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

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CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

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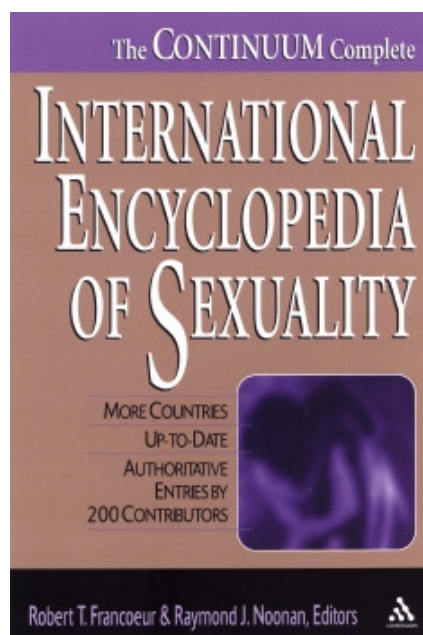
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Croatia

(The Republic of Croatia)

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

Croatia is a former Yugoslav republic east of the Adriatic Sea and opposite the eastern coast of Italy in southeastern Europe. With approximately 21,830 square miles (56,542 km²), Croatia is slightly smaller than the state of West Virginia in the United States. The Dinaric Mountains, which run from northwest to southeast mark a barren rocky region, while the Zagorje region in the north, around the capital Zagreb, is a land of rolling hills. The Drava, Danube, and Sava Rivers border the eastern fertile agricultural region of the Pannonian plain, Slavonia. The northern part of Croatia stretches about 270 miles (435 km) from the Istrian peninsula in the northwest on the Adriatic Sea to the Vojvodina region of Yugoslavia on the east. Croatia's neighbors are Slovenia and Hungary on the north, Yugoslavia on the east, and Bosnia and Herzegovina on the southeast. In the far south, Croatia shares a small border, south of Dubrovnik, with Montenegro. Croatia's western coastline, which includes many islands, stretches about 300 miles (483 km) from Slovenia at the northern end of the Adriatic Sea to Montenegro at the Adriatic's southern end, opposite the boot of Italy.

In July 2002, Croatia had an estimated population of 4.39 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 18.3% with 1.05 male(s) per female (sex ratio); 15-64 years: 66.3% with 1.01 male(s) per female; 65 years and over: 15.4% with 0.6 male(s) per female; *Total population sex ratio:* 0.94 male(s) to 1 female



(CIA 2002)

Life Expectancy at Birth: *Total Population:* 74.13 years; *male:* 70.52 years; *female:* 77.06 years

Urban/Rural Distribution: 56% to 44%

Ethnic Distribution: Croat: 89.6%; Serb: 4.5%; Bosnian: 0.5%; Muslim: 0.4%; Italian: 0.4%; Hungarian: 0.4%; Slovenian: 0.3%; Albanian: 0.3%; Montenegrin: 0.3%; Czech: 0.2%; Roma: 0.2%; others: 3.2% (2001 National Census)

Religious Distribution: Roman Catholic: 76.5%; Orthodox: 11.1%; Muslim: 1.2%; Protestant 0.4%, others and unknown: 10.8% (1991)

Birth Rate: 12.8 births per 1,000 population

Death Rate: 11.31 per 1,000 population

Infant Mortality Rate: 7.53 deaths per 1,000 live births

Net Migration Rate: 9.72 migrant(s) per 1,000 population

Total Fertility Rate: 1.93 children born per woman

Population Growth Rate: 1.12%

HIV/AIDS (1999 est.): *Adult prevalence:* 0.02%; *Persons living with HIV/AIDS:* 350; *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*): 97%; education is free and compulsory from ages 7 to 15. In 1991, 9% of the population age 15 years and older had a college or university education.

Per Capita Gross Domestic Product (*purchasing power parity*): \$8,300 (2001 est.), \$4,566 (National Bank Croatia, 2001 est.); *Inflation:* 5%; *Unemployment:* 23%; *Living below the poverty line:* 5% (World Bank Study 2000)

B. A Brief Historical Perspective

Most probably, the Slavic Croats originally came from the region around the Polish city of Krakow. In several waves during the 6th century, Croatian tribes arrived in the region that is now Croatia, but was then the Roman provinces of Pannonia and Dalmatia. The Croats converted to Christianity between the 7th and 9th centuries and adopted the Roman alphabet under the rule of Charlemagne. In 879, Pope John XIII proclaimed the Croats independent from Byzantine and Frankish invaders. An independent kingdom was established, which reached its peak in the 11th century. Following a defeat in a war with the Hungarians in 1097, the

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Croatian chiefs and Hungarian king politically united the two nations under the Hungarian king in 1102, although Croatia retained its autonomy.

When the Turks defeated the Hungarians in 1526, more than two thirds of Croatia fell under Ottoman rule until the end of the 17th century. Unlike other Balkan states whose religious affiliations shifted under Muslim Ottoman rule, Catholicism remained strong in Croatia, becoming in effect one of the defining traits of the Croatian identity. The rest of Croatia chose Ferdinand of Austria as its king, entering the Habsburg domain. With the 1867 establishment of the Austro-Hungarian kingdom, Croatia and Slavonia came under Hungarian jurisdiction and remained part of the Austro-Hungarian Empire until it was defeated in 1918 at the end of World War I. In October 1918, Croatia declared its independence, and on December 1, joined Montenegro, Vojvodina, Serbia, and Slovenia to become a part of the Kingdom of Serbs, Croats, and Slovenes. In 1929, the nation changed its name to the Kingdom of Yugoslavia.

When Germany invaded Yugoslavia in 1941, Croatia became a Nazi puppet state. Croatian Fascists, the Ustashe, launched a purge of Serbs and Jews. Already in June 1941, the first antifascist guerilla units, the Partisans, were organized. After Germany was defeated in 1945, Croatia became a republic in the new Socialist Republic of Yugoslavia. Unlike other communist countries in Europe, Yugoslavia was never a member of the Warsaw pact, but one of the founders of the Non-Alignment movement. On June 25, 1991, the Croatian Parliament declared its independence from Yugoslavia. A devastating six-month civil war followed, with great destruction and the loss of thousands of lives, before the advance of the Serb-dominated Yugoslav military was halted and a United Nations ceasefire was signed on January 2, 1992. In May and August of 1995, the Croatian army finally returned western Slavonia and the central region of Krajina to Zagreb's control. The last Serb-held enclave, East Slavonia, was peacefully returned to Croatian control on January 15, 1998, after being a United Nations' protected zone for several years.

1. Basic Sexological Premises

A. Character of Gender Roles

Unlike other European communist countries, Tito's Yugoslavia (1945-1990), independent from Soviet influence, has been extremely open towards Western cultural production, both in terms of high and popular cultures. This influence was amplified by the fact that from the 1960s on, Croats traveled and worked extensively in the West. In addition, throughout the 1970s and 1980s, the Croatian coast on the Adriatic was a major European tourist destination. This influence changed attitudes and lifestyles in the Mediterranean part of Croatia considerably, affecting even the small island communities. As a result, contemporary Croatian culture is deeply marked by permissiveness and liberal attitudes regarding gender and sexuality. Premarital sex is an unquestionable rule, as well as the right to sexual pleasure. This is especially true for the younger generations, brought up on Hollywood movies and teen sequels, MTV, and, recently, a local edition of *Cosmopolitan* magazine.

The adult world represents a more complicated picture. In the context of sexuality, there are several lines of division within the general population. These divisions are: sex/gender, education, religiousness, and place of residence. As elsewhere, the more educated people are the more permissive and tolerant of diversity and variety. This was confirmed in numerous public-opinion surveys carried out in the last decade. Older people, who tend to be less educated, place more

importance on their religious identity, and are, consequently, less permissive and tolerant. Their attitudes toward sexuality and gender roles follow the traditional Catholic pattern of the Central European past, emphasizing a rigid division of gender roles, the sexual double standard, and the rejection of all nonstandard sexual choices, particularly homosexuality.

It should be noted that the majority of Croatian men and women define themselves as religious. However, the nature of this identity is largely generation-specific. Younger generations express their religiousness both as a part of the national tradition, a marker of ethnonational identity, and as an individualized faith. Their religious identity is secularized and oblivious to the sexual moralities of the Church. According to the World Value Survey Croatia (1995), over 70% of the respondents in a nationally representative sample disagreed with the statement that religion offers the best guidance in sexual matters.

Whereas the rural areas in Croatia still exhibit elements of Catholic patriarchy, particularly in the older generations, urban places are generators of permissiveness and, somewhat less often, gender equality. It seems that Croatian public opinion is, at the moment, almost equally divided between nontraditional and permissive (more educated, younger, and urban) residents and religiously traditional men and women. This can be illustrated by a result from the 1996 Social Capital survey (Štulhofer, Karajić, & Meštrović 1996) carried out on a representative national sample. When asked whether women and men should have equal rights to sexual expression, 57% of respondents agreed. In general, women are less supportive of the traditional gender-role division.

B. Sociolegal Status of Males and Females

The Titoist version of "socialist" transformation stressed the importance of gender equality. This was one of the departing points for the new society in leaving behind the decaying bourgeois society. Because of this ideological stance, women and men were granted equal rights since the end of World War II, especially in education and the labor market. Sex discrimination was officially discouraged and equal salaries were guaranteed, although, in reality, little has been done to change the prevailing male-dominated culture. Because the feminist movement was regarded as liberal, middle-class, Western reformism, and therefore politically suspicious, the criticism of communist gender policy was severely limited. After 1990, the process of post-communist transition, especially the economic transformation, significantly affected certain privileges, such as long maternity leaves, and social services, such as preventive health services and free kindergartens, designed to improve women's social position.

Women composed 46% of the labor force in 1997, but their average salary was lower than men's. In addition, they were overrepresented among the unemployed in the age cohorts 25 to 34 and 35 to 44 in 1999. On the other hand, women are becoming more visible in politics. They occupy slightly more than one fifth of all parliamentary seats (7% in 1997), and have positions in higher education, the sciences, and top management. During the first half of the 1990s, a significant number of female professionals became entrepreneurs, helping in the development of the market economy and changing the old image of male-dominated industry. Still, women are far from similar representation and prominence in all the sectors mentioned.

Abortion has been legal in Croatia since the early 1970s. The secularized version of Catholicism discussed above is evident in the stability of attitudes and public perception regarding abortion. During the last decade, according to studies carried out in 1990, 1992, 1995, and 2000 by the Faculty

of Political Science in Zagreb, the percentage of pro-choice respondents was constantly over 70%. This was the reason why the previous nationalist and pro-populationist government (1990-2000), which often sought and received support from the Catholic Church, refrained from changing the abortion law, in spite of frequent appeals from Church authorities.

The legal rights of children stem from the *Convention on the Rights of the Child* ratified in the early 1990s. Although real-life situations are different, especially in the rural areas, the new Family Law (of 1998) prohibits corporal punishment. Primary education, the first eight years of schooling, is compulsory. The legal age in Croatia is set at 18, but because of meager salaries, a housing shortage, and high rents, young people rarely leave the parental home before starting a professional career. Actually, a significant number of people continue to live with their parents, even after they have married.

C. General Concepts of Sexuality and Love

Contemporary Croatia is a relatively permissive society, especially in the large urban centers. From the 1970s on, the traditional Catholic culture has been gradually replaced with sexual permissiveness, i.e., tolerance toward premarital, nonreproductive, and even extramarital sex. For most urbanites, sexuality equals love and pleasure. However, the relationship between these two dimensions, romantic love and erotic pleasure, is often perceived as confusingly inconsistent. Apart from the intimate dilemmas and/or rebellion it causes within younger generations, the still-dominant societal script of the unity of love and pleasure supports the continuation of the double standard. Based on the popular conviction that love is more important for women than for men, sexual capital (defined as the aggregate of individual sexual experience) is almost never evaluated in a gender-neutral way. Unlike male sexual capital, female sexual capital tends to be negatively correlated with social respectability. This remains true even for Croatian teenagers.

