatican has been taking. The comments of the official Church regarding sexual themes are reacted to with resistance.

In 1995, a Church referendum was initiated, calling for a "sisterly church," i.e., demanding that women be admitted to Church offices. It opposed the compulsory celibacy of priests, protested against the equating of birth control with abortion, and pleaded that questions of sexual morals be the responsibility of the individual's personal conscience.

In the minority Protestant churches, heterosexuality and one life-long marriage are seen as values that in a specific way correspond to the will of God. Marriage is, however, a worldly concern and therefore does not have a sacramental character as in the Catholic Church. For unborn life, the same rights of protection are given as for persons; but abortion is not categorically considered murder.

Discussion of homosexuality is still controversial in the Protestant church. In 1992, the theological commission published a statement declaring:

- the right of people to determine their own lifestyles;
- homosexuals must be respected and accepted in Christian communities;
- an ethical judgment on homosexuality in today's humanistic understanding cannot be found in the Bible; and
- a homosexual identity cannot be "turned around" or cured.

In Austria's Protestant churches today, those who identify themselves as homosexuals can be employees as well as pastors. The blessing of homosexual couples is not yet officially possible in the Protestant churches. However, an

agenda for a concept for blessings is being worked out and will probably be accepted at the next synod.

In contrast, the "Invocavit" declaration of 1995, which was signed by 150 Protestant theologians and church employees as a reaction to the General Synod, rejected homosexuality, considering it contradictory to the will of God, the creator. It was considered a "destructive aberration of emotional life." In the view of the authors, homosexuals may not be employees in the church, and church blessings for homosexual couples are rejected as well.

The synod of the Neo-Catholic Church of Austria resolved that homosexuals are to be respected in their personalities, beliefs, and their cooperation in their communities. For homosexual life companions who intend their relationships to be permanent, church blessings were made possible at the synod of October 18, 1997.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

In the 19th century and earlier, sex education was part of the Catholic educational instructions. The emphasis was on what was forbidden, and on remaining chaste and faithful before and in marriage. Masturbation was forbidden as a sin. Sexual intercourse before marriage, with or without force, was taboo and therefore not talked about. Nevertheless, the first sexual intercourse of aristocratic young men was often arranged by their fathers, when it was clear they had completed puberty. They were taken to a brothel for their first sexual experiences. In the upper-middle class or among prosperous farmers, sexual availability was expected from the female servants. If one became pregnant, she was sent away.

After the establishment of the Republic in 1918 and the election of the first female representatives, the female pioneers of the Social Democratic Party continually demanded institutions for sex education and counseling, and their priority was to increase help with questions about birth control. The first attempts were made when the Social Democrats took over the government in the capital, Vienna, through the work of the legendary City Councilman Julius Tandler. At the same time, Wilhelm Reich, a student of Freud, established the first outpatient sex clinics. With the growing strength of National Socialism and the emigration of the leading Jewish doctors, the initiative came to a standstill. After the end of World War II, it took about 25 years until the women's movement could push for a new abortion law and address questions of sex education. At practically the same time, at the suggestion of the parents' council of the Education Ministry, a seminar conducted by experts in September 1969 provided the push, making possible the decree, *Sex Education in the Schools* (November 24, 1970), in which sex education was introduced as an interdisciplinary principle of instruction.

A *Media Package* was prepared by the Federal Ministry of Education and the Federal Ministry for Family Affairs (now known as the Federal Ministry for the Environment, Youth, and Family) as the main teaching tool from 1984 to 1989. This production produced a vehement argument between the Marxist-oriented progressive psychoanalysts and Christian-conservative repressive-oriented sex educators. In the final edition that came out with the title, *Love with Responsibility*, basic sexology was emphasized, and, in the didactic part, a wealth of suggestions for exercises and games for the classroom was given.

The Catholic-oriented Institute for Marriage and Family, with the support of the Education and Family Ministries, developed a program, *Working Group: Parents, Stu-*

dents and Teachers—Partners in Sex Education. For this, specially trained moderators in the schools offered general help in establishing communication between the groups and in working out concrete sex education projects for specific schools. This was done at no cost to the schools. (For additional information on sexuality education in the schools and at home, see Section 5B below).

In addition, both ministries offered special booklets. *Gynnie*, cosponsored by the Austrian Medical Association, provided answers to relevant gynecological questions, as well as questions about relationships. Brochures were also published for non-students; for example, the Family Ministry offered *So That Love Can Grow*, along with accompanying group discussions and help in seminars concerning topics of sexuality. Austrians seeking counseling and advice can turn to 220 family and partner counseling centers that have been established all over Austria and are financially supported by the Family Ministry. Four of these centers are explicitly declared as counseling centers for sex and sexuality. The Austrian Society for Planned Parenthood, founded in 1966, has established six counseling centers with an emphasis on birth control. These centers are in hospitals, and one is especially for young people. There, examinations can be carried out and contraception prescribed and distributed. Another initiative of this group is *Herzklopfen* (Heart Throbbing), which offers confidential telephone counseling especially for young people, and is therefore available on Saturday afternoons.

[Update 2003: During the Conservative Party and Freedom Party coalition, the name of the Ministry of Social Affairs and Health was changed to the Ministry of Social Affairs and Generations (BMSG). Radical social changes were not made, but the renamed ministry issued a brochure for young people, *Love, Sex and So*, in 2002, which replaced all earlier educational materials (<http://www.bmsg.gv.at/bmsg/relaunch/jugend/welcome.htm>). The new brochure has been criticized by the Catholic Church as being "too liberal." HOSI (2003) has a comparative chart of all European countries up-to-date concerning "punishable" acts by gays and lesbians (Graupner 2003). (*End of update by L. Kneucker*)]

B. Informal Sources of Sexual Knowledge

Bravo, a German magazine for young people, is widely read in Austria, mainly, however, by less educated youngsters. In the late 1980s and early 1990s, *Rennbahn Express* (*Racetrack Express*) was quite popular and widely read by educated young people. Although it offers sexual information on two full pages 11 times a year, answers letters to the editor about sex, carries regular columns on health relating to sexuality, and has an Internet Web page offering counseling, the magazine is now decidedly out-of-fashion among young people, leaving the field open for new magazines to move in.

The media offers popular, if not always serious sexual information. The *Kronen Zeitung*, a daily newspaper in small format published in Vienna, offers "the man in the street" flowery-formulated but simply expressed answers to questions related to sex, and every Tuesday publishes letters from readers. Some newspapers in the provinces copy these letters. The original radio program, *Sex Hotline*, appreciated by many older listeners, was offered by ORF, the Austrian Radio, every two weeks on Fridays for two hours beginning at midnight. After 5 years, the program was given a new name, *Love Line*, and a year later was taken off the air, because the public was no longer as interested as in earlier years. *Zick Zack*, a program for youth that also offered young people the opportunity to call up and ask for advice, was a success, but was no longer aired after January

1995. Until 1997, there was a radio talk show that was replaced by *Joe's Nachtclub* (*Joe's Nightclub*) every Saturday from midnight until 2 a.m. While these informal sources of sexuality information come and go, Austrian media consistently provides some popular sources of information on sexuality.

4. Autoerotic Behaviors and Patterns

A. Children and Adolescents

Austria is a country without any tradition in sex education and pedagogy. To a large extent, moral values are stamped, "Repress the bodily functions" by the Catholic Church, as well as by the Puritanism of the *petite bourgeoisie*. Masturbation may be still tainted as sinful and forbidden for many older Austrians, who view it as "tainting your soul" ("*schwarze Pädagogie*") or still believe the myth that the number of ejaculations in their lives will be limited to 1,000—"1,000 Schuß, dann ist Schluß" ("1,000 shots poured and then there is nothing more").

Nevertheless, masturbation is widespread among young people, and aside from traumatic sexual experiences, autoeroticism is among their very first conscious sexual experiences. Among boys, 60% of the 13-year-olds and 80% of the 14-year-olds have experience in masturbation, and 100% of the 16-year-olds. According to Nöstlinger and Wimmer-Puchinger (1994), girls have less experience with masturbation than boys: 25% of the 13-year-olds and 50% of the 17-year-olds. European studies indicate that masturbation is experienced earlier than it was in the 1960s, especially for girls. There are no comparative figures for Austria, but it can be assumed that the tendency is similar.

B. Adults

In Austrian studies, questions about masturbation are either not asked or are peripheral questions. Langbein and Fritsch (1991) remarked that masturbation was not thematically included in the basic Institut für Empirische Sozialforschung (IFES, Institute for Empirical Social Research) study, since international studies would in any case show that around 90% of all adults practice masturbation. A study by Senger and Hoffmann (1993) reported that about three quarters of all men and less than two thirds of all women masturbate, whereas the frequency of men, 1.6 times weekly, is twice that of women. Single people masturbate above the average, 2.2 times each week, and persons under the age of 40 masturbate more often than older people.

Adult heterosexuals who consult clinicians on the issue of masturbation usually do so because they view masturbation as taboo and something that is done in secret with a bad conscience. Many ask if it is "normal" to have the need to masturbate parallel to sexual intercourse.

The problem hardly affects homosexual men, because they view mutual masturbation as a favored sexual outlet. When AIDS emerged, "jack-off parties" became just as popular in Austria's gay communities as in other countries. These parties were held in private circles where community masturbation as a safer-sex method was practiced. Verified information from lesbians is not available, although the tendency is probably rising, as it is for women in general. Stronger self-determination in sexuality and more confident attitudes about their own bodies—"My body belongs to me!"—have probably contributed positively to the frequency of masturbation for both heterosexual and lesbian women.

