

· THE ·

CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

· ON THE WEB AT THE KINSEY INSTITUTE ·

<http://www.kinseyinstitute.org/ccies/>

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

Encyclopedia Content Copyright © 2004-2006 Continuum International Publishing Group.
Reprinted under license to The Kinsey Institute. This Encyclopedia has been made
available online by a joint effort between the Editors, The Kinsey Institute, and
Continuum International Publishing Group.

This document was downloaded from *CCIES at The Kinsey Institute*, hosted by
The Kinsey Institute for Research in Sex, Gender, and Reproduction, Inc.
Bloomington, Indiana 47405.

**Users of this website may use downloaded content for
non-commercial education or research use only.**

All other rights reserved, including the mirroring of this website or the placing of
any of its content in frames on outside websites. Except as previously noted,
no part of this book may be reproduced, stored in a retrieval system,
or transmitted, in any form or by any means, electronic, mechanical,
photocopying, recording, or otherwise, without the
written permission of the publishers.

Edited by:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.

and

RAYMOND J. NOONAN, Ph.D.



Associate Editors:

Africa: Beldina Opiyo-Omolo, B.Sc.

Europe: Jakob Pastoetter, Ph.D.

South America: Luciane Raibin, M.S.

Information Resources: Timothy Perper, Ph.D. &
Martha Cornog, M.A., M.S.



Foreword by:

ROBERT T. FRANCOEUR, Ph.D., A.C.S.



Preface by:

TIMOTHY PERPER, Ph.D.



Introduction by:

IRA L. REISS, Ph.D.

· THE ·

CONTINUUM *Complete*
International
ENCYCLOPEDIA
OF SEXUALITY

Updated, with More Countries

2004

The Continuum International Publishing Group Inc
15 East 26 Street, New York, NY 10010

The Continuum International Publishing Group Ltd
The Tower Building, 11 York Road, London SE1 7NX

Copyright © 2004 by The Continuum International Publishing Group Inc

All rights reserved. No part of this book may be reproduced,
stored in a retrieval system, or transmitted, in any form or by any means,
electronic, mechanical, photocopying, recording, or otherwise, without
the written permission of the publishers.

Typography, Graphic Design, and Computer Graphics by
Ray Noonan, ParaGraphic Artists, NYC <http://www.paragraphics.com/>

Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

The Continuum complete international encyclopedia of sexuality / edited
by Robert T. Francoeur ; Raymond J. Noonan ; associate editors, Martha
Cornog . . . [et al.].

p. cm.

A completely updated one-volume edition of the 4-volume International
encyclopedia of sexuality (published 1997-2001), covering more than 60
countries and places, 15 not previously included.

Includes bibliographical references.

ISBN 0-8264-1488-5 (hardcover : alk. paper)

1. Sex—Encyclopedias. 2. Sex customs—Encyclopedias. I. Title:
Complete international encyclopedia of sexuality. II. Francoeur, Robert
T. III. Noonan, Raymond J. IV. Cornog, Martha. V. International
encyclopedia of sexuality.

HQ21.I68 2003

306.7'03—dc21

2003006391

Contents

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

CONTRIBUTORS and ACKNOWLEDGMENTS1377

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

INDEX1405

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

Readers of *CCIES* are invited to submit important news items or reports of findings of new sex research being done in any of the countries covered here, or any other country in the world. We will try to keep the SexQuest *CCIES* website updated with your help. Send items in English if possible, with appropriate citations, to Raymond J. Noonan, Ph.D., *CCIES* Editor, Health and Physical Education Department, Fashion Institute of Technology, 27th Street and 7th Avenue, New York, NY 10001 USA, or by email to rjnoonan@SexQuest.com.

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

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

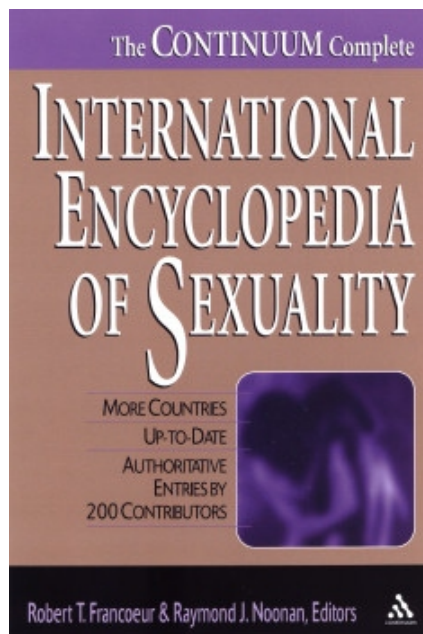
\$195/£100 plus \$4.50/£9.50 S&H (save \$55 US/£30 UK!)

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

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

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

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



ORDER FORM

SHIP TO:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

BILLING INFORMATION:

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

☐ Please charge my: ☐ Visa ☐ Mastercard ☐ AmEx

Card Number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Exp. Date:

--	--	--	--

Signature: _____ Telephone: _____

ORDER DETAILS:

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



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

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

Critical Acclaim for *The Continuum Complete International Encyclopedia of Sexuality*

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

The World Association of Sexology, an international society of leading scholars and eighty professional organizations devoted to the study of human sexual behavior, has endorsed *The International Encyclopedia of Sexuality* as an important and unique contribution to our understanding and appreciation of the rich variety of human sexual attitudes, values, and behavior in cultures around the world.

Recipient of the "1997 Citation of Excellence for an outstanding reference in the field of sexology," awarded by the American Foundation for Gender and Genital Medicine and Science at the Thirteenth World Congress of Sexology, Valencia, Spain.

Recommended by *Library Journal* (October 1, 1997) to public and academic librarians looking to update their collections in the area of sexuality: "An extraordinary, highly valuable synthesis of information not available elsewhere. Here are in-depth reports on sex-related practices and culture in 32 countries on six continents, contributed by 135 sexologists worldwide. . . . For all academic and larger public collections."

Picked by *Choice* (Association of College & Research Libraries/American Library Association) as Best Reference Work and Outstanding Academic Book for 1997: "Although this encyclopedia is meant as a means of understanding human sexuality, it can also be used as a lens with which to view human culture in many of its other manifestations. . . . Considering coverage, organization, and authority, the comparatively low price is also notable. Recommended for reference collections in universities, special collections, and public libraries."

"Most impressive, providing a wealth of good, solid information that may be used by a wide variety of professionals and students seeking information on cross-cultural patterns of sexual behavior . . . an invaluable, unique scholarly work that no library should be without."—*Contemporary Psychology*

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

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

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

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

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

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

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

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

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

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

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

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



(CIA 2002)

Turkey

(*Türkiye Cumhuriyeti*)
(The Republic of Turkey)

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

Contents

Demographics and a Brief Historical Perspective	1054
1. Basic Sexological Premises	1056
2. Religious, Ethnic, and Gender Factors Affecting Sexuality	1060
3. Knowledge and Education about Sexuality	1062
4. Autoerotic Behaviors and Patterns	1063
5. Interpersonal Heterosexual Behaviors	1063
6. Homoerotic, Homosexual, and Bisexual Behaviors	1065
7. Gender Diversity and Transgender Issues	1065
8. Significant Unconventional Sexual Behaviors	1065
9. Contraception, Abortion, and Population Planning	1066
10. Sexually Transmitted Diseases and HIV/AIDS	1067
11. Sexual Dysfunctions, Counseling, and Therapies	1067
12. Sex Research and Advanced Professional Education	1069
A Final Remark	1069
References and Suggested Readings	1070

Demographics and a Brief Historical Perspective

HAMDULLAH AYDIN and ZEYNEP GÜLÇAT

A. Demographics

Turkey is located at the intersection of two continents, with the small region of Thrace and the ancient city of Istanbul in Europe, and the larger part of the country, Anatolia, in Asia Minor. Turkey is twice the size of the state of California,

with an area of 301,380 square miles (780,580 km²). Anatolia (Asia Minor or Asiatic Turkey) is surrounded by the Black Sea, the Aegean Sea, and the Mediterranean. An inland sea, the Marmara, separates Anatolia from Thrace to the northwest. Turkey has 4,470 miles (7,200 km) of coastline. Rectangular in shape, Turkey stretches 972 miles (1,565 km) east to west, and 404 miles (650 km) north to south. Its neighbors are Greece and Bulgaria to the west, Georgia and Armenia on the northeast, Nakhichevan and Iran to the east, and Iraq and Syria on the south. Central Anatolia and the eastern regions are typically hot and dry during the summer and cold and rainy during winter. The coastline along the north, west, and south of Turkey has a milder climate throughout the year.

Turkey's agricultural production is, on the whole, self-sufficient, while the natural resources, although rich, are not fully utilized at present. A radical transition toward industrial development has occurred in Turkey's economy, which was mainly based on agriculture in the past. State intervention in the economy has gradually diminished since the 1980s, and at present, the economy relies on free market rules. Turkey possesses a wealth of historical sites with rich potential for summer as well as winter tourism. Many ancient cultures of Anatolia, including the Mesopotamian, Sumerian, and Hittite, constitute Turkey's basic cultural heritage. An Islamic culture is woven into this background.

In 2000, Turkey had an estimated population of 67.8 million (State Institute of Statistics, SIS). [Update 2002: In July 2002, the estimated population was 67.3 million [WFB]. (Data were provided by the authors from Turkish sources; the editors added some alternate data given in parentheses with WFB in brackets from *The World Factbook 2002* (CIA 2002).)

[Age Distribution and Sex Ratios: 0-14 years: 30.9% (27.8% with 1.04 male(s) per female sex ratio [WFB]); 15-64 years: 63.4% (65.9% with 1.03 male(s) per female [WFB]); 65 years and over: 5.7% (6.3% with 0.85 male(s) per female [WFB]); Total population sex ratio: 1.02 male(s) to 1 female [WFB]. More than half of Turkey's population are under age 24.

[Life Expectancy at Birth: Total Population: 71.52 years [WFB]; male: 70.8 (69.15 [WFB]) years; female: 75.9 (74.01 [WFB]) years

[Urban/Rural Distribution: 71% to 29% [WFB]. Ankara, the capital of Turkey, with 2.8 million people, is in the center of Anatolia. Turkey's largest city, Istanbul, has a

*Communications: Hamdullah Aydın, M.D., Professor of Psychiatry, Director of Psychiatry Department, Gulhane Military Medical Academy and Faculty of Medicine, GATA, 06018, Ankara, Turkey; hAydın@gata.edu.tr. Zeynep Gülçat, Ph.D., Clinical Psychologist, Department of Psychiatry, Gulhane Military Medical Academy and Faculty of Medicine, GATA, 06018, Ankara, Turkey; zeygul@superonline.com.

population of 9.5 million. Located in the northwest, along the shores of the Bosphorus River, the point where East and West meet, Istanbul and its environs are the most densely populated, urbanized, and developed part of the country. The city is a center of trade, large and small-scale industry, as well as a center of arts and historical places.

[Ethnic Distribution *[WFB est.]*: Turkish: 80%; Kurdish: 20%. The authors wish to emphasize that there are a number of ethnic groups in Turkey, but their percentage in the population is not known. The same is true for religion (below): Their percentage in the population is not known also. The Turkish State is based on secularity and nationality. Each person who holds a Turkish identity card is considered as a Turkish citizen, no matter which ethnic origin he or she is from or which religious belief he or she holds.

[Religious Distribution *[WFB est.]*: Muslim: 99.8% (mostly Sunni); other: 0.2% (Christian and Jewish)

[Birth Rate: 20.9 births per 1,000 population and declining; (17.95 *[WFB]*)

[Death Rate: 5.27 per 1,000 population; (5.95 *[WFB]*)

[Infant Mortality Rate: 35.8 deaths per 1,000 live births; (45.77 *[WFB]*)

[Net Migration Rate: 0 migrant(s) per 1,000 *[WFB]*

[Total Fertility Rate: 2.5 children born per woman; (2.12 *[WFB]*); **Mean Family Size**: 4.75 people

[Population Growth Rate: 1.57%; (1.24% *[WFB]*)

[HIV/AIDS (1999 est. *[WFB]*): **Adult prevalence**: 0.01%; **Persons living with HIV/AIDS**: NA; **Deaths**: NA. (For additional details from www.UNAIDS.org, see Section 10B.)

[Literacy Rate (defined as those age 15 and over who can read and write): 82% (85%; male: 94%, female: 77% *[WFB]*); 95% attendance for free and compulsory school between ages 6 and 14

[Per Capita Gross Domestic Product (purchasing power parity): \$6,700 (2001 est. *[WFB]*) (1997 government est.); **Inflation**: 69%; **Unemployment**: 10.6% plus underemployment of 5.6%; **Living below the poverty line**: NA *[WFB]*. (End of update by Robert T. Francoeur) After consecutive economic crises that Turkey faced during the last few years, per capita income dropped to about \$3,000 in early 2002. Following the elections and the establishment of the new government in late 2002, per capita GDP has shown an inclination to increase.

Turkey, like many countries, has experienced a huge population shift in the past 50 years. The percentage of the population living in cities had doubled in 35 years, from 25% in 1950 to 53% in 1985. In 2000, it was nearly 70%. Istanbul is one of the most densely populated cities in Europe, with 9.5 million inhabitants. Ankara, the capital, has 2.8 million. This dramatic population shift can almost entirely be attributed to the massive departure of people from the rural areas of central, eastern, and southeastern regions of Anatolia. The population shift facilitated changes in the family structure from the patriarchal to the nuclear model. The rapid transformation and urbanization also created difficulties in religious, moral, and sociocultural adaptation. Housing problems in urban areas induced migrants into building shanty houses called *gecekondu* ("built overnight") in the vicinity of big cities. These *gecekondu* are lacking in municipal services and facilities. As a result, a whole new subculture has emerged with its own lifestyle, bringing with it many social and economic problems. *Gecekondu* families are employed in small-scale or marginal jobs. Although they have now become permanent and essential factors in the urban economy, they are not yet fully integrated into the urban culture because of their low education levels, limited income, and cultural differences reflecting both "tradition" and "modernity."