Regardless of the fact that most people agree that there should be no gender difference in the pursuit of sexual happiness, men and women often differ in their attitudes regarding the preferred path. According to a 1998-1999 study of urban sexual styles (Štulhofer 2000), 56% of female respondents and 33% of male respondents agreed that "sex is enjoyable only with the loved one," whereas 26% and 44%, respectively, disagreed. Interestingly, the gender gap was far less pronounced in the case of romantic love. Almost 50% of women and over 40% of men did not feel that "romantic love is overrated." Of the opposite opinion were 29% of women and 25% of men. The prevalence of the *relational* concept of female sexuality, in which love (emotions) provides justification for sexual pleasure, demands the perfect match between sexual and relationship needs. As one recent study pointed out (Štulhofer 1999a), it is precisely the women with the most active sexual lives who reported the most frequent guilty feelings about sex.

In general, it can be safely said that the majority of Croats, at least at one point in their lives, firmly believe in romantic or "true love." Notions of an ideal partner and long-lasting erotic happiness are still the essence of the prevailing image of intimate life. On the other hand, there seems to be a growing number of media suggestions, recently also found in women's magazines, stressing that, if or when love fails, one should go after the pleasure.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

Patriarchal characteristics of traditional cultural patterns in Croatian villages and small towns used to permeate all sexual habits. The inherited moralities are still influen-

tial in the less urbanized parts of the country, especially in the cultural reproduction of female gender/sexuality. During the last two decades, however, traditional moral codes have been continuously losing their grip, especially in younger rural generations, and have been partially replaced by the recognition of sexuality as an essential need.

A. Source and Character of Religious Values

Traditionally, the Roman Catholic Church has held a central role in the culture and worldview of the majority of Croats. Throughout the centuries, Catholic faith has served as an ethnic marker and common interpretative denominator, and as such, it became an integral part of all the dimensions of individual and social life. Church institutions, with their educational, cultural, and legal impact, provided a general framework of life. Naturally, this included both legal and conceptual (discursive) power over sexual meanings and practices, which is probably most transparent in the case of "unfaithfulness" and related collective sanctions. In a historical perspective, it should be noted that the Catholic Church in Croatia combined the laws of the Bible and other religious norms with elements of local pagan beliefs and traditions, bringing its teaching as close as possible to the life reality of a poor rural population.

According to Catholic teachings, everything that deviates from the religious norms had to be publicly sanctioned. In essence, the aberrations were dealt with in a gender-specific manner. Two sets of rules were tacitly developed. The first, based on the symbols of female impurity, provided concepts and methods of punishment that were utilized to control women. The second, organized around the images of almighty father, a breadwinner and the head of the family, was instrumental in tolerating the heterosexual transgressions of men. This double standard is clearly visible in the Church practice regarding confession. In the case of female sexual transgressions (premarital or extramarital sex), the institution of confessional secrecy was annulled. That has often resulted in public "trials" led by a priest in which "deviant" women were punished both socially (being expelled from home, ostracized, or isolated) and symbolically—usually by stripping off her maiden symbols (cap, scarf, sash, or apron, depending on the region). The Church was notably less vigilant in cases of polygyny, when the second woman was brought into the house after the first one, the legal wife, was announced infertile. This Church control over everyday eroticism and sexuality can still be found in some remote and underdeveloped areas.

B. Character of Ethnic Values

The cultural tradition of Croatia is a product of various regional and ethnic influences (Stein Erlich 1971/1966). Although predominantly formed by the Croatian ethnic group, its symbols and values were profoundly influenced by historic ties—primarily of an economic, military, and marital nature—with the Serbs, Muslims, and Bosnians, and the Slovenes, Italians, Austrians, and Hungarians. However, this diversity of ethnic cultural influences has a strong common denominator—religious control of sexuality, as described in the previous section. Occasional aberrations from religious codes can be found in magical rituals and practices specific for a certain locality and time.

Often a substitute for the socially proscribed "real thing," erotic and sexual fantasies and longings are expressed through folk songs and popular sayings, male vulgarities and female curses, geographical names, and nicknames. In some regions (e.g., Slavonia), where it is freely used at collective celebrations such as marriages, obscene language is much more than a subversion. Many festivities,

especially those that take place in spring (Carnival) or summer, are rich with rituals that include sexual innuendoes. In spite of modern permissiveness and erotic saturation in the mass media, they enjoy popularity even nowadays.

Sexual codes and messages are also notable in folk dresses and their ornaments. Most often, one finds symbols or "simulations" of fertility, such as *guzalo*, a device that a woman would use to make her buttocks look fuller. Also, village women would use various techniques of deception to make their breasts look bigger, while men would use a codpiece or stuff their crotch with various objects to appear better endowed. Sometimes, the clothing ornaments would take the shape of a vulva or penis, or they would include images of sexually vigorous animals (a cock, rabbit, or horse). Pieces, like sashes, aprons, or maiden caps (and specific ornamentation or coloring) were frequently employed to signal female sexual status, i.e., virginity or marital commitment.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

Croatia has never had a systematic, school-based sex education program and is still waiting for one. Although there were some efforts as early as the mid-1960s aimed at introducing some kind of educational program in primary and secondary education (Košček 1965), they did not accomplish much. For the last 30 years, sex education in Croatian schools amounts to infrequent STD and HIV/AIDS one-hour medical lectures in secondary schools. Not even those minimal, non-comprehensive, and non-interactive interventions are formally organized. In most cases, they are left to the initiative of a local physician, teacher, or schoolmaster. As a consequence, most teenagers outside of the big cities receive only the most elementary information on human reproduction offered in biology class.

Recently, a small network of social scientists, medical doctors, and feminists started coordinating their efforts and pushing forward an introduction of a comprehensive sex education curriculum in Croatian primary and secondary schools. Adolescents seem to be fully supportive of such an initiative. Almost 90% are in favor of school-based sex education. Public opinion is similarly favorable. In a recent national poll (Štulhofer, Karajić, & Meštrović 1996), more than 70% of respondents agreed with a compulsory sex education program.

Interestingly, during the last decade, there might have been a peculiar form of (anti)sex education in Croatian schools. Namely, one quarter of students interviewed in a study claimed that the religious education class offered in primary schools had significantly influenced their sex lives (Štulhofer, Jureša, & Mamula 1999).

[Update 2002: In spite of the fact that Croatia still lacks a systematic and comprehensive school-based sex education program, an important advance was made in the education of mentally challenged youth. Under the auspices of the Croatian Association of Societies of Persons with Mental Handicap, a sexuality counseling office for mentally challenged youth was started in 1999. Based on this experience, an excellent handbook was prepared a year later (Bratković 2000). (End of update by A. Štulhofer)]

B. Informal Sources of Sexual Knowledge

According to recent surveys (Hiršl-Hečej, Šikanić-Dugić, & Dobravc-Poljak 1998; Štulhofer, Jureša, & Mamula 1999), Croatian adolescents learn about sexuality primarily through youth magazines, television, and peers. The magazines, including the very popular Croatian edition of *Cosmopolitan*, extensively discuss sex, often send-

ing conflicting messages. More precisely, they emphasize both sexual liberation and equality of young women, and the "naturally given" relational concept of female sexuality. In addition, media images often stress female beauty and erotic appeal as the central personal quality.

As elsewhere, peer pressure is one of the central aspects of adolescent sexual development. In Croatia, peers are important for the timing of the first intercourse, contraceptive choices, and the formation of sexual attitudes. However, peer influence is perceived by adolescents as moderate in effect. Less than 10% of surveyed freshmen acknowledge substantial influence of friends on their sexual behavior.

A recent study pointed out intergenerational differences in the mother-daughter conversation about sexuality. According to the results, younger generations of mothers are significantly more likely to discuss sex with their preteen and teenage daughters. These conversations seem to have an effect on the daughters' satisfaction with their first coital experience.

Although the effects are unexplored, pornography, especially explicit videotapes, is an additional source of sexual knowledge. According to a study (Štulhofer, Jureša, & Mamula 1999), 80% of female students and 98% of male students (all freshmen) are familiar with explicit movies. On average, they had their first exposure at the age of 13.

4. Autoerotic Behaviors and Patterns

A. Children and Adolescents

In the past, the autoerotic behavior of children and adolescents had an extremely negative connotation, derived both from Catholic tradition and 19th-century medical concepts. If discovered, children were punished for masturbation. Masturbatory practice, especially in preschool children, was viewed by the parents either as their own failure in childrearing or as the child's developmental disorder. As a result, numerous adolescents grew up troubled by guilt feelings.

During the 1980s, adolescent masturbation was gradually normalized. A similar thing happened with the autoerotic behavior of children in the 1990s, at least within urban culture and educated circles. Nowadays, parents generally accept the fact that masturbation is a universal practice of children of both sexes. More and more, it is regarded as a normal expression of children's curiosity and body explorations. However, if a child masturbates excessively (seven to eight times a day), experts suggest that parents should pay close attention, because this can be a sign of urogenital infection, neglect, or child abuse.

In a survey carried out on a large sample of urban adolescents, ages 18 to 20 just starting college, 52% of female students and 7% of male students reported that they never masturbate. One-in-two males masturbate once a week or more frequently; among female students, this is the case with one in every ten (Štulhofer, Jureša, & Mamula 1999).

B. Adults

According to a study on sexual attitudes and behavior in the five largest Croatian cities (Štulhofer 1999b), 3% of men between 18 and 48 years of age, and more than one fourth (28%) of women of the same age, have never masturbated. Interestingly, a significant number of respondents of both sexes (23% of women and 19% of men) stated that they ceased to masturbate. Among this group of respondents, the married ones are overrepresented, which might suggest certain moral tension between masturbation and marital sexual life.

In general, masturbation is regarded as a pleasurable and completely normal erotic activity. However, most people

are extremely secretive about it, not the least because masturbation can be perceived as a sign of an inability to attract sexual partners.

5. Interpersonal Heterosexual Behaviors

A. Children

Sexual Exploration and Sex Rehearsal Play

No data exist on the sexual activities of Croatian children. In the 1990s, child sex abuse erupted, both as a moral panic and as a public recognition of a grave, long-suppressed, and overlooked problem. As an unfortunate result, systematic research on childhood sexuality is currently regarded as far too controversial.

B. Adolescents

Puberty Rituals and Premarital Relationships

According to the research on the sexual behavior of adolescents in Croatia carried out from 1971 to the present, the proportion of adolescents with sexual experience is increasing and the age of sexual debut has decreased somewhat. In 1971, 16% of adolescent girls and 30% of adolescent boys between 15 and 19 years of age had experienced coitus (Trenc & Beluhan 1973). Twenty years later, the proportion had increased to 22.1% of girls and 48.9% of boys (Štampar & Beluhan 1991). The latest studies point out that 24.3% of girls and 46.3% of boys, high school students between 15 and 19 years of age, have experienced coitus (Hiršl-Hečej, Šikanić-Dugić, & Dobravc-Poljak 1998). Living with both parents and attendance at grammar school, which is an indicator of family socioeconomic status, decrease the probability of sexual experience in urban adolescents.