Altogether, the viewpoint that masturbation is by all means an enrichment, and not only a substitute for one's sex life in a partnership, is gaining recognition, even if slowly and still unmentionable in public.

Masturbation does not cease when Austrians get older. Although there are no statistics available for Austria, the experiences in supervised residential situations reveal that, just as seen in international studies, masturbation in old-age homes or nursing homes is part of daily life.

5. Interpersonal Heterosexual Behaviors

A. Children

The uncontested right of children to their individual forms of sexuality, as recognized by sexual researchers, is acknowledged only hesitantly by the general public. The only context in which children's sexuality is usually mentioned or discussed is in the context of sexual abuse.

When observed, any form of children's sexual activities—masturbation, "playing doctor," father-mother games—are often repressed and denied, because "what is not permitted, does not exist." A still-restrictive sex education concept tries to condemn children's sexual behavior with "black pedagogical" sanctions, or to keep it a secret. Rethinking these questions began slowly in the early 1990s.

B. Adolescents

Young people enter puberty earlier than they did a few generations ago. The first menstruation also takes place earlier. Eleven-year-olds who have their first periods are now the rule rather than the exception.

Based on law, a decree known as the "Sex Education Decree" was issued by the Ministry for Education about 15 years ago. Sex education was to be given at schools as an interdisciplinary subject, with the strong participation of parents. In the middle of the 1980s, the Austrian Institute for Family Research undertook a study to find out how far the program had actually been put into practice. The first finding of this study was that when sex education is taught, it was in two subject areas: in biology classes, where information is emphasized, and in religion classes, where values are emphasized. Thereupon, the Institute developed a model that is called *Love Talks* to coordinate the two. It is the only model for sex education in Austrian schools, and has been adopted for use in South Tyrol, Germany, and the Czech Republic. The second finding showed that sex education is not a question of knowledge, but rather a communication problem. This information was incorporated into *Love Talks*. A moderator, who comes from outside the school, works to bring parents, teachers, and students together at one table to discuss pertinent topics. In addition, a sex education program for the school (workshops, field trips, etc.) is planned for different levels and classes. How this is concretely carried out depends on the individual interests of the school. The cost of the moderator is covered by the Ministry for Education, and therefore, the model can be offered to the schools at no additional cost.

Meanwhile, time and again, there are discussions about including sex education as a regular school subject in the curriculum. Up to the present, however, sex education as an educational means to support the capability of entering and experiencing relationships in all of their complexity is only available through *Love Talks*.

Sex education is not necessarily keeping pace with the personal experiences of youth. Although sex education in schools has been established as an educational principle for more than two generations, only half of the young people are actually given sex education in schools. At home the situation is the same. In a large-scale study about the sexuality of youth in 1994, 1,108 young people between the ages of 15 and 18 were questioned. The responses were: 94% of all young people had been in love once—on average, at 12.9 years old the first time, with 14 years old most often re-

ported as the age. By age 14, 91% had had a date, and 89% had already "put their first kiss behind them" (with the average age for their first kiss at about 13). For male students, the percentages were clearly lower.

Young people reported their first romantic friendships, on average, at the age of 14, when 72% of the 1,108 students sampled had already had a steady partner. On average, at age 15, the first petting took place for 62% of those surveyed. The least experienced with petting were male students who lived in the country, 44%; the most experienced were female apprentices living in the cities, 91%. Forty-three percent of the young people reported that they already had had their first heterosexual experiences other than petting at age 15. The highest percentage was among male apprentices in cities, where 85% reported having had their first heterosexual [oral sex] experience, clearly above the average. The average young person was 15.5 years old the "first time," with the first sexual intercourse taking place at the age of 16: girls 33% and boys 36%. Among the girls, 4% were less than 13 years old; 3% of the boys were under age 13. In the 14-to-15 age group, more girls have had sexual intercourse than boys.

The sexually experienced young people reported having had sexual intercourse a number of times. The most frequent sexual intercourse took place with a steady partner (40%); and 39% reported that they had had two or three partners. Only 4.5% of the girls and 11% of the boys had had sexual experience with more than five partners. At the time of the study, 72% had a steady boy- or girlfriend. The average duration of a friendship for young people was 11 months; the response most often given was 60 days.

Kissing and cuddling are the sexual activities most often indulged in, reported by 98.5%. Eighty-five percent reported "petting" and 66% sexual intercourse. Their emotional level and sense of sexual faithfulness play an important role for young people. Only 6% reported that they had been "unfaithful" to their partners.

A lasting relationship is an ideal for 79% of young people. Almost two thirds emphasized the wish to marry, and three fourths expressed the desire to have children. There was no significant difference between boys and girls. The figures from the study coincide with information from counseling and work with young people, where the expectation of traditional values, such as partnership, faithfulness, family, and so on, are clearly articulated.

C. Adults

The legal regulations on the protection of minors generally set the "age of consent" at 14 years for consensual sexual relationships. This applies to both heterosexual and lesbian relationships. For male homosexual relationships, the age of consent is 18. Sexual relationships between adults and minors over 15, with the exception of gay male relationships, are legally permitted, as long as force or coercion is not used, and there is no exploitation of a dependent relationship.

About 18% of the adult Austrians between the ages of 17 and 70 live as "singles." The trend towards living alone is quickly rising. In 1993, about 900,000 people lived on their own; two years later, the figure was 1.2 million, an increase of 33%.

"Typical" singles are women over 50 years of age. Twenty-five percent of this age group lives alone, although whether they are divorced, widowed, or simply without partners is not known. Other singles include young men—38% of all those under the age of 30—as well as young women in school, about 40%, and farmers, 20%. Females in colleges and universities are more likely to live alone than their non-academic peers.

The incidence of sexual intercourse among singles is low. More than half have no sexual partner, and only one in ten have intercourse once a week (Langbein & Fritsch 1991). Only 5% live as "swinging singles," i.e., have several sex partners at the same time. Of these, 42% want a steady relationship.

Another trend is a steady relationship without a common household, currently about 16%. A third of the young couples under the age of 30, and practically half of all divorced persons, have such relationships. Of those, 68% said that they have sexual intercourse at least once a week. Only 6% do without sexual activities completely. Of those couples who live separately, two thirds stated that they had happy and intensive love relationships, whereas of those pairs living together, only 56% expressed this view. Altogether, sex is more important to those who do not live together than it is to those who do live together. Nineteen percent had the opinion that sex was the strongest bond to their partners, and 59% are satisfied with their sex lives. Of those who live together, 8% felt that sex was the strongest bond, and 49% are satisfied with their sex lives.

About one third of all Austrian women between the ages of 16 and 70 live in a common household with their partners. The reference to the age limit of 70 is important, because in the study cited here, people over 70 were not included. If they are added to the figures, then the number of single households rises, and the number of pairs sharing a household becomes smaller. Higher life expectancy and lower birthrates lead to a constantly rising proportion of single older women. Senger and Hoffmann (1993) point out in their study that 22% live alone, 22% live in a partnership without children, and 56% live in a traditional family with children. The trend points clearly to families with one child.

Every third marriage does not last. In large cities, every second marriage ends in divorce. In the country, where traditional values and social controls have a stronger influence, the rate of divorce is clearly lower.

The average number of acts of sexual intercourse among adult Austrians is 2.4 times a week. The modal value is, however, once a week (21.1%). Twenty percent have intercourse up to twice a week, and just as high is the share of those who have intercourse less than once a month or never. This tendency is sinking. In 1980, only 11% of those asked answered that they had less sexual intercourse than once a month or never, and at least 63% responded with at least once a week, and in 1991 it was only 53%. Men are somewhat more active than women—2.6 times a week for men, and 2.1 times a week for women. This indicates that women are "more faithful" than men.

As varying as the survey data is for "faithfulness," the proportion has stayed the same. For every unfaithful woman there are two unfaithful men (12% to 20.7% in contrast to 29% to 40.1%, respectively). Compared to these figures, nine out of ten Austrians responded that faithfulness in a relationship is especially important.

The satisfaction with the extent and quality of one's sex life is relatively high. Sixty-seven percent (men 63%, women 71%) indicated that they did not wish for more sex. Only 16% (24% men, 8% women) were not satisfied. The sexually most active is the group of 30- to 49-year-olds (at least once a week—60%), and satisfaction is here somewhat higher than the average (men 65%; women 8%). The majority of Austrians are satisfied with the length of intercourse: 28% said that the average sexual act lasted more than half an hour, and around half spend ten to 30 minutes. There is a significant difference between housewives and working women: 70% of the housewives are content with their sexual lives, as opposed to 53% of working women.

That women are, in general, more sexually contented than men is certainly linked with the still prevailing Catholic image of the woman who is to remain passive and take the place to which she is directed. The growing employment of women appears to allow a slow but certain emancipation process to develop.

For unconventional sexual practices, there are no legal restrictions, as long as they are carried out with mutual consent and injuries do not result. There are practically no statistics about the societal acceptance of fetishes, sadomasochism, or other unconventional sex games. What pleases both is permitted, as long as this is not spoken about too publicly. Advertisements are permitted.

About 60% of Austrians practice oral sex (men 70%; women 52%). Heterosexual anal intercourse is acknowledged as a possibility by about one third (40% of the men, but less than 20% of the women).

The wish for group sex is felt by a third of Austrians. Around 1,000 persons actually look for appropriate saunas and clubs so that they can practice group sex and partner exchange, and this is done by, above all, the educated, independently employed, and freelancers. Interest is highest among young men between the ages of 16 and 29. Seven percent of the men enjoy this, but only 1% of the women.