Another important social phenomenon has been the out-migration of labor from the rural parts of Turkey to the countries of Western Europe, beginning in the early 1960s. It is estimated that two to three million Turkish workers currently reside in Western European countries. The so-called "second generation" born in these countries are subject to identity problems. They call themselves "European Turks," while they are labeled as *Almançılar* (Germans) in Turkey. A considerable number of workers have migrated back to Turkey in the last decade, bringing back Western values, which probably have affected male and female roles, as well as relations between men and women. The response to this process depends on many factors, including environmental support, family background, and individual characteristics. It remains to be seen how this out-migration and back-migration will affect the overall sexual attitudes and behavior in Turkey.

Thus, as Kağıtçıbaşı (1982a) has noted, Turkish society presents a highly complex, heterogeneous picture, with diverse backgrounds differentiating along social class, rural-urban, and regional development dimensions. From the historical point of view, various cultural influences, which include the nomadic-Turkish, ancient Anatolian, Islamic-Middle Eastern, Mediterranean, and contemporary Western attitudes and values have shaped and are still shaping Turkish society today.

B. A Brief Historical Perspective

The ancient inhabitants of present-day Turkey were among the world's first agriculturalists. The Hittite, an Indo-European people, created an empire in central Anatolia over 4,000 years ago and controlled much of what is modern-day Turkey for a thousand years. Phrygian and Lydian cultures also flourished in Anatolia. The rise of Greek civilization, with city-states like Troy on the coast of Anatolia and expansion of the Assyrian Empire led to the collapse of the Hittite about 900 B.C.E.

In the early centuries, among the ancient Turkish tribes in central Asia, both sexes were considered as equals, where men and women took equal share of responsibility in affairs of the country, although there had been a dominance of patriarchal or matriarchal families in different Turkish tribes throughout history. Records of ancient Turkish families revealed that monogamy was the basic model, although some tribes were polygynous. Also, in some tribes, marital union became valid only after the birth of the first child (Tezcan 1998). There are also records indicating that there was an annual tradition of freedom in terms of social and sexual interaction, which could be an ancient model of some contemporary carnivals or Mardi Gras in the West.

In the 6th century B.C.E., Anatolia, except for some city-states on the Aegean coast, was incorporated into the Persian Empire. Alexander the Great conquered the area, but it returned to Persian rule when his empire collapsed around 300 B.C.E. By the end of the 1st century of the Common Era, Thrace and Anatolia were incorporated into the Roman Empire. Constantine the Great founded the city of Constantinople on the site of ancient Byzantium in 330 as the Empire's eastern capital. Following the decline of the Roman Empire in the west, Constantinople became the capital of the independent Eastern Roman (Byzantine) Empire in the 7th century and retained this role for a thousand years. Repeated attacks by Islamic forces were fought off in the 7th and 8th centuries, but the empire lost control of central Anatolia to the Seljuk Turks. The 13th-century Mongol invasions left Anatolia mainly untouched, but they weakened both Byzantine and Seljuk power. In 1453, the Byzantine Empire fell to the Ottoman Turks, led by Fatih Sultan Mehmet (the Conqueror). The Ottomans established a vast empire that lasted until the end of World War I.

After embracing the Muslim religion, the social life of Turkish women became restricted and they lost most of the rights of their ancestors. In the six centuries of Islamic influence and Ottoman control prior to the 20th century, discrimination between the sexes grew and women were forced to live as a separate group. The harem life was introduced and in the 15th century, the palace of the sultan was divided into *Harem* (women's section) and *Selamlık* (men's section). Soon, harem life and polygyny became customary throughout the state. According to the Islamic family laws adopted by the Ottomans, women could not choose their husband, marriages were arranged by the older members of the family. A woman was not supposed to be seen by her husband before or during the marriage ceremony, and could easily be divorced by her husband, who alone could decide to do so.

Towards the end of the 19th century, with the penetration of Western ideas into Ottoman society, women were allowed some education, and their status began to improve. Turkey's Independence War under the leadership of Mustafa Kemal Atatürk resulted in the fall of the sultanate and abolishment of the religious authority and spiritual leadership of the caliphate. Thus, the religiously based system of the Ottoman Empire was ended. The Turkish Republic was declared in 1923 and a sudden break was made with old values and concepts. Secularism, Statism, Nationalism, Reformism, Populism, and Republicanism were declared as the ideologies of the new state. Turkish civil law was accepted in 1926, triggering a wave of rapid change in social life throughout the country. Polygyny was ended and religious marriages were rendered legally (but not always socially) invalid. Women gained equal rights with men, including the rights of inheritance, divorce, and owning property. In 1934, Turkey was among the first nations to give women the political rights to vote and hold elected office. At the beginning, however, these radical changes could not be assimilated equally in all parts of the country. Thus, for example, polygyny can still be seen today in the less-developed regions of Turkey, though it is rare. Many uneducated women are still not aware of their civil rights. Also, for many women, legal rights may have little practical value if social and economic pressures do not allow them to use these rights.

In summary, with the declaration of the Turkish Republic and the adoption of Western values and lifestyle in the first quarter of the 20th century, a sudden break has occurred in the community. Such an abrupt change affected concepts and experiences in sexuality in contradictory ways in the community, which had a rich and complex background. While liberating women and mitigating segregation between male and female roles, it has, at the same time, created gaps between generations and social structures that were, and still are, in the process of integration.

1. Basic Sexological Premises

A. Character of Gender Roles

The Effects of Social Change

At the beginning of the 20th century, a movement against Ottoman marriage customs concerned with the plight of Turkish women began. The protesters were mostly upper and middle-class men who were allowed by Islamic rules to marry up to four wives, supplemented by concubines, repudiate them at will, and exercise strict control over their mobility outside the household. These protesters were against arranged marriages; they desired educated wives with whom they could have intellectual, as well as emotional communication, and a social life where the sexes could mingle freely (Kandiyoti 1995).

In this period, the Turkish nationalist movement also introduced new elements into the debate between Western ide-

ologies and Islam. The ideologues of the Turkish nationalism asserted that ancient Turkish customs in Central Asia involved total equality between conjugal partners in a monogamous and democratic family. In 1917, the Family Code was accepted, and represented the first intervention of the central state into the family, which had previously been under the control of the religious authorities. With the establishment of the Turkish Republic in 1923, a major break had taken place, and the caliphate was abolished. The new constitution was based on secularism, and measures were taken to heighten Turkey's national consciousness in place of an Islamic identification. Revolutionary changes in the new state included the romanization of the alphabet, the new dress code, and an interpretation of Turkish history stressing its pre-Islamic cultural heritage. Laws were enacted for compulsory and standard primary education throughout the country. The state and the parents of children were made responsible for the education of each child. The modern woman of the Turkish Republic experienced a kind of metamorphosis, becoming a prominent figure, dressed in the Western style in a school or military uniform, and wearing evening dresses in ballroom dances. In the male-oriented society where son-preference was the main attitude, Mustafa Kemal Atatürk, the founder of the Turkish Republic, set a new tone by adopting daughters. Highly trained professional women started working in the republican offices. However, as members of a strictly segregated society in which male honor was dependent on the behavior of their womenfolk, women could only enter the public arena by emphasizing their respectability and nonavailability as sexual objects (Kandiyoti 1995).

Initially, these changes affected only a small urban layer. The spread of schooling and health services throughout the country proceeded gradually. Marriage alliances remained firmly under the control of local communities and followed customary practices, which were now denounced as 'traditional' or even 'backward' by the enlightened technocrats of the Republic. Turkey was assumed to be moving from tradition to modernity, and the idealized model of the 'modern' nuclear family involved companionate marriage, role-sharing between spouses, and child orientation. The ideology of the modern nuclear family was a radical departure from the pressures and control of older kin characteristic of Muslim societies. However, Kağıtçıbaşı (1982b) argued that the "modern" Turkish family was not based on the autonomy of its members, which modernization theory implied, and that emotional interdependence between family members persisted. Ayata (1988) commented that tradition and modernity are being lived concretely in Turkish households as a literal "split" between the styles of consumption, formal dress, and conduct displayed in the guest room, and those adopted in the intimate inner space of the rest of the house, which is a place of informality and closeness.

Social change is almost an everyday matter for people in Turkey. Technological innovation and a new monetary economic base for agriculture, land fragmentation and shifts in income distribution, the growth of industry, cultural diffusion, education, and the mass media have all helped precipitate this social change, along with internal and international migration. This unceasing mobility has caused people to change and adopt themselves into a more "modern" lifestyle in terms of contemporary paradigms and technology. As a result of this adaptation process, perhaps Turkish people have learned to realize their potential capabilities more rapidly. However, these changes probably could not be assimilated in the same rate/speed in all parts, resulting in a kind of splitting between layers of the Turkish society.

The Turkish State, through family legislation and the inclusion of women in the definition of full citizenship, has

brought about a decrease in the legitimacy of patriarchy. On the other hand, discriminatory practices in many areas, such as employment, education, and social welfare have not ended, and women's basic role as caretaker within the family has not changed substantially. Meanwhile, women's monetary contributions have become necessary for the survival of households leading to some conflict in the sexual division of labor within the family.

Family, Kinship, and Community

In traditional Turkey, members of a whole village are often related to each other through marriages and blood relations. Thus, kinship forms the basis of social relations in the rural setting. Brothers and nephews stand together in disputes and are called upon for help, support, defense, or even revenge.

With economic change, out-migration from the village occurred and accordingly, the pattern of daily contact, mutual services, and solidarity has been weakening. Still, in times of need and crisis, family and kin are called upon for help. Whenever the husband has to leave the village for long periods to work in the city or abroad, he may leave his wife with his parents, as she is accepted as a member of her husband's core family when she marries. When this is not possible, other kin take over this function. Similarly, kinship ties are functional in shared agricultural work, constructing housing, childcare, and so on, and this function continues even in the urban *gecekondu* context.

If, as a result of migration, kinship bonds weaken, and the neighborhood assumes greater importance as a support system, because public services are still insufficient in rural areas. Thus, as family extends into kin, so kinship extends into neighborhood and community in terms of networks of bonds involving duties, responsibilities, common concerns, support, and help.

It appears that male power is more prominent in lower-class families, where males have less resources in terms of income and occupation than in the middle classes. Kuyaş (1982) found that middle-class women perceive mutuality or sharing between spouses and think this is how it should be, whereas lower-class women perceive almost total male control, but again feel this is how it should be.

Despite the overwhelming prevalence of nuclear family residences, "extended" families and wider kinship ties have not decreased in importance in the city.

Sex Roles

Although Turkey is in the process of rapid social change, it can safely be claimed that the general family pattern is predominantly patriarchal. While there are powerful crosscurrents acting both to reinforce and to mitigate male dominance in different contexts, the second-class status of women in the Middle East still prevails in Turkey. Clearly defined sex roles, division of labor, and separate social networks both help the women endure the status difference and yet, at the same time, serve to reinforce and perpetuate this difference. Supportive same-sex friendship/kinship networks further contribute to this separation (Kağıtçıbaşı 1982a).

The concept of honor, referring to the sexual modesty of a woman, implies that men control the sexuality of women. Honor is largely dependent on others' evaluations, and an insult to honor results in disputes, fights, or even blood feuds. The ties among the family members, kin, and community are so close that sometimes the honor of a whole village or community is affected by the honor of one man.

Özgür and Sunar (1982), who examined the problem of homicide in Turkey, attributed the high rates of homicide to a traditional system of norms that condone and require a violent response to violations of personal honor. Male homi-

cide was found to stem from more normatively approved motives, such as self-defense, property defense, or honor, whereas a greater proportion of female homicides stemmed from domestic quarrels, jealousy, and similar motives.

Within the family, young women are controlled and their status is low. The young bride, in particular, is expected to serve all adults within the patrilocal household. Once she bears a son, however, her status improves, especially when the son grows up and brings in a bride and the cycle thus repeats itself. Hence, every woman in the traditional rural society prefers a son as a child; if she does not bear one, her marriage may be threatened (Kağıtçıbaşı 1982a).

The preference for sons does not only depend on an economic basis. The son, especially the eldest one, is responsible for all women in the family, including his mother in the absence of his father. In contrast to the central role of the son in the patrilocal family, a daughter leaves the household to get married when she reaches an age to be "useful." However, Kıray (1976) noted the changing value placed on daughters, who now often replace sons as the "dependable" child.

In the traditional Turkish family, the mother's relationship to her son is intimate and affectionate, in contrast with that of the father who is authoritative and distant. In some conservative groups, the father is such an authority figure that his son cannot even talk to his own wife or show affection to his own children in the presence of his father. In fact, the mother often protects the son from the father's disciplinary acts. The mother-son relationship is generally stronger than the husband-wife relationship in the traditional family, where any public show of affection between spouses is disapproved. A man does not even talk about his wife in the company of others, and if he has to, often he uses the word "family" to mean "wife." Communication and role sharing between spouses is limited, sex roles well differentiated and non-overlapping. Males are the decision makers in the family.

Status of Women as Laborers and Professionals

The effect of introducing modern technology into agriculture and the resultant economic-structural change for rural woman has been a general reduction in her workload. With farm mechanization and the monopoly of such farming by men, women's farming decreased. With the introduction of ready-made goods, such as clothing and food, women's domestic chores have also decreased. This change has been considered to have a positive effect on women's well-being, relieving them from some of their heavy burdens. However, it can also be claimed that decreased workload has alienated women from production and has stressed their reproductive role (Kağıtçıbaşı 1982a).