On average, young people in Croatia have their first sexual intercourse at 17, but more than a third of sexually active adolescents have their sexual debut at the age of 15 or earlier (Štulhofer, Jureša, & Mamula 1999). Adolescent girls in Croatia report fewer sexual partners than their male peers; almost 40% of girls and 65% of boys between 15 and 19 years of age have had two or more lifetime sexual partners, and 22% of girls and 44% of boys have had three or more. The pattern of sexual relationships among adolescents is the well-known serial monogamy. They remain faithful to their partner until the relationship is over and then move to another relationship.

Adolescents have sexual intercourse sporadically and less frequently than older single people. The frequency of sexual intercourse among adolescents is related to the proportion of actual sexually active youth; 35% of sexually experienced girls and 39% of sexually experienced boys did not have any sexual relationship in the last three months. Whereas 26% of girls and 35% of boys had sporadic sexual intercourse, only 27% of girls and 14% boys have had sexual intercourse regularly every week.

Generally, young women report longer sexual relationships than young men do. Almost half of sexually experienced girls, in contrast to 17% of boys, reported that their longest sexual relationship lasted six months and longer; 27% of girls, and only 5% of boys, had a sexual relationship that lasted more than a year (Štulhofer, Jureša, & Mamula 1999).

C. Adults

Reflecting the current state of Croatian sexology, no nationally representative sexual behavior surveys are available so far. The only empirical evidence regarding adult sexual behavior comes from two studies funded by popular newspapers. Both studies used relatively large samples of over 1,000 respondents and were exclusively urban. Data on sexual behavior, presented in this chapter, were collected

in the more recent of the two studies (*Sexual Styles Survey*, 1998-1999; see also: Štulhofer 1999ab, 2000). It should be emphasized that younger, more educated, and financially better-off respondents are greatly overrepresented in the samples used for the following analyses.

Premarital Relations

Premarital sexual relations are a rule in contemporary Croatia. Most people start their sexual life as teenagers; the average age at first intercourse is 18 for women and 17 for men. Premarital sex is generally viewed as perfectly normal and its absence is often considered suspect. In a nationally representative survey on social attitudes and values (Štulhofer, Karajić, Meštrović 1996), only 16% of respondents, mostly older and of rural background, were disapproving of premarital sexual relations.

Sexual Behavior and Relationships

Heterosexual behavior in Croatia seems to be stamped by numerous gender differences. As in most international sex surveys, women have fewer lifetime sexual partners than men. On average, adult women report four sexual partners whereas men report nine partners. The difference is already present in adolescence.

The analysis of sexual pleasure points out another notable difference. Women experience orgasm every second time they have sex, whereas men climax nine times out of ten. This gap is partially responsible for the fact that almost 60% of female respondents faked orgasm at least once. However, the correlation between the frequency of orgasms and satisfaction with one's sex life is weak.

In terms of the frequency of sexual intercourse, most respondents have sex two to three times a week (39%) or once every week (32%). For an equal number of people (15%), sex happens either considerably less frequently ("once a month"), or considerably more frequently ("almost daily"). Asked whether they found the frequency of sex in their relationship "too low," "too high," or "just right," 25% of women and 40% of men answered that it was "too low." On the other hand, there are 23% of women and 13% of men who found the frequency "too high." Unexpectedly, when analyzing gender differences in accepting a partner's sexual advances for the sake of his or her pleasure, both female and male respondents rejected a traditional perception. Compared to women, men were almost twice as likely to engage in sex just because their partner wanted it (Štulhofer, Karajić, Meštrović 1996).

Because of the relational model of female sexuality and related social expectations, the ideal of romantic love has traditionally been somewhat more appealing to women. One indicator of this is the differential willingness to engage in fleeting sexual encounters or "one-night stands." More than half of women surveyed (54%) and one quarter of men claimed no such experience.

There is a popular belief in Croatia that women are more open and talkative about their sexuality. Men, it is believed, are less likely to discuss their sexual experience, either because of their "machismo" or because they lack the skills necessary to communicate emotionally charged personal matters. Empirical data provide some support for this perception. A significantly larger number of women (63%) than men (45%) "often" talk about their sex life with friends. Only 2% of women never discuss sex with their partners, in comparison to eight times as many men.

There is a notable absence of gender differences in overall sexual satisfaction, whether measured directly or indirectly. When asked directly, 59% of women and 51% of men consider their sexual lives satisfactory. On an indirect

measure, the results are similar: 37% of women and 38% of men stated that "imagination is better than sexual reality" (Štulhofer, Karajić, Meštrović 1996).

As previously mentioned, romantic love is the dominant schema of heterosexual relationships in Croatia. The ideals of long-lasting love and erotic passion, open communication and understanding, emotional support, and loyalty are the very core of the contemporary concept of intimate relationship. It is widely recognized that, in reality, one usually has a hard time trying to realize these ideals, but nevertheless, most Croats, especially younger generations, firmly believe that romantic love is the highest intimate accomplishment. Potential partners are evaluated accordingly. When asked to rank the three most important qualities in an ideal partner, women state tenderness, loyalty, and charm. According to men, the top three characteristics are charm, fidelity, and tenderness. Physical beauty, financial success, intellect, and sensuality seem to be of secondary importance.

Marriage and Family

Marriage remains a highly important social image in Croatia. Most people regard it as a *conditio sine qua non* of happiness and fulfillment in life. According to a 1995 nationally representative survey by the Faculty of Political Science in Zagreb, 87% of Croatian citizens disagreed with the statement that "marriage is an outdated institution" (World Value Survey Croatia 1995).

In another large-scale social survey (Štulhofer, Karajić, & Meštrović 1996), 70% of respondents described marriage as "extremely important." In comparison, 85% stated that children are "extremely important in life," but only 52% said the same for sex. The high status of marriage is also reflected in the fact that Croats marry at higher rates than neighboring Slovenes, Hungarians, or nearby Austrians and Italians.

In reality, marriage in Croatia is still far from the ideal picture of gender equality that most people start with nowadays. Because most married women work outside the home, a customary practice from the 1950s on, they are quite often faced with a double workload. Homemaking and raising children are still disproportionately woman's obligations, especially outside the few metropolitan centers. It should be noted, though, that among younger couples, there seem to be a lot more equality and a less-rigid division of spousal roles than was the case before. Another important trend is an increase in the number of single households. In 1991, they comprised 18% of all the households in Croatia.

Cohabitation

Cohabitation is rare in Croatia, even in metropolitan settings; recent surveys suggest that only 2% of the population are living together "as married." The primary reasons for such a situation are the low standard of living and high apartment rents. There is a push factor for marriage, because the resolution of a young couple's housing problem requires, in principle, the pooling of two families' resources. Even when the financial situation is not a restrictive factor, cohabitation is usually perceived, by the couple, their friends, and families, as a prelude to marriage. Only 7% of the children in Croatia are born out of wedlock.

Divorce

Divorce rates have been surprisingly stable since the 1960s. In 1966, there were 15 divorce cases per 100 new marriages; in 1998, there were 16. As a consequence, most children grow up in families with both parents present. The situation is somewhat different in the four largest cities (Zagreb, Osijek, Rijeka, and Split), where there are, on average, 31 divorces per every 100 new marriages (Statistički Ljetopis 1999).

Sexual Satisfaction

In comparison to sexually active singles, married individuals are more satisfied with their sex lives. Among the former, 18% are dissatisfied and 55% are satisfied with their sexual lives; only 9% of married respondents are dissatisfied and 60% are satisfied. It seems that the declining frequency of marital sex may not be of central importance for sexual (dis)satisfaction, at least for married couples under the age of 50, most of whom have sex about twice a week.

Extramarital Sex

According to the media, there is a rampant sexual infidelity among married couples in Croatia. Thus, it is no wonder that almost 50% of urban women and almost 40% of urban men are not sure if their partner is faithful. By contrast, our data suggest a much lower incidence of extramarital sex. One third of men and 16% of women admit that they had other sexual partners while in marriage.

Sexuality and the Physically Disabled and Aged

At the moment, there are no studies on the sexual behavior of older people, and none on the sexuality of disabled persons. In addition, these topics are never even touched upon by the media and they remain completely invisible. The only information about the social perception of older people's sexuality can be found in the jokes that circulate in public. All of them, but especially those involving older female characters, reflect extremely youth-centered, prejudicial, and negative attitudes.

[Update 2002: As previously mentioned, the Croatian Association of Societies of Persons with Mental Handicap opened a sexuality counseling office for mentally challenged youth in 1999. In 2000, the Association published an excellent handbook based on this experience (Bratković 2000). (End of update by A. Štulhofer)]

Oral and Anal Sex

There are no legal restrictions on any type of sexual contact. Oral sex, both fellatio and cunnilingus, seems to be a widespread practice, almost universal among the younger generations. Among urbanites between 18 and 48 years of age, 10% of women and 13% of men were never orally stimulated, and 11% of women and 9% of men have never orally stimulated their partner. Most people surveyed, men and women alike, placed oral sex at the very top of the list of sexual sensations they would like to experience more often. Anal sex is considerably less prevalent: 56% of metropolitan women and 61% of men have experienced it at least once. The relatively high numbers of respondents who tried anal sex undoubtedly reflect the specific character of the sample and cannot be generalized (Štulhofer, Karajić, Meštrović 1996).

The difference between the incidence of oral and anal sex can be explained, at least partially, by pointing out the powerful negative attitudes surrounding the latter sexual outlet. Anal sex is often identified with homosexuality and, therefore, regarded as deviant. Moreover, traditional body taboos and hygienic restrictions operate against anal eroticism, suppressing experimentation.

6. Homoerotic, Homosexual, and Bisexual Behaviors

To describe, in short, the position of homosexuals in Croatia, one can use the phrase "absorbed by silence." During the 1970s, in the period when the gay and lesbian movement in the United States and Western Europe was becoming a recognized political factor, Croatia was a part of communist Yugoslavia, a country where homosexuality was invis-

ble and never discussed. It was mentioned only jokingly or used as an insult. The situation changed somewhat in the 1980s. As the AIDS epidemic became a global concern, prompting discussion about various aspects of human sexual behavior—and thus raising questions about differences—the Croatian Ministry of Health started an AIDS-prevention media campaign, in which homosexuality, when mentioned, was lumped together with prostitution and drug abuse. Many gays in Croatia remember the 1980s as the beginning of an awakening. The first gay organization appeared at the time, and later, when some bars started to welcome gay audiences, a rudimentary gay scene was created.

During the first half of the 1990s, the war for national independence and a conservative right-wing government fostered the “building of a strong Croatian society” based on Catholic traditions and ethnic identity. At the same time, however, the civil sector started to develop with support from the international community. New nongovernmental organizations (NGOs) focused on the protection of human rights, which provided a much-needed counterpoint to the official line. Still, the rights of sexual minorities were never openly discussed or promoted.

Homosexuality is rarely mentioned in the Croatian media. When it is covered, there is often a criminal subtext (homosexuality is presented as a cause or facilitator of crime) or in other “scandalous” contexts which serve to reinforce prejudices. No wonder that gay men are commonly defined as effeminate types unable to resist affectation. Lesbians are usually stigmatized as heterosexual, men-hating women going through a perverse phase, or are considered to be men trapped within a female body.

According to the results of two large national surveys (Štulhofer 1999b; Črpić & Rimac 2000), around 50% of respondents are extremely homophobic. In 1995, 53% of respondents stated that they would not like to have a homosexual person as a neighbor. Four years later, 46% of respondents were of the same opinion. Among women and the younger generations, especially in large urban centers, the social distance from gays and lesbians is less pronounced. Almost two thirds of the students of the University of Zagreb stated that their friend's sexual orientation is irrelevant to them.

