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# CONTINUUM *Complete*

# *International*

# ENCYCLOPEDIA OF SEXUALITY

*Updated, with More Countries*

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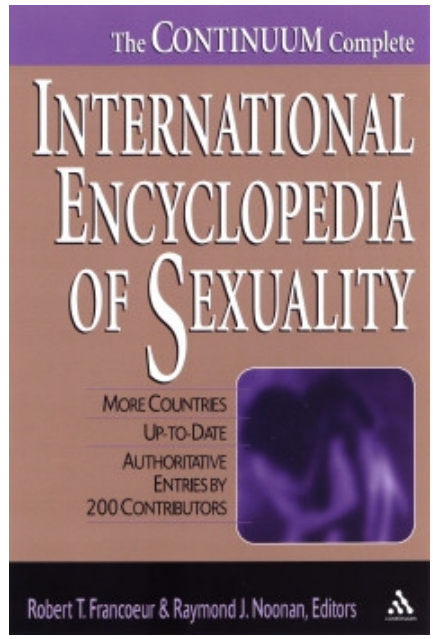


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# Czech Republic
## (*Česká Republika*)

Jaroslav Zvěřina, M.D.*
*Rewritten and updated by the Author*

**Contents****



## *Demographics and a Brief Historical Perspective*

ROBERT T. FRANCOEUR

### A. Demographics

The 30,450 square miles (78,866 km$^2$) of the Czech Republic are divided between the very hilly Moravia in the east and the plateau of Bohemia in the west surrounded by low mountains. Germany borders the Czech Republic on the north and west, Austria on the south, Slovakia on the east, and Poland on the north. The Czech Republic is slightly smaller than the state of South Carolina in the United States. From the administrative point of view, the Czech Republic is divided into 13 regions; the capital of the country is Prague.

In July 2002, the Czech Republic had an estimated population of 10.26 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

**Age Distribution and Sex Ratios**: *0-14 years*: 15.7% with 1.05 male(s) per female (sex ratio); *15-64 years*: 70.3% with 1 male(s) per female; *65 years and over*: 14% with 0.63 male(s) per female; *Total population sex ratio*: 0.95 male(s) to 1 female

**Life Expectancy at Birth**: *Total Population*: 74.95 years; *male*: 71.46 years; *female*: 78.65 years

**Urban/Rural Distribution**: 66% to 34%

**Ethnic Distribution**: Czechs: 81.2%; Moravian: 13.2%; Slovaks: 3.1%; Polish: 0.6%; German: 0.5%; Silesian: 0.4%; Gypsy: 0.3%; Hungarian: 0.2%; other: 0.5% (1991 est.). The number of Gypsies is universally judged as underestimated because many Gypsies report themselves as Czech. The Gypsy ethnic population consists of about 100,000 people, approximately 1.0% of general population.


(CIA 2002)

**Religious Distribution**: Typical for the Czech Republic is the high secularization of citizens, with 39.8% of respondents signing themselves as atheists. Religious affiliation is Roman Catholic: 39.2%; Protestant: 4.6%; Orthodox: 3%; and other: 13.4%.

**Birth Rate**: 9.08 births per 1,000 population

**Death Rate**: 10.76 per 1,000 population

**Infant Mortality Rate**: 5.46 deaths per 1,000 live births

**Net Migration Rate**: 0.96 migrant(s) per 1,000 population

**Total Fertility Rate**: 1.18 children born per woman

**Population Growth Rate**: –0.07%. The birthrate is about 1.13, and the balance sheet of population has remained negative for the last five years (in 2001 it was –18.091). Such a deficit is not fully compensated for with immigrants (about 8,000 people in 2001).

**HIV/AIDS** (1999 est.): *Adult prevalence*: 0.04%; *Persons living with HIV/AIDS*: 2,200; *Deaths*: < 100. (For additional details from www.UNAIDS.org, see end of Section 10B.)

**Literacy Rate** (*defined as those age 15 and over who can read and write*): Literacy is practically universal with nine years of compulsory education. In 2001, 16.5% of men and 29.1% of women had only a basic education. Meanwhile, 10% of men and 7.1% of women had a university degree.

**Per Capita Gross Domestic Product** (*purchasing power parity*): IS$15,300—about 70% of the GDP average within the European Union (2002 est.); *Inflation*: 5% (2001 est.); *Unemployment*: 9%; *Living below the poverty line*: NA. The Czech Republic is a member of NATO and one of the best-prepared candidate countries for the membership in the European Union (EU).

### B. A Brief Historical Perspective

Probably sometime in the 5th century of the Common Era, Slavic tribes from the Vistula basin settled in the region of the traditional Czech lands of Bohemia, Moravia, and Silesia. The Czechs founded the kingdom of Bohemia, the Premyslide dynasty, which ruled Bohemia and Moravia as the Great Moravian Empire from the 10th to the 16th century. This later became part of the Holy Roman Empire. Charles IV, one of the Bohemian kings and a Holy Roman emperor, made Prague an imperial capital and a center of

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***Editor's Note*: Because there was minimal information about the Slovak Republic in the original chapter in volume 1 of the *International Encyclopedia of Sexuality*, this revised chapter focuses only on the Czech Republic and omits the data on Slovakia.

Latin scholarship. In the 14th century, Prague was the cultural center of Central Europe.

Early in the Reformation Movement in the Christian Church, the Hussite movement founded by Jan Hus (1369?-1415) linked the Slavs to the Protestant Reformation and revived Czech nationalism, which had previously faded under German domination. After Ferdinand I, a Hapsburg, ascended the throne in 1526, the Czechs rebelled in 1618, precipitating the Thirty Years' War (1618-1648). Defeated in 1620, the Czechs became part of the Austrian empire for the next 300 years. Full independence from the Hapsburgs was not achieved until the end of World War I, following the collapse of the Austro-Hungarian Empire.