In some areas, with the participation of men in factory work, an opposite outcome of economic-structural change has taken place, with women again being disadvantaged, as they are completely tied down in agricultural and domestic work and do not have access to education and mobility. Most "unskilled" women in rural Turkey are engaged in the production of handicrafts, such as embroidery and carpet-making, which is also considered a part of women's duties and responsibilities for her home. Years before they marry, young girls and their mothers begin preparing *çehiz* (handmade carpets, rugs, quilts, tablecloths, and scarves), which will be needed when they establish their own homes. These handicrafts constitute a major part of the folk arts, and during the past few decades, they have become a source of income for the households because they have gained monetary value as well.

Women's work in the rural economy is often not considered "work," for it is, rather, a total lifestyle. It is not differentiated as to locality or time. Different types of work may be done in the same place and at the same time, such as food

production, housework, and childcare. Neither does it involve specialization or formal training.

Underestimation of women's work also derives from social values, which assign the provider role to men. In the idealized image of the affluent family, the woman does not have to work, an image that is especially prevalent in urban and small-town culture and that is spreading among *gecekondu* dwellers and villagers, who emulate townspeople (Kağıtçıbaşı 1982a).

Kandiyoti (1982) noted that urban Turkish women do not in any way challenge the male role. Lower-class urban women may retreat into domesticity, or if they have to work, it is considered unimportant or temporary. In the case of lower- and middle-class women, subordination is reflected in their very limited access to the outside world. In the case of professional women, husbands are still reluctant to take over roles traditionally accepted as belonging to women, such as taking care of children or sharing housework.

In rural areas, a negative relationship pertains between socioeconomic development and women's labor participation. Özbay (1982) pointed to the fact that women's labor-force participation is decreasing, though it is still high; and women's literacy is increasing, though it is still low. In urban areas, on the other hand, the substantial percentage of professional, highly educated, highly skilled women is notable in view of the low overall female education and skills in Turkey. The overall figures show that the proportion of working women has been declining in Turkey. According to the 1997 figures of the State Institute of Statistics (SIS), women's labor-force participation was 34.7% in 1990, 31.4% in 1992, and 25.2% in 1997 (Aydın 1998).

Erkut (1982) addressed the fact that, "despite the low levels of educational attainment for women in general, substantial numbers of Turkish women obtain professional degrees and practice in what are considered to be male-dominated occupations in the West." She explained that this has happened as women have been able to pursue professional careers without posing a threat to the male sex role and its privileged status. Highly educated women have had access to the support and services of other women, from the extended family and kin or from among the less advantaged, so that their professional roles have not had to hinge upon their husbands' help in carrying out their domestic chores. Men have thus enjoyed the enhanced family prestige and income provided by career women, without themselves changing their status or incurring more work. Erkut (1982) pointed out that men are the real beneficiaries of "the rise of a few women made possible by the exploitation of many." Thus, positive attitudes toward professional education of elite women exist side by side with negative attitudes toward women's universal education deriving from traditional culture.

Fertility and the Value of Children

As a result of high fertility rates in the past, the population of Turkey is young. Government policy changed from a pronatalist to an antinatalist one during the 1960s, and accordingly, fertility rates started to decline.

In the village setting, the child is socialized not only in a family, but also in a kinship-community system characterized by mutual obligations. Expectations from the child, accordingly, are not only individual and familial, but communal as well. In the face-to-face interpersonal relations of the small community, everybody is a "significant other," and no one can be ignored; thus, other-directed behavior tendencies develop from childhood on.

Kağıtçıbaşı (1982b) noted that with development, and especially with education, the perceived economic value of children decreases, but their perceived psychological value

increases, at least in relative terms. When the economic value of children is high, the number of children increases, whereas when a low economic value is coupled with a high psychological value, the result is lowered fertility. Thus, the value of children forms an explanatory link, at the individual level, between the level of development and fertility rates. The economic value of children goes hand in hand with son preference, as sons are more dependable sources of economic benefits, especially in old age. This is of key importance in the sociocultural economic context, where patriarchal traditions are strong and institutional support of the elderly is lacking. The dependent, inferior status of the uneducated woman is crucial in this context. It is apparent in the widespread male decision making and the low levels of communication and role sharing between spouses. It is an inherent part of a general pattern of interdependent relationships, appearing first as dependency of the child on the parents and then as the reversal of this relationship. Socioeconomic development, and especially women's education and professionalization, are the key precipitators of change in this pattern.

The traditional Turkish way of adopting a child, which was also prevalent during the Ottoman Empire, is significant in some aspects. Wealthy traditional families usually adopt a child who is in economic or social need. Moreover, it is usually a girl, which seems to reflect the inclination to protect the weak. The child, called an *evlatlık*, is sometimes of an age when she (or he) is well aware that she is adopted and has a different status in the family. The *evlatlık* is well-cared for, is educated like other children, and is provided for, until she marries. On the other hand, she is expected to help with the housework, which constitutes her different role in the household. This traditional practice, which, partly because of economic and social changes, is on the decline, may be considered as an informal social-support system to protect the child where state supports are lacking. The *evlatlık* tradition does not exclude the more contemporary legal adoption system. Couples who wish to legally adopt a child must meet specific strict rules and usually have to wait for long periods. The couples (on the whole, those without children) usually prefer to adopt a newborn child, probably because they wish the child to think that she (or he) is their biological offspring.

Another type of adoption is seen in infertile couples in traditional Turkish communities in which one child of a relative (who is usually a brother or sister of one of the spouses) is adopted. The purpose of choosing a close relative's child seems to be related to the wish to keep the family ties together.

B. Sociolegal Status of Males and Females

Today, civil marriage is generally practiced with or without an additional religious ceremony. However, the practice of religious marriage alone has not disappeared. Polygyny was prohibited in 1926 with the acceptance of the Civil Code. Nevertheless, it is still possible to see it in some regions, although it is rare and was not very common even before 1926.

According to the Constitution of the Republic of Turkey, citizens cannot be discriminated against on the basis of their gender, and all individuals have personal, inviolable, non-transferable, vested basic rights and liberties. In spite of this legal foundation for equality between the sexes, there were articles in laws that contradicted this principle. For example, according to the Civil Code, the husband was the head of the marital union and was in charge of the choice of residence. The Civil Code stated that the husband spoke for and represented the marital union; the woman only had the right to represent the union for the permanent needs of the house (Ergöçmen 1997). The latest changes in the Civil Code were made in 2001, which discarded some regulations that

held inequalities between men and women. One of the changes, for example, which was made in 1997, is the legislation concerning the wife's taking her husband's family name. Another important change involves the regulation of equal sharing between husband and wife of the property that was obtained during marriage in case of divorce.

Equality between the sexes was introduced in the legal structure through the reforms implemented following the declaration of the Republic, and opportunities were provided for effective participation of women in public life. One of the most important steps in this respect was recognizing women's right to vote and hold elected office as early as 1934. In spite of this relatively early access to participation in the political decision-making process, women in Turkey have limited political involvement in terms of representation in the Parliament.

Even though under the civil code women have inheritance rights equal to men's, in some rural areas women still get either nothing or much less than what men get, and inheritance issues are resolved informally within the family or the village. This practice is, however, on the decline and equal sharing is the rule for urban people.

On the other hand, there are two types of regulations with regard to women in the labor force. The first set of regulations prevents women from undertaking dangerous work, while the second set relates to protective measures regarding maternal activities of women.

Since the foundation of the Turkish Republic in 1923, the basic principles in education have been the universality of services and the equality of opportunities. There are also principles like coeducation and the right of all to education. Primary education, which had been five years, but was recently raised to eight years after long debates in the Parliament, is compulsory for every Turkish child, and is free in public schools. At present, debates between politicians, and in public continue as to whether compulsory education should be raised to 12 years.

Almost all boys and girls attend primary education, although the dropout rate at later stages of education is higher for girls. For instance, whereas 91% of boys and 87% of girls attended primary school in the 1994-1995 academic year, 78% of boys continued on to secondary school while only 53% of the girls continued into secondary schools. Women, thus, still lag behind men in literacy and level of education (Ergöçmen 1997).

The legal age of marriage, which had been 15 for females and 17 for males until recently, was raised to 18 for both sexes. To secure the family unit is both a part of the main Turkish traditional approach and the official policy of the state. Thus, for example, if both the husband and the wife are government employees appointed in different cities, they have the right to demand to be employed in the same town to maintain the family union. In 1989, the State Department of Family Research was established as an independent branch under the Prime Ministry to develop national policies for the maintenance and welfare of the Turkish family.

In the past, punishment for *zina* (adultery) for women constituted the husband's right to divorce her, while the woman was also sentenced to imprisonment. For men, adultery was not punished as severely. Recent regulations in the civil code abolished this inequality, and adultery is currently not considered a criminal act for either men or women.

On the other hand, adultery is severely punished by religious tradition or by some radical groups in the society. In Islam, a woman who commits the crime of adultery (which has to be witnessed by four adult Muslim males to be considered as evidence for adultery) is supposed to be stoned to death, whereas no such strict punishment exists for adulter-

ous men. Interestingly, there had been no recorded case of punishment for adultery during the whole history of the Ottoman Empire, which implies that religious rules were less harshly practiced during the Ottoman reign.

The civil law of Turkey accepts the absolute divorce of couples. Moreover, a legal separation period for the married couple is also possible before absolute divorce. Turkish divorce law has been revised as a result of changes in social life, and the new regulations of 1988 made attaining a divorce much easier. For example, at present, a three-year period of separation is sufficient to grant a divorce, even if one of the spouses disagrees.

Divorce rates showed an increase in 1988 because of the enactment of the new law, but have stabilized and remained constant during subsequent years. The most commonly cited cause of divorce is incompatibility between spouses, with willful desertion and adultery following (SIS 1995). As far as women are concerned, the causes of divorce are adultery (81.3%), intrafamilial violence (65.5%), and alcoholism (59%).

C. General Concepts of Sexuality and Love

Reflections of the Oedipal theme can be traced in the Anatolian culture and folklore. The colloquial Turkish language and Turkish slang is full of examples of male sexual aggression toward women or threats of castration directed toward men. In rural Turkey, the custom of firing guns during the wedding ceremony, sometimes with fatal consequences, can also be regarded as an example of the Oedipal theme.

Physical contact between same-sex people is common in Turkey. It is socially acceptable for women and men to embrace, kiss, and hold hand-in-hand with same-sex friends or relatives in public. However, physical closeness and any show of affection between the sexes in public are generally not condoned even between husband and wife.

In Turkish folklore and legends (such as those of Yusuf and Züleyha, Ferhat and Şirin, Kerem and Aslı, and Leyla and Mecnun) the main theme is longing for the loved one. Love and passion, almost devoid of bodily senses and sexuality, is experienced as a search for the mystical, a way to reach God. Ancient Turkish verses, tales, and music reflect the mystical quality of love. In traditional Turkish arts, such as carpetmaking, which is usually woven by women, decorations and ornaments carry messages for the loved one.

Turkish melodrama represents the woman by her changing status in society as well as by the split in her identity. Films present prudent, poor, but highly talented women who are exploited in the patriarchal household and become very famous and rich by the help of a man who is financially and socially in a higher position. However, fame and fortune do not help her to form a stable identity; she is abused again, because she cannot attain the idealized love and security she has aspired to.

With few exceptions, Turkish media serve to accentuate traditional gender roles. İmamoğlu (1996), in her review of newspapers, noted that whether representing leftist, rightist, or liberal viewpoints in the political spectrum, Turkish newspapers share the ideology of perpetuating gender stereotypes in a subtle but consistent way. She concludes that, similar to Western newspapers, women seem to be defined in terms of their relationship to men. Women's maternal and marital roles and sex-object images are emphasized, while their femininity is defined from a male perspective.

In summary, it is not easy to reach a conclusion regarding the basic concepts of sexuality, love, and sexual attitudes of the society. Besides the media, which carry Western values into the very homes of the most isolated, reflections of many ancient cultures and civilizations can also be found alongside

Islamic, Arabic, and Persian influences. These can be traced in Turkish legends and folk tales, sharing common themes with Middle Eastern and Mediterranean cultures.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

Turkey is a secular state according to the Constitution. Although the community is predominantly Muslim, mostly Sunni, with a considerable part belonging the Alevi tradition, Turkish people are unique in their mild interpretation of Islam. A number of varieties of Islamic interpretation exist side by side, as well as non-Muslim groups. In the past decade, radical religious movements in the Middle East have found supporters in Turkey, and these fundamentalist groups had exerted pressure in favor of a return to *şeriat* (laws according to the Koran). Their political party was closed down in early 1998, their activities being against the Constitution. Another political party with a much milder religious discourse was successful in the November 2002 elections, and a new government was established. The Turkish Constitution is based on secularity, not permitting any religious ideology to control the political system.

Contemporary interpreters of the Koran believe in the equality of males and females, although some fundamentalists refrain from any other interpretation of the Koran, even mildly deviating from the original. On the other hand, the effects of Islamic tradition on many sexual behavior patterns of Turkish men and women can be discerned, except for the educated urban minority. Significant differences probably exist in the sexual attitudes or behavior of people from rural and urban areas. In terms of sexual behavior, Turkey manifests a very complex picture, as the Turkish cultural mosaic is made up of many different value systems. There are insufficient data to support a conclusion. As Tekeli (1995) said, along with ancient Turkish traditions and Islamic influences, elements of secular Western culture, atheistic socialism, and various regional cultures interact with each other to create an extremely rich and complex whole. This mix gives Turkish citizens their distinctive, more liberal characteristic.

Early in the Ottoman reign, the presence of two witnesses who testified to the decision of the woman and the man (or their representatives) was a sufficient condition to form a marital bond. Marriages were not officially recorded until the establishment of the Turkish Republic. The marital union was basically a contract between two partners. Thus, no official approval was considered necessary. Later, this ceremony took place in the presence of an *imam*, a religious leader, and this practice was called *imam nikahı*, a religious marriage.