It is important to note that there is no positive term for homosexual persons in Croatian. Aside from the neutral *homoseksualac* (homosexual), only demeaning and offensive labels exist, with *peder* (faggot) being used most frequently. Thus, as Croatian translators at the European Parliament have recently discovered, the word *gay* is impossible to translate.

Gay and lesbian issues are occasionally explored in off-theater plays, alternative exhibitions, and translated books. Most of these cultural events escape the public eye and media coverage. It is interesting to note that the first (and still the only) sexological book on homosexuality was published in 1986 by Košiček. Encouraging normalization and social acceptance of homosexuality, it met only marginal attention. Partially because homosexuality is still invisible, and because of the lack of self-organizing and activism, rare attempts to promote gay and lesbian rights and/or expose discrimination are usually perceived as “tasteless,” and they are dismissed with comments such as: “Why do they have to advertise their private affairs?”

[Update 2002: In 2000, the first lesbian NGO in Croatia, LORI (Lesbian Organization Rijeka), was registered. In 2002, Iskorak—the Group for Promotion and Protection of Different Sexual Orientation, founded mainly by gay men, was registered, as well as the lesbian project, Kontra. The year 2002 seems to have been a turning point for lesbians, gays, and bisexual persons in Croatia: The first Gay Pride

was organized in the capital, Zagreb. This collective coming out resulted in many public debates, but most importantly, sexual minorities became socially visible.

[In Croatian bookstores, one can find only a few books on homosexuality, none of them written by Croatians. In June 2002, as an introduction to the first Croatian Gay Pride, a gay and lesbian NGO organized the first GLBT cultural week in Zagreb, promoting and presenting queer culture. In the same year, the NGO, Center for Peace Studies, organized a queer seminar for students and citizens. Another NGO, the Center for Women's Studies, has been organizing seminars concerning lesbian issues for several years. (End of update by S. Sagasta & G. Bosanac)]

A. Children and Adolescents

The first sexual activities among children, often of a same-sex nature, are understood as exploratory play and, therefore, are perceived by most parents as a part of the growing-up process. For most gay men, adolescence represents the period, confusing and conflicting, in which the self-defining process and the confrontation with social expectations begin. Finding yourself different from others makes it equally hard to be accepted, as well as to accept your own difference. Bisexual feelings and activities are often a part of this self-defining phase. Unlike a couple of decades ago, first same-sex contacts and intimate relationships occur mostly among peers. Contacts between adolescents and adults, it seems, have almost disappeared.

B. Adults

Sexual Outlets, Relationships, and Lifestyles

If we analyze personal ads in newspapers and on Web pages, we notice two distinct types of partner-seeking. The first is focused on sexual encounters with a more-or-less specific outlet. The second type emphasizes meeting and befriending a man, which may or may not include sex. What seems to be most interesting is the fact that both types of partner-seeking include a similar set of criteria for “Mr. Right.” He has to be discrete, masculine, an outsider to the gay scene, and sexually inexperienced. He is someone whom you could introduce to your non-gay friends and parents as “my best pal” without arousing suspicion. The gay male who should be avoided at any cost is the *tetka* (aunt). He is too much of a “she,” i.e., effeminate and passive, well known to the homosexual community, and indiscriminate in his choice of sex partners. As one of the most frequent remarks regarding gays who are “too sensitive” goes: “They embarrass us. Just look at them—no wonder that society doesn't like our kind.”

Beyond placing a newspaper personal advertisement, the possibilities for finding Mr. Right involve cruising areas such as parks, public toilets, and, in the summer, the beaches along the coastline. Every larger city has at least one unofficial gay place, a coffee shop or a discotheque. In 1999, the first openly gay nightclub (Bad Boy) was opened in Zagreb. For men living in smaller communities, weekend visits to the closest urban center have been a typical aspect of gay life. For many of them, these visits are the only chance to express their sexual identity. During the second half of the 1990s, the Internet has had a major role, both in finding partners and in strengthening homosexual identity. The first Croatian gay website was started in 1996. Today, there are several sites offering information on gay culture and lifestyles. They provide chat services, a virtual meeting space, and forums for discussing gay issues.

For most gay men, meeting in public is not easy. Because they are still closeted or have only partially come out, the choice of place is a difficult one. “I should avoid being seen in gay company,” and “Do I want to be spotted in a bar that is

considered to be a part of the scene?" are frequent dilemmas. An additional problem for coming out in Croatia is that, because of the economic situation, a large number of men in their late 20s still live with their parents. Economic independence is quite rare. Unlike others, gay men who manage to live with their partners have usually come out fully.

There is no specific type of relationship between gay men in Croatia. Some are open, others are monogamous. Sexual exclusivity is, usually, a matter of mutual agreement. Some couples adopt the heterosexual model of gender roles.

In regard to the lesbian population, long-term lesbian relationships are rather rare. Increased sustainability of such relationships is noticeable between more-experienced lesbians (women over 30). The economic situation, the high unemployment rate, and the pressure of Catholic and patriarchal morality all work against long-term relationships. Women who have moved to larger cities feel the need to gain experience and expand their circle of acquaintances, thus becoming the most visible lesbians on the scene. Women who are in serious relationships avoid the scene and larger gatherings in order to protect their exclusive relationships. The presence of a *butch*-and-*femme* dichotomy varies according to social class and the level of lesbian awareness. Copying the *macho* patterns of Croatian society, most Croatian lesbians tend to feel more *butch*. This should be partly understood as an attempt to reject the stereotype of the "real" woman. However, the *butch*-and-*femme* dichotomy is less present among younger lesbian women.

The lesbian community operates in small closed groups. They are highly stratified and do not allow for mixing of different social classes, professions, or social ranks in general. Within the current scene, most lesbian women have no interest in feminism or lesbian human rights. Political activism is not what the average young woman in the lesbian community has on her mind. Being interested primarily in sexual activity, they often absorb the sexism and machismo of the wider society.

Lesbian women living in provincial towns usually migrate to the capital. Some continue their migration and move permanently to Western countries, mostly the Netherlands, Finland, Sweden, the USA, and Germany.

Thus far, 1999 was the most fruitful year for lesbian activities. Kontra, the lesbian network, organized numerous workshops, and the Center for Women's Studies offered lectures in lesbian theory. Nevertheless, lesbian women are still inert when it comes to activism, so the basic need for a safe, women-only, gathering place has still not been met. Many lesbians are trying to find a substitute in cyberspace using the Croatian Lesbian website.

[Update 2002: Safe socializing of lesbians and gays is possible only within newly established gay or lesbian NGOs and in the one and only gay night bar in Croatia. The first was Bad Boy, which was opened in 1999 and closed in 2001, shortly after the opening of a second night bar, Global. However, the recent growth and development of the gay and lesbian movement now encourage young gays and lesbians to live their lives more openly. (End of update by S. Sagasta & G. Bosanac)]

Legal Aspects and Social Status

There is no legal prohibition of different sexual practices as long as they involve consenting adults. Homosexual, both gay and lesbian, couples are not allowed to register their partnership, nor are they allowed to marry. Furthermore, they cannot seek assisted procreation nor adopt a child. During recent discussions regarding the latest changes in family legislation, some NGO activists were trying to push for a more tolerant view on same-sex unions, but without success.

The Catholic Church is very influential in Croatia. Its status has been strengthened during war times because it represented ethnonational identity and tradition. Interestingly, the Church has been extremely silent in regards to homosexuality issues. Only recently has the Catholic press begun to echo Vatican statements on the World Gay Pride parade in Rome in late 2000 and the question of same-sex marriage.

The press has also recently explored homosexuality in the army. Unfortunately, the coverage was exclusively focused on a case of alleged same-sex abuse. It remains to be seen if homosexuality in the armed forces will become an issue to be publicly discussed. So far, there have been no such indications.

[Update 2003: In January 2001, a team of two young lawyers and a professor from the Faculty of Law at the University of Zagreb started a public discussion about their proposal of a Constitutional Law on Gender Equality. In May of 2002, gay and lesbian NGOs started a campaign to change the Family Act, demanding the rights to marry or to register their partnership and to adopt children. They also proposed amending the Constitution to include a statement on the unacceptability of discrimination based on sexual orientation. The Ministry of Social Welfare proposed to the Croatian government changes in the Family Act, including legalization of registration of the same-sex partnerships. In March 2002, the Ministry of Defense publicly proclaimed that homosexuality is not an obstacle to join the armed forces. At the request of Iskorak, the Croatian Psychiatric Association (CPA) wrote a letter explaining their official position on homosexuality, stating that homosexuality cannot be characterized as an illness or any mental disorder. The same request was sent to the Croatian Medical Chamber on two occasions. As of early 2003, the Chamber had not replied. (End of update by S. Sagasta & G. Bosanac)]

C. Activism, Problems, and Perspectives

By the end of the 1980s, the development of civic initiatives in the former Yugoslavia had some impact on gay issues. The beginning of the war put an end to further organizing and the promotion of gay and lesbian rights. The initiative was renewed in 1999, prompted by the opening of the first gay nightclub. An NGO was founded and registered, but to this day, it has not had its public debut. At the end of 2000, a fragmentary discussion of same-sex marriage began, which included several lawyers and politicians. However, it received almost no publicity.

If one can judge by mailing-list discussions on gay Web pages and personal communications, there is a palpable dissatisfaction with the state of human rights among the Croatian gay population, especially in regards to marriage and child adoption. However, gay men still seem to be reluctant to voice their interests in the real social arena.

Feminist NGOs were the starting point for lesbian organization in Croatia, and they have remained the main support. Within the women's organizations, there were a couple of lesbian women whose efforts made a lesbian network possible. In the second half of the 1990s, Kontra was founded to motivate lesbian women from all over the country to establish a communication network. It was envisioned as a community that would join the strivings and activities of lesbian women from small towns, as well as the capital, and link them to similar international organizations. Kontra's main activity is a lesbian SOS hotline—"for women who love women." It was launched on November 24, 1997. In addition, Kontra activists organize gatherings, lesbian film evenings, and lesbian exhibitions, workshops, and lectures. Parallel with the founding of Kontra, a lesbian publishing project was launched. Because Press is oriented toward the

improvement of lesbian culture and literature. In 1998, the first collection of Croatian lesbian poetry (Sagasta 1998) was published, as well as a lesbian fanzine, *Just a Girl*, serving as a discussion forum by lesbians for lesbians and a source of information for lesbian women in Croatia.

[Update 2002: The first officially registered lesbian group, LORI, was founded on October 19, 2000, in Rijeka. It is significant that the local government provided LORI with office space. In 2001 and 2002, LORI accomplished three projects: establishing an Internet center and a reference center, and initiating a research study funded by the central government to investigate media coverage of homosexuality in Croatia. The results point to a marginal position of gays and lesbians in Croatian society. Interestingly, the media covers almost twice as many stories of male homosexuality than female homosexuality (LORI 2001). In 2002, LORI started educational programs for lesbian women. LORI's activists are organizing numerous workshops dealing with the media's representation of homosexual rights, European Union and United Nations laws concerning human rights, collective action and lobbying, and so on.

[On January 12, 2002, a new GLBT NGO called Iskorak (Coming Out) was founded in Zagreb and immediately became a fact of public life because of an intensive media promotion. Within a few months after the registration, Iskorak had more than 100 members, and in August 2002, a branch was founded in Osijek, the largest town in Eastern Croatia. Together with the lesbian NGO Kontra, Iskorak launched a campaign for legislation changes designed to improve the legal status of sexual minorities. A national Internet gay portal (www.gay.hr) and a GLBT e-zine were launched; within a few months, the website was receiving more than two million visits (hits) per month. Also, in 2002, Kontra established the first Croatian lesbian library.