A union of the Czech lands and Slovakia was proclaimed in Prague on November 14, 1918, and the Czech nation became one of the two component parts of the newly formed state of Czechoslovakia. In March 1939, when German troops occupied Czechoslovakia, Hitler proclaimed Czech Bohemia and Moravia protectorates and declared Slovakia independent. The former government returned in April 1945 to power when World War II ended and the country's pre-1938 boundaries were restored. Communists became the dominant political party in 1946 and gained control of the Czechoslovakian government two years later. Soon thereafter, the former democracy was turned into a Soviet-style state. Nearly 42 years of Communist rule ended when Vaclav Havel, a highly respected writer and dissident, was elected president of Czechoslovakia in 1989 in what was known as "the Velvet Revolution." The return of democratic political reform saw a strong Slovak nationalist movement emerge by the end of 1991. Independence then became an issue for Slovakia. When the general elections of June 1992 failed to resolve the continuing coexistence of the two republics within the federation, Czech and Slovak political leaders agreed to separate their states into two fully independent nations. On January 1, 1993, the Czechoslovakian federation was dissolved and two separate independent countries were established, the Czech Republic and Slovakia. In March 1999, the Czech Republic joined NATO. The country's next goal in international relations is to gain entrance into the European Union in 2004.

## *1. Basic Sexological Premises*

### A. Character of Gender Roles

The prevailing character of gender roles in the Czech Republic is traditionally European in accordance with the Judeo-Christian culture. Masculinity is connected with social dominance, and the socioeconomic status of women is still under the average status of men. The number of women employed outside the home is high and their role in family and childcare is underestimated. In 2001, about 58% of men and 46% of women were economically active. The employment rate for women is one of the highest in Europe.

### B. Sociolegal Status of Males and Females

Both men and women have the same political rights. In both civil and criminal law, both genders are traditionally equal in the Czech Republic. Basic schools, colleges, and universities are coeducational. The principle of nondiscrimination according to gender and sexual orientation is fully respected in accord with the Charter of Fundamental Rights.

### C. General Concepts of Sexuality and Love

According to the Judeo-Christian tradition, the couple concept of sexuality is dominant. Most couples base their sexual relationships on romantic love. Marriage is still very popular, which is in contrast with the very low fertility rate of 1.18 children born per woman and a negative population growth rate since 1998. Under the communist dictatorship, erotic and sexuality topics were kept out of the mass media. With the growing impact of HIV/AIDS and the changing political atmosphere after 1989, there has been a shift to more-open discussions about sex and sexual morals.

## *2. Religious, Ethnic, and Gender Factors Affecting Sexuality*

### A. Source and Character of Religious Values

Christianity is still a dominant religious influence in the Czech Republic, with Roman Catholics in the majority. The Czech Republic also has an old tradition of Protestantism. In the 15th-century Protestant movement against the Roman Church, Jan Hus and Jan Žižka were very influential religious reformers and martyrs. In 1415, the Council of Constance condemned Hus to be burned at the stake. In the 16th and 17th centuries, Jan Comenius, a Moravian educational reformer and bishop, was a major religious reformer. In today's Czech Republic, religiosity has only a limited influence on the citizens. The country is very secularized, partly as a result of 50 years of atheist communistic propaganda. Forty percent of Czech profess to be atheists. This situation seems not to be changing under democratic government within last ten years.

### B. Source and Character of Ethnic Values

In terms of ethnicity, the population of the Czech Republic is very homogenous. Practically all ethnical minorities (Polish, German, Slovak, and Gypsies) have very similar ethical and cultural values. Within the last ten years, more legal and illegal immigrants are living in the country, with most of them coming from countries of the formerly Soviet Union. The Czech Republic now has some communities of people from China and Vietnam.

## *3. Knowledge and Education about Sexuality*

### A. Government Policies and Programs

Basic knowledge about sexual anatomy and physiology is provided as part of the basic school curriculum. Part of the official sex education is prevention of STDs and HIV/AIDS. However, information about sexual hygiene, safer sex practices, and contraception are not universally covered within such curricula. Almost universally ignored in sex education are topics like homosexuality, paraphilias, and sexual delinquency.

### B. Informal Sources of Sexual Knowledge

As a consequence of the insufficient formal education, children and young people get the major part of their information about sex from peer groups and mass media. Attitudes towards erotic explicit materials are very liberal in the Czech Republic. Most Czech journals and magazines have some columns devoted to sexual topics and problems.

According to our latest findings using a representative sample of 2,003 Czech respondents in 1998, a third of Czechs, 37% of men and 32% of women, listed their peers as their main source of sexual information. Books were the second most common source for 19% of men and 23% of women. Television and the mass media ranked third, for 21% of men and 16% of women (Weiss & Zvěřina 2001). The participation of schools in sex education is growing very slowly.

## *4. Autoerotic Behaviors and Patterns*

In all sources of sex education, self-pleasuring (masturbation) is almost universally presented as an important and natural part of normal human sexuality. Myths about the

unnaturalness and harmfulness of autoeroticism are only rarely mentioned, although letters of readers to sex publications indicate that, despite negative beliefs and fears, people do engage in autoeroticism. This applies to both children and adults. Sometimes, but rarely, parents complain to physicians about the masturbation practices of their children, but medicalization of this phenomenon is very rare.

In a representative sample of 2,003 Czech respondents in 1998, 84% of men and 58% of women reported masturbating sometime in their lives, with the average age of first masturbation being 14 years for men and 17 years for women. Only 5% of men and 10% of women said that masturbation poses some health risk (Weiss & Zvěřina 2001).