The sexuality of the aging is an area that has undergone very little research, because the issue is largely suppressed in public. "Love," as the most important element in a relationship with a partner, is mentioned by only one quarter of the women and one third of the men, and only 4% mention sexuality as the element that binds one partner to the other. That does not mean that sexuality no longer plays a role: 45% of the men and 21% of the women between the ages of 50 and 60 stated that they had sexual intercourse at least once a week. International studies reveal regular sexual contact also by those who are over 70. In Austria, there are no figures available. Observations and experience working with aging people show, however, that sexuality in old age is not passé, only the quality changes. As with young people, manual practices have an important place, although they are often discriminated against as "senile disinhibition." A serious consideration of sex in old age has only begun, and this, slowly. Those studying this question are usually people who work in health professions.

Similarly not discussed is the sexuality of handicapped persons. The legal regulations of protection against encroachment, abuse, and exploitation of dependency are also supposed to apply to the mentally handicapped. Within these regulations is the controversy about the sterilization of mentally handicapped persons. Until 1974, compulsory sterilization was carried out on mentally handicapped persons. The basis for this was the *Reichsüberleitungsgesetze* of the National Socialist legal system. Such regulations did not exist in the Austrian penal code before 1938. Still today, the sterilization of mentally handicapped persons can be carried out against the will of the affected person, if the parents or the guardian and the responsible court give their permissions for the operation. The question does arise whether or not a mentally retarded individual has the possibility to understand the operation. According to reliable reports, this permission is given less and less in recent years, partly because of strong protests from human rights activists.

Until recently, the sexual needs and rights of handicapped persons are often ignored or denied in public discussion. Now at least, thanks to the initiative of the handicapped themselves and organizations for the handicapped, a serious discussion has begun, albeit slowly. One of the major reasons, and goals, of the discussion is so that institutions, such as homes or nursing hospitals, can create the

necessary basic conditions that permit and safeguard intimacy, as well as allow physical contact between those who live and work there.

6. Homoerotic, Homosexual, and Bisexual Behaviors

Data that would allow reliable conclusions about how many Austrian women and men are homosexual are scanty, and until now were only available as a "by-product" of two empirical studies about the sexual behavior of Austrians. Langbein and Fritsch reported in 1991 that 200,000 Austrians identified themselves as homosexual or bisexual, i.e., about 3% according to a representative study by Weiss and Perner in 1991 for Institut für Empirische Sozialforschung. In a study done by Senger and Hoffmann (1993) based on a questionnaire distributed by the popular newspaper, *Neue Kronenzeitung*, 6.2% of the men and 9.6% of the women who answered declared themselves homosexual. Seven percent of the women responded as bisexual. [Comment 2000: It was not clear from the newspaper report whether the 7% of the women who responded as bisexual were part of the 9.6% or in addition to it. (End of comment by R. T. Francoeur)] However, the author assumes that the differences between these Austrian data and data from other countries are not significant.

Studies concerning how many young people have homosexual experiences during adolescence, or about a "coming-out" phase do not exist. The comparison of data from other countries with testimony from those affected lead to the conclusion that the coming out of homosexual Austrians does not differ from other white Europeans or North Americans: Most of them define themselves as definitely homosexual by the ages of 19 to 21. The length of time for the coming out of girls is increasingly similar to that of boys. The differences between city dwellers and those who live in the country play a large role for both sexes. Comparatively, however, few young Austrians are without prejudices. And few have access to positive information about homosexuality. Those who do have this information are mostly homosexuals and lesbians, and most of these are in Vienna.

Gay male adolescents seeking to establish personal contact with peer or older homosexuals, or wrestling with the decision of whether or not to come out face two obstacles. Gay males over age 19 face the risk of legal charges if they develop a personal relationship with another gay under age 18. In addition, the societal reaction to AIDS resulting in negative attitudes toward homosexuals has also made coming out more difficult. In comparison, young women have an easier time coming out, since the silence about lesbians and a lesbian way of life has been broken, and consequently models of behavior have become socially visible.

However, the societal, legal, social, and political situation is, as mentioned above, typified by numerous discriminations. Basically, it has been observed and established that brutal forms of discrimination are employed against male homosexuals (in the penal code and in working situations), while lesbians are more likely to encounter silence, ridicule, or put-downs in the popular media and in the health-care community. Anti-pornography laws are seldom if ever invoked to restrict portrayals of lesbian sexuality used by the pornography industry for their erotic appeal to heterosexual men, but erotic videos made by lesbians for lesbians are very often confiscated and forbidden.

With respect to the legal situation of homosexuality, prior to the "small reform" of Austrian criminal laws in 1975, sexual acts between members of the same sex were punishable. This was a tradition that goes back to the Empress Maria

Theresia in Article 74 of the "*Constitutio Criminalis Theresiana*" (1768), a criminal code issued for the Habsburg countries, where the death penalty was permitted. In 1852, Article 129 of the Austrian Penal Code stipulated hard prison sentences between one and five years for "unnatural fornication" for both sexes. The resistance of Catholic organizations prevented removing female homosexuality from the realm of the criminal in 1930.

During the time of the National Socialist occupation, Article 129 still applied and Austrian laws concerning homosexuality remained in effect. From 1938 until 1945, an unknown number of homosexual Austrians, who were identified with a pink triangle that they were forced to sew on their clothing, were sent to concentration camps and murdered. Lesbians were persecuted as "anti-social" and sent to work and penal camps. The number of trials involving homosexuals of both sexes and the number of those condemned to prison multiplied. However, basic historiographic research has not yet been done.

Unlike other groups who have been officially recognized as victims and, as such, have received some indemnity and some compensation from the Republic of Austria, homosexuals have not been compensated, not only because of the objections of the interest groups of survivors of the concentration camps, but also because the responsible federal ministers for social affairs have refused to recognize homosexuals as political victims.

Until the "small reform" of the criminal code removed "simple homosexuality" from the criminal code in 1975, about 13,000 Austrians were convicted of "unnatural fornication" between 1950 and 1971, of which 5% were women. After 1971, because of special pressure from the Catholic Church, conservative circles, and government advisors, four articles discriminatory against homosexuals were introduced into the Austrian Criminal Code:

- Article 209 states that a sexual relationship between someone over the age of 19 with someone who is younger than 18—the "age of consent"—is a criminal act. (See Update 2003 at the end of this section.)
- Article 210, which made prostitution between men punishable and, therefore, forced it into the underground, was removed in 1989, based on arguments pertaining to AIDS prevention.
- Article 220 forbids both sexes to advertise fornication with animals or persons of the same sex.
- Article 221 forbids both sexes to establish associations with the same goals.

On November 26, 1996, Article 220 forbidding advertising and Article 221 forbidding the establishment of associations were eliminated from the criminal code. However, the age of consent for boys (Article 209) remained in effect. In Austria, the age of consent for male homosexuals was 18; for female homosexuals and heterosexuals, however, it was 14 years of age.

Other forms of discrimination can also be found in civil law, especially in rental laws, vis-à-vis life partnerships of homosexuals, and even stronger regarding laws regarding marriage, employment, and social insurance. Central to this discrimination is the definition of "relatives," which includes marriage partners, parents, children, and in certain instances heterosexual partners. Only those mentioned, for example, have the right to be party to contracts. In 1998, the definition of "relationships" was extended to include homosexual partnerships.

Because of its important social and political position and as a regular advisor in questions of legal reforms, the Catholic Church, with its strong discriminatory policy against

homosexuals, has the possibility to act in far more cases than in those involving only religious questions. In comparison, the Protestant and Neo-Catholic churches in Austria play an insignificant political role.

In the fields of medicine, psychiatry, psychology, psychotherapy, and health institutions, there are at least no official attempts to force people to be heterosexual. In Vienna, lesbians and gay men can turn to a few homosexual or unprejudiced doctors and psychotherapists.

Although in the pedagogical professions there are no official prohibitions against the employment of homosexual educators, in practically all occupations unconventional sexual preferences are kept secret. Individual cases of firing are known. Information about homosexuality is not made available in the teacher training. However, in the last few years, students in Vienna's Academy for Social Professions have been permitted to do internships at homosexual associations.

In scientific research, only one study of lesbians and gay men has been financially supported by the government. At Austrian universities, the personal initiative of a few dedicated scholars has introduced some lectures on lesbian and gay studies in the areas of sociology, psychology, and political science. Notice was given to self-acknowledged lesbians at the University of Vienna at the beginning in the early 1990s that lesbian and other homosexual research is not considered among the mainstream disciplines. Supporters of this research are always under pressure to scientifically prove the legitimacy of their studies.

The possibility for an undisguised and self-determined homosexual way of life depends strongly on geographical and social conditions. By and large, Austria is a country with small-town structures, and social and sociosexual control mechanisms, which have remained intact despite tourism. Hence, homosexuals avoid the cultural difficulties of living in the country and towns and move to the larger cities, especially Vienna, where there is a certain protection, on the one hand, and on the other, better opportunities for contacts. The question of "How do I tell my parents?" is much more difficult in rural villages, not only because of the possible ostracism of the person affected, but also for the family from which he or she comes.

In the past few years, the trend among homosexual men to establish permanent relationships has become apparent, on the one hand, because of the influence of AIDS, but, on the other hand, because of increasing socialization opportunities. How many lesbians or gays live in partnership is unknown. How far these structures differ from those in heterosexual partnerships is now (in late 2000) being studied for a dissertation at the Department of Psychology at the University of Vienna.