On the other hand, the religious marital union could easily be broken if the husband alone so desired. This marital arrangement rested on the absolute fidelity of the woman, while permitting the man sexual freedom. The woman could not divorce her husband and marry again under any circumstance, except when her husband divorced her. The most she could do was to leave home if her husband brought in a new wife.

According to Islamic rules, a man can marry again as soon as he divorces his wife, whereas a woman has to wait for at least three months if she wishes to marry another because of possible pregnancy from former husband. However, if the man divorces his wife more than twice, he cannot marry her again; an exception arises if the woman marries another man and is divorced by him. This is called *hülle*, and has, in a way, a protective function for women. In modern Turkey, which generally interprets Islam in a very

mild manner, it is not seen. A kind of Islamic marriage contract called *mut'a*, which is valid for a short period of time or under certain conditions, is also very rare in Turkey, although in some fundamentalist religious groups, it is sometimes resorted to, presumably with the purpose of justifying sexual involvement.

Mehir (a kind of dowry), which involves paying an amount to the bride's parents, has been known from ancient times, probably originating in the process of transition to the patriarchal social order, when women began to be regarded as commodities with a price that could be paid for. Starting with the early years of Islam, it took the form of a payment made directly to the woman for her security. Thus, while the woman was withdrawn from social life and productivity, some means of security was provided for her. This practice, which could be regarded as "progressive" centuries ago, is maintained today as a tradition. Today, in rural areas mostly, it prevails as *başlık* (brideprice or dowry), an amount of money paid by the groom or his family to the girl's parents. *Başlık* is an indication of social and economic power for both sides. This practice is declining with urbanization and nuclearization of the family.

Another practice, although rare, seen in Turkey, as in many other predominantly Islamic countries, is polygamous marriages. Only 1.6% of all married women are or once were, in religion-based polygynous marriages according to a nationwide survey in 1988 (HIPS 1989a). Thus, it is obvious that polygynous marriages are not widespread. However, there are some variations by rural/urban, geographical, socioeconomic, and sociocultural characteristics. For example, polygynous marriages are more widespread in the east, in rural areas, and among those who have no education.

Contemporary authorities of Islam in Turkey do not regard polygamy as a valid norm of religion in modern times, and most approve only of monogamy. In spite of this, again, most men and women prefer a religious ceremony in addition to the official marriage, as it is accepted rather as a declaration of the marital union before God and society. On the other hand, while religious marriages are socially recognized, they have no legal standing. Surveys imply that the prevalence of such marriages is of a sizable magnitude. Among all marital unions in Turkey, 8.3% are based only on religious ceremonies, whereas 80.5% of the officially married couples have chosen to have both a civil and a religious ceremony (HIPS 1989b). Since marital unions based only on religious ceremonies are not legally recognized, the partners are deprived of their institutional rights within the family, such as inheritance, or parental rights on the education of their children. Whereas 4% of urban women live in religious unions, three times as many do so in rural areas.

More legendary than real, in Islam, a man who intended to marry was supposed to present the bride with the amount of gold which equaled her body weight. Thus, heavier women were more precious in the past, when religious marriages were the only form of marital union. A man could marry four wives, but had to treat them all equally.

B. Character of Ethnic Values

The family, as a valued social system, has always been important for Turkish people. According to the traditions of ancient Turkish states, such as Hun Turks and Göktürks, which served to keep the family secure and united, men would marry their stepmother or their brother's wife if their husbands died.

Since the acceptance of Islam, religious and ethnic factors have become so mingled with each other through the centuries, that it is not always possible to distinguish their separate effects on sexual attitudes and behavior. Although

a variety of ethnic groups exist in Turkey, they are not recognized by the state, which accepts each person as a Turkish citizen, regardless of ethnicity. Statistical data are not available for these groups as separate entities.

If the agrarian society and its values are taken as the core society or as a reference point, modifications in outlooks and ways of life can probably be better understood: The family system in the small agricultural community is generally assumed to be patriarchal with close kin and family relations. On the other hand, surveys have shown that the majority of families are nuclear and probably have always been.

Kağıtçıbaşı (1982a) noted that the extended family has been an ideal, especially in rural areas, which involves expectations of living in old age with the adult son's family and being supported by him. Underlying this ideal is, on the one hand, economic necessity, mainly, lack of institutional support or other means of old-age security, resulting in dependence on children and a consequently high value put on children's loyalty to the parents and the family. On the other hand, idealization of the extended family is partly the continuation of a tradition or a sign of longing for the past, as well as a sort of status aspiration. In the past, generally, rural patriarchal extended families have been the rich families, which could afford to keep all the family members under the same roof, as they had large land holdings to live on. Consequently, in the eyes of the poor peasant, the extended family has been identified with wealth, thus symbolizing an ideal.

According to Kağıtçıbaşı (1982a), the dynamic nature of the family underwent modifications in the face of changing socioeconomic conditions in Turkey. A typical pattern of change through the lifecycle of the rural family involves, first, the newly married couple living with the husband's parents (the patriarchal extended family) as a valued pattern, and, because of economic necessities, moving out as the young man gains more income and autonomy (the nuclear family), and then later on, the aged parent(s) moving in again for protection in old age (the transient extended family).

Even when conjugal families live in separate households, the functions of an extended family are served by them, in that they are called upon to provide material support when needed, forming what might be called the "functionally extended family." Thus, close family ties extending into kinship relations serve an important function of security in times of crises and conflicts, which are often faced by the families undergoing change in both the rural and the marginal urban context (Kağıtçıbaşı 1982a).

The spatial proximity of the separate family and kin households, even in the cities, symbolizes and may even strengthen the close mutual bonds of family and kin. Mutual support within the family is the rule. Thus, for example, older brothers are expected to finance younger siblings' education and be available for assistance for their parents in old age. Family relations are mostly patriarchal, with men having authority over their wives and children. Young brides in rural areas often have to live within their husband's family, which can cause many interpersonal and role problems between her and the in-laws. This "extended family" holds, at least, three generations in the same household, with grandparents having authority over the family income and childcare. After the bride gives birth to a child, particularly if it is a son, she ascends to a higher status in the family.

Endogamous marriage—marriage within one's own religious, ethnic, or kinship group—which is still commonly practiced in some regions, has various social functions, such as maintaining local cohesiveness, control over land, and protection of the family from "strangers." Twenty-one percent of marriages were found to be consanguineous. It increases to 31% in the east and decreases to 13% in western Turkey. Edu-

cational level of women seems to be an important determinant. The percentage of consanguineous marriages drops with women's increased education (HIPS 1989b).

Marriage in the rural context appears to assume more of a social than an individual or conjugal character, as a means of maintaining economic and social ties. It is especially instrumental in strengthening existing kinship relations or extending them outside the village to similar ethnic groups or in forming neighborhood and territorial ties, and in increasing the number of relatives and friends who are potential sources of aid. Thus, arranged marriages are common in rural parts of Turkey and not rare in small towns or even cities.

Related to the social function of marriage, a tradition called *kız isteme* ("asking for" the girl) involves asking the girl's parents' permission for her to marry. The elderly, respectable members of the boy's family pay a visit to ask for the permission of her parents to *kız alma* ("taking" the girl). In other words, they ask for the permission of the girl's family for the young couple to get married. The girl and the boy may or may not know each other; may not even have met each other before the visit. That is, they themselves may have decided to get married, or the marriage may be arranged by their parents, in which case the girl is usually "selected" by the boy's mother or other female kin for her beauty, her wealth, her parents' social status, or other qualities valued by the community. The boy's parents should bring special presents for the *kız isteme* occasion, such as flowers and sweets, which may also show variations according to regional custom. *Kız isteme* has been modified throughout the modernization process and may vary in different socioeconomic subcultures. In transitional families, for example, who mostly live in small towns and *gecekondu* areas, parents bargain on the household needs of the young couple. Sometimes the process may take months until the families agree.

Abduction and elopement still exist in the peasant culture, although not condoned. Only 1.3% of marriages in 1989 involved elopement. The responses to such action range from tolerance to strong disapproval and even vengeance and strife between the families involved. It is also seen as a breach of the proper standards for formal marriage and the financial contract, namely, the dowry.

Weddings are important in the social life of Turkish people. Mothers, especially in the traditional context, prepare themselves and their daughters or sons for their wedding ceremony, and their marriage in general, almost before the child is born! During the marriage ceremony, relatives bring the newlyweds presents, such as household needs, or jewelry and gold, if wealthy. These presents are accepted to belong to the woman and constitute a kind of security for her. If, later, it has to be exchanged for money, her husband is obliged to ask her permission. Valuable presents given during the engagement period are to be returned if the engagement is broken.

In arranged marriages, the man is not supposed to see the bride until the wedding night. After the wedding ceremonies, the husband presents his wife a gold coin as a gift in exchange for seeing her in person. This is called *yiüz görümlülüğü* (a "price" for seeing the bride's face).

Another traditional practice, the dowry, has functions such as the economic gains it brings to the family in exchange for the loss of labor of the girl, or, providing security for the wife if her husband dies. However, if the man is unable to pay the dowry, abduction may provide a solution. Another function of the dowry is providing support for the wife in case of divorce; yet divorce is quite rare in rural Turkey, as it is not condoned and is resorted to only under extreme conditions. Since endogamy is more prevalent in rural Turkey, or, at least because people are tied in close kinship bonds with patriarchal, authoritarian relations, individual acts such

as divorce are limited. One socially acceptable reason for divorce may be evidence, or even suspicions, about fidelity.

Some personal and social conditions, such as infertility or failure to give birth to a son, may lead the man to another marital union. In this case, he usually does not leave his first wife if she does not intend to divorce him. He behaves as a responsible husband for both women.

In summary, it can be said that, although some groups organize their life according to Islam, it cannot be generalized to the whole community. Ancient Turkish influences and Anatolian civilizations constitute the main background, while Islamic and Western effects are woven into this pattern. Traditional institutions, such as marriage and kinship relations, serve both individual and social functions. Such "ceremonial" patterns help people perceive themselves both as individuals and as a part of the Turkish community.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs

The Turkish State, as well as the "elite" or "intellectual" men and women in Turkey have always been concerned about "sexual education in the society" since the establishment of the Turkish Republic. What they did, for example, was to translate the Western classics into the Turkish language and, thereby, in a subtle and indirect way, introduce the Turkish society to Western ideologies, among which is the more "liberal" approach to sexuality. Along this line of thought, Mustafa Kemal Atatürk founded the first music school in the 1920s in Ankara, which gave education in Western classical music and instruments, and which later became the first conservatory of music in modern Turkey.

At present, sexual education is formally or informally given on different levels, depending on the age, education, socioeconomic status, and the needs of groups. One example of the more "formal" efforts for sexual education is the "parenting" schools, which were started about a decade ago. Also, about 15 years ago, the Turkish Family Planning Association organized a workshop on sexual education and therapeutic intervention in sexual disorders in Ankara for professionals such as urologists, psychiatrists, and clinical psychologists working in the area.

During the last 20 years, sexual education has been a topic of debate in professional circles in Turkey. Previously, even in medical schools, sexual education was limited to courses on the anatomy and physiology of the sexual organs. Recently, in medical schools and in some psychology undergraduate and graduate programs, human sexuality, sexual functions, and dysfunction have become a part of the curriculum.

In the past, in elementary education and high schools, there were no formal sexual education programs. In primary education, biology courses included information only about reproduction in various life forms, including humans. While it remains to be decided on which level sexual education programs should be given, a preliminary "trial" sexual education program in some chosen primary schools was started nearly five years ago. The "trial" program mainly consists of basic information about the anatomy and physiology of both sexes, including information about intra-uterine development and childbirth. The courses are taught by trained lecturers to girls and boys separately, who can ask questions and discuss the topics during lessons.

In a study on the sexual attitudes of adolescents by Başgül (1997), 12- to 15-year-old students reported that sexual education should be included in the curriculum. In another study, which included 13,000 female high school students, it was found that 75% had some information on

sexuality, including contraceptive methods and sexually transmitted diseases, although, on the whole, the level of sexual knowledge was limited in this group (Vicdan 1993).

In the 1999-2000 academic year, a project for 'sexual education' in primary and secondary schools was put into practice by the Ministry of National Education. The program covers topics such as physical growth, development, and maturation, male and female reproductive systems, adolescence, sexuality and sexual identity, contraception, and sexually transmitted diseases (Milli Eğitim Bakanlığı 2000). Attempts to integrate sexual education programs into primary education continue, and although still not a formal part of the curricula, are given on a "trial" basis in some schools in 2003.

To summarize, as a state policy, attempts have started to integrate sexual education into formal school curricula, and Turkish students, on the whole, seem to be emotionally ready and willing to receive such education. On another line of sexual education, a number of nongovernmental organizations, among which is the Family Planning Association and various other associations, provide educational programs on family planning and contraceptive methods in rural and *gecekondu* areas.

B. Informal Sources of Sexual Knowledge

A conservative and "reserved" attitude in discussing sexual matters with children is apparent in Turkish families. Moreover, parents may not possess the knowledge about how and what kind of information or experience they should share with their children. On the other hand, some parents with little or no formal education probably lack even the basic information in sexuality. Thus, most teens in Turkey obtain information about sex and sexuality from popular publications, or share experiences and information with each other. For some, fear and anxiety about sexuality stemming from tales about, for example, "the first night" experience, prevail, and some girls expect great pain or to have excessive bleeding during intercourse. Many young boys, and even men worry about the size of their sexual organ or their performance, or whether they will be able to "satisfy" their partner.