[In April 2002, gay and lesbian NGOs, together with other citizen initiatives for gay and lesbians rights, founded the National Coordination of LGBTT Groups. As a logical result of these developments, Kontra and Iskorak decided to organize the first Gay Pride in Croatia, called *Iskorak Kontra Predrasuda* (*Coming Out Against Prejudice*). The Croatian Gay Pride Organization Committee was elected with a task of raising homosexual visibility in Croatian society. Gay Pride was held in Zagreb on June 29, 2002, as a legitimate meeting of Croatian citizens. There were between 200 and 300 participants protected by almost an equal number of special police forces and security officers. Five Parliament members joined the Pride event, together with the Minister of Interior Affairs. A group of protesters, mostly skinheads, shouted insults and tried to stop the march. Real violence took place after the march, when about 20 persons were attacked and beaten in the streets. Shortly after the Pride event, a strongly negative reaction to the march appeared in the official (and most-influential) Catholic newspapers in Croatia, *Glas Koncila*. (End of update by S. Sagasta & G. Bosanac)]

D. Bisexuality

Croatian society treats bisexuality almost the same way as it treats homosexuality. Both bisexual and homosexual men and women are "invisible." The only difference is that, whereas homosexuality occasionally finds its way into the press, this never happens with bisexuality. At the moment, there is no specific bisexual activity; bisexual men usually gravitate toward the gay community.

The relationship between the gay and bisexual populations is intriguing. Among gay men, one can often hear that bisexuals are in fact gay men who are unable or unwilling to accept their homosexuality. Although there are no reliable data on the number of bisexual men, most gay men are con-

vinced that it must be high. One often encounters men in committed heterosexual relationships who seek male sexual partners. Some of them readily admit that "It is much easier to live a double life, than to be exposed." As mentioned before, many gay men recall their bisexual attempts as a phase in life.

7. Gender Diversity and Transgender Issues

It is very difficult to get insight into the prevalence of gender-conflicted persons in Croatia. No public data exist, but almost 100 hospital admissions a year have been attributed to diagnoses that can be related to transgender or transsexual health problems.

Transvestites, transgenderists, and transsexuals can be regarded as a phenomenon with marginal public concern. The country's development after the disintegration of the former Yugoslavia has turned the public interest to other more-immediate concerns of daily life, such as overall well-being, unemployment, and related problems, socioeconomic differentiation, and other pressing matters. However, gender-conflicted persons have been recognized, and the phenomenon has been presented in the media. In contrast to a decreasing ethnic tolerance in the last decade, public opinion regarding gender-conflicted persons has shown positive development. One could say that there is a public "silent approval" and acceptance of gender-conflicted persons. Their specific needs have been approved and their specific ways of living have been accepted.

On the other side, one could say there is a "silent disapproval" of transgender intervention among the medical professions. In spite of the absence of legislative obstacles to sex-change operations—since 1993, a person can request the change of sex in the state register—the procedure is very complicated because of the resistance of medical professionals to become involved in such procedures. Psychiatrists tend to demand extended psychological testing, counseling, and prolonged psychotherapy before approving sex-reversal surgery. Surgical procedures and hormonal treatments are difficult to fit within the health-insurance scheme, causing economic obstacles to sex change. There is neither a special institution nor doctors educated for transgender patients. A few sex-assignment-surgery procedures have been performed each year, but it is reasonable to believe that the hidden demand for transgender interventions might be much higher.

Legal issues related to sex changes are also complicated, but the law defines the problem, and the new gender status can be legally recognized. Gender-conflicted persons have not yet been organized either in formal organizations or in informal support groups. At the moment, it seems that the Internet is the most significant source of information and (international) support for transgendered people in Croatia.

[Update 2002: In 2000, *Tijelo Žene* (*Women's Body*), a novel on the phenomenon of transsexualism, interesting for both its artistic and sociocultural perspectives, was published in Zagreb (Bakarić 2000). In spite of its detailed and well-researched treatment of the subject, which included a fictional political turmoil caused by the public coming-out of a male-to-female transsexual, the novel did not gain wide attention. (End of update by A. Šulhofer)]

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse, Incest, and Pedophilia

The child sexual abuse issue is relatively new in Croatia. It has been highlighted in the past few years because of an increase in media coverage and the efforts of professionals

working in the field. This, in turn, has led to an increased public awareness that cases of sexual abuse do occur in Croatia. Greater awareness from both professionals and the public has had an effect on the process of reporting cases of child abuse. The data from the Ministry of Internal Affairs show a substantial threefold increase in the number of reported cases of sexual offenses against children (under the age of 14) during the past five years: 1995, 63 cases; 1996, 89 cases; 1997, 72 cases; 1998, 140 cases; and 1999, 207 cases.

Along with the increased awareness, there have been a few other factors contributing to this change. One has been the formation of a special department within the police force. The Department Against Juvenile Delinquency now employs specially educated and trained professionals dealing with the issue of child sexual abuse. Furthermore, in October 1997, a hotline for abused and neglected children, Brave Telephone, was established. In the last three years of its existence, the number of calls has tripled. More than 20 calls are received each week during a six-hour daily shift.

Unfortunately, there is still a serious lack of educated professionals and dedicated institutions. The problems of identification and prosecution of child sex abuse cases (in 1999, five persons were convicted of child rape), treatment of victims and families, and possible interventions remain. It is often the case that some professionals fail to report a case because of their ignorance, lack of information or courage, or simply because they resent legal obligations (court testimony, etc.). Another problem of vital importance is the slow implementation of the existing laws that protect children in cases of sexual abuse, both in court and during the investigation. There is no multidisciplinary approach during interviews, the legislative process goes on for a long period of time, and the predominant attitude is to dismiss the child's statement because of the lack of the court-admissible evidence. Recently, there have been some new developments in the court procedure that allow for the child's testimony to be taken in front of a camera. Because it is a skilled professional who is conducting this filmed interview, which has the legal power of testimony, this situation is not nearly as stressful as the one in which the child has to confront the alleged perpetrator and be cross-examined (Šuperina & Garačić 2000).

[*Update 2002*: In the last few years in Croatia, the awareness of the experts and the public about child sexual abuse has grown substantially, and more attention has been drawn to the problem. However, there has not been enough research done on this subject concerning the incidence and rate of abuse or the causes and consequences of abuse. Reasons for this lack of research include not only the fear or resistance of people when it comes to discussing such a "taboo" topic in a relatively conservative society, but also the lack of scientific knowledge and the nonexistence of the validated instruments for measurement of abuse experiences.

[Another difficulty in assessing the data on child abuse involves the ethical problems regarding children as participants. Multiple questioning may additionally traumatize the child, especially the sexually abused child. Ethical issues arise when the scientist conducts research and establishes that there are children in the sample with abuse experience and, at the same time, is not allowed to use the data to provide concrete help to the child. Also, parents may not allow their children to participate in such research, and the children's therapists may find that questioning is contrary to the current therapeutic goals. On the other hand, clinical samples are usually biased in the direction of the presence of more severe problems.

[Since the original chapter on sexuality in Croatia was written in 2000, the following research studies on the sexual abuse of children were carried out:

- [The Child Abuse Experience Inventory (Karlović, Buljan Flander, & Vranić 2001), based on The Comprehensive Child Maltreatment Scale for Adults (Higgins & McCabe), was validated on a sample of 328 students at the University of Zagreb. It is a questionnaire measuring different forms of child abuse, including sexual abuse. The students were given questionnaires, which they could take home with them and return anonymously. All together, 45% of the participants returned the questionnaires. Internal reliability of the whole inventory and of the Sexual Abuse Scale were shown to be high. The principal component analysis of the whole inventory extracted four factors: 1) emotional abuse and witnessing emotional abuse; 2) mild forms of physical abuse and witnessing physical abuse; 3) emotional neglect and witnessing neglect; and 4) severe forms of physical abuse and sexual abuse. Apart from screening purposes, the inventory can be useful as a basis for structured interviews.
- [In another retrospective study (Gabelica, Karlović, & Vranić 2002) carried out on 505 university students, some form of sexual abuse in childhood was experienced by 19% of respondents (25% of the female subjects and 11% of the male). Abusers are more often male family members (29% of the abused participants experienced sexual abuse by family members), or male strangers (for 52% of these participants). Sexual abuse by a friend or known person outside the family was experienced by 39% of these participants. Some participants experienced abuse from multiple sources, not just one person. The most-often experienced forms of sexual abuse are: sexually touching a child's body, genitals, or breasts, masturbating in front of the child, showing pornography, making a child touch or masturbate the adult, penetrating the child's genitals with a finger, oral sex, and so on.

[When it comes to the age at which the abuse was experienced, about 15% to 20% of the abused population experienced it at an age below 5, 39% between age 6 and 8, 26% between age 9 and 11, and 48% between age 12 and 14. It is obvious that some experienced abuse over a number of years. Regarding the awareness of what was happening during the abuse, 53% of those who had the experience answered that they were aware of it, 19% answered they were not aware of it, while 28% were not sure.

[Most of those with abuse experience (62%) have not told anyone about what happened. Some of the reasons were: not thinking it was necessary, not knowing where to turn for help, being ashamed, being afraid of threats, and thinking no one would believe it. Regarding their present need for professional help, 57% of those with sexual abuse experience feel they do not need professional help, 14% feel they do need it, while 29% are not sure about it.

- [In another research study, child sexual abuse experiences were assessed on a sample of 310 high-school students of Sisačko-Moslavačka County in Croatia. The analyses point out that 12% of the participants (18% of the girls and 5% of the boys) had experienced some form of sexual abuse in childhood. (As in the previous study, all forms of sexual contact with an adult before the age of 14 were coded as sexual abuse.) In our view, these numbers constitute a conservative estimate. It is possi-

ble that the method of collecting data (group testing) affected the results, since the participants could not feel completely anonymous.

[A big step towards a systematic approach and multidisciplinary work in the field of child sexual abuse will be the opening of the Abused Children Center in Zagreb, which was expected in late 2002 or early 2003. This will be an independent institution established by the local government and supported by the Ministries of Social Welfare and Health. The institution would integrate a variety of activities, including provision of direct help for abused children and their families, educating professionals, supervising their work, conducting scientific research, working on raising public awareness within the field of child abuse, and forensic evaluation. (*End of update by G. Buljan-Flander & A. Karlović*)]

Sexual Harassment

Sexual harassment became a public topic only recently. Media coverage is sporadic and unsystematic, which reflects the lack of a commonly shared definition. Thus, raising awareness about the problem is still in its infancy. Like all other forms of sexual coercion, sexual harassment is, above all, gender related. Far more women than men are its victims, whereas the perpetrators are in most cases men.

There is no integrated approach to the problem. If anything, it is usually sexual harassment at the workplace that is discussed. So far, there have been a couple of television shows on the subject, as well as a booklet published by a nongovernmental agency. Other forms of sexual harassment—obscene phone calls, sexual suggestions whispered or yelled in the street, sexist jokes in schools and academia, etc.—are only rarely mentioned. Not surprisingly, most forms of sexual harassment remain unrecognized, i.e., they are not perceived as problematic. Women's complaints are often dismissed as hysterical, humorless, or simply malicious. It is not rare that a harassed woman refrains from voicing her protest, fearing that she will be perceived as overreacting.

Sexual harassment is not punishable by criminal law, but it can be part of an offense against an employee's duties. At the moment, there is only one big company in Croatia that has incorporated sexual-harassment prevention and sanctioning. Furthermore, its workers have participated in gender-equality training provided by a women's organization.