Sexual practices made a striking shift in the 1980s because of AIDS. Austria was the first country in Europe with a sex education brochure about AIDS. The brochure was done through an initiative of the gay movement. The social pressure to use protection in anal and oral intercourse is very strong, especially in towns where activist groups exist. According to Senger and Hoffmann, oral intercourse is the most frequent practice among homosexuals, followed by anal intercourse. (However, since the study is based on responses to a questionnaire in a popular newspaper to which Senger has contributed a popularly written column for years, the representativeness and lack of bias in the sample is certainly questionable). There are no researched statistics on the sexual practices of lesbians. Based on the work of Shere Hite and the Kinsey Institute, one can assume that in Austria, as elsewhere in Europe and North America, oral intercourse and digital stimulation are the most frequent sexual lesbian practices.

Lesbians and gay men have organized themselves, although rather late, because of rigorous criminal laws as well as everyday persecution, even though Vienna, at the time of the First Republic (1918-1934) was one of the European centers of homosexual subculture and a very differentiated homosexual movement existed. These early traditions were completely destroyed by Austrian fascism (1934-1938) and National Socialism (1938-1945), both in substance, in organization, and in persons.

The first modern organizations for lesbians grew out of the autonomous feminist movement in the 1970s. Today, independent lesbian separatist feminist groups exist in Vienna as well as in some other provincial capitals. Their members are usually active in various areas of the independent feminist movement. Gays began to organize themselves only at the end of the 1970s. The first institution was the Homosexual Initiative (HOSI) Vienna, which is also active in various international homosexual associations (ILGA—International Lesbian and Gay Association, ILIS—the International Lesbian Information Service, and IGLYO—International Gay and Lesbian Youth Organization). In Church circles, Homosexuality and Church, an ecumenical working group, is significant, as well as the Ecumenical Platform of Homosexual Clergymen (ÖPSSÖ). At present, there are a number of lesbian and gay pressure groups that are also active in international homosexual associations. The high point on the lesbian-gay calendar is the Gay Pride Day at the end of June that usually includes a demonstration. For lesbians, March 8, the International Women's Day is a "must." In 1984 and 1989, Vienna was the venue for the Annual Conference of the International Lesbian and Gay Association (ILGA), and was organized by HOSI, Vienna.

[Update 2003: Each year, a different European city is chosen to organize the events for "Europride," a month-long festival of activities and a parade with participants from all over Europe. Vienna was the site chosen for 2001. Over 100,000 participants took part in the parade and other events, bringing gays and lesbians into an even clearer self-confidence. It also marked a major development in the visibility of the homosexual men and women in Austrian culture.

[Another important development was the repeal of Article 209, one of four articles introduced into the Austrian Criminal Code in the 1970s under strong pressure from religious conservatives, the Catholic Church, and government advisors. Article 209 stated that a sexual relationship between a man over the age of 19 with someone who is younger than 18—the "age of consent"—is a criminal act. The age of consent for female partners was already 14. In June 2002, the Federal Constitutional Court declared Article 209 PC unconstitutional. On July 10, Article 209 was repealed by Parliament; the general age of consent was set at age 14 for both gay and heterosexual relationships, and the law went into effect one month later. However, at the same time, new criminal code provisions were enacted:

[Under the provisions of 207b, it is now a criminal offense to engage in sexual activities if the older partner takes advantage of the immaturity of his partner, or takes advantage of his partner because he is more mature. The penalty for this is up to a year in jail or a fine. Sexual acts with a boy or girl under the age of 16 are illegal if the offender takes advantage of his or her situation as a drug addict, an illegal immigrant, or homeless. Here, too, the penalty is up to a year in jail or a fine. Finally, sexual acts are illegal if a remuneration of any kind is rendered to anyone under the age of 18 years. Therefore, sexual contact with child prostitutes is punishable for those who pay. The penalty can be up to three years in jail.

[Experts wonder, however, why politicians have not seen the need for such provisions before. The heterosexual

age of consent in Austria has been 14 since 1803, and for two centuries, heterosexual youth has been completely unprotected against such offenses. LGBT activists, therefore, view the new provisions with great skepticism and will closely monitor whether they are applied only or mainly against gays and lesbians.

[Despite the repeal of the old provisions, cases have been heard in court under the old, discriminatory laws. The European Court of Human Rights made known, in January 2003, that Austria was being fined for applying the paragraphs that are no longer legal. The Homosexual Initiative Vienna, at its General Assembly in 2002, demanded compensation for all those penalized under the old laws. (End of update by R. A. Perner and L. Kneucker)]

[Update 2003: Austria has an estimated 300,000 to 700,000 Austrian gay and bisexual males, many of whom are represented by a variety of smaller activist and support associations organized around special-interest agendas and purposes. One such subgroup, Austrian Gay Professionals (AGPRO), was organized in 1998 to represent a large number of Austrian managers. AGPRO is affiliated with the European Gay Managers Association (EGMA). In 2003, membership included more than 1,000 professional managers. Among the projects sponsored by the AGPRO with its European partners is a "Diversity Label," given as an award to firms that offer a work environment that is free from discrimination.

[In early 2003, according to a local Viennese newspaper, the Association sent a formal request to the manager of the most famous European ball held during Carnival, the Viennese Opera Ball. The formal request was that homosexual couples, one partner in a white tuxedo, the other in black, be included in the traditional opening presentation of young debutantes and their partners. In the article, the president of AGPRO reported that the woman who is in charge of the ball turned pale for a few minutes, and then turned down the request. The AGPRO president added the comment that his organization is patient—and will ask politely again in the coming year.

[AGPRO's request to be part of the Opera Ball may seem insignificant to those not familiar with Viennese and European social tradition. But in the European context, Vienna's Opera Ball is one of "the most important" events of the Carnival season. People come from all over the world to attend—diplomats and politicians, the leaders of European social life. The Ball is featured on prime-time television, with careful attention to which prominent people are in which box and with whom. Being part of the opening of the ball is one of those events many upper-class young people aspire to. If gay couples were part of the opening, it would draw the world's attention to the situation. I'm not sure that is why AGPRO wants to have gay couples there. It is more likely a question of "equal rights." But either way, it would be a spectacular change if gay couples were part of the opening. In terms of social recognition and awareness, for "social persons," parents who attend balls, whose families aspire to have a daughter or son "open the ball"—the girls all in white for the formal opening, and the proclamation "alles Walzer" ("Everyone waltz, the ball can begin"), it would be revolutionary to have gay couples be a part of the Opera Ball with all its media coverage. (End of update by L. Kneucker)]

7. Gender Diversity and Transgender Issues

Estimates put the number of transgendered persons in Austria between 1,000 and 2,000, but the figure might be closer to 5,000.

Austria at present has no laws dealing with transsexuality. In 1983, the Federal Ministry of Internal Affairs ascertained that there were too few cases for such laws. Nevertheless, the Federal Ministry for Work, Health, and Social Matters has published recommendations for the treatment of transsexuals. Before medical treatment, there must be an ongoing psychotherapeutic accompaniment that lasts at least one year, i.e., a minimum of 50 hours. After the psychotherapeutic findings have been established, hormone treatment and the so-called "everyday test" can be carried out.

When transsexuality is established, a doctor's verification can be demanded, in which the diagnostic assignment to the opposite sex, as well as the correlation between the treatment and the outward appearance is presented, with the maximum validity of two years. The high costs for the treatment are only partly covered by public health insurance.

In Austria, relatively few doctors perform sex change operations (in Vienna, Salzburg, and Innsbruck) and they are considered comparatively less experienced than their foreign colleagues.

After the operation, it is possible to change the first name in the personal status in all documents, although the authorities may show resistance. Before, transsexuals could only choose a gender-neutral name. In this connection, the transgender movement advocates not having the gender recorded in the birth registry as well as all other documents. The position expressed in the movement is that many operations would be superfluous if society did not demand a strictly known identification with one of the two sexes.

Marriages of those who have undergone an operation are considered dissolved with the change of sex. Here, apparently, in the course of the acceptance of such marriages lies the fear that, as a consequence, homosexual marriages may no longer be forbidden. There is official pressure for divorce. Government officials can also make contact with the person's own children difficult. As for employers, the pressure for agreed-upon severance is the normal practice. Many transsexual (transgendered) persons do not find new employment after they have changed their names and legal status. Prostitution is sometimes their only means of supporting themselves.

In June 1995, a four-day international human rights tribunal took place in Vienna that dealt with the discrimination against lesbians, gays, and transgendered persons. The indictment ascertained that lesbians, gays, and transsexual persons are discriminated against in various ways and that there is in no way legal protection. Accordingly, the government and Parliament were asked to initiate activities to counteract the situation. In February 1999, the first Austrian interdisciplinary symposium on transsexuality was held. As of early 2000, there were two self-help groups for transgendered persons, both in Vienna.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse, Incest, and Pedophilia

[Update 2003: In 1992, as the scandal of clergy sexual abuse and pedophilia spread around the world, from Canada to Australia, South Africa to Hong Kong, and across Europe from Ireland to Pope John Paul II's native Poland, Vienna's Cardinal Hans Hermann Groer, Austria's ranking Catholic clergyman, was accused of repeatedly sexually molesting young boys, priests, and monks, creating a state of "spiritual dependency" among the young clergy, in which the cardinal demanded sexual favors in return for advancement in the Church's hierarchy. For three years, the Austrian Church's

governing body refused to investigate the case and, at the same time, defamed the accusing victims in the media, making it clear that a fundamental taboo had been touched upon. Finally, in 1995, as the Pope prepared to visit predominantly Catholic Austria, Vatican investigators confirmed that the cardinal had taken advantage of his position as father-confessor to intimidate young boys and clergy. The Pope then requested, received, and accepted the cardinal's resignation. The cardinal retired to a monastery.