## 5. Interpersonal Heterosexual Behaviors

### A. Children

The sexual games of children are usually played in secret and ignored by parents if discovered. They are not the objects of particular sanctions in most Czech families.

### B. Adolescents

*Puberty Rituals*

There are no special or institutionalized rituals that recognize either puberty or the initiation of a nonmarital sexual relationship.

*Premarital Sexual Activities and Relationships*

First sexual intercourse usually occurs between ages 17 and 18. Criminal law sets the minimum age of consent for sexual intercourse at age 15 for both men and women. This law applies equally to both heterosexual and homosexual intercourse. Premarital sexual intercourse is very common, with 98% of women having had sexual intercourse before marriage. Premarital sex is quietly tolerated, but not openly accepted or endorsed by parents for women under age 18. The average number of premarital sexual partners is one or two for women and two to four for men.

In a representative sample of Czech adults over age 15 years, the average age reported for first coitus was 18.1 years for men and 18 years for women. More than 40% of these first experiences occurred in a cottage or outdoors; without contraceptives for 57% of the men and 64% of the women; and with an "occasional partner" for 34% of the men and 12% of the women (Weiss & Zvěřina 2001).

In 1993, the author of this chapter carried out a representative survey of the sexual life of Prague youths of age 15 to 29 years. Seventy-eight percent of the men and 83% of the women reported having had sexual intercourse, with the average age for first coitus 17.3 years for men and 17.4 for women. In this same survey, sexually active men reported an average of 8.1 coital partners, while women reported an average of 6.6 partners. Nearly two thirds of the men and 73% of the women reported having a sexual partner in the previous year. Nine percent of the males and 18% of the women reported only one sexual partner. One in five males and one in eight females reported having had more than ten sexual partners in their lives. The most common sexual expression was vaginal coitus (96% of sexually active men and 99% of sexually active women). Fellatio was refused by 16% of the women surveyed, while anal heterosexual intercourse was reported by 22% of the men and 16% of the women (Weiss & Zvěřina 2001).

### C. Adults

*Premarital Courtship, Dating, and Relationships*

Courtship and dating customs are similar to those in other European countries and are based on the romantic model. There are no major differences in the dating and courtship patterns of young Czechs living in the cities or rural areas. There are no special courtship customs. Only in very small rural areas in South Moravia persisted in some engagement rituals in folklore.

Under the communist regime, the age of first marriage was relatively low, about 21 years, for most men, with their brides generally being about a year younger. During the 40 years of communist rule, the government supported early marriage with a system of government benefits and loans. Under communism, and down to the present, it has been extremely difficult for a single man or woman to obtain a flat or apartment. In addition, marriage and having a first child is an important social signal of having grown up and achieved adult status. During the 1990s, the average marriage age for men and women gradually crept upward. In 1990s, the age of first marriage was on average 24 years for men and 21 years for women. In 2001, it was 28 years for men and 25 years for women (ČSÚ 2002). This recent evolution has extended the gap between coital debut and marriage. Also more obvious today than ten years ago is the cohabitation of couples who live together without marriage.

In a 1994 study of Czech adults over age 15 years, men reported an average of 12.2 sexual partners, women 5.1 partners, with 1.8 and 1.9 partners, respectively, for the previous year. The average coital frequency in heterosexual partnerships was 8.4 times monthly. Three quarters of the men and 82% of women reported being "fully satisfied with their sexual life" (Zvěřina 1994a). In 1998, a similar investigation found men reporting an average of 10.1 partners and women 5.1 sexual partners in their lifetime at that point, and an average of 1.7 and 1.5 partners for men and women, respectively, in the previous year (Weiss & Zvěřina 2001).

*Marriage and the Family*

As in most parts of the world, heterosexual monogamy is the dominant pattern of sexual behavior in the Czech Republic. At the same time, and following the same pattern elsewhere in Europe and North America, serial or successive monogamy is becoming a common modification. The 1990 Czech marriage rate was 8.8 per 1,000 inhabitants; the divorce rate was 40.81 per 100 marriages. The average age of first marriage in 1990 was 23.7 for men and 21.3 for women. During the 1990s, this age has been continuously rising, as shown in Table 1.

Substantial rises in the age by first marriage and the age of mothers at the birth of a first child are indicators of changes in reproductive behavior after the "velvet revolution." Political and social changes have led to an extremely low fertility rate.

Several studies indicate the incidence of extramarital intercourse at between 25% and 35% of husbands and wives, with extramarital sex more frequent for men. Most of these extramarital activities are short-lived and infrequent. Rea-

**Table 1**

**Average Age by First Marriage in the Czech Republic, 1992-2001**

| Year | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 |
|---|---|---|---|---|---|---|---|---|---|---|
| Men | 24.2 | 24.4 | 24.7 | 25.0 | 25.4 | 25.9 | 26.3 | 26.7 | 27.1 | 27.6 |
| Women | 21.6 | 21.7 | 22.0 | 22.4 | 22.8 | 23.3 | 23.6 | 24.1 | 24.6 | 25.0 |

sons for extramarital sex have not been studied, although it is likely that sexual variety and the attraction of a new experience are common motivations. Eighteen percent of men and 31% of women held that extramarital sex is "ethically unacceptable behavior" (Zvěřina 1994a, Weiss & Zvěřina 2001).

In recent decades, there has been an escalating problem of single-parent families, mostly divorced mothers with children. The divorce rate used to be relatively high—about 40%—with the average duration of marriage about ten years. More than 70% of marriages that end in divorce have a minimum of one minor child. Single mothers have a state-guaranteed minimum standard of living, plus the economic support from the father of their children. Czech and Slovak societies are not hostile to unwed mothers or divorced women. Surveys suggest that coital frequency for most married couples is one to three times per week.