[*Update 2002*: At the beginning of 2002, the Croatian public was overwhelmed with the issue of sexual harassment in the Croatian Army. Two high officers were accused of the sexual harassment of 18 female office workers employed in a military complex in the city of Bjelovar. Given the fact that the Ministry of Defense and the military in general are notorious for their rigidity, conservatism, and male-dominated personnel and atmosphere, the harassed women were reluctant to complain to their officers. Instead, they wrote a letter to women Members of Parliament and a head of the Parliamentary Committee of Internal Affairs and National Security. The latter called a meeting with women from the NGOs for women's rights and from the Parliamentary Committee for Gender Equality (PCGE), which resulted in a series of public letters of protest requesting an investigation of this case of sexual harassment. Under this public pressure, the Ministry of Defense created a second investigating commission. The first investigation, by an entirely male commission, reached the conclusion that there was no inappropriate behavior in the case. A second investigation, including members of both sexes and a feminist psychologist, was still investigating as of November 2002. However, three major results have already been achieved:

1. the accused officers, while under the disciplinary procedure, are out of office and unable to scare or influence the witnesses;
2. all the plaintiffs were able to keep their posts, despite the fear and threats of the loss of employment if they went public with the problem; and
3. important legal changes were introduced into the Law on Military Service. Sexual harassment became one of the legitimate reasons for undertaking internal discipline procedures, and sexual harassment is now recognized as an act that violates the rights of employees (Article 58).

[As for sexual harassment in higher education, several research projects were conducted within Croatian universities in the last couple of years (Leinert-Novosel 2000; Leinert-Novosel & Štingl 2001; Janeković Roemer, Tadinac Babić, & Štulhofer 2002: http://www.ffzg.hr/dokumenti/suz_ff.pdf). The results of these research studies have been discussed at roundtables and public panels, and published in a number of articles and interviews in daily newspapers and magazines. This publicity may have influenced the readiness to report cases of sexual harassment in higher education, as suggested by an increase in reporting following the media attention (Mamula 2002). (*End of update by M. Mamula*)]

Rape

Sexual violence, especially rape, is still a taboo, a topic rarely discussed. In spite of the efforts of women's organizations to sensitize public opinion, the general perception is that rape is an extremely rare crime. In addition, rape myths are occasionally evoked, resulting in a trivial framing of sexual violence. Even people who encounter victims of rape in their line of duty, such as healthcare workers, the police, and court officers sometimes express similar views. This directly influences the number of filing charges and the prosecuting of such cases. On the other hand, women's experiences and data collected by women's groups and nongovernmental organizations suggest that sexual violence in Croatia is much more frequent than presented by the police, criminal courts, or media. According to the records of the State Bureau for Statistics, there were 100 cases of rape reported to the police in 1999. The prosecution was started in only 66 cases; 55 persons were convicted for rape and 13 for attempted rape (Šuperina & Garačić 2000).

However, if we take into account the records of women's organizations, the real numbers seem to be significantly higher. According to a preliminary analysis of data collected from five women's counseling centers (called Stop the Violence Against Women), for each reported rape, there may be up to 19 unreported rapes. In a study carried out on a sample of urban women between 18 and 48 years of age, only 3% of all cases of sexual victimization were reported to the police (Štulhofer 1999b). The reasons given for not reporting rape are numerous. Usually the perpetrator is an acquaintance, friend, or lover of the woman, which makes reporting socially more complicated, not to mention the additional difficulties such relationships create in the legal case. Furthermore, women often face an embarrassing and frequently humiliating court procedure, disbelief, and even ridicule. Police and court officers do not receive any training in dealing with victims of sexual violence. Finally, many sexually assaulted women, especially those living in rural areas, are unwilling to disclose what happened to them because of shame and/or fear of stigmatization, both within and outside their families.

According to the 1997 Criminal Code, rape is defined as coercive coitus or a coital equivalent (anal or oral penetration), and penalties range from 1 to 10 years of prison. It is

important to note that in present legislation, since 1997, rape is considered as a criminal offense both inside and outside of marriage. The law proscribes that if an offender and a victim live in a marital union, the offender will be prosecuted only by the victim's private lawsuit. Because the recognition of marital rape is a relatively recent legal innovation in Croatia, and also a rarely discussed one, a large number, or even the majority, of women may be unaware of it (Šuperina & Garačić 2000).

[Trafficking in Women and Children]

[Update 2002: Despite many reports about the growth in the trafficking of migrants to the West from Central and Eastern Europe and the Commonwealth of Independent States (the former Soviet Union), very little research has actually been conducted on this subject. Reports are often based on journalists' investigations and police records. Main routes from the Balkan region to Western Europe seem to lead from the Federal Republic of Yugoslavia to Hungary and Austria. Alternative routes lead through Bosnia and Herzegovina and Croatia to Slovenia, or across the sea from the Croatian coast to Italy.

[Croatia seems to be a transit country for trafficking in women and children for sexual exploitation (TWCSE) en route to Western Europe. However, during the war, because of the presence of international military forces, many foreign women ended up in Croatian illegal brothels. Croatia shares its borders with Bosnia and Herzegovina and the Federal Republic of Yugoslavia, where illegal migrations and trafficking in women are very extensive. According to the Bosnia and Herzegovina report on TWCSE, most trafficked women enter Bosnia and Herzegovina illegally. From Moldavia, Romania, and Ukraine they are brought by car to Belgrade or Novi Sad. Traffickers have "collecting centers" in Serbia, where they keep these women until they arrange their travel to Bosnia and Herzegovina. Many women trafficked from Eastern Europe enter Bosnia and Herzegovina via Bijeljina. The staging area for trafficking, near Bijeljina, is a huge unregulated marketplace, known as "Arizona," with several brothels situated near the border between the two Bosnian entities, Croatia and the Federal Republic of Yugoslavia. At this marketplace, most women are eventually sold to Bosnian, Croatian, or Slovenian traffickers.

[Over the last two years, counter-trafficking activities in Croatia have been initiated by international organizations in an attempt to target all relevant partners. As a result of this work, a roundtable on trafficking in human beings was held at the Organization for Security and Co-operation in Europe (OSCE) Mission to Croatia in cooperation with the International Organization for Migration (IOM) at the end of 2000. The reason behind the meeting was the necessity to build up a partnership among governmental agencies/institutions, parliamentarians, international organizations, embassies, and international and national NGOs in order to initiate and implement better legislation, law enforcement, prevention activities, and victim assistance and protection programs. The outcomes were the initiation of the National Counter Trafficking Body (though its coordinator was not appointed until June 2001), and subsequently, the inclusion of counter-trafficking activities in the National Plan of Action drafted by the Government Commission for Gender Equality. In addition, a team of social researchers was employed to carry out an assessment study.

[The report was presented at the end of 2001, after more than five months of fieldwork, during which numerous interviews were held with police officers, clients, traffickers, bar owners, social workers, journalists, and, despite all the ef-

forts, with only a few trafficked women (Štulhofer, Raboteg-Sarić, & Marinović 2002). The research combined field interviews, content analyses of major Croatian newspapers and magazines, a public-opinion survey (regarding the perception and information on TWCSE), and an analysis of police records. In brief, the report pointed out the changing dynamics and structure of TWCSE in the post-war period, as well as numerous problems with policing—ranging from outright corruption to systematic minimization and misrepresentation of the problem. The authors suggested nine operative measures aimed at increasing the efficiency of combating smuggling-in people, increasing the efficiency of combating TWCSE, and establishing programs providing aid to the victims of TWCSE.

[Following the recommendations and responding to the ensuing media campaign, Croatian authorities intensified collaboration with international organizations. Currently, a shelter house for the victims of TWCSE has been approved and the project is underway. Important legal reforms, informative campaigns, public education, and special training for the police and border patrols still need to be introduced in Croatia. (*End of update by A. Štulhofer*)]

B. Prostitution

The available data concerning the scope of prostitution are very partial and more often based on estimates than on real documentation. So far, there has been only two social science studies on prostitution in Croatia, both of very limited scope. The actual number of prostitutes in Croatia, therefore, remains unknown. Here, as well as in most other countries, police reports represent the only source of information regarding the scope of prostitution. In 1999, there were 365 registered prostitutes in Zagreb only. (Some recent journalistic estimates go as high as 500.) If we talk about trends, there is a clear increase in the number of prostitutes registered by the police (120 registered in 1996 versus 365 in 1999), but it has to be taken into account that the forms, or types of prostitution, are changing too (Šuperina & Garačić 2000).

Croatian law defines prostitution and sexual solicitation as a punishable offense against public order and morality. Convicted persons are fined or sentenced with up to 60 days of prison time. On the other hand, organizing prostitution (pimping) is a criminal act. The police generally focus on prostitutes who are lower in the hierarchy, that is, those who solicit on the streets, while prostitutes from hotels, massage parlors, and the like, are usually "protected," often because of their clients' social status. Because of the legislative regulations, sex workers are not only stigmatized and marginalized, but also deprived of any kind of healthcare. There are no state or NGO-sponsored programs offering medical, legal, or educational assistance to sex workers. Recently, the STD and HIV/AIDS concerns were stated as the main reason behind a low-key initiative for decriminalization of prostitution in Croatia.

The post-communist turmoil (transition) and related social costs, the war and the arrival of international military forces, the development of a market economy and booming entrepreneurship, as well as the opening of state borders have led to the increase in prostitution and the development of different forms of prostitution, previously unknown in Croatia. This mostly applies to massage parlors, escort services, call girls, and nightclubs. Contemporary prostitution in Croatia generally exists in three forms: street prostitution, the so-called cellphone prostitution, and the elite prostitution.

The majority of women who solicit on the streets are Croatian (70%), but there is also a significant number of

women from Bosnia and Herzegovina. The majority of elite prostitutes, working in nightclubs, hotels, or escort agencies, come from Eastern Europe, mainly from the Ukraine (52%). Only 10% of the high-class prostitutes or call girls are local women. A comparison of the age of street and elite prostitutes reveals that street prostitutes are significantly older, generally 39 to 43 years old, than elite prostitutes (24 to 28 years of age). Another significant difference between street and elite prostitutes is their education. Whereas most street prostitutes have only an elementary-school education—none of them has any college or university education—those of higher rank have, on average, completed secondary-school education. In addition, every fifth elite prostitute has a college or university degree (Šuperina & Garačić 2000).

As has already been stated, the war, the arrival of international forces, and the social costs of transition have, both independently and combined, prompted the growth of prostitution in Croatia. There seems to be a growing number of trafficked women from Eastern Europe feeding this growth. According to police reports, most of them came illegally to Croatia in the hope of finding good paid work in nightclubs, massage parlors, and the like. Of those arrested and then deported, 47% have been working and living in nightclubs.

[Update 2002: In September 2002, without warning, the Minister of Internal Affairs announced his initiative to legalize prostitution. The statement immediately provoked a heated public debate. On one side, there are those who advocate decriminalization and fiercely oppose legalization, claiming that legalization will benefit the state budget, but not sex workers. On the other side are those who claim that legalization would create better conditions for control and official supervision over the activity. Interestingly, both sides agree that Croatian society is not yet ready for the legalization, having in mind the potential message this reform could send to the large contingent of the unemployed. So far, the Church has been surprisingly silent on the issue. (End of update by P. Hobljaj)]

C. Pornography and Erotica

Croatian law does not prohibit the production and distribution of pornography, unless it is child pornography. However, legal sanctions penalize the broadcasting of pornography on radio and television. Although there is no explicit legal definition of "pornography," public exposure and the sale of publications with explicit sexual materials are prohibited, unless wrapped in non-transparent covers, everywhere, except in sex shops. In reality, explicit magazines are sold on every newsstand.