[Ten years after the scandal broke, the Austrian Bishops Conference still had not issued general guidelines for dealing with the problem, preferring instead to allow each of Austria's nine dioceses to set up their own ombudsman, who is responsible for seeing to it that the problem is taken seriously, the dangers eliminated, and the victims are aided. As of early 2003, five dioceses had taken this action. Some Church functionaries have been removed from their posts. In Linz, basic principles have been formulated; in Vienna, such actions are being considered. Vienna's ombudsman, who is also the student chaplain for thousands of university students, but has no authority, has stated that the situation reflects society's ills in general. There is, both in Austria and elsewhere, still not enough consciousness and recognition of the problems, sufficient information, administrative transparency, and openness, plus too much secrecy and even cover-up. In Austria and the many other countries where this scandal has erupted, there is an obvious and urgent need for enactment of clear government and Church policies to protect the young from abuse. (End of update by L. Kneucker)]

The Austrian criminal code states that the sexual abuse of children—defined as sleeping with or fornication with minors—will be punished with up to ten years in prison.

About 500 cases of sexual abuse a year are reported to the authorities, but the actual frequency is estimated at from ten to 25,000. In 1997, 848 cases were reported, involving 231 male and 617 female victims (Federal Ministry of the Interior, Statistics on Victims 1997). The unusually high level of unreported cases that do not appear in statistics (*graue Zone*) can be understood because the perpetrator is usually closely associated with the close social circles of the victim—24% occur within the family, and the probability of bringing charges against someone in such a close relationship diminishes.

Eighty to 90% of the victims are girls, mostly between the ages of 6 and 11 years of age. The perpetrators are up to 80% men from all social levels. According to the Federal Ministry for Environment, Youth, and Family, every third to fourth girl and every eighth to ninth boy will be sexually abused.

To fight the sexual abuse of children, literature on the subject asks for an emancipating education and a change from gender-specific power structures. To this end, various institutions and places for maltreated and abused children have been established, including emergency telephone hotlines for children and child protection centers.

Austria has no pedophilia movement in favor of the legalization of sex with minors such as exists, for example, in the United States.

Sexual Violence Against Women

The women's movement removed the taboo from the subject of sexual violence against women in the 1970s. It was pointed out that forced sex has less to do with sexuality than with power, conditioned by the differences between the social positions of men and women.

The first "women's house" in Austria was built in 1978. In a short time, it was overfilled. Today, in Vienna there are three such houses, and in the other provinces another 15,

where women threatened with domestic or marital violence can seek refuge. In 1982, women set up the first emergency telephone for raped women and girls. At present, there are seven emergency telephone services in the larger towns. These refuges have been initiated for the most part by autonomous women's groups, and they experience great financial difficulties, because there is very little financial support from government agencies.

Sexual Harassment

The public debate about sexual harassment at the workplace began in the late 1980s. In a study conducted in 1981, 81% of the women surveyed indicated that once, or more than once, they had experienced sexual advances by men against their will at work (Federal Ministry for Work, Health, and Social Affairs). Those affected are more often single women, frequently in insecure positions, and relatively often in typical occupations for females, especially secretaries. The perpetrators are frequently substantially older than their victims and, over-proportionally, their supervisor or manager (Federal Ministry for Work, Health, and Social Affairs 1993).

A law was enacted in 1993 that not only declared sexual harassment itself punishable, but also addressed negligence on the part of the employer in dealing effectively with the complaint. In the same way, the creation of a hostile and humiliating work environment at the workplace is forbidden. The person discriminated against has the right to demand reasonable damages, at least a minimum of ATS 50,000.

Since then, it is possible to start a legal procedure, but all women who, up to now, have sought legal process, were forced to leave their jobs while pursuing legal remedy. The official responsible for equal treatment questions has demanded protection against dismissal for victims.

Rape

The crime of rape is treated in the criminal code as "punishable acts against morals." On the contrary, it would be more appropriate, at the present time, not to choose an abstract morality as a basis for protection, but rather the violation of sexual self-determination, i.e., the sexual integrity of the person. With the reform of the penal laws in 1989, rape within marriage or common-law marriage became punishable, but only upon application of the woman. In the past, the woman's inability to resist determined possible conviction as well as the extent of punishment. Today, the extent of the violence by the aggressor is decisive. Punishment for graver cases of rape is between one and ten years, for less violent assaults between six months and five years. The provisions of the law are formulated in gender-neutral language; men as rape victims are acknowledged. Still needed are improved counseling and support for women by the police and courts, help during the investigations, as well as increased claims for damages and psychological injuries suffered.

In connection with rape, old prejudices are still commonly held, such as the overpowering sexual drive of men or the alleged yearning of women for brutal sexual intercourse. The guilt is often assigned to the woman or shared guilt is assumed, as she is accused of having sexually provoked the perpetrator. Because she agreed to a meeting, the American notion of "date rape" is played down even in legal proceedings, since the woman's agreement is assumed. Rape within marriage is still represented by the notion that the husband has sexual control over his wife. It is therefore not surprising that affected women, whether out of a sense of resignation or shame, seldom report marital rapes.

According to police statistics, 507 rapes were known in 1997, of which 35 took place within marriages. Trials often

end in acquittals. In 1990, one third of the accused were found "not guilty."

B. Prostitution

Provincial governments regulate prostitution in Austria and only one of the nine states outlaws it. Pimping is forbidden and punishable, but it obviously exists. Until 1989, male prostitution was a criminal offense. Prohibition was lifted especially in the interest of AIDS prevention. Officially recognized prostitutes are registered with the police, and must undergo examinations for sexually transmitted illnesses once a week. Since 1984, prostitutes must pay income tax. However, tax estimates are often too high and arbitrary to be paid, forcing many prostitutes into the underground. Although prostitution was put on an equal footing with other occupations, social and pension rights are not included. Prostitutes can voluntarily pay for health insurance, but have no rights to a pension or to the same protection as pregnant women—they fall through the loopholes of the social system.

There are hardly any studies concerning prostitution and the social situation of prostitutes. According to the Health Office of the City of Vienna, there are 630 female and 5 male prostitutes officially registered. Illegal prostitution is many times higher; many women who are registered as bartenders and hostesses work as prostitutes. In Vienna, about 5,000 prostitutes work each day. There are no figures for the whole of Austria.

The appearance of AIDS and the opening of Eastern European borders had a far-reaching influence on prostitution. HIV tests are required on a regular basis for prostitutes. As a result of the opening of the borders to the former Eastern countries (Czech Republic and Slovakia) in 1989, there was a rise in competition, and an increase of "secret" prostitution. It is known that international organizations are involved in the traffic of women. In Austria, many prostitutes come from Eastern Europe, Brazil, the Dominican Republic, Thailand, and the Philippines.

C. Pornography and Erotica

Pornography is regulated through a federal law passed in 1990, "The Federal Act Against Obscene Publications and for the Protection of Youth Morally Endangered." Because this law is considered completely out-of-date in progressive circles, its total reform was begun in 1992, two years after its enactment. The reform is still being worked on in the Federal Ministry of Justice. A new version of the law has already failed to pass, because of pressure by conservatives and church groups.

The immediate cause for seeking a reform was a study initiated by the Federal Ministry of Environmental, Youth, and Family Issues about the existence and distribution of video films showing violent acts against children. The goal was to stop the production and dissemination of such films. A broad discussion began about whether punishment should be limited to trade in such videos, or extended to include ownership or possession as well. In addition, punishment was aimed at the presentation of violence; however, pornography without violence and presentations of sexual acts between members of the same sex were to be liberalized. But since no agreement could be reached with the People's Party coalition partner, the Social Democrats, who had been working for this reform, they could not carry it through. In 1994, punishment for producing, selling, and possessing child pornography was written into law.

[*Comment 2000:* A trichotomy of pornographic material is widely accepted in Austria, namely soft pornography or erotica with limited or no explicit sex acts (e.g., *Playboy*

magazine and the like), hardcore pornography with explicit sex acts, and hardcore pornography with legally prohibited "violent" content. The minimum age for a person buying soft porn/erotica, a *Playboy* magazine for instance, is 16 years. The minimum age for buying porn or entering an adult video store where hardcore pornography is available for rental or sale is 18 years. Violent content, including bestiality, sexual acts involving minors, and violent sexual acts is, of course, legally forbidden in Austria.

[Gay pornography is not forbidden in Austria, and almost every adult shop has a section featuring gay porn. Furthermore, in recent years a few gay adult stores have opened in Vienna. (*End of comment by M. Vorachek*)]

Punishment is limited to those who produce or distribute obscene texts, pictures, or films or other obscene objects for profit (Paragraph 1, Pornography Law). Possession or non-commercial exchanges of violent pornography is still permitted.

9. Contraception, Abortion, and Population Planning

A. Contraception

The attitude of the Austrian population to questions of family planning is influenced by the Catholic sexual dogma, based on the "Pill Encyclical" (*Humanae Vitae*) of 1968, in which contraception and abortion were equally condemned.

Results from surveys show contradictory attitudes. The belief of most women in the effectiveness of family planning is confronted by the reality of unwanted pregnancies. Being relatively well informed about contraception is not borne out by the use of contraceptives. Thirty-nine percent of first live births and far more pregnancies were generated despite the use of contraceptives. Women with higher educational achievements, fewer religious bonds, and who live in cities have more faith in the planning of pregnancies. The higher the job qualifications, the fewer unwanted pregnancies occur. The same is true in cities, as compared to rural areas. In all of Austria, there are more than 200 publicly supported family and partnership counseling centers, whose responsibilities include counseling about pregnancy and informing clients about birth control methods.