As mentioned earlier, the Czech birthrate is low, with substantial decreases during the 1990s (see Table 2). The birthrate in 1978 was 18.4 per 1,000 inhabitants. In 1992, it had dropped to 12.2 per 1,000, and in 2002, it was under 9.0. The fertility rate was under 1.2 in 2002, one of the lowest in Europe. Most married couples plan to have one or two children. Planning for more than two children in a family is extremely unusual.

### *Sexuality and the Physically Disabled and Aged*

Sexual behavior and sexual problems of mentally and physically handicapped persons are only rarely mentioned in public. The same is true with sexologists and marriage counselors. Since the dissolution of communist control in the "velvet revolution" of 1989, there has been a growing activity of different nongovernmental organizations (NGOs) seeking to promote the care and well-being of the physically handicapped. Enhanced attention is paid to sexual and reproductive functions of people with transversal spinal injuries (Šrámková 1997).

As elsewhere, there are more single women than single men over age 60. Older women are less likely to find an acceptable partner than older single men. We know that interest in sex in the later years has a direct connection with the availability of an appropriate sexual partner. An additional problem in the republic is that the living standard in state facilities for older persons is not conducive to couples' maintaining intimate relationships. In most cases, the state facilities for the elderly are based on a collectivist model.

### *Incidence of Oral and Anal Sex*

Oral sex is widely accepted and practiced by Czechs and Slovaks. Respondents in several surveys indicated that about 70% of men and women engage in oral sex as a part of their sexual intimacy. In a 1994 survey, 74% of men and 67% of women acknowledge experience with some oral sexual practice. Figures from 1998 were similar (Weiss & Zvěřina 2001).

**Table 2**

**Fertility and Abortions in the Czech Republic**

| | Births | Induced Abortions | Spontaneous Abortions |
|---|---|---|---|
| 1990 | 130,564 | 111,268 | 14,772 |
| 1995 | 96,097 | 49,531 | 10,571 |
| 1996 | 90,446 | 48,542 | 11,420 |
| 1997 | 90,657 | 44,471 | 11,500 |
| 1998 | 90,535 | 42,959 | 11,128 |
| 1999 | 89,471 | 39,382 | 11,173 |
| 2000 | 90,910 | 36,300 | 11,070 |
| 2001 | 90,715 | 34,500 | 10,516 |

In 1994, 15% of men and 12% of women acknowledged experience with anal sex. In 1998, 20% of men and 17% of women reported experience with anal intercourse. In most cases, where reported, this activity was exceptional and infrequent.

Sexual practices are not the object of legal regulations. The sexual behavior of consenting adult partners is free from any restriction by criminal law.

## *6. Homoerotic, Homosexual, and Bisexual Behaviors*

### A. Children and Adolescents

Same-gender sexual experiences are a natural part of the sexual play and exploration of children. However, their prevalence does not appear to be high. Only about 10% of men and 5% of women in the heterosexual population report having had same-gender experiences in childhood and early adolescence. In the population of gay men and lesbians, such experiences are, of course, more common.

### B. Adults

Attitudes towards homosexuality among the greater part of the Czech population are hostile or ambivalent. Homophobia and hostility towards homosexual people are more common among people in the lower socioeconomic classes. The pandemic of AIDS has brought some changes, mostly in the attitudes towards gays. It seems there is a greater tolerance of stable gay partnerships and couples, and the existence of gay clubs and associations. However, 33% of men and 41% of women in the 1994 adult survey considered homosexuality a disease. Twenty-two percent of both Czech men and women fully accept homosexuality.

In 1994, 3.4% of the men and 2.6% of the women reported sexual experience with a partner of the same sex. One percent of both male and female respondents self-identified as homosexual with another 1% unsure. In 1998, these figures were 6.2% and 4.4%, respectively. This means that sexual experience with a same-sex partner is becoming more frequent, or that respondents are more comfortable admitting this behavior. In more than 60% of male homosexual coitus, condoms were not used (Weiss & Zvěřina 2001).

In the penal law code, which went into effect in 1990, no distinction is made between heterosexual and homosexual behaviors. The age of legal consent to sexual intercourse was formerly 15 years for heterosexuals and 18 years for homosexuals. Now the age is the same for both heterosexuals and homosexuals, 15 years. This new code revoked the partial criminalization of homosexuality that existed in the previous code. At present, there is a movement to reduce the intolerance and inequities homosexual persons experience socially. These involve paying more attention to the situation of homosexual men and women in the workplace, in schools (both students and teachers), and in the army.

Most gay and lesbian associations are engaged in a movement to legalize the unions or marriages—also called "registered partnerships"—of homosexual couples. Important politicians support some kind of legalization of long-term homosexual partnerships. The attitude of the Catholic Church on homosexuality is, at present, still fundamentally rigid and hostile. Some Protestant Christian churches, on the other hand, are traditionally more liberal and less rigid.

Bisexual behavior is more common among homosexual persons than among the heterosexual majority. About 60% of the homosexual men surveyed and more than 70% of the lesbians reported having had heterosexual intercourse some time in their lives. Among heterosexual men and women surveyed, only 12% of the men and 5% of the women

reported some same-gender sexual contacts. Most of the same-gender contacts reported did not involve coitus.

While homosexual men tend to be more sexually promiscuous than lesbians, the frequency of anonymous sexual contacts under poor aesthetic conditions is decreasing. One hopes that this is connected with the increasing sex and AIDS-prevention education programs. The prevailing pattern at present is stable, long-term gay and lesbian relationships.