Various studies indicate that the main sources of sexual information are peers and publications for adolescents. A study by Ekşi (1982) revealed that for 15%, the source of sexual knowledge was the family, for 35% peers, for 20% the media, for 8% the school, and for 12% other sources. One quarter of adolescents reported that they had no information about sexual matters before puberty. Negative feelings toward changes in puberty were much more prominent in girls. On the other hand, 7% of college students reported that the most important problem for them was sex and sexuality, among various psychosocial problems. In another study, adolescents' same-sex peer group was found to be the main source of information about sexuality, followed by the mother for girls and the father for boys. Within same-sex peer groups, sex was a frequent subject of talk among friends. Younger members learned about sex in these intimate groups. The media was again another important source of sexual information for both male and female students (Başgül 1997).

In rural communities, the elders traditionally supply the adolescents with information about sexuality. Adolescents also learned by watching the copulation of animals, before popular magazines, TV programs, video films, and, recently, DVD became a part of most households, even in isolated rural communities.

From the religious point of view, parents are responsible to provide information for their children. Every adolescent is personally responsible for his (or her) own thoughts and behavior regarding religion, and on reaching puberty, is

obliged to follow Islamic rules as a proper Muslim, performing the rituals of Islamic belief. One of the rituals is called *abdest*, which involves bathing parts of the body in a predetermined order before praying and after any type of sexual activity, whether intentional or spontaneous. Parents have to teach their children to *take abdest* whenever they have a "wet dream." This is called *şeytan aldatması* (deception or misleading of the devil). Parents' traditional approach to pubertal or prepubertal children, which is also apart of religious education, has been carried over generations throughout centuries in history. On the biological basis, it implies that a "wet dream" or nocturnal ejaculation is not provoked by erotic stimuli alone, and sexual content in dreams may occur without any experience or information about sexuality.

Another religion-based attitude is the responsibility of elder family members to provide sexual information to the bride and the groom before marriage. The *sağdıç* (best man) talks to the groom, giving information before the wedding, while the *yenge* (chaperon), a female family member, informs the bride about sexual issues.

In summary, while there are no clear state policies to regulate formal sexual education, in rural communities at least, the traditional Turkish family system supplies some information about sex and sexuality to children and adolescents.

4. Autoerotic Behaviors and Patterns

A large-scale survey on autoerotic activity in Turkey does not exist. Studies in student populations showed that, for 50%, the main sexual activity was masturbation (Çok et al. 1998). In Erkmen et al.'s (1990) study, 11.5% of female and 87.2% of male university students reported to have masturbated, while 21.0% of females and 26.0% of males reported that they considered masturbation as "unhealthy." Similarly, Ekşi (1990) reported that, male students regarded masturbation as "distressing," particularly if fathers were less educated. Taken together, these studies imply that while autoerotic activity is not rare among adolescents and young adults in Turkey, it is, nevertheless, a source of distress. Even among the highly educated, masturbation is not always regarded as an acceptable sexual outlet.

Clinical observations and self-report studies with sexually dysfunctional patients in Turkey show that masturbation is more commonly reported by males, while sexual fantasies and autoerotic activities are rarely reported by Turkish females. However, these observations rest on clinical samples and may not reflect patterns of sexual behavior in the "normal" population. Attempts to study sexual attitudes and behavior of the Turkish population are hindered by reluctance in responding to questionnaires, and so on, because sexuality is considered as a taboo by the larger part of the community.

Regarding religion and its practice, masturbation is regarded as a kind of "sin" by many Muslims. Although there appears to be no written rule in the Koran that prohibits it, most people who refrain from autoerotic activities believe that such behavior is sinful.

5. Interpersonal Heterosexual Behaviors

A. Children

According to Islam, puberty is a stage when a child is ready to take on some adult responsibilities. As a part of this, while adolescent girls are expected to behave and dress as mature women, every male child should be circumcised before he reaches puberty. In the traditional context, *sünnet* (circumcision) is usually performed by a *sünnetçi*, always a male, trained and experienced in circumcision, but without a medical degree. During the operation, which usually takes place at home, the *kirve* (a close friend or relative, always a

male) holds the child, apparently to soothe him if he is scared, and the *sünnetçi* conducts the operation, usually without anesthesia if performed in the traditional way.

Great importance is attached to the *sünnet* ritual traditionally. The ceremony involved in *sünnet* is called *düğün* (wedding), carrying the implication that it is regarded as a step toward manhood. A special feast is prepared, and the child is dressed in a white gown and a cap adorned with decorations. Following the *sünnet*, he is laid down with prayers in a decorated bed, and guests bring in presents while being offered food and sherbet.

Sünnet is a religious rule, although many people believe that it is also a requirement for healthy sexuality, both in the medical and functional sense. Because of this, if the child is born in a hospital, many parents now prefer *sünnet* to take place in the hospital setting.

Although circumcision is an obligation for males according to the Islamic rules, it is also seen in many pre-Islamic cultures and religious practices. The age of circumcision in Islam varies from birth to adolescence, while Turkish boys are mostly circumcised between 3 and 6 years (Öztürk 1963). As is well known, this period is regarded as a critical stage in psychosexual development, and circumcision at this age might be risky for later development. Öztürk (1963), who studied this phenomenon in Turkish males, found no evidence to support the hypothesis that circumcision at an early age (or during the phallic stage) might have a negative effect later.

B. Adolescents

The primary and secondary sexual characteristics of Turkish boys develop at roughly the same age as Europeans, whereas the rate of physical development for girls is closer to the Mediterranean region, where puberty begins at an earlier age. Along with the development of secondary sex characteristics, menarche and first nocturnal ejaculation are accepted as an indication to begin sexual education in the traditional sense.

During the Ottoman Empire, private teachers educated young girls in special subjects, such as music, literature, and the arts, while boys attended public schools, which also provided religious education. After the establishment of the Turkish Republic, a revolutionary project in the educational system was put into practice, and during the 1960s, sexual segregation in schools was totally abolished.

Studies indicate that, about half of unmarried male college students report having experienced sexual intercourse, whereas the percentage drops to between 4% to 19% for college girls (Çok et al. 1998; Ekşi 1990). This big difference probably reflects males' experiences with prostitutes. Overall, 66.2% of male and 8.5% of female university students reported premarital sexual intercourse (Erkmen et al. 1990).

C. Adults

Marriage

About 92% of Turkish citizens marry to establish a family. In rural communities, the age of marriage is quite low, although it is expected that a young man complete military service before he can support a family, or indeed, to be regarded as a "man." For urban men and women, because of longer time spent in education, the age of marriage is higher.

Marriages are highly concentrated in the 15 to 24 years for females, and 20 to 29 years for males. Medical screening is obligatory for men and women before marriage, according to the law enacted in 1930. As a preventive measure, the aim was to recognize and cure those with contagious diseases. The law was passed in the period between the two World Wars, when serious economic and social problems

had to be overcome. At that time, one of the main concerns of the newly established Turkish Republic was to prevent epidemics of tuberculosis, syphilis, malaria, and others.

In the social sphere, *hamams* (Turkish baths) had been a major locus of social interaction until modern facilities supplied hot water to houses. There were, and still are, separate sections or days for men and women in *hamams*. Children of both sexes are accepted into the women's section. In the past, women went to *hamams* with their female friends and kin and spent long hours bathing, chatting, gossiping, singing, dancing, and sharing the food they prepared for this occasion. Older women looked for young girls whom they could choose as wives for their sons. And, there used to be tales about young girls getting pregnant in baths while sitting on the marble seats, presumably from men who sat in the same place to take a bath during men's hours!

Hamams are still a social factor in traditional Turkish life. They are still popular for some sections of the community, especially for the lower socioeconomic groups in cities, or in small towns with no hot water supplies in houses. Interestingly, *hamams* are also popular in the high society in Turkey, probably as an eccentric activity, universally common for people with very high income.

Weddings, Virginity, Potency, and Childbirth

Traditional wedding ceremonies in Anatolia last for four to seven days. The ceremony starts with music, played on local instruments. A flag is hung over the groom's house as an announcement of the wedding, and guests are accepted. Men and women entertain themselves separately until the *gerdek* (first night of the wedding). Some traditional activities common during the ceremonies are: *hamam* (Turkish bath), lasting for hours during which food is served, and *kına gecesi* ("henna night"), during which the hands of the bride and groom are colored with henna. Guests sing and dance and are served food and drinks. On the wedding day proper, a group of men and women take the bride from her home. She rides on horseback to the groom's house with the crowd, while everyone is singing and dancing. When the bride enters the house, coins (or gold, if wealthy) are spread over her. The groom's friends punch him before the newlyweds are left by themselves, representing rejection as a bachelor. The ceremonies end with prayers.

As a symbol of passing from virginity to womanhood, a lock of the bride's hair is cut on the day after the wedding. Magical practices, such as holding a mirror to the bride's face, and spilling water as the bride leaves her home, are believed to facilitate the her "adaptation" to marriage.

Virginity is still a treasured value for women in most parts of Turkey. Even educated young people who flirt reserve sexual intercourse until wedding. In traditional regions, parents or older members of the family wait outside the couples' room, to see whether intercourse has taken place. Traditionally, a blood stain on the bed sheet caused by the perforation of the hymen should be displayed to the waiting family, and is taken as proof of chastity on the part of the woman, as well as the honor of the man who has successfully performed the sexual act. Psychiatrists or gynecologists sometimes observe that it is a source of great pressure on the couple. The bride is expected to have no sexual experience, and, for many young men also, the first night of marriage is the first time he experiences intercourse. There are many cases of erection or intromission difficulties (i.e., erectile dysfunction and vaginismus) that can be attributed to the embarrassing and stressful events on the wedding night, plus, a general lack of sexual knowledge. Tragic consequences may ensue if the bride is not a virgin, or, if it is a case of a penetrable hymen often mistaken for previous loss

of virginity. However, it is not unheard of that the newlyweds show their families red paint or some other blood to escape the embarrassment.

Sexual potency and fertility have been important aspects of sexual identity of the Turkish male throughout history. Thus, methods to enhance potency and fertility, such as *kuvvet macunu* (herbal pastes) and potions were invented, and selected food recommended. Pastes and potions are still prepared today and handed out freely in some regions on special feasts. The preparations may take days, and large amounts of herbs are boiled in huge pots during the festivals. These annual ceremonies are local organizations, led by townsmen dressed in traditional costumes. As a part of the ceremonies, *kuvvet macunu* are handed out with prayers. They are believed to protect the user from diseases, make him sexually potent, and promote the health of children born that year.

After childbirth, the *lohusa* period is the 40 days during which it is believed that both the mother and the child require special care. The mother is usually confined to bed in the first ten days. A special bed, adorned with ornaments is prepared for her. She puts on her best traditional dress and jewelry, accepting guests in her bed during the first ten days. She is fed with sweets and dishes believed to make her physically stronger and to "increase her milk." Guests bring presents such as gold coins or clothes for the child. Prayers are said and guests are offered *lohusa şerbeti* (a special sweet sherbet). After the ten-day period, if her health permits, she gets up, but does not leave the house. She is helped by her female kin for her personal and the child's care, and for her responsibilities in the house. In the *lohusa* period, the woman is restricted in her sexual activities also.

Divorce and Widowhood

The crude divorce rate of Turkey, less than one in 1,000 marriages per year, is low, compared to divorce rates in many other countries. Reasons for this could be the strong religious and family ties, and the traditional nature of Turkish society. However, it should be noted that official figures do not reflect the divorces among religious marriages. (See also earlier comments about divorce in Section 2B, Religious and Ethnic Factors Affecting Sexuality, Character of Ethnic Values).

In Turkey, 49% of all divorces occur in the first five years of marriage, and 45% occur in childless couples, an indication that children help to keep the continuity of marriages (SIS 1995). In other words, not having children may be considered as a social implication and probably a reason for divorce.

Levine (1982), who investigated the nature of divorce in Turkey, considered divorce as a "barometer of social change," "a struggle against conservatism," and "an act of female emancipation." Reviewing national divorce statistics, he noted that divorce is associated more with urbanism and urban occupations, with a higher level of development, with changing women's roles, with developed agriculture rather than with full-scale industry, and with being barely literate (especially among women). Thus, it is the people "caught in the middle of economic and structural change" who are most vulnerable to divorce, as they are subject to the most stress. In effect, the urban poor who are dislocated and economically vulnerable are more likely to get divorced. Levine views the patriarchal family as a hindrance to individual autonomy and initiative, in which the needs of the family hold primacy over those of individual members. In these families, divorce can be seen as a liberating act, although it brings with it serious problems of readjustment, especially for the woman, in a society which does not condone it.

By tradition, in the east and in southeast Turkey especially, if the husband died, it used to be the duty of one of his

brothers to marry the widow. This was functional in providing security for the woman and her children, but is very rare at present.

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. Children and Adolescents

Case histories of psychiatric patients sometimes reveal homoerotic activity during childhood, although systematic research in Turkey for this period is not available. On the other hand, a number of retrospective self-report studies with late adolescent male homosexuals and transsexuals imply that, in both groups, the first sexual experience occurs at an early age. Most transsexuals and about one third of homosexuals reported that they had their first sexual experience before age 12 (Gülçat et al. 1988; İnci 1993), which appears to be quite early compared to the general population. These studies also showed that sexual intercourse was mostly initiated by the subjects themselves, that is, without being forced, which seems particularly to be the case for transsexuals. Most homosexuals and transsexuals came from families with more than three children, had pathological relations with parents, and traumatic childhood experiences, such as the loss of one or both parents, or physical and/or sexual abuse.

Based on the MMPI results of subjects in the 20- to 25-year-old age group, Battal et al. (1989) argued that transsexuals were characterized by the existence of early infantile conflicts and fixations, while homosexuals showed pathological resolutions for identification processes. Comparing homosexuals and transsexuals, İnci (1993) found that self-esteem and self-image of homosexuals were lower than that of transsexuals in the late adolescent group. Anxiety, depression, and oversensitivity were also characteristic of homosexuals, while suicide attempts seemed to be common in both groups.