Contraceptive preference and use changed drastically in the 1970s. After the rapid spread of the use of hormonal contraceptives, there followed, at the end of the decade, again a gradual turning away from the pill and turning to the coil IUD and sterilization, as well as to natural methods of contraception. The pill, however, remained the most-used contraceptive, being used by one third of all women at risk for pregnancy. Seen internationally, Austria is a "pill stronghold." Those who use the pill, but are anxious that it may be detrimental to their health, have two more reasons for using it anyway: reliability and convenience. Birth control is still something left to women, although, since the appearance of AIDS, contraceptives are advertised by public authorities.

Forty-two percent of all sexually active and fertile women between the ages of 15 and 44 take the pill. This rate declines as women get older. Students and religious women take the pill less often. Women who use no contraceptive constitute the next largest group, at 18%. Twelve percent use unreliable contraceptive methods, mainly withdrawal or coitus interruptus. In fourth place on the frequency scale is the condom, followed by the coil IUD, and then spermicides. The diaphragm is only marginally used.

The choice of contraceptive method depends on the level of education, the importance of religion, the size of the hometown, and the age of the woman. In groups with lower

incomes, unreliable methods are often used. The higher the education, the more the pill is taken and the less coitus interruptus is employed.

In terms of convenient availability, the pill is made more difficult, because a doctor must prescribe it, whereas condoms are readily available in apothecaries, drugstores, and in machines in men's toilets of almost all bars, restaurants, cafes, clubs, discos, and the like.

B. Teenage (Unmarried) Pregnancies

Among nations for which out-of-wedlock pregnancy statistics are available, Austria has one of the highest rates of out-of-wedlock births. Since the 1960s, the number of illegitimate births has been rising while the rate of children born to married couples has declined. In 1998, the number of births was 80,321, of which 23,588 were born out-of-wedlock. Currently, one quarter of all live births are out-of-wedlock, double or triple the rates in the neighboring countries. This appears to be a continuing trend. Within Austria, however, there are large regional differences, with the large cities having especially high rates. [*Comment 2000*: With regard to these regional-level differentials, apart from the urban-rural differential, it is also noteworthy that some areas within Austria, independently from the urban-rural differential, consistently experience high out-of-wedlock birthrates. The most prominent case for this observation is Carinthia, the southernmost of Austria's nine states, which traditionally, for centuries, has had the highest out-of-wedlock birthrates within Austria. (*End of comment by M. Vorachek*)]

Still higher than the rate of illegitimate births altogether is the rate of out-of-wedlock first-born children. At the end of the 1980s, about every third first-born was born to unwed parents; 60% of all women did not have their first babies conceived within marriages. From this it follows that in many regions of Austria, the out-of-wedlock birth of the first child is the rule, rather than the exception.

Since 1989, single mothers are automatically given guardianship over their children; prior to 1989, the mother had to apply for custody.

C. Abortion

In 1787, as a result of the Enlightenment, the death penalty for abortions was removed from the "*Josephinisches Strafgesetzbuch*" (Penal Code of Emperor Joseph II), and replaced with a long prison sentence. This law is the basis for the current abortion paragraphs, which, with the exception of the era of National Socialism, was in effect until 1974. Under this law, abortion, in every case, even those carried out for medical indications, was punishable. Since 1869, according to the Roman Catholic Church, every abortion from the time of fertilization incurs an automatic penalty of excommunication.

In the 1960s, only a small percentage of abortions were actually punished by law. It was also clear that only those persons who were poor were prosecuted. Estimates from that time assume from 30,000 to 100,000 abortions per year. In addition to the illegal abortions carried out within Austria, "abortion tourism" began to countries with more liberal laws, above all, to Great Britain and Holland.

With the votes of the Social Democrats, the abortion articles were abolished as part of the amendments of the Criminal Code in 1975. Instead, time-limited permission (*Fristenlösung*) went into effect. According to the law, which is still binding, abortion is basically punishable, but will not be punished when the abortion is carried out within the first three months after implantation (nidation) or after the fourth month if a medical or eugenic indication is pre-

sented, or the person is still a minor. In order not to be punishable, the following prerequisites must be met:

- permission of the pregnant person;
- strict adherence to the three-month limit;
- counseling beforehand by a doctor; and
- neither doctors nor other medical personnel can be forced to participate.

The operation must take place in a public hospital, clinic, or private practice, normally under anesthesia by aspiration. The costs are only carried by the national health system if there is a medical necessity. In Austria, no records of abortions are kept.

If the pregnant woman is below the age of consent (i.e., has not yet completed her 14th year of age), abortions are not punishable even after the fourth month, but they require the permission of her legal representatives, usually her parents. There is no unanimous opinion in the legal literature on this question if the pregnant woman is still a minor and has not yet completed her 19th year of age.

In recent years the discussion about abortion has again flamed up. Kindled mainly by the leading members of the Catholic Church, the discussion ostensibly circles around the emphasis on the "right to life" based on the European Convention on Human Rights and Fundamental Freedoms, 1958, and the connected question: When does human life begin? In addition, the function of required counseling has become an important issue, because those who demand that abortion be punished also oppose sex education for the purpose of avoiding unwanted pregnancies. It appears obvious that opposition to the right of women to self-determination about their own bodies is the real motivation of those who oppose abortion. The opposition of these political factions delayed the government's efforts to allow distribution of Mifegyne (RU-486, the abortion pill) in Austria.

As in some other Western industrial nations, Austria has liberal abortion laws accompanied by a high degree of tabooing and insufficient infrastructure to carry out the operations. Even today, hospitals in the provinces dominated by the conservative People's Party refuse to perform abortions.

[Abortion and Embryonic Stem Cell Research

RAOUL KNEUCKER (*Update 2003*)

[In 2001, a major controversy surfaced in Europe and North America involving abortion, the definition of person, cloning, and research on the therapeutic use of embryonic stem cells. The official Austrian position regarding the use of human embryonic stem cells in scientific research is negative, without exception. The constitutional freedom of research would, of course, prevent state interference with biomedical research, but funding by state authorities can be withheld. This policy question became part of the Austrian political discourse in 2001-2002, as it has become in the U.S. The debate also erupted in all the other European Union (EU) member states, when the final decision on the European research program and grants for health research had to be made in the Council of Ministers in mid 2002.

[The European research program was adopted with Austria, Germany, Ireland, and Italy voting "no," because they did not support the funding of human embryonic stem cell research. The motives of these countries were as different as their respective national regulations. In voting together, however, they formed a "qualitative minority." In the voting regime of the EU, a qualitative minority can block any decision. Austria and all the other member states of the EU accepted a clause that, in all research activities, fundamental ethical principles must be adhered to. Stem cell research is restricted to research for improving human

health, and to countries where national legislation permits such research activities. No funds will be given to research activities aiming at human cloning for reproductive purposes, intending to modify the genetic heritage of humans, or intending to create human embryos solely for the purpose of research or procurement, including by means of cell nuclear transfer.

[In later procedures, only Austria and Italy kept to their rigorous negative positions; but instead of simply applying the majority rule, the Council decided to ask the European Commission for a status report on European stem cell research and for a comparative legal study to be completed in the Autumn of 2003, in all practical terms setting a funding moratorium (Matthies 2002). The Council made it clear that: (a) a final decision will be taken by the end of 2003, but (b) no member state should be prejudiced by the EU if they decide to reconsider their positions or rewrite their laws.

[The Austrian position (which is unlikely to change when a new government is formed during 2003) was declared by the Federal Chancellor and the Federal Minister of Education, Science, and Culture (the coordinating authority in EU matters of research and technology). The position is political and ethical in nature. Within the public discourse in Austria, it is the most rigorous view, congruent only with the position of the Roman Catholic bishops' conference in Austria. It deviates from the majority opinion of the Bioethics Commission of the Federal Chancellor rendered in January 2002 (Gmeiner & Koertner 2002). Legal regulations in Austria would permit a different position: National legislation (*Fortpflanzungsmedizingesetz*) allows in-vitro fertilization, but bars the creation of supernumerous embryos, and using embryos for research and industrial purposes. Unused embryos must be destroyed after one year. Furthermore, Austria has not ratified any of the international biomedicine conventions (e.g., Council of Europe, and United Nations). The Bioethics Commission of the Chancellery recommended ratification of the Council of Europe Convention on Human Rights and Biomedicine; however, no steps have yet been taken. As of early 2003, the Bioethics Commission was debating a recommendation to add legislation in order to protect human embryos. (*End of update by R. Kneucker*)]

D. Populations Programs

By international comparison, Austria is distinguished by noticeably low birthrates. In the 1980s, Austria had the third-lowest birthrate in the world after Italy and Germany; in the 1930s, it was the lowest in the world.

Despite continually pessimistic voices from the press since the 1970s that speak about a threatening situation, Austrians have very reserved attitudes towards the intervention of the state. There is no openly declared policy for a planned population. The influence of the State on reproductive behavior occurs indirectly, through establishment of financial and institutional incentives.

The population policies of the National Socialist dictatorship, the goal of which was to eliminate life that was unworthy of reproduction and to increase the "German race," led to an economic boom and a temporary increase in births, beginning in 1938. After the war, a family support policy was developed that provided both tax relief and other social support. These have been in effect since the 1950s as a permanent part of Austrian social policies.