There are a dozen sexually explicit magazines currently sold in Croatia. Soft-core magazines include Croatian editions of *Playboy* (circulation about 45,000) and *Penthouse*. Sex shops can be found in all larger cities. Explicit videotapes are available in all video-rental stores. (According to a recent study carried out on a metropolitan sample, 26% of women and 41% of men find sexually explicit movies "considerably arousing.") The video revolution has driven all but one X-rated movie house, located in the Croatian capital, out of business. As elsewhere, the fast-growing popularity of the Internet offers wide new possibilities of pornography consumption. Although their popularity is in decline, it is interesting to note that peep-show theaters are registered as providing "cultural entertainment."

[Update 2002: Croatian sexually explicit Internet pages started to appear only five years ago. By the beginning of 1998, the first sex site was registering up to 10,000 daily visits. In the meantime, several commercial erotic sites were started, as well as numerous amateur ones. There is no

special legal treatment of these sites, and the only requirement for starting a commercial sexually explicit website is to register a company offering online services. (End of update by P. Hobljaj)]

9. Contraception, Abortion, and Population Planning

A. Contraception

How common is unprotected sex among Croatian youth? Recent surveys found that 53% of adolescents used condoms during their first intercourse; at the most recent intercourse, 48% of girls and 57% of boys used condoms. Ten years ago, the figures were 10% and 24%, respectively. The surveys confirmed that younger generations are more likely than older generations to practice safer sex at first intercourse. Still, 22% of sexually active adolescents use no means or methods of contraception, and 21% use unreliable methods such as coitus interruptus or natural methods. Only 6% of surveyed adolescents use hormone pills. Forty percent of adolescent girls and 43% of boys believe that the pill jeopardizes the health and looks of young women.

Although condom use has increased substantially, contraceptive use is far from consistent. Less than half (43%) of urban adolescents in Croatia use some form of protection regularly. We can only speculate about the rates of contraceptive use in rural areas, but they are most probably significantly lower. Because Croatia lacks any systematic sex education, inconsistent contraceptive use should not be surprising. According to Hiršl-Hečej, Šikanić-Dugić, and Dobravc-Poljak (1998), 67% of the surveyed secondary-school students received basic information about family planning and contraceptives in schools. Only 46% of them have talked with their parents about those issues.

In Croatia, teenage women can obtain hormonal pills from a gynecologist, but the low-dose pills appropriate for this age are not covered by medical insurance. Their high price makes them unaffordable for a large number of young women. The majority of contraceptives are not included in the national health-insurance system. Reproductive health and contraception counseling centers for teenagers are extremely rare, and there is a pronounced deficit of youth-friendly reproductive health services, birth control counseling, and distribution of contraceptives in Croatia.

Sexual behavior and reproductive health are still sensitive issues for youth, issues fraught with social taboos and personal inhibitions. The major source of information about protection from pregnancy and sexually transmissible diseases (STDs) are teen magazines and television. Knowledge about STDs is fragmentary, except for HIV/AIDS. Less than a quarter of adolescents have ever heard of chlamydia trachomatis (16%) and human papilloma viruses (23%). However, the knowledge and awareness of HIV/AIDS has significantly contributed to the increased use of condoms. Although the share of adolescents not using contraception has decreased and the number of adolescents using condoms has increased, there is still a high percentage of sexually active adolescents who use no protection. This reflects the lack of sexual and health education, accessibility and availability of counseling services, and affordability of contraceptives.

Because no representative sex-behavior study has ever been carried out, data on adult contraceptive use are fragmentary and illustrative at best. In a sample of metropolitan residents between 18 and 48 years of age (Štulhofer 2000), 30% stated that they always use some form of protection. On the other hand, almost every fifth respondent (19%) never uses contraception. Most urbanites use condoms (43%) and

hormonal contraception (25%). Of other methods, 14% use the IUD, 6% use "natural methods," and 10% practice coitus interruptus (withdrawal). Among those who have one-night stands, more than a third (35%) never use condoms. A slightly lower percentage of respondents (32%) use condoms every time they have a brief sexual experience. When asked if the responsibility for contraceptive use should be placed more on women than men, 27% of respondents agreed and 49% of respondents disagreed with the statement. Among the latter, women and younger respondents were overrepresented.

B. Teenage (Unmarried) Pregnancies

Only 5.2% of all live births in 1998 were to mothers 15 to 19 years old; slightly more than one quarter of these (25.7%) were unmarried. There has been an overall decline in adolescent birthrates in the last decade. The percentage of total live births to mothers under age 20 was 8.4% in 1989, which decreased to 5.2% in 1998. In 1991, the adolescent birthrate, live births to women under 20 years of age per 1,000 women aged 15 to 19, was almost 30; in 1998, it decreased by almost half (16.5). It is unclear whether and how much the decrease in teenage pregnancies was caused by changes in female education and living conditions during the transition period.

Aside from the decline in adolescent birthrates during the last decade, another important change has occurred. Marriage rates have declined even more quickly, and more births than before are occurring among *unmarried* teen mothers. The share of nonmarital births to mothers under the age of 20 was 17.1% in 1989, which increased to 25.7% in 1998.

C. Abortion

Since 1978, abortion can be induced on the request of a pregnant woman until the tenth week after conception. After ten weeks, an abortion has to be approved by a professional committee, taking into account medical reasons or the fact that the conception is a consequence of a sexual crime. A 16-year-old woman can seek an induced abortion by a simple request. For younger persons, the consent of the parents or another legal representative is required. In spite of legal obligations, some hospitals refused to perform abortions during the 1990s, following the neo-conservative, pro-life ideals of the right-wing government. This refusal to perform abortions was based on an organized and coordinated conscientious objection of gynecologists "following their religious and moral feelings." As of late 2000, abortion was not included in the health-insurance system. The costs, exceeding US\$200, are roughly two thirds of an average monthly salary.

In 1999, a little over 8,000 notifications of legally induced abortion were received, a continued decline in comparison to previous years. Most women who requested an abortion were between 30 and 39 years of age and already had two children. According to official statistics, the incidence of abortion remained stable for the 15 years prior to 1990, with about 40,000 to 50,000 abortions per year, or 70 to 80 abortions per 100 live births. In the last ten years, the number of legally induced abortions has declined sharply: 1990, 38,644; 1992, 26,223; 1994, 19,673; 1996, 12,339; and 1999, 8,064). However, these statistics do not include abortions carried out in private clinics, a practice that is illegal. The abortion rate (the number of legally induced abortions per 1,000 women age 15 to 49) was 34 in 1990 and 7 in 1999! The abortion rate among women under age 20 was 8 in 1991, which decreased to less than 4 in 1998. The abortion ratio, abortions per 100 live births, was 84 in 1990, which decreased to 19 in 1998.

D. Population Programs

In the past three decades, the number of births in Croatia has decreased by more than a third, from 69,229 in 1979 to 45,179 in 1999. The falling child delivery trend in younger age groups (below age 20) and the rising child delivery trend (above the age of 35 years), characteristic of the developed countries, have also been found in Croatia. The decline in number of births that has lasted for years was accelerated by the war-related events. As a result, Croatia entered a depopulation trend (negative population growth) in 1991. The war was only one of the factors triggering negative population growth. Among others were and still are the rising unemployment rate, decreasing social and economic well-being, and other transition-related factors. During the 1990s, the government made some efforts to promote population growth. Aside from occasional nationalistic and patriarchic declarations emphasizing motherhood as the prime female contribution to the new Croatian State, there was hardly any clear and systematic policy. A limited amount of money was provided as a "child incentive," both as a bonus and tax reduction. Families with three or four children received additional benefits. None of these efforts have produced any effect.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Incidence, Patterns, and Trends

At present, the incidence of the "classical" sexually transmitted diseases (syphilis and gonorrhea) and HIV/AIDS is relatively low. There are no signs of an STD epidemic developing as a consequence of war-related and/or transitional conditions. The incidence of gonorrhea and syphilis steadily decreased during the 1980s and the 1990s, as shown in Table 1. Interestingly, the opposite trend is present in the adolescent population. The incidence rate of newly registered cases of syphilis and gonorrhea among individuals under the age of 20 was 8.6 in 1989, which increased to 12.9 in 1998.

Our clinical experience and STD research reveal a notable increase in the incidence and prevalence of all other sexually transmitted diseases, including chlamydia trachomatis, HPV infections, genital herpes, nonspecific urethritis, hepatitis B, pelvic inflammatory disease (PID), and dysplasias (CIN), particularly among adolescents. Within various samples of sexually active adolescent women in Croatia, the prevalence of chlamydia was 10 to 27%, HPV infections 9 to 12%, candida infections 28%, and abnormal cervical cytological findings of PAP smears (CIN I, CIN II, CIN III) 22%.

It should be noted that the accurate number of sexually transmitted diseases is currently unknown, because the

Table 1

The Incidence of Syphilis and Gonorrhea

Incidence of Syphilis		Incidence Rate of New Cases
1985	129 cases	1.71 per 100,000 inhabitants
1989	80 cases	
1995	50 cases	
1998	14 cases	0.31 per 100,000 inhabitants
Incidence of Gonorrhea		Incidence Rate of New Cases
1985	1,597 cases	9.52 per 100,000 inhabitants
1989	446 cases	
1995	52 cases	
1998	48 cases	1.07 per 100,000 inhabitants

health statistics are notoriously incomplete. Presumably, the incidence of the so-called “new” sexually transmitted diseases equals the rates in Western European countries. The incidence of the “classical” STDs seems to be much lower than reported in Eastern Europe.

Availability of Treatment and Prevention Efforts

The law requires that all new cases of the “classical” STDs must be reported to the central epidemiological service and the National Institute of Public Health. Infected persons are required to disclose information about sexual partners to health professionals. Diagnosis and treatment are easily available in all larger cities.

B. HIV/AIDS

Incidence, Patterns, and Trends

Croatia is among the countries least affected by the HIV/AIDS epidemics. The incidence rate of AIDS in Croatia is less than 4 per 1,000,000 inhabitants. HIV transmission occurs through sexual activity and needle sharing. Because of the social stigmatization of homosexuality and the complete absence of relevant behavioral research, there is no systematic information about male-to-male HIV-infection routes.

The first case of AIDS in Croatia was reported in 1986. In the next 13 years, there were 151 other cases, 84% of them involving male patients. As of the end of 1999, almost two thirds of those patients had died. The number of new cases remained stable during the 1990s, with 11 cases (1989), 14 cases (1993), 15 cases (1995), 16 cases (1997), 12 cases (1998), and 15 cases (1999). The structure of all AIDS cases between 1986 and 1999 is shown in Table 2. Regarding young people, one case has been reported in the 15-to-19 age group and six in the 20-to-24 age group.

In recent years, the proportion HIV/AIDS-infected persons who are homosexual or bisexual has decreased. At the moment, the prime risk group seems to be composed of heterosexual men whose profession requires spending long periods of time abroad, such as sailors. There are no new HIV/AIDS cases among hemophiliacs, confirming that blood products are controlled and safe; HIV testing is compulsory for blood donations.

The low incidence of HIV infection in Croatia is well-demonstrated by the results of preventive and anonymous screening for HIV. In the anonymous testing of 179,919 persons in 1999, only 45 were found to be HIV-positive, a very low percentage of 0.025%. The incidence is even lower among blood donors (0.001%). Keeping in mind that a rapid assessment study of heroin use in five Croatian cities in 1998 pointed out a widespread needle-sharing practice, there is still a surprisingly low percentage of HIV-positive persons (0.6%) among drug addicts (Ajduković, Ajduković, & Prišlin 1991).