Sexual practices among homosexuals in the Czech Republic are the same as in other parts of the Western world. Among homosexual men, active and passive (receptive), anal intercourse is common. Condoms and lubricant gels are used with growing frequency.

## 7. Gender Diversity and Transgender Issues

Fetishistic transvestitism is a paraphilia with seemingly low incidence among males in both the Czech Republic and Slovakia. In some cases, transvestite males bring their problems to sexological counseling centers. Most of these problems are connected with the partner's/wife's hostility toward the client's cross-dressing and its impact on their sexual practices.

The prevalence of transsexualism also appears to be low, as in other European countries. Interestingly, the sex ratio of transsexuals in the republics' sexological centers is the opposite of what it is in Western Europe. In the records of the Institute of Sexology at the Charles University in Prague, for instance, there are three times as many female-to-male transsexuals as male-to-female transsexuals. In most Western European gender clinics, twice as many male-to-female transsexuals are reported as female-to-male. Colleagues in Poland report a ratio similar to that in Prague. Different social conditions and gender viewpoints in east and west European countries may be a factor in this difference in ratios.

Treatment for transsexual persons follows the common step-by-step practice in respected gender clinics around the world. Initial counseling and screening is followed by months of psychotherapy and sociotherapy. In allowing the client to adapt better to a reversal in gender role, it is possible to change the patient's name to a gender-neutral one; in Czech, the given and family names usually indicate the person's gender. However, some names are gender neutral and the same for either a male or a female.

Following months of hormone treatment, the decision for anatomical sex reversal surgery can be made. Sex reassignment surgery, which involves plastic surgery and gonad removal with consequent infertility, is required for an official and complete sex-reversal procedure.

Sex-reassignment surgery is available for both female-to-male and male-to-female transsexuals as part of the health insurance system. From a medical point of view, transsexuals are seen as people with inappropriate development of secondary sexual characteristics. In the Czech Republic, about eight patients a year request official sex-change surgery.

## 8. Significant Unconventional Sexual Behaviors

### A. Coercive Sexual Behaviors

*Sexual Abuse, Incest, and Rape*

The statistics on criminal sexual delinquencies are low when compared with most western European countries or with the USA. Twelve percent of women in the 1994 adult Czech survey reported an experience with rape, while 5% of the men admitted forcing sex on a woman. In 1998, these figures were 13% and 5%, respectively. Most of these assaults were not reported to the police or other authorities.

In 2001, there was a substantial change in the definition of rape in the Czech criminal law. The previous law defined a rape as sexual violence, perpetrated by a man on a woman. The new definition removed the "gender-specific" description and now defines a rape as sexually motivated violence, without reference to the gender of the victim or perpetrator.

Sexological investigations of criminal sexual delinquents requested by the police and courts are generally grouped in three main categories: (1) indecent exposure, (2) sexual molestation or abuse of children and minors, and (3) rape and other sexual assaults.

Approximately 8% of women and 4.6% of men in 1994 stated that they had been the object of sexual abuse as a child. In 1998, it was 10.4% and 7.1%, respectively.

In recent years, greater attention has been paid to sexual abuse and incest. The common experience is that the most threatened individuals in terms of sexual abuse and incest are children in single-parent families. The most frequent perpetrator is a stepfather or the boyfriend of the mother of the victimized child.

The police subject a woman who reports a rape to a very careful and long investigation. Hearings and questioning of the woman can last up to five hours or more. Once a charge is made, the woman cannot withdraw it. Nor can she discuss the accusation with anyone other than the police. If she does, she can be prosecuted for false accusation. At the court hearing, the woman has to answer questions from the court, the defense attorney, and the accused male, in what can be a very traumatizing experience. Similar procedures are followed in cases of child abuse.

At present, there are only a few special centers for counseling and support of the victims of rape and sexual abuse founded and directed by NGOs.

When apprehended, perpetrators of sexual assault are examined both from psychiatric and sexological perspectives. In cases of psychopathological or paraphilic motivation, the court can commit the perpetrator to compulsory treatment in a hospital psychiatric department or in an outpatient clinic. Specialized sexological departments in most psychiatric hospitals are staffed with personnel trained in treatment of dangerous sexual delinquents.

*Sexual Harassment*

Men can be sued for comments and sexually explicit (dirty language), but accusations and court cases involving accusations of men making sexual advances to women, using indecent language, or sexually harassing women are rare. [*Comment 1997*: A 1996 report by J. Perlez suggests that Central European countries and corporations are being slowly influenced by Western concepts of sexual harassment. In a high-profile case in the Czech Republic, a manager at a major state bank was dismissed after a secretary filed a sexual harassment complaint against him. In a 1995 case involving the same manager, the bank refused to act. (See additional comments in Section 8A of the chapter on Poland) (Perlez 1996) (*End of comment by R. T. Francoeur*)]

In 2002, the Czech labor law was changed to give the possibility of penalization for sex harassment in the workplace. Experience with the new legal statute is still limited.

### B. Prostitution

Prostitution is a common phenomenon in the Czech Republic. There are probably several thousand prostitutes working in Prague and in other greater cities. Some work in massage parlors and exotic clubs, but most frequent hotels, bars, and restaurants. Since the collapse of the Communist regimes, there has been a migration of Czech prostitutes to the West, and from Eastern European countries to the Czech

Republic. Street prostitution is concentrated at the borderline with Germany and Austria and along the highways. Nine percent of men in 1994 and 14% in 1998 reported paying at some time for sex. No men and only 3% of women had engaged in sex for money in our exploration of the sexual behavior (Weiss & Zvěřina 2001).

Prostitution, as such, in the Czech Republic is not penalized. Pimping and trafficking of people are, of course, criminal offenses.