In 1954 and 1955, a Family Support Fund was established to effect the distribution of money for family support as well as to influence pronatalist attitudes. And, indeed, there was a temporary baby boom at the end of the 1950s and beginning of the 1960s.

The decrease of births in the late 1960s and 1970s brought about a discussion about population-policy measures, in which the Social Democratic Party and the labor unions participated, in order to achieve more financial support for births, and so on. The People's Party and the Catholic Family Organization wanted to introduce more tax incentives for families with children. Altogether, Austria is one of the countries with the highest rates of family support.

In the 1980s, a program was initiated to combat sterility among women that included the possibility for artificial insemination. The "Medical Reproduction Law" of 1992 permitted in-vitro fertilization (IVF) for heterosexual infertile couples who lived together. Surrogate motherhood and ovum donation, however, are forbidden. The first Austrian test-tube baby was born in 1982. Every year, about 2,000 IVF attempts are made. The success quota is very small, among other reasons, because the majority of women give up before the completion of the very burdensome program required.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Since the 1920s, it has been compulsory to report diseases transmitted through sexual intercourse. The current law, the AIDS Act of 1986, requires reporting of: syphilis, gonorrhea, *ulcus molle* (soft ulcer, soft chancre), lymphogranuloma venereum (pudendal ulcer), granuloma inguinale (groin ulcer or ulcerating granuloma of the pudendum), as well as full-blown cases of AIDS. Registered prostitutes are also legally required to be examined at regular intervals (weekly) for venereal diseases. These statistics are maintained by the Health Office of the City of Vienna. The available statistics published in medical journals are still not reliable, because it can be presumed that only an estimated 20% of the actual cases are reported to the health authorities. Nevertheless, it is possible to understand the trend from these figures: Reported cases of syphilis and gonorrhea are diminishing, while non-reportable diseases, such as chlamydia and *Trichomonas* infections, are clearly increasing.

In Vienna, a little under 1,000 cases of syphilis and gonorrhea were reported in both 1993 and 1994, the last year for which data has been published. A slight rise in cases of syphilis can be explained by the registration of persons from former Yugoslavia, for whom genital scarring was reported but treatment could not be ascertained. In the Health Office of Vienna, from which about one fifth of all the figures in Vienna come, a tendency towards a decrease in cases of gonorrhea became apparent after the high point had been reached right after the borders to the Czech Republic and Slovakia were opened at the beginning of the 1990s.

The treatment of STDs, as well as counseling, takes place in clinics with the appropriate professional departments and with established doctors, mainly dermatologists, and less frequently, urologists and gynecologists. Vienna has a special outpatient clinic where poor people can receive counseling, examinations, and treatment at no cost.

Programs in education and prevention practically do not exist. With the exception of AIDS, sexually transmitted disease is not a topic spoken about in public. The public campaigns, such as the one carried out by the company that produces Acyclovir, are the exceptions. The manufacturing firm advertised its product, and at the same time promoted the use of condoms as protection against the contagious contraction of herpes.

B. HIV/AIDS

Government Regulations

As early as 1986, Austria had its own AIDS law, since it could not be sensibly included either in the laws concerning epidemics nor venereal diseases. As a result, clear cases of AIDS, according to the American CDC classification, as well as cases of death, must reported to the Federal Ministry for Health; reports include the sex, date of birth, and the initials of the person, but not his or her name. HIV infections are not reported, to guarantee the anonymity of persons infected with HIV and to prevent possible discrimination in schools, at the workplace, and so on.

Commercial sexual activities are forbidden to those infected with HIV, and this is anchored in law. Registered prostitutes are, in addition, required every three months to undergo an HIV-antibody test. Also regulated by law is the right of an HIV-infected person to attend school, as long as the affected person is able to physically meet the demands. The same is true, *de jure*, for the carrying on of other occupations. An HIV infection is a reason for ineligibility for military service.

While HIV tests are not carried out in the standard procedure when blood tests are made, the law does not prohibit testing for HIV without the permission of the person involved. In hospitals, especially in Vienna, mass screenings were made without the permission of the patients. This doubtful procedure, which caused vehement discussion, was made legitimate in a directive issued at the beginning of the 1990s by the City Council member responsible for such matters.

Austria's health insurance regulates that those who are infected with HIV, and people ill with AIDS, may use the national insurance the same as anyone else. Private insurance companies, (e.g., organizations offering life insurance, are increasingly demanding HIV-antibody tests and/or excluding those with HIV infections and those with AIDS.

Statistics for HIV Infections and AIDS

Since the beginning of the AIDS pandemic in the early 1980s through 1997, the registered (cumulative) numbers for Austria were:

- 7,609 people currently infected with HIV;
- 2,036 people currently living with AIDS; and
- 1,243 Austrians who have died of AIDS.

The number of new infections in 1998 was 92 and 18 in 1999. Between January 1 and October 30, 2000, 366 new HIV-infections were registered. Although these statistics from the Department of Virology of the University of Vienna Medical School, as of October 30, 2000, and published December 1, 2000, are highly reliable, the *CIA World Factbook* (1999 estimate) gives the adult prevalence of HIV/AIDS as 0.23%, with 9,000 Austrians living with HIV/AIDS and less than 100 deaths attributed to the infection. Note the difference between 1,243 deaths and less than 100 due to HIV/AIDS. At the same time, the AIDS-Help organization in Vienna claims that the realistic number is 15,000 to 18,000 infections. [*Comment 2000*: Based on my experience at the University of Vienna General Hospital Department of Documentation and Research, I believe this estimate from AIDS-Help is exaggerated. Where are these additional cumulative 7,000 to 9,000 people? Certainly, they are not under medical treatment. Sooner or later, these unreported persons infected with HIV or AIDS will die. Then, because Austria has a very high autopsy rate and, therefore, one of the most accurate mortality statistics worldwide, such cases would be detected at least postmortem. But the autopsy and causes-of-death statistics give no evidence for

the alleged unreported cases of HIV infections and AIDS cases (*End of comment by M. Voracek*)

Homosexual and bisexual men were the main affected group, but recently, the number of new infections in this group has declined steadily. This can most likely be attributed to a change in behavior, based on the increased information available to the public. In the case of intravenous drug users, the number of new infections is stable. However, the number of cases of new infections by way of heterosexual sexual intercourse is rising drastically. In this trend, women are especially affected.

At the end of May 1999, the number of AIDS illnesses recorded cumulatively since 1983 was 1,905. Of this number, 1,198 had already died; 738 were homosexual or bisexual persons, 476 were drug users, 258 became ill through heterosexual contact, 281 persons became ill for other or not-known reasons: 74 hemophiliacs, 38 as a result of blood transfusions, 25 maternal transmission to children, and 15 homosexual or bisexual persons plus IV-drug users. The overall gender ratio was: men 1,547 (994 died), and women 358 (204 died).

[*Update 2002: UNAIDS Epidemiological Assessment: Testing is mandatory in all blood/plasma organ donors, as well as for prostitutes. Data on HIV are available through those screening programs. There is no national register for HIV cases.*]

[Several surveys have been conducted among injection drug users and prisoners. HIV prevalence among injection drug users increased from 13% in 1986 to 27% in 1990 in Vienna. In Innsbruck, prevalence reached 44% in the time period of 1985-1990. Prevalence in prisons is estimated around 0.5% to 1.3%, 5 times higher than in the general population. UAT is not legal in Austria. Incidence of syphilis has decreased in the late 1980s to reach a stable level of 1 to 2.9 cases per 100,000.

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

Adults ages 15-49:	9,900 (rate: 0.2%)
Women ages 15-49:	2,200
Children ages 0-15:	< 100

[Less than 100 adults and children are estimated to have died of AIDS during 2001.

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

Treatment and Research

HIV tests can be administered in hospitals, clinics, and numerous doctors' offices. Anonymous and free-of-charge tests can only be given at privately supported AIDS-help organizations. Treatment is possible at all university clinics and some larger hospitals. In Vienna, two wards for AIDS patients were set up, where stationary as well as day-care medical attention is possible. Extramural care causes personnel and financial problems and is largely limited to private nursing activities. However, people ill with AIDS can have the same social services, help at home, home food delivery, and so on, as others who are either ill or need care.

Since Austria has a very strict drug law, the treatment of AIDS is limited to traditional orthodox medicine and proven methods. The medical profession is generally skeptical about alternative ways of treatment; they are not financially supported and are exclusively available only through private initiative and payments.

In research, Immuno, a pharmaceutical company with laboratories in Austria, leads worldwide in the development of vaccines. The use of gene technology is followed by the public with skepticism. Militants active in animal protec-

tion are leading a vehement discussion about the experimentation with animals.

Prevention

Despite legal requirements, there is no national policy regarding AIDS in Austria.

Homosexual and bisexual men were those most affected by AIDS at the beginning of the 1980s. Information and explanations were offered first by lesbian and gay organizations exclusively. In 1985, HOSI Vienna (Homosexual Initiative Vienna) played a decisive role in the founding of the Austrian AIDS Help organization, a private organization, but financed with help from the Federal Ministry for Health. Information, availability of tests, and the support of social workers lay mainly in the hands of this nongovernmental organization. In 1991, the Austria-wide organization was split into several regional AIDS Help organizations that are subsidized by the government.

In recent years, a number of other nongovernmental organizations have been established: the "Buddy" association, the Names Project, and other groups providing information. These groups have taken on different tasks, especially in prevention, education, and support services, but receive absolutely no governmental or public subsidy.