Availability of Treatment and Prevention Programs

Triple antiretroviral HIV/AIDS therapy, consisting of a protease inhibitor plus two nucleoside analogue reverse tran-

scriptase inhibitors, is currently available in Croatia. Since 1999, the therapy is covered by the national health-insurance system. (The national insurance also includes the treatment following the accidental professional exposure of health workers.) Consequently, the proportion of HIV-positive individuals who developed AIDS-related symptoms has decreased substantially. The new prognostic techniques using viral-load tests have been available in Croatia since 1998.

Serological examination regarding HIV status was inaugurated in Croatia in 1986. Voluntary testing for HIV antibodies is encouraged, and counseling for HIV-positive persons is provided. According to a special instruction, health professionals are obliged to protect the anonymity of HIV-positive persons and AIDS patients.

An HIV/AIDS-prevention and control program prepared by the National Commission for HIV/AIDS Prevention in 1990 includes the implementation of a broad range of preventive measures. These include strict control of human blood products, relevant public education, staff training, and the development of diagnostic facilities. Several NGOs joined in organizing needle-exchange programs and educational campaigns that were usually focused on adolescents. In the second half of the 1990s, the Ministry of Health started a large and expensive campaign aiming at HIV/AIDS prevention among the general population. Brochures, fliers, television advertisements, and billboards promoting responsible sexual conduct were all over the country for more than six months. The main characteristic of the campaign was the way it specified the notion of sexual responsibility. It stressed the importance of sexual monogamy and alluded to condom use, although condoms were never mentioned by name nor graphically presented. The huge campaign completely refrained from providing the central piece of information regarding condoms in HIV/AIDS prevention. No evaluation study was ever carried out.

For the majority of the Croats, the main source of information about HIV/AIDS is the mass media. Adolescents have more and more accurate information about AIDS than the rest of the population. As could be expected, attitudes toward HIV-positive individuals and AIDS patients are more negative among older generations. In the recent European Values Survey (Črpić & Rimac 2000), 46% of respondents in a nationally representative sample said that they do not want AIDS patients as neighbors.

[Rapid Assessment and Response (RAR)]

[RAR is a means for undertaking a comprehensive assessment of public health issues, and it is particularly useful for assessing complex public health issues, such as sexual behaviors, HIV/AIDS, and other sexual and reproductive health issues. RAR is triangulating data obtained through a series of quantitative and qualitative data sources and provides insights into patterns of risk behaviors, as well as suggesting outlines required for interventions.

[RAR research in 2001 focused on the assessment of risks associated with HIV/AIDS in especially vulnerable young people in Croatia—drug users, sex workers, and out-of-school youth (Kuzman, Mimica, Mardešić, et al. 2002). The field study was carried out in the four largest cities (Zagreb, Rijeka, Osijek, and Split). The team surveyed 265 adolescents and carried out 41 in-depth interviews and 15 focus groups. In addition, a number of professional service providers and policymakers were interviewed. The findings revealed that young people do perceive recreational drugs as influencing both the frequency of sexual contacts and condom use. Even so, accidental or unplanned sexual contacts often happen under the influence of drugs, and condom use (in these episodes) is sporadic at best.

Table 2

Populations Affected by AIDS

Population	Percentage of Total
Homosexual/bisexual individuals	46.7%
Heterosexual individuals	25.0%
Partners of HIV-positive individuals	10.5%
IV-drug users	9.2%
Hemophiliacs	5.3%
Children of HIV-positive mothers	1.3%

[Comparing the results of RAR with earlier research findings from school-based KABP surveys, it seems that HIV/AIDS and STD-risk perception is much lower among especially vulnerable youngsters. Only about 15% of the respondents report regular condom use. The major obstacle to condom use seems to be attitudinal, as young people of both sexes associate unprotected sex with a display of trust and confidence in the partner. There is also a widespread belief that condoms reduce sexual pleasure.

[The RAR study recommended several measures that would decrease the rate of HIV/AIDS-associated risk behaviors, particularly among people belonging to highly stigmatized groups, such as drug users, sex workers, and men having sex with men. In order to achieve a desirable impact, the issues of stigmatization and marginalization must be politically addressed. (*End of update by J. Mimica*)]

[*Update 2002: UNAIDS Epidemiological Assessment:* The reported incidence of AIDS in the last few years is between 1.5 and 4.2 per 1,000,000 population. Eighty-three percent of reported AIDS cases were acquired through sexual routes of transmission. Diagnosed HIV infections are reported to a national database. By the end of 2001, a total of 327 HIV cases were reported. The rate of reported syphilis cases remains at the range of 0.2 to 0.4 per 100,000 population.

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

Adults ages 15-49:	200 (rate: 0.1%)
Women ages 15-49:	< 100
Children ages 0-15:	< 10

[An estimated less than 10 adults and children died of AIDS during 2001.

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

11. Sexual Dysfunctions, Counseling, and Therapies

In contrast to the broad public and medical attention to contraception and STDs, sexual dysfunction has never been an issue of great interest for Croatian medical professionals. There is no comprehensive approach to sexual dysfunctions that makes a rather strict distinction between different types of dysfunction. At least three different types have been recognized, and each is diagnosed and treated by a different medical specialist.

Sexual dysfunctions related to an underlying chronic disease causing the dysfunction, for instance, impotence in male diabetic patients or painful intercourse in postmenopausal women with vaginal atrophy, are considered as a complication of the chronic disabling disease, and accordingly, are diagnosed and treated by an internist, a vascular surgeon, or a gynecologist. Various medicament treatment possibilities are available for these medical problems, and most of them are covered by health insurance. However, surgical procedures, such as penile prosthesis implantation, are not available and patients in need have to be surgically treated out of the country.

Sexual dysfunctions related to psychological causes are considered a psychological medical problem. Impotence or sexual aversion caused by a psychological dysfunction is usually referred to a psychiatrist or a psychologist both to confirm the diagnosis and for treatment. The treatment includes psychotropic drugs or psychotherapy, both mainly available within the health-insurance scheme.

Finally, sexual dysfunctions related to partner-relation problems are considered a relationship problem. Mostly,

these conditions are confirmed by family doctors and treated by various experts: family physicians, psychologists, marital counselors, and others. If generated in the premarital relations of youngsters, these dysfunctional problems are regarded as the problems of adolescence. Treatments are based on different psychological approaches not always covered by health/social insurance.

This division in diagnostics and treatment of sexual dysfunction problems are the result of a lack of any specific education in sexual dysfunction. There are no specialists in sexology, and sexology courses in medical training are rare and insufficient. For that reason, there is no comprehensive approach to the treatment of sexual dysfunction. Moreover, because there is no medical data collection specifically on sexual health issues, it is impossible to get an insight into the incidence and prevalence of sexual dysfunction. As previously explained, these problems can be registered as complications of chronic diseases, psychological problems, or marital problems. In these circumstances, family physicians are regarded as the medical professionals who have more experience with patient complaints related to sexual dysfunction than any other specialty. However, there is no evidence to support that estimate, nor is there any evidence about how well the family physicians respond to patients' complaints.

[*Update 2002:* In 2001, the first research study on the prevalence of sexual dysfunctions was carried out on a community sample of 547 metropolitan women between 20 and 60 years of age (Štulhofer, Gregurević, Štulhofer, 2002). (A similar study of male sexual dysfunctions was in progress as of late 2002.) The results suggest that a significant proportion of women experience moderate to severe difficulties in sexual functioning: 14.5% report the lack of sexual desire, 9.2% arousal difficulties, 20.1% orgasmic problems, and 10.4% sexual pain problems. Altogether, 36% of the respondents seem to be suffering from one or more sexual dysfunctions. Noteworthy, homosexual and bisexual women report better sexual health than heterosexual women. [There has been no significant breakthrough in the diagnostic and/or therapy of sexual disorders, apart from the registration of Pfizer's Viagra. Following the registration, a series of educational seminars on erectile dysfunction was organized for medical doctors. The main agenda was to promote the new drug. Although registered, Viagra is not covered by the national health-insurance scheme. (*End of update by A. Štulhofer*)]

12. Sex Research and Advanced Professional Education

A. Graduate Programs and Sexological Research

At the moment, sex research in Croatia is an exception, a strange enterprise within the social and medical sciences. There are no sexological institutes, research units, or programs educating future sexologists. Also, there is no sexological association or any related civic initiative at the moment. The reasons behind this sorry state of affairs are several. The main one seems to be the lack of any sexological tradition in Croatia before the 1970s. In addition, sex research is considered to be of marginal scientific importance, both within social and medical science circles. Consequently, very few scholars and/or practitioners have incentives to specialize in sexology, which, as mentioned, requires studying abroad. Finally, there is a funding problem. So far, sex research in Croatia has been financially supported either by international health organizations or by local popular journals.

A brief history of sex research in Croatia begins in the 1970s, when the first surveys exploring the sexual behavior and attitudes of primary and high school students were carried out by a group of gynecologists and social medicine specialists. Similar studies, mostly small-scale, continued in the next decade. Because almost all of them were marked by a lack of theoretical concept and by methodological and statistical naiveté, they have resulted in very limited advancement in scholarly understanding of the observed phenomena.

Recognition of the HIV/AIDS problem at the end of the 1980s prompted a new phase in sex research in Croatia, marked by the entry of the social sciences. As a result, the first (and still the only) large-scale sex study was carried out on a national sample of young people (Ajduković, Ajduković, & Prišlin 1991). Theoretically and methodologically well-grounded, it measured shared information on HIV/AIDS, related-risk assessment, and risk-taking behaviors. Unfortunately, societal concerns with HIV/AIDS were too brief and failed to produce more studies or engage more than a half-a-dozen psychologists. The third phase started in the mid-1990s, with a rising affinity for sexology among the younger generation of sociologists and psychologists. Stirred by a new undergraduate course, Sociology of Sexuality, which was offered at the University of Zagreb as the first course dealing exclusively with human sexuality in the history of Croatian higher education, this interest resulted in thematic issues on human sexuality in two leading Croatian social science journals. At the moment, it seems that sex research is gaining popularity among social scientists, but losing popularity within the medical sciences.

In recent years, only two semi-training programs have been offered. Both were designed and organized by medical experts. The first, Sexology for Family Medicine Practitioners, focused on providing general information on human sexuality to family-medicine practitioners. The second and more extensive program, Knowledge, Love, and Happy Family, offered comparable content to high school teachers and school psychologists. Occasionally, there are one-day seminars on child sexual abuse and STD and HIV/AIDS prevention. In the last couple of years, various nongovernmental organizations and women's groups began organizing seminars focused mainly on sexual harassment and sexual violence. A summer school in Family Planning, held once a year at the Inter University Centre (in Dubrovnik), is an interdisciplinary seminar discussing links between reproductive health issues, reproductive rights, sexuality, and sex education.

B. Programs for Advanced Study

There are no graduate programs in human sexuality. Because there are just a few sex researchers in Croatia, with various scholarly backgrounds, future programs will necessarily have to be of interdisciplinary character. Considering the traditionally rigid divisions between disciplines, this seems to be an additional problem for the development of sexology.

There are no sexological journals in Croatia. However, in recent years, there has been a marked increase in the number of scholarly papers on human sexuality submitted to social science journals. It is promising that most of the authors are young scholars beginning their careers.

An international conference on sexuality in post-communist countries, Sexualities in Transition, was held in Dubrovnik in 2001. The conference brought together sex researchers from central, east, and southeast Europe, and the West. Focused on the impact of a macro social change (the transitional decade: 1989-1999) on various aspects of sexuality, this event may serve as a boost to Croatian sexology.

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