B. Adults

Same Sex Behavior Versus Homosexual Identity

Turkish males who play the "active" role in homosexual relations are not socially regarded as homosexuals in the Turkish culture. The active homosexual role is more likely to be assumed as a variety of sexuality experienced by a heterosexual male. That is, homosexuality is rather restricted in meaning, and covers almost exclusively effeminacy and the "passive" homosexual role. This attitude is even apparent in some legal and official practices of establishments like the armed forces. Homosexuals are not accepted in the army, and if such acts are witnessed during the military service, which is compulsory for every Turkish male citizen, the effeminate, passive partner is sent for medical evaluation, and discharged from the army if diagnosed.

Little is known about lesbians in the present-day Turkey. Legends about females who lived and fought like brigands are still told, without their sexual orientation being directly mentioned or alluded to. It can be claimed that there is no observable negative attitude in the society as far as lesbianism is concerned.

7. Gender Diversity and Transgender Issues

Sex-reassignment operations are occasionally performed in Turkey. In recent years, debates centering on ethical issues about the incompleteness of medical and/or psychological evaluation processes took place in the media. It is legally accepted that transsexuals obtain an identity in accordance with their acquired sex; they can change their name with a court order and they can officially marry.

It can be claimed that there is a double standard concerning attitudes toward male homosexuals and transsexuals in Turkey. On the one hand, they are alienated, ridiculed, and even persecuted by the society in general, and by the police, as they are regarded as a threat to social values. On the other hand, they are also condoned, especially those in the show business, who usually publicly claim that "God had willed them to be" as they are. Although very rare, female-to-male sex-reassignment operations are performed in Turkey.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Child Sexual Abuse and Incest

Statistical data about child sexual abuse is almost nonexistent in Turkey. During the last decade, several initiatives were started to prevent child sexual abuse with the support of international organizations. Several associations, such as Çocuk İhmali ve İstismarını Önleme Derneği (The Association for the Prevention of Child Neglect and Abuse), were founded to help abused children and to conduct studies (TC Hükümeti ve UNICEF 1991).

Although no statistical data are available, child sexual abuse does not seem to be rare in Turkey. Occasional news in the media indicate that child sexual abuse, including incest, occurs. However, such acts are not condoned, and child molesters, whether homosexual or heterosexual, are strongly disapproved of in the community. Indeed, prisoners convicted of such acts are alienated or even killed by other prisoners. For this reason, child molesters are usually kept in separate cells.

Among cases of child abuse, sexual abuse seems to be the most frequent type. It is estimated that child sexual abuse is involved in approximately 50% of all kinds of child abuse, including unreported and unregistered cases. According to forensic medical records, 350 to 400 cases of child sexual abuse are documented each year. These figures are not conclusive though, because Turkish society is sensitive in sexual matters, and a considerable proportion of cases may not even come to the attention of legal authorities, because families are concerned about the protection of children and the honor of the family from publicity. On the other hand, because scandalous news sells, the media may also be exaggerating the news and figures to increase their sales (Kozcu 1991).

Child sexual abuse rehabilitation services have been established in a number of university and state hospitals in Turkey. Victims of abuse are generally referred to these centers by legal authorities.

Although incest is defined in all cultures, the boundaries of definition may vary. The Turkish culture does not consider sexual relations and marriage between, for instance, cousins, as incestuous. Thus, it is not uncommon for daughters and sons of brothers and sisters to marry. In fact, arranged marriages, especially in the eastern parts of Turkey, are often preferred, if it also serves to keep the unity of land and power.

Other Unconventional Sexual Outlets

There are no recorded cases, although it is claimed that males occasionally use animals (such as sheep) for sexual outlets in rural areas. Especially in isolated villages, where acceptable sexual outlets for unmarried adolescents are lacking, intercourse with animals should probably not be viewed as perversion.

B. Prostitution

Commercial sex is legal in Turkey, and registered prostitutes are under periodic medical control. Illegal prostitution also exists, which stems mostly from immigrants from

neighboring countries. Many unregistered prostitutes constitute a threat for public health, because they are not subject to routine medical checkups. Because of this, in metropolitan areas, STD appears to spread rapidly.

Prostitutes may be playing a special role for adolescent males in their first sexual intercourse. An older male kin may facilitate the adolescent's first experience by offering to take the boy to a prostitute, who is usually informed beforehand.

C. Pornography and Erotica

Many publications on sexuality can be found in bookstores and newsstands. A number of popular magazines publish articles on sexuality frequently, which mostly focus on enhancing sexual satisfaction. Serious publications on sexuality, including an encyclopedia and books on sexuality for children and adolescents, are available in many bookstores.

Although there is no strict control over them, pornographic publications are not distributed freely in Turkey. Selling and purchasing them under the age of 18 is illegal. In one 1990 study by Erkmen et al., 26% of women and 48% of men reported that pornographic material should be freely published. On the other hand, many organizations have campaigns against pornography, with the aim of protecting children and moral values.

9. Contraception, Abortion, and Population Planning

A. Contraception

The shift from a pronatalist to an antinatalist policy during the 1960s influenced contraceptive use by the introduction of modern methods to the public. In the early 1960s, only one fifth of Turkish women used some method of contraception. Traditional methods were more common then. The Family Planning Project was implemented by the end of the 1960s. The proportion of users was 38% in 1978, increased to 51% in 1983, and to 64% in 1988. By 1988, modern methods accounted for almost half of all contraceptive use, which shows significant changes in contraceptive methods (Hancıoğlu 1997). In general, Turkish women believe that lactation prevents pregnancy, and many breastfeed their children.

Almost all women (99.1%) between 15 and 49 have some idea about contraceptive methods, and 62.6% currently use some method of contraception. The most common is the IUD (18.8%), followed by condoms (6.6%) and contraceptive pills (4.9%). Regional differences in terms of contraceptive use are very high. In the east, 42% use a contraceptive, whereas in the west, the proportion is 72% (HIPS 1989a).

Among the reasons of *not* using contraceptives, the most common one is health concerns related to the method. Other reasons are husbands' opposition, lack of knowledge, difficulty in availability, and religious beliefs (HIPS 1989a).

The preferred method of contraception for Turkish males seems to be withdrawal. More than one quarter of sexually active males report using the withdrawal method, while 6.6% use condoms and 1.0% refrain from intercourse during the ovulation period (HIPS 1989a).

There is a strong positive correlation between education and the use of modern contraceptives such as the pill, the diaphragm, and IUDs. In urban areas, the main source of obtaining IUDs is doctors in private practice, whereas in rural parts, women obtain IUDs from Health Centers (HIPS 1989a).

The majority of college students claim that they would refrain from unsafe sexual activities that might expose them to AIDS, and most are willing to use condoms during sex (Çok et al. 2001). The media has played an important role in campaigns for condom use in the prevention of HIV/AIDS, which has also promoted indirectly their usefulness as a contraceptive.

There are also some interesting traditional methods of contraception in Turkey. These include swallowing herbal preparations made from local plants or vegetable skins, and homemade or readymade materials, such as soap inserted into the vagina. There is also a local belief that if the woman is able to pass a kitten over the saddle of a horse while riding, she will be protected from pregnancy!

B. Teenage (Unmarried) Pregnancies

In 1995, the State Department of Social Services started a project for teenage mothers. Although statistical data are not yet available, unmarried teenage pregnancies are probably quite rare in Turkey. Since pregnancy out of wedlock is traumatic for both parties involved, if it occurs, the incident is probably covered up. Generally, these cases are not referred to state hospitals, where the signed consent of a parent is required before any medical measure is taken. Those who can afford to do so seek abortion in some private offices. In small towns or villages, where the risk of scandal is high, or where private services are not available, traditional methods of abortion are resorted to. On the other hand, pregnancy in the married adolescent presents a more common problem for Turkey, because the age of marriage is quite low, especially in rural areas. In 1991-1992, 4% of all pregnancies were to teenagers. These pregnancies are usually unplanned, and antenatal followup is lacking. Risks of pregnancy increase with low education and with younger age of the mother where symptoms may not be understood and spontaneous abortions may occur. However, if the pregnant adolescent is living in the traditional household with the family, there is a good chance that she will be well cared for, even if medical care may not be sought.

C. Abortion

Until 1983, induced abortion in Turkey was prohibited except for eugenic reasons or when the woman's life was threatened by pregnancy. In May 1983, the law on population planning was liberalized to provide abortion in a legal and safe manner. At present, women may obtain an abortion on request up to the 10th week of pregnancy for medical or social reasons.

In 1988, 23.6% of all pregnancies were terminated by induced abortion, 8.2% by spontaneous miscarriages, and 1% by stillbirths (HIPS 1989b). The number of abortions induced for legal and medical indications was 15,571, while there were 49,655 abortions for unspecified causes, with 121 deaths in 1995.

Traditional methods of abortion, such as pushing sticks or long feathers into the uterus are probably still occasionally resorted to in rural areas. To induce abortion, some women take herbal preparations, such as boiled onions or aspirin, to trigger bleeding in the uterus. Carrying heavy loads or heavy massage on the lower back are some other traditional methods to induce abortion.

D. Population Programs

Following the loss of males during the War of Independence (1918-1924), a shortage of manpower and a high mortality rate led the State toward a pronatalist policy to promote population growth until the mid 1960s. As a part of this policy, the government provided financial support for each child. During the late 1950s, public opinion began to change, and the adverse effects of rapid population growth were gradually accepted. An antinatalist population planning law was enacted in 1965, legalizing contraception and promoting avoidance of unwanted pregnancies by public education.

Illegal abortion under unhealthy conditions was a cause behind high maternal mortality rates until 1983. The population planning law was revised, and abortions up to the

10th week of pregnancy and voluntary surgical contraception were legalized, while midwives were permitted to insert IUDs (Hancıoğlu 1997). In 1996, mother and child health and family planning centers throughout Turkey were increased to 274, while the number of units giving exclusively family planning services was 532.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

Among STDs, syphilis is one that is compulsory to be reported to the Ministry of Health. Because of its high incidence, a concentrated syphilis control program was started in 1925, and was carried out in the regions where it was widespread. The medical staff included control committees composed of a bacteriologist as a laboratory director, medical specialists, and specially trained health personnel.

Statistical data about syphilis cases are reported by the health control committees in the provincial directorates and by venereal disease dispensaries in certain cities. The patients are obliged to seek treatment at least once a week. The cases are recorded and sent to the Ministry of Health monthly. The registered syphilis patients were 3,841 in 2000. Out of this number, 3,416 were previously registered, 3,313 were still in the treatment program, and 443 were completely cured; 11 of these patients died (SIS 2001).

Information on syphilis and other sexually transmitted diseases was an important part of the curricula of medical schools in the past when they were widespread. Each case of syphilis has been followed up until treatment is completed. It does not constitute a major health problem now; its prevalence rate has decreased from 7.1 per 100,000 to 5.1 in the 10 years between 1987 and 1997.

Incidence, Patterns, and Trends of STD

The Ministry of Health declared that the number of cases with gonococcal infections was 1,071 and cases of hepatitis B was 2,435 in 1996. Out of 3,267 prostitutes screened in 1997, 1,136 were infected with gonorrhea, 36 with syphilis, and 27 with hepatitis. Only a small percentage of college students reported gonorrhea (1.3%) and hepatitis B (3%), whereas none reported having a history of syphilis (Çok et al. 1998).

Availability of Treatment and Prevention Efforts

There are 12 venereal disease dispensaries in Turkey, in addition to services for sexually transmitted diseases in most public hospitals. The Ministry of Health has organized courses and conferences, and prepared brochures and booklets for the public and professionals, in accordance with the World Health Organization for the control, prevention, and care of STD and HIV infections.

B. HIV/AIDS

The number of diagnosed HIV/AIDS cases was 753 by the end of 1997 in a population of about 63 million in Turkey. Regarding the 1997 Turkish HIV/AIDS statistics, the Ministry of Health stated that 84.6% of HIV/AIDS cases were Turkish citizens, while 15.4% were foreigners; 9% of the HIV cases were infected by homosexual contact, 11.2% by intravenous injections, 6.4% by blood transfusions, 44.2% by heterosexual contact, 0.9% by infected mothers, and 28.3% by unknown causes.

Because of low public awareness of HIV/AIDS, the prevalence of commercial sex, the lack of educational campaigns, immigration patterns, tourism, and returning workers from Europe, HIV/AIDS is considered as a potentially serious health problem in Turkey.

Çok et al. (2000) reported that, while the majority of college students were aware of the disease, 30% stated they did not discuss HIV/AIDS with anyone. Students learned about AIDS from a variety of sources, including the media, booklets, and peers. Only a small percentage of the students obtained information from health professionals, family members, or at school. The study also revealed that Turkish students had a moderate level of knowledge about the transmission, symptoms, and prevention of HIV/AIDS. The majority believed that they were not at risk for getting AIDS or that the risk was very low. Six percent stated that AIDS did not concern them. About half of the students stated that they would avoid people with AIDS, whereas 23% were willing to open their houses to anyone with AIDS.

The figures for HIV/AIDS cases, covering a period of 10 years, are given in Table 1 (SIS 2001).

[Update 2002: UNAIDS Epidemiological Assessment: By mid 2001, a cumulative total of 1,245 cases of HIV had been reported, transmitted primarily through sexual contact and injection drug use. HIV testing is mandatory for blood donors, prostitutes, and military conscripts abroad. All diagnosed HIV infections are reported in a national HIV case-reporting system. The numbers of cases diagnosed among injection drug users are small. Universal assessment testing (UAT) surveys have been conducted in injection drug users and STD patients in Istanbul in 1992 and 1995.

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

Adults ages 15-49:	3,700 (rate: 0.1%)
Women ages 15-49:	NA
Children ages 0-15:	NA

[No estimate is available for the number of adults and children who died of AIDS during 2001.