Information and educational campaigns are only offered sporadically by the health authorities. HIV/AIDS as a theme appears about every two years for a few weeks on billboards and in TV-spot announcements. Such campaigns are usually directed to the whole population ("AIDS Affects Us All") or to young people. Only in recent years has it been possible to talk about condoms publicly. Certain areas, for example, the theme of lesbians and AIDS, do not even appear in public discussions. Recommendations do exist that an educational campaign regarding information about AIDS be held at schools, but the means to carry out this campaign either do not exist, or the funding is inadequate.

With respect to behavior among young people, although less than 10% of sexually active girls and boys see a real danger of HIV infection, 28%—in rural areas as high as 40%—thought about AIDS at the time of their first sexual intercourse. For 31% of the young people, AIDS is a subject that they have never thought about; 13% are very concerned, and 39% reported that they never restricted their sexual lives because of AIDS; but, after all, more than half used a condom most of the time.

The amount of information known to homosexuals is especially high. In one study, 74% of the gays interviewed said that they had changed their sexual habits when AIDS appeared. Forty-one percent reduced the number of partners they had; 87% practiced "safer sex" from then on; 74% used condoms; 64% avoided ejaculation in the mouth of their partners; 22% gave up anal intercourse; 21% said that they now live in a monogamous partnership, and 36% are in a lasting relationship.

11. Sexual Dysfunctions, Counseling, and Therapies

Traditionally, in "silent Catholic Austria," sexual dysfunctions are only treated, if at all, in the offices of urologists, gynecologists, or in the four specialized sexual counseling centers. [*Comment 2000: Andrology is emerging in Austria, as it is in other European countries, as a medical specialization dealing with male health and sexual problems. (End of comment by M. Voracek)*]

People who do not "function" sexually, or who suffer from failure anxieties, usually define themselves as ill. They are often treated as fools or insulted, and are often accused of deliberately refusing to have sex. There have been

cases of men murdering their sexual partners because they were laughed at or belittled by them.

There are hardly any statistical records on the incidence of various sexual dysfunctions. In a survey carried out in a newspaper by Senger and Hoffmann (1993), 5% of the women identified failure to experience orgasm, 8% had pain during sexual intercourse, and 15% had cessation of sexual arousal. Of the men who replied, the researchers found that 10.4% had erection disorders, 27.3% had premature ejaculation, and 4.7% stated that they did not achieve erection. The investigators ascertained that 36.2% of the men, but only 22.3% of the women who responded, said they had problems with sex.

In June 1991, a study was made by an institute that carries out empirical research (IFES, Institut für Empirische Sozialforschung) of various areas of sexuality. Altogether, 1,667 persons (800 men, 867 women) between the ages of 16 and 69 were surveyed. Of these, 591 (35%) answered that religion was of great importance to them, and 276 (17%) found absolutely no influence from religion. In response to the question of whether or not discussions about sexuality had taken place at home, 913 (55%) said "no," 427 (26%) said "yes," and 84 (5%) answered "yes, often." Sixty-seven percent of those asked lived together with their partners in one household, and 17% lived alone without partners. Questions about partners received the following answers: 68% of those who lived in separate households had sex with their partners at least once a week, compared to 56% of those who lived together; 4% had no sex (6% of those living together); 19% felt that sex was the strongest binding element to their partners (8% of those living together); 29% had already experienced "extramarital" affairs (18% of those living together); 78% were able to talk to their partners about sexual problems (69% of those living together); and 59% were very satisfied with the sex in their partnership (49% of those living together).

Since sexual dysfunctions are still primarily looked at as organic illnesses, patients go to their family doctors or specialists and are usually sent, only if the doctors are younger and informed, to specialized counseling centers, i.e., psychologists or therapists, after unsuccessful treatment with orthodox medicine. Full payment by the public health plan is only made, however, if the therapist is a doctor; if not, partial subsidy is available. In cases where clinical psychologists have contracts with the public health insurance authorities, the psychological diagnosis is financially covered.

[*Comment 2000:* The Vienna General Hospital, where the Medical Faculty of the University of Vienna is located, is the largest hospital facility in Middle Europe, with 40-some departments, institutes, and divisions, including psychoanalysis and psychotherapy. Sexual research, counseling, and treatment occur in these divisions even though there is not a distinct sex clinic as such. (*End of comment by M. Vorachek*)]

12. Sex Research and Advanced Professional Education

A. Graduate Programs and Sexological Research

Only one working group exists in all of Austria for reproductive biology and sexual medicine, and that is located in the Department of Medical Biology and Human Genetics at the University of Innsbruck. There is no university chair (professorship) for sexology, sexual psychology, or sex education in Austria. The only postgraduate training for physicians is offered at the Vienna International Academy for Holistic Medicine (Wiener Internationale Akademie für

Ganzheitsmedizin), with educational programs in sexual pedagogy, counseling, and therapy.

Continuing education in various sexual therapy aspects are offered by some psychotherapeutic organizations. For this, the Austrian Professional Association of Psychotherapists has set up its own working group.

Because there is no university professorship in sexology, there is no openly declared research on questions of sexuality. But, indeed, in the context of psychological, sociological, and medical institutes, sexual themes are researched. In addition, research on sexual topics is carried out in some of the 128 state-sponsored and non-university research institutes and facilities. Until now, individual research projects have been generously supported by certain government ministries, above all, the Federal Ministry for Women's Affairs, Family, and for Education.

The Austrian Society for Research in Sexology (Österreichische Gesellschaft für Sexualforschung, ÖGS, (Postfach 23, A-1013 Wien, Austria), founded in 1979 in Vienna, has been especially active since 1996, and wrote into its statutes the responsibility for the compilation and dissemination of research findings. The organization also reviews relevant drafts of laws and is politically active.

Up to now, private research work in sexology has been financed by daily or weekly publications. Sexual researchers have financed their studies partly through grants from the pharmaceutical industry, their own resources, and partly from their sponsoring media.

Since 1991, the main author of this chapter and chairperson of the Austrian Society for Research in Sexology, Dr. Rotraud A. Perner, has been conducting a three-year training program in sexual counseling and sexual pedagogy at the Vienna Academy for Holistic Medicine. This advanced education program has also been offered since 1999 at the Association for Prophylactic Health Work in Linz. The Austrian Institute for Family Research (Österreichisches Institut für Familienforschung, ÖIF) trains moderators for *Love Talks* that are given in the elementary and secondary schools. Within the framework of the Austrian Professional Association of Psychotherapists, continuing educational courses are offered for some branches of sexual phenomena, for example, sexual abuse of children and sexual dysfunctions.

B. Sexological Organization and Publications

Sexus, the quarterly magazine of the Austrian Society for Research in Sexology (Österreichische Gesellschaft für Sexualforschung, ÖGS), was first published in 1989, and began to appear with regularity in 1996.

The main sexological organizations in Austria are:

Austrian Planned Parenthood Society (Österreichisches Gesellschaft für Familienplanung, ÖGF), Bastiengasse 36-38, A-1180 Vienna, Austria.

Austrian Society for Research in Sexology (Österreichische Gesellschaft für Sexualforschung, ÖGS), Postfach 23, A-1013 Vienna, Austria.

Austrian Institute for Family Research (Österreichisches Institut für Familienforschung, ÖIF), Gonzagagasse 19, A-1010 Vienna, Austria.

13. Important Ethnic and Religious Minorities

In Austria, Croats, Slovenes, Sinti, and Roma ("Gypsies") are considered minority groups. The majority of the guest workers, those who came to Austria for jobs, the second generation of whom live here, are citizens of former Yugoslavia and Turkey. Those who work without permits are mostly from Eastern Europe. Africans and African-Ameri-

cans are mostly students or United Nations employees. The largest non-Christian religious group is Islamic. Data about the sexual attitudes and behavior of these ethnic groups have not been gathered.

However, it is known that family members in the second generation of Muslim guest workers live in a cultural conflict that affects girls more than boys, although the fundamentalist movement has not been noticed in public until recently. The sexuality of girls is more intensely controlled than that of boys in Islamic families that defend themselves against assimilation. A double moral standard is evident. Female virginity plays a large role and homosexuality is a great taboo. According to social workers, the reconstruction of the hymen is carried out in operations in Viennese hospitals. Whether, and how often, female circumcision is carried out cannot be determined.

[Comment 2000: The Department of Gynecology and Obstetrics at the Vienna General Hospital/Medical Faculty, University of Vienna, has all patient information forms, including information on sexuality, family planning, birth control, AIDS, and homosexuality, in German, Turkish, and Serbo-Croatian. Most likely, other hospital facilities and counseling centers have similar patient information materials. (End of comment by M. Voracek)]

Conclusion

As the new millennium begins in Austria, several trends become clear. Religious and cultural minorities who have settled here lose their specific identities as the children are integrated into general Austrian cultural traditions, but parents within these minorities try to enforce their sexual norms as long as their influence is possible.

Sexual violence in the home is receiving more and more attention and is increasingly discussed in public. The activities connected to the Internet and child pornography do not go unnoticed here, and both the private associations of the Internet providers in Austria and the Federal Ministry of the Interior have provided "hotlines" so that people can report what they find or receive. Organizations have set up emergency telephone numbers for battered women and children subject to abuse, as well as for young people who have questions about sex or fear that they are pregnant. The first seminar to train professionals in crisis intervention for children, especially in cases of sexual abuse, was held on the campus of the University of Vienna in the summer of 1999, set up by a private association that works to combat abuse, and financially supported by the European Union. Even though basic sexual "morals" have not changed, the public is better informed, and much work is being done to give women and victims empowerment and the feeling of confidence so that they can speak up about problems that were, not so long ago, kept secret as if they did not exist.

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