Some Czech cities have great problems with street prostitutes and their negative influence on tourists and citizens. In this context, the possibilities of legal regulation of prostitution are frequently discussed. Some Czech politicians criticize contemporary abolitionist law. The government is trying to find a solution in partially regulating "sex workers."

Some nongovernmental organizations are active in social, health, and hygienic help for prostitutes, for example "RR" (Rozkoš bez Rizika: "Pleasure Without Risk").

### C. Pornography and Erotica

In comparison with the situation before 1989, the contemporary production and availability of sexually explicit materials has increased significantly. Soft erotica is free from restrictions. Hard-core magazines, book, and audiovisual materials are sold in special shops, which are restricted for minors under 18 years of age.

In our 1994 survey, 4% of the men and 8% of the women thought that pornography should be prohibited; 11% and 20%, respectively, thought pornography to be dangerous. In 1998, these figures were 9% and 14%, and 20% and 21%, respectively. More frequently, however, contact with explicit erotic materials could promote a greater sensitivity and more-negative attitudes.

### D. Paraphilias

Paraphiliacs at present have more opportunities for communication and contact than they had under the communists. Some sexual-contact magazines, advertisement services, and clubs now exist for these people. Most of the interest is in sadomasochism and fetishistic practices. Groups which produce pedophilic pornography, both heterosexual and homosexual, are repeatedly investigated by the police. Some paraphilic erotic materials are accessible on the Internet.

Some people with ego-dystonic paraphilias seek help at the counseling centers and sexological departments. More frequently, sexologists are called on to treat paraphiliacs who have been arrested as perpetrators of some sexual crime. In such situations, consultation with a psychotherapist is required, and treatment can be paid for from the national health insurance.

## *9. Contraception, Abortion, and Population Planning*

### A. Contraception

The birthrate in the Czech republic is very low. About 49% of all children are not planned, but only 1.4% of all newborns are placed for adoption. The fact that almost half of all pregnancies are unwanted poses a major problem and challenge. In 1990, the most popular contraception in the Czech Republic was coitus interruptus, which 40% of the Czech women relied on at their risk (1991 data). A third of Czech women, 31%, used barrier methods, particularly the condom and IUD. The hormonal contraceptive pill was used by 8% and sterilization by 2%. The low incidence of hormonal contraception and surgical sterilization was a national problem. See Table 3 for a comparison of contraceptive use by men and women in 1994 and 1998.

### B. Teenage (Unmarried) Pregnancies

The number of pregnancies in women under age 15 is low. Slovak and Czech teenage women have limited access to contraception. Contraceptive pills can only be obtained from a gynecologist, and the attitude of many gynecologists toward hormonal contraception for young women is not always a positive one. Hormonal contraception is not paid by health insurance and could be relatively expensive for some young women.

As shown in Table 4, the share teenagers have in the total fertility of the Czech Republic has steadily decreased from 13.0% in 1990 to 5.6% in 2000. The number of pregnant women under age 18 is also low. Table 5 shows the number

**Table 3**

**Contraception in the Czech Republic: Percentage of Men and Women Who Have Ever Used a Particular Method**

| | 1994 | | 1998 | |
|---|---|---|---|---|
| **Method** | **Men** | **Women** | **Men** | **Women** |
| Withdrawal | 79% | 75% | 76% | 64% |
| IUD | – | 31 | – | 25 |
| Condoms | 66 | – | 70 | – |
| Oral contraception | – | 63 | – | 60 |
| Natural/rhythm | 44 | 41 | 42 | 26 |

**Table 4**

**Different Age Groups of Czech Women and Their Fertility in 1990-2000 (Percentage Share of Fertility in Particular Age Groups)**

| Age | 1990 | 1991 | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| < 20 | 13.0 | 13.5 | 13.5 | 12.7 | 11.0 | 9.3 | 8.0 | 7.1 | 6.6 | 6.4 | 5.6 |
| 20-24 | 46.1 | 46.0 | 44.9 | 43.7 | 42.4 | 40.3 | 38.6 | 36.5 | 34.4 | 31.8 | 29.2 |
| 25-29 | 27.4 | 27.0 | 27.7 | 28.5 | 29.9 | 31.8 | 33.2 | 35.0 | 36.3 | 37.7 | 39.2 |
| 30-34 | 10.1 | 10.0 | 10.3 | 11.1 | 12.2 | 13.6 | 14.7 | 15.5 | 16.4 | 17.5 | 18.8 |
| 35 + | 3.4 | 3.5 | 3.6 | 4.0 | 4.5 | 5.0 | 5.5 | 5.9 | 6.3 | 6.6 | 6.2 |

**Table 5**

**Number and Share of Children Born Outside of Marriage, 1993-2000**

| | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 |
|---|---|---|---|---|---|---|---|---|
| Number of children | 15,434 | 15,570 | 15,013 | 15,367 | 16,194 | 17,284 | 18,532 | 19,868 |
| Share of children of all births | 12.7% | 14.6% | 15.6% | 16.9% | 17.8% | 19.0% | 20.6% | 21.8% |

and share of children born outside of marriage in the Czech Republic between 1993 and 2000.

### C. Abortion

The law regulating induced abortion in the former Czechoslovakia was liberalized in 1956. Between 1956 and 1986, women seeking an abortion had to present their request to special "abortion commissions." After 1987, pregnant women could obtain an abortion simply by requesting it. Induced abortion is legal until the 12th week of gestation. Abortion for medical reasons or to protect the woman's health is legal up to the 24th week of gestation. Illegal abortions are rare. In the 1994 adult survey, 60% of women and 58% of the men were fully "pro-choice." This situation was not changing in the repeat survey in 1998. Only 3% of both men and women believed the law should prohibit induced abortion.