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

11. Sexual Dysfunctions, Counseling, and Therapies

A. Concepts of Sexual Dysfunction

Because children are socially regarded as a natural consequence of marriage in Turkey, there is a strong expectation of a child almost immediately after marriage. Indeed, most young men and women expect to have a child in a short time after they marry. In cases of unconsummated marriage, the young couple faces an additional burden in explaining to others the reasons for not having a child. Thus, the majority of these couples seek sex therapy to make conception possible.

In childless couples, the blame is usually attributed to the wife. In such cases, couples often seek help from traditional healers who supply the couple with charms, prayers or sacred objects as a remedy for infertility or sexual dysfunction. Visits to *türbe* (tombs of holy persons) are another traditional way to deal with various social and health problems, especially for women. During the *türbe* visit, the usual practice is to pray for the spirit of the holy person, and to ask for his or her help. Sometimes pieces of rags or col-

Table 1

Cases of HIV/AIDS in Turkey, 1991-2000

	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total	38	64	74	86	91	119	143	109	119	158
Cases	17	28	29	34	34	37	38	29	28	46
Carriers	21	36	45	52	57	82	105	80	91	112

ored strings are tied to the branches of trees around the *türbe* or just left over the tombs. While unmarried women may pray for husbands, childless women pray for a child.

Sexual dysfunction is most commonly perceived as a failure of men in Turkish society. Sex therapists usually have difficulty in getting in contact with wives, even as a part of therapy. It is considered socially inappropriate for a woman to have a sexual problem, because she is not even expected to desire sex. On the other hand, sometimes men resist participating in sex therapy if they think the problem belongs exclusively to the wife.

Various magical practices are still met in some parts of Turkey, as a remedy for almost each problem a person can face, among which are sexual problems, childbearing, or infertility. One such practice is a vow or a promise to God that if the woman can give birth to a son, his hair shall not be cut, he will be dressed as a girl, and sacrifices made each year until his 7th birthday (Soylu et al. 1997).

Traditionally, sexual dysfunction and infertility, along with many other health problems and diseases, have been explained by folkloric beliefs, some of them based in Islam, and others apparently unrelated to religion. There are still many people who believe that erectile dysfunction, vaginismus, or lack of sexual desire are consequences of evil forces, such as *büyü*, or magical procedures conducted by those who mean to destroy the happiness of the couple. In other cases, the supposed cause is the *nazar*, or the evil eye, or the *djins*, spirits described in the Koran, which sometimes reveal themselves to human beings. One example of such a *djin* is *alkarısı*, a witch-woman who visits those who have just given birth to a child. *Alkarısı* is believed to inflict a disease called *albasması*, characterized by the woman seeing everything in red, turning hot, getting cramps, and choking.

If the cause of the sexual dysfunction or infertility is attributed to magical forces, treatment is usually sought from traditional healers called *hoca*, *medyum*, *falcı*, and so on, rather than medical doctors. Although prohibited by law, such paramedical healers provide their clients with preventive or curative measures, such as charms, prayers, and specific rituals. Doctors or psychologists have observed that many young couples with sexual problems, while claiming that they do not believe in supernatural phenomena, were pressed to seek a solution from traditional healers.

A study of patients at a primary healthcare unit revealed that one in 13 patients had a symptom of sexual dysfunction during the previous month, and one in 20 had a sexual dysfunction sometime in the past. Lack of sexual desire was the most prevalent symptom, occurring in 3.9% of all patients (Sağduyu et al. 1997).

In a survey by Sağduyu et al. (1997), which included patients in the 15- to 65-year age group referred to a primary healthcare unit, 32.1% refused to participate in a study related to sexuality, 11.8% reported having no sexual experiences, while 92.8% of males and 54.0% of females valued sexuality positively. Negative feelings about sexuality were prominent in the older age group. Among patients with sexual dysfunction, 25% of females and 5% of males suffered from lack of sexual desire.

Kayır (1990) reported that among women with sexual dysfunction, vaginismus was diagnosed in 52%, low sexual desire in 25%, anorgasmia in 15%, and painful intercourse (dyspareunia) in 2%. Among male sexual dysfunction patients, 48% experienced erectile dysfunction, 20% had premature ejaculation, 5% had low sexual desire, and 2% experienced inhibited ejaculation, while 22% had more than one sexual dysfunction. Özkan (1981) reported similar findings in a psychiatric population, with 49% of male patients having erectile dysfunction. He found that 52.9% complained

of premature ejaculation, whereas 35.5% of female psychiatric patients complained of dyspareunia, 53.3% of vaginismus, 66.6% of anorgasmia, 60% of lack of sexual arousal, and 84.4% of low sexual desire.

The figures and clinical observations imply that vaginismus is seen relatively frequently in Turkey, compared to Western countries. Five to 10% of patients with sexual dysfunction suffer from vaginismus. Many of these can be traced back to lack of sexual education and conservative attitudes, which, in turn, lead women to see sexual intercourse as an activity to be feared and avoided. During the evaluation process, it is observed that the majority of sexually dysfunctional couples' problems are initially related to mild or moderate vaginismus-like complaints, which, on further interview, turn out not to be true vaginismus cases. Rather, the vaginismus-like symptoms are the result of the wife consciously or otherwise taking over the sexual problem (or, in other words, she assumes the blame for her husband's lack of desire or erectile problem). Thus, the problem becomes more complicated, where tactful and original approaches on the part of the therapist may be needed.

B. Availability of Diagnosis and Treatment

Centers for sexual dysfunction in university-associated hospitals have been established in Turkey during the past 20 years. In these units, patients are fully screened upon admission. The screening covers psychological and physical examinations. Methods such as Doppler ultrasonography and endocrinologic and neurologic examinations are available in most centers. In some sexual dysfunction units, more-detailed examinations, such as neurophysiological and neuropsychological evaluations, and nocturnal penile tumescence (NPT) can be made if necessary.

Kayır (1995) argued that the improvement in diagnostic and therapeutic services has encouraged people with sexual dysfunction to refer to centers, while perhaps also leading to the idea that each sexual problem is an illness that can be treated by doctors.

Treatment is available according to the etiology of the sexual problem and the specific needs of the patient. The first step in therapy consists of providing basic information about sex and sexuality if the therapist decides that the couple lacks sexual knowledge. The information may range from basic anatomy and physiology of male and female sex organs, to the concept of marriage and marital relationship, according to the needs of the couple. Sometimes, especially with couples who come from low sociocultural backgrounds, this approach proves to be sufficient in solving the problem and no further therapy may be needed.

Couples therapy, based on Masters and Johnson's techniques, is the main approach if both partners are willing to attend therapy sessions, whether the etiology is psychological and/or organic. Group therapies for men and women with similar sexual problems are also available in some centers. In spite of the availability of a variety of therapy techniques, traditional values may sometimes hinder persons with sexual problems from taking part in therapeutic attempts to solve problems that prevail in the sexual area.

Many couples who seek treatment for their sexual problem are not highly motivated for sex therapy, because they expect the therapist to almost magically "cure" the problem by a simple intervention, such as by prescribing a drug (Sungur 1998).

Generally, professional help is not sought when the couple is first faced with a sexual problem, especially if it is a case of female sexual dysfunction. The typical Turkish couple at first communicates the problem to their families and tries to tackle the problem within the family's own re-

sources, such as by taking the advice of the more experienced members, or to seek solutions with the help of traditional healers. In some cases, suggestions, reassurance, and parapsychological approaches work and the presenting problem is solved. In many cases, as expected, the difficulties persist and the marital relationship is threatened. The couple and families begin to split and blame each other. Usually, it is only then that the couple is referred for sex therapy. The delay and the introduction of other variables, such as the couple's blaming attitude and the families' concern, and even intrusion are factors which make the therapeutic process more difficult and complicated. The sexual problem of the couple can easily become a problem of the whole family, including the parents, siblings, and even relatives, which places an additional burden on patients and therapists. When incomplete sexual knowledge, erroneous expectations, lack of sexual experience, fears, and false beliefs are added to the picture, therapists are faced with multifaceted problems which they have to deal with, even though the couple is initially referred with a sexual dysfunction problem. Thus, the therapy proceeds on several levels at the same time, which may range from a teaching process to marital counseling and even to an insight-oriented approach. Thus, as Sungur (1994) has pointed out, formal training in sex therapy in Turkey is not sufficient for sex therapists, who must also have experience in handling marital problems, as well as giving special attention to cultural factors which may necessitate modifications in treatment programs.

In some cases with organic etiology, a psychotherapeutic approach is also utilized to help the adaptation of the patients before or after organic interventions. Penile prosthesis is the most common method for male organic sexual dysfunction. A penile revascularization operation is made for some patients.

Sildenafil (Viagra) became very popular in Turkey as soon as it was marketed. It was approved by the Ministry of Health and became available in the market in May 1999. Although strict regulations on the prescription were imposed in the beginning, these were shortly changed, and specialists, such as urologists, cardiologists, psychiatrists, and endocrinologists can now freely prescribe the medication.

12. Sex Research and Advanced Professional Education

Two main lines of sexual research can be delineated in Turkey: The first consists of surveys in the student population which mainly cover sexual attitudes, knowledge, and experience. Some of these studies have been reviewed elsewhere in this chapter. The second sexual research area is the clinical population, mainly, those who are referred with sexual problems. A series of studies have focused on psychological factors involved in sexual dysfunction: Işıklı (1993) found that sexually dysfunctional couples' problems in the relationship accumulated around emotions, cognition, and communications.

Bozkurt (1996) found that patients with psychogenic erectile problems were significantly more anxious and depressed when compared to organic patients. In the psychogenic impotence group, who were referred to the Psychiatry Clinic of Gülhane Military Medical Academy, 19.4% had mood disorders, 5.6% had anxiety disorders, and 22.2% had mixed mood and anxiety disorders. In the organically impotent group, no pathology in the mood and anxiety disorders spectrum was found.

The MMPI profiles of psychogenic erectile dysfunctional subjects had more similarity with neurotics than with normal controls. The personality characteristics of the psy-

chogenic groups, revealed by the MMPI, suggested that, while there was no problem with the sexual role, depressive tendencies with difficulty in implementing activities, and an inclination to introversion could be expected (Aydın 1991).

Özgen et al.'s (1993) study indicated that organic causes more commonly underlie sexual dysfunction in the older age group, whereas psychological factors predominated in younger patients. If a dysfunction appeared in one area of sexuality, it tended to spread to other areas, causing problems in experiencing sexuality. As a result, it was claimed that the person's perception of and being in the sexual sphere were distorted.

Beyond clinical samples, in a recent population survey on the prevalence of erectile dysfunction, in a sample comprised of 1982 males, 64.3% who were over 40 years of age reported some degree of erectile dysfunction (35.7% minimal; 23% moderate; and 5.6% complete). The prevalence of erectile dysfunction increased with age, with diabetes, and with cardiovascular and prostatic disease (Akkuş et al. 1999). Gülçat (1995) found that 30% of nonclinical male subjects had some kind of mild to moderate degrees of problems related to sexual functioning. While these findings are in accordance with surveys in Western countries, it also implies the need for further studies in the area of sexuality and sexual problems in Turkey.

Advanced education in sexual dysfunction, evaluation methods, and treatment have been offered in some University Hospitals for nearly 20 years. There has been a growing interest and data accumulation in studies on sexuality in the last two decades. Since 1988, congresses and symposia are organized on issues in sexual dysfunction and treatment. The main aim has been to adopt a multidisciplinary approach in which psychiatrists, psychologists, urologists, and gynecologists work together in the assessment and treatment of sexual disorders. In late 1999, the Sexual Education, Treatment, and Research Association was founded to integrate the studies of various disciplines, prepare educational programs for the layman as well as for professionals, conduct research, and set ethical standards in the patient-therapist relationship.

The Turkish Family Planning Association, located at 73/1, Ataç-2 Sokak, 06420 Kocatepe, Ankara, Turkey, is the main organization dealing with sexuality issues, family planning, and sexual health. The website of the association is www.ada.net.tr/tapd; email: tapd@ada.net.tr.

A Final Remark—February 2003

Social change involving modifications in social structure, attitudes, beliefs, and norms is rapidly altering the Turkish society. Shifts in the demographic composition of rural and urban areas, industrial growth, and related changes in the economy and social structure precipitate modifications in family structure, functions, and dynamics, as well as in traditional male and female roles.

Globalization is one of the most important factors that force people to reorganize their lives according to modern and even postmodern paradigms. Turkish society has a rich cultural accumulation, which gave the chance for the majority of Turkish people to go through this shift without any serious consequences.

Thus, the Turkish panorama of sexuality reveals that traditional and modern attitudes coexist side by side, and this fact, while constituting a fertile ground for social, interpersonal, and intrapsychic conflicts, also adds to the richness of the Turkish culture.

In the global sense, it can be claimed that the traditionally "reserved" Turkish society has become more comfort-

able in personally or publicly discussing sexual matters in recent decades. It is apparent in the frequency of sexually related material that appear in the press and other media. It can also be observed by the increasing number of people with sexual problems who seek help from health professionals, which can also be related to the increasing level of knowledge and experience of the latter in dealing with such problems.

In the general frame of Turkish State policies, rapid changes toward modernization, or, in many ways, toward Westernization in social life and relations occur continuously. In this respect, during the last years, and also a part of Turkey's integration process into the European Union, some changes in the legislation in the Civil Code were enacted, which improved the regulations regarding the equality of civil rights of men and women. (The latest changes in the Civil Code were mentioned in Section 1, Basic Sexological Premises.)

In this process of modernization, or namely, Westernization, some communities, among which are ethnic groups, women's organizations, and gay unions, have been voicing their demands more freely. Various organizations of Turkish women are becoming more active in securing and 'updating' women's rights in the last decades. Gay unions now claim their right not to be treated as 'queers,' but to be accepted as "normal" or ordinary members of the society. Some ethnic and religious groups have also been more accepted by the Turkish society in general.