In the last two years, the number of legally induced abortions has declined. More than 85% of all abortions are performed in the first two months of gestation as "mini-interruptions." RU-486 is not available.

The number of legally induced abortions per 1,000 women decreased from 1991 to 2001, from 111,268 to 34,500. Such a radical change is, of course, connected with all these dramatic shifts in different segments of the Czech society during the last decade.

From the point of view of the prevention of induced abortions, two things seemed to have great importance: The first is substantially better availability of modern contraception; the second is dramatic change in the value system of citizens, with great influence on the reproductive behavior of people.

### D. Population Programs

In the 20 years between 1970 and 1989, the communist Czechoslovak government made some efforts to promote population growth. All of these efforts utilized economic incentives. Money was provided for the support of each additional child at above the standard of normal living. Families with three or four children received increased support and benefits. All of these efforts had only a temporary effect, and no substantial long-term success.

At present, the state population policy is relatively liberal, based on the free choice and reproductive rights of people. The main goal is to enhance the social and reproductive responsibility of the people. The state supports some sexual educational and healthcare programs. Nongovernmental organizations also sponsor activities, including education programs aimed at improving contraceptive use and lowering the number of legally induced abortions for non-medical reasons.

One of the stable questions within domestic politics used to be state support for young families with children, which is now seen to be insufficient.

## *10. Sexually Transmitted Diseases and HIV/AIDS*

### A. Sexually Transmitted Diseases

*Incidence, Patterns, and Trends*

At present, the incidence of STDs and AIDS is relatively low. In the young Czech citizens survey, only 7% of males and 16.5% of females reported some experience with a sexually transmitted disease. This is because of 40 years of communist policy, which, in a substantial way, restricted the free movement of people. After the frontiers were opened in 1989, the movement of people into and out of the country increased. This new mobility and migration is already increasing the number of STD cases in the larger cities and in regions near the western frontier.

*Syphilis*. In the 1980s, no more than four cases of syphilis were reported annually per 100,000 inhabitants. In 1991, the rate of new syphilis cases was 1.3 per 100,000, with more women than men affected; in 1995, it was 4.0 and in the 2001 already 12.5. Such a rapid elevation of STD prevalence is conditioned by greater migration, primarily from Eastern Europe, where the prevalence of STDs is very high. In the last decade, some small local epidemics of syphilis, imported from abroad, were registered.

*Gonorrhea*. In the 1980s, the annual incidence of gonorrhea was under 100 cases per 100,000 inhabitants. In 1991, 71% of all cases were men between ages 15 and 24. In 1992, the incidence of gonorrhea increased significantly in some regions on the north and west frontiers and in Prague. This is one of the first signs of a new STD epidemic developing under new social conditions. Contemporary prevalence of gonorrhea is officially very low. In 1991, it was approximately 70 cases per 100,000 inhabitants and in 2000 only 10 cases. This decline is only an estimate, based on the unwillingness of physicians to report these cases.

Actual clinical experience reveals a remarkable increase in the incidence of all other STDs, including genital warts, papilloma virus infections, genital herpes, nonspecific urethritis, pelvic inflammatory disease (PID), chlamydia, cervical dysplasias, and cervical carcinomas.

*Availability of Treatment and Prevention Efforts*

The law requires that all new cases of classical venereal diseases be reported to the Ministry of Health Care. Infected persons are also required by law to give health professionals information about all sexual partners. Diagnosis and treatment for STDs is easily available in all the larger cities, at dermatovenereological departments, clinics, and gynecological and urological departments.

The main factor in the primary prevention of STDs is responsible sexual behavior. Sexual education should be started at a very young age and should include information of the health risks of sexual behavior. Some particular groups, "at-risk populations," need special attention with specifically designed sexual education programs. Such programs would promote safer sex information among promiscuous heterosexuals, homosexuals, prostitutes, and highly mobile minorities (tourists and professional drivers). There are many nongovernmental organizations that are active in the sex education and the promotion of STD-prevention efforts. However, sexologists are not completely satisfied with the present situation in sex education. In the Czech Republic, sex education is a compulsory part of the educational programs in schools, but the level and quality of these programs varies widely. The involvement of the mass media, radio, and television in this area is not consistent.

### B. HIV/AIDS

*Incidence, Patterns, and Trends*

Thus far, the incidence of HIV infection in the republic is low. At the end of 1992, there were 143 known cases of HIV infection and 32 cases of AIDS in the Czech Republic, 93 of them being homosexual or bisexual men and 30 hemophiliacs or blood-transfusion recipients. Only one IV-drug user has registered. Ten cases involved heterosexual transmission and 9 cases had unknown sources. Of the 143 known cases, 11 were women and 7 were children under age 15.

In 1995, there were 249 HIV-positive cases, including 72 cases of AIDS; in 2001, 501 HIV-positive cases, and 149 cases of AIDS were reported. Most of the HIV-positives are men, approximately 80%, with the main source of infection being sexual contacts with men. Intravenous drug abusers

are very rare in the Czech Republic, with only about 4% of HIV-positive cases being intravenous-drug users.

The low incidence of HIV infection is well demonstrated by the results of several preventive and anonymous screenings for HIV. In 2002, 800,000 HIV tests were conducted in the country, with positive findings in only 70 cases (including 21 foreigners).

Persons with suspected HIV infection or AIDS are protected under a special rule guaranteeing their personal freedom to seek or refuse testing.

For 96% of the Czech men and women, the main source of information about HIV/AIDS is the mass media.