References and Suggested Readings

- Akkuş, E., A. Kadioğlu, A. Esen, Ş. Doran, A. Ergen, H. Akbulut, M. Sungur, K. Anafarta, T. Yılmaz, E. Eker, & H. Hattat. 1999. Prevalence of erectile dysfunction in Turkey. Unpublished data.
- Ayata, S. 1988. Statü yarışması ve salon kullanımı [Status competition and utilization of the guest room]. *Toplum ve Bilim*, 42:5-25.
- Aydın, H. 1991. Psikojen empotanza kişilik yapısının araştırılması [A study on the personality structure in patients with psychogenic impotency] *GATA Bülteni*, 33:187-194.
- Aydın, O. 1998 (October). Çalışma yaşamında kadın işçilerin korunması [Protective measures for women laborers]. Paper presented at the Symposium on Legal Regulations for Women Laborers (Ministry of Social Security), Ankara.
- Başgül, F. U. 1997. 12-15 yaş grubu ergenlerin cinsel eğitim konusundaki görüşleri [Opinions of adolescents in the 12-15 age group on sexual education]. Unpublished thesis at Ankara Üniversitesi Sosyal Bilimler Enstitüsü, Ankara.
- Battal, S., H. Aydın, & Z. Gülçat. 1989. Cinsel kimlik ve cinsel davranış bozukluklarında kişilik özellikleri [Personality characteristics in gender identity and sexual behavior disorders]. *GATA Bülteni*, 31:651-660.
- Bozkurt, A., H. Aydın, & H. Işıkli. 1999. *Psychopathology in male sexual dysfunction*. Presented at XI World Congress of Psychiatry, Hamburg/Germany (abstracts book, vol. II, p. 23).
- Bozkurt, A. 1996. *Erkek cinsel işlev bozukluklarında psikopatolojinin araştırılması* [A study on psychopathology in male sexual dysfunctions]. Unpublished dissertation, GATA, Ankara.
- Brooks, G. 1995. *Nine parts of desire: The hidden world of Islamic women*. New York: Anchor Books/Doubleday.
- CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: <http://www.cia.gov/cia/publications/factbook/index.html>.
- Çok, F. 2000 (April/May). Reflections on an adolescent sexuality education program in Turkey. *SIECUS Report*, 28(4):6-8.
- Çok, F., L. Gray, & H. Ersever. 2001. Turkish university students' sexual behaviour, knowledge and perceptions on HIV/AIDS. *Culture, Health and Sexuality*, 3(1):81-99.
- Çok, F., H. Ersever, & L. A. Gray. 1998. Bir grup üniversite öğrencisinde cinsel davranış [Sexual behavior in a group of university students]. *HIV/AIDS*, 1:23-29.
- DİE. 2001. *Türkiye istatistik yılı* [SIS, Statistical yearbook of Turkey]. Ankara: Devlet İstatistik Enstitüsü Matbaası [State Institute of Statistics, Printing Division].
- Ekşi, A. 1982. *Gençlerimiz ve sorunları* [Turkish teenagers and their problems]. İstanbul: İstanbul University Publications, #2790.
- Ekşi, A. 1990. *Çocuk, genç, anababalar* [Children, teenagers, parents]. İstanbul: Bilgi Publications.
- Ergöçmen, B. A. 1997. Women's status and fertility in Turkey. In: Hacettepe University, Institute of Population Studies (HIPS) and Macro International Inc. (MI), *Fertility trends, women's status and reproductive expectations in Turkey: Results of further analysis of the 1993 Turkish demographic and health survey*. Calverton, MD: HIPS MI.
- Erkmen, H., N. Dilbaz, G. Seber, C. Kaptanoğlu, & D. Tekin. 1990. Sexual attitudes of Turkish university students. *Journal of Sex Education & Therapy*, 16:251-261.
- Erkut, S. 1982. Dualism in values toward education of Turkish women. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Gülçat, Z. 1995. *Cinsel işlev bozukluklarından empotansın psikolojik boyutları üzerine bir araştırma* [A study on the psychological aspects of impotence]. Unpublished dissertation, University of Ankara.
- Gülçat, Z., H. Aydın, S. Battal, & K. Aydınalp. 1988. *Transseksüel ve homoseksüeller üzerine psikososyal bir çalışma* [A psychosocial study on transsexuals and homosexuals]. Proceedings of papers presented at the 24th National Congress of Psychiatry and Neurological Sciences in Ankara (pp. 638-649). Hacettepe University Institute of Population Studies (HIPS).
- Hacettepe University Institute of Population Studies (HIPS). 1989a. *1988 Turkish fertility and health survey*. Ankara: HIPS.
- Hacettepe University Institute of Population Studies (HIPS). 1989b. *1983 Turkish population and health survey*. Ankara: HIPS.
- Hancıoğlu, A. 1997. Fertility trends in Turkey: 1978-1993. In: Hacettepe University, Institute of Population Studies (HIPS) and Macro International Inc. (MI), *Fertility trends, women's status and reproductive expectations in Turkey: Results of further analysis of the 1993 Turkish demographic and health survey*. Calverton, MD: HIPS MI.
- Işıkli, H. 1993. *Cinsel fonksiyon bozukluklarında eş ilişkilerinin değerlendirilmesi* [Evaluation of marital relationship in sexually dysfunctional couples]. Unpublished dissertation, GATA, Ankara.
- İmamoğlu, O. 1996. The perpetuation of gender stereotypes through the media: The case of Turkish newspapers. In: N. Dacovic, D. Derman, & K. Ross, eds., *Gender and media*. Ankara: Med-Campus Project # A 126 Publications, Media-tion.
- İnci, Y. 1993. *Homoseksüel ve transseksüellerde kendilik kavramı* [Self concept in homosexuals and transsexuals]. Unpublished dissertation, GATA, Ankara.
- Kağıtçıbaşı, Ç. 1982a. Introduction. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Kağıtçıbaşı, Ç. 1982b. Sex roles, value of children and fertility. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Kandiyoti, D. 1982. Urban change and women's roles in Turkey: An overview and evaluation. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Kandiyoti, D. 1995. Patterns of patriarchy: Notes for an analysis of male dominance in Turkish society. In: Ş. Tekeli, ed., *Women in modern Turkish society: A reader*. London and New Jersey: Zed Books.

- Kayır, A., P. Geyran, R. Tükel, & A. Kızıltuğ. 1990. *Cinsel sorunlarda başvuru özellikleri ve tedavi seçimi* [Patient referrals and treatment choice in sexual problems]. Paper presented at 26th National Psychiatry Congress, Turkey.
- Kayır, A. 1995. Women and their sexual problems in Turkey. In: Ş. Tekeli, ed., *Women in modern Turkish society: A reader*. London and New Jersey: Zed Books.
- Kıray, M. 1976. The new role of mothers: Changing intra-familial relationships in a small town in Turkey. In: J. G. Peristiany, ed., *Mediterranean family structures*. London: Cambridge University Press.
- Kozcu, Ş. 1991. Çocuk istismarı ve ihmali aile yazıları III [Child abuse and neglect III]. *TC Başbakanlık Aile Araştırma Kurumu Başkanlığı*. Ankara: MN Ofset.
- Kuyaş, N. 1982. Female labor power relations in the urban Turkish family. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Levine, N. 1982. Social change and family crisis: The nature of Turkish divorce. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Ministry of Health (Republic of Turkey). 1996. *Health statistics 1995* (Publication no. 579). Ankara: Ministry of Health.
- Milli Eğitim Bakanlığı (Ministry of National Education). 2000. *Ergenlik döneminde değişim* [Changes during adolescence]. Ankara: MEB.
- Özbay, F. 1982. Women's education in rural Turkey. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Özgren, F., Z. Gülçat, A. Özşahin, H. Aydın, & H. Işıklı. 1993. Erkek cinsel fonksiyon bozukluklarında sorun alanları üzerine bir araştırma [A study on problem areas in male sexual dysfunctions]. *GATA Bülteni*, 35:701-710.
- Özgür, S., & D. Sunar. 1982. Social psychological patterns of homicide in Turkey: A comparison of male and female convicted murders. In: Ç. Kağıtçıbaşı, ed., *Sex roles, family and community in Turkey* (Turkish studies 3). Bloomington, IN: Indiana University Press.
- Özkan, İ. 1981. *Psikiyatriye başvuran 1242 hasta arasından seçilen "cinsel sorunlu 100 denek" in genel değerlendirilmesi* [General evaluation on the 100 subjects with sexual problems which are selected among the 1242 patients who are referred to psychiatry clinic]. Unpublished dissertation, Ankara Üniversitesi Psikiyatri Kürsüsü, Ankara.
- Öztürk, O. 1963. Psychological effects of circumcision practised in Turkey. *Turkish Journal of Pediatrics*, 5:66-69.
- Sağduyu, A., M. Rezaki, G. M. Rezaki, I. Kaplan, & G. Özgen. 1997. Sağlık ocağına başvuran hastalarda cinsel sorunlar [Sexual problems in patients at a primary health care clinic]. *Türk Psikiyatri Dergisi*, 8(2):102-109.
- Soylu, L. M., L. Tamam, & A. Avcı. 1997. Bir adağın cinsel kimlik ve işlevlere olası etkileri: Bir olgu sunumu [Possible influence of a vow on gender identity and sexual function: A case report], 3 P, 5(2):146-149.
- SIS (State Institute of Statistics, Prime Ministry, Republic of Turkey). 1995. *Divorce Statistics—1993*. Ankara: SIS.
- Sungur, M. Z. 1994. Evaluation of couples referred to a sexual dysfunction unit and prognostic factors in sexual and marital therapy. *Sex and Marital Therapy*, 9:251-265.
- Sungur, M. Z. 1998. Difficulties encountered during the assessment and treatment of sexual dysfunction—A Turkish perspective. *Sex and Marital Therapy*, 13:71-81.
- TC Hükümeti ve UNICEF (The Government of Turkish Republic and UNICEF). 1991. *Türkiye'de anne ve çocukların durum analizi* [Analysis of the state of mothers and children in Turkey]. Ankara: Yeniçağ Matbaası.
- Tekeli, Ş. 1995. Introduction: Women in Turkey in the 1980s. In: Ş. Tekeli, ed., *Women in modern Turkish society: A reader*. London and New Jersey: Zed Books.
- Tezcan, M. 1998. İslam öncesi ve sonrası eski Türk ailesinin sosyokültürel nitelikleri [Sociocultural characteristics of pre-Islamic and Islamic Turkish family]. *Türk Dünyası*, 15:12-23.
- UNAIDS. 2002. *Epidemiological fact sheets by country*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS/WHO). Available: http://www.unaids.org/hiv/aidsinfo/statistics/fact_sheets/index_en.htm.
- Vıcdan, K. 1993. *Ülkemizde adolesanların demografik ve epidemiyolojik özellikleri: Mevcut problemler ve çözüm önerileri* [Demographic and epidemiologic characteristics of Turkish adolescents: Problems and proposals]. Unpublished dissertation. Ankara: Dr. Zekai Tahir Burak Kadın Hastanesi.
- Yüksel, Ş., A. Kayır, A. Sarımurat, R. Tükel, & H. Sabuncu. 1988. *Marital relationship in women with and without sexual dysfunction*. Paper presented at the 3rd World Congress on Behavior Therapy, Edinborough, Scotland.

Editors' Suggested Readings

- Badran, M. 1995. *Feminists, Islam, and nation: Gender and the making of modern Egypt*. Princeton, NJ: Princeton University Press.
- Beck, L. G., & N. Keddie, eds. 1978. *Women in the Muslim world*. Cambridge, MA: Harvard University Press.
- Ferne, E. W. 1998. *In search of feminism: One woman's global journey* (Turkey, pp. 200-239). New York: Doubleday.
- Janssen, Th. 2003. Transvestites and transsexuals in Turkey. In: A. Schmitt & J. Sofer, eds., *Sexuality and eroticism among males in Moslem societies*. New York: Harrington Park Press (Haworth Press).
- Mernissi, F. 1993. *Islam and democracy: Fear of the modern world*. Reading, MA: Addison-Wesley.
- Murray, S. O. 1997a. Homosexuality among slave elites in Ottoman Turkey. In: S. O. Murray & W. Roscoe, eds., *Islamic homosexualities: Culture, history, and literature*. New York/London: New York University Press.
- Murray, S. O. 1997b. The will not to know: Islamic accommodations of male homosexuality. In: S. O. Murray & W. Roscoe, eds., *Islamic homosexualities: Culture, history, and literature*. New York/London: New York University Press.
- Murray, S. O. 1997c. Woman-woman love in Islamic societies. In: S. O. Murray & W. Roscoe, eds., *Islamic homosexualities: Culture, history, and literature*. New York/London: New York University Press.
- Murray, S. O., & W. Roscoe, eds. 1997. *Islamic homosexualities: Culture, history, and literature*. New York/London: New York University Press.
- Naipaul, V. S. 1998. *Beyond belief: Islamic excursions among the converted peoples*. New York: Random House.
- Necef, M. U. 2003. Turkey on the brink of modernity. In: A. Schmitt & J. Sofer, eds., *Sexuality and eroticism among males in Moslem societies*. New York: Harrington Park Press (Haworth Press).
- Parrinder, G. 1980. *Sex in the world's great religions*. Don Mills, Ontario, Canada: General Publishing Company.
- Sofer, J. 2003. The dawn of a gay movement in Turkey. In: A. Schmitt & J. Sofer, eds., *Sexuality and eroticism among males in Moslem societies*. New York: Harrington Park Press (Haworth Press).
- Zilfi, M. C. 1997. *Women in the Ottoman Empire: Middle Eastern women in the early modern era*. New York and Cologne: Leiden Brill.