### *Treatment, Prevention, and Government Policy*

The Czech Ministry of Health Care has a special program for the prevention and treatment of HIV/AIDS. This program has a self-contained budget. There are centers for HIV/AIDS investigation and treatment in all regional centers, and in the capital city, Prague.

Anonymous testing for HIV is available in all larger cities free of charge. Government policy fully respects the international standards of the World Health Organization. The national center for HIV/AIDS has been operating by the National Health Care Institute in Prague (www.aids-hiv.cz) for several years.

The Ministry of Health Care has been coordinating governmental activities with nongovernmental organizations and institutions. An AIDS-Help society, SAP [Společnost AIDS Pomoc], was founded in 1991. Sexual education is actively promoted by the Sexological society and by the Czech Family Planning Association [SPRSV–Společnost pro Plánování Rodiny a Sexuální Výchovu]. Many hotlines and telephone counseling services are operating with varying professional standards.

Programs for training counselors and health professionals are just being organized. Work with "at-risk" populations does not have a long tradition, because the communist government did not acknowledge such groups.

An organization for prostitutes was started in 1992 (RR–Pleasure Without Risk). Propagation of safer sex information among promiscuous homosexual men and promiscuous heterosexuals is possible with the collaboration of gay self-help groups like the Lambda Klub and through erotic magazines and video-rental clubs. SOHO is an NGO, which is trying to represent different gay and lesbian groups in the country.

The author's 1993 survey of 984 residents of Prague ($N = 485$ males and 499 females) between the ages of 15 and 29 contained 30 questions about past and present sexual behavior designed to elicit information on the risk of HIV infection. The most frequent sources of information about HIV/AIDS were books and magazines (for more than 50% of males and females). Parents and school were the main information source for less that 10% of the respondents. More than 90% of the male and female respondents were appropriately informed about HIV transmission, although 20% believed that insects, kissing, or sneezing could spread the virus. Five percent of the males and 2% of the women believed that hormonal contraception protects against HIV infection. One in four males and females felt threatened by the risk of infection. One in four males and one in five females had changed their sexual behavior as a result of this fear, with a decrease in sexual partners and an increase in condom use being the most common changes. Twenty-nine percent of males and 16% of females stated they would break with a partner if they learned that he or she was HIV-positive. Twenty-three percent of the men and 17% of the women believed persons with HIV/AIDS should be kept in isolation. Eleven percent of males and 20% of females had been tested for HIV infection at least once.

Preliminary results of the survey of Prague youth indicates that approximately a third of the youth of Prague are at very low risk for the infection, because of their monogamous lifestyle, avoidance of risky sexual practices, regular use of condoms, or complete sexual abstinence. Approximately 5% of the men and women were at high risk because of a combination of sexual promiscuity, risky sexual practices, coitus with IV-drug users, and failure to use condoms. Now that information about this risk group is on the record, it can become the subject of a government-sponsored prevention campaign.

[*Update 2002*: UNAIDS Epidemiological Assessment: By the end of 2001, a cumulative total of 551 cases of HIV infection had been officially reported. Estimated prevalence and incidence of HIVAIDS is still relatively low and the epidemiological situation seems stable. However, there are some changes in the pattern of HIV spread in the years 1995 to 1999. No HIV infection has been reported in blood donors since 1995. Heterosexual transmission of HIV is increasing and, as of the end of March 2000, was responsible for 35.7% of all registered HIV cases. The number of HIV-infected women is increasing, now comprising 20.2% of all registered HIV cases. The rate of HIV-infected pregnant women is also increasing, making up 7.1% of all HIV-infected women; during this period, the first two cases of mother-to-child HIV transmission were reported. HIV is also slowly penetrating to the subpopulation of injection drug users; at present, 4.2% of HIV infections are among injection drug users. The number of HIV infections registered among foreigners from Eastern Europe, especially from Ukraine, is increasing. The incidence of notified syphilis cases in the last few years is in the range of 3 to 4 per 100,000 population.

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

| | | |
|---|---|---|
| Adults ages 15-49: | 600 | (rate: 0.1%) |
| Women ages 15-49: | < 100 | |
| Children ages 0-15: | < 10 | |

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

[No estimate is available for the number of Czech 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*

The investigation and treatment of sexual dysfunction has a long tradition in Czechoslovakia. Since the founding of the Institute of Sexology at Charles University in Prague in 1921, sexual dysfunction has been one of the main interests. Czech sexologists have adopted a psychosomatic approach to couple sexual problems and sexual dysfunction. Strong emphasis is given to the quality of the therapeutic contact and to psychotherapeutic activities. Sexology was introduced as a particular medical specialization in 1975. Most of the clinical sexologists came into sexology from psychiatry, others from gynecology and urology. Prague has a long tradition of investigating the vascular etiology of erectile dysfunction. One of the pioneers of surgical treatment of vasculogenic impotence is Vaclav Michal from Prague.

The prevalence of sexual problems within the population was repeatedly studied in our survey. Global satisfaction with their own sexual life was expressed in 1994 by 76% of men and 82% of women. In the 1998 survey, overall satisfaction was expressed by 73% of men and only 70% of women. Very outstanding was the decline in the level of sat-

isfaction level for women from 83% to 70%. For such a trend, we have no rational explanation, and further study of this phenomenon is needed.

Medical diagnosis and treatment of sexual dysfunction in both men and women are free of charge at present for all ages and social groups. Some medications, of course, are provided with partial payment by the patients. For example, recently introduced drugs for impotence (sildenafil, tadalafil, apomorphine—Viagra) are not covered from health insurance. Counseling and psychotherapy for sexual problems are available not only at the sexological clinics, but also at some psychological centers in the health system and in social institutions, particularly marriage-counseling centers that operate in all the larger cities in both countries.

## 12. Sex Research and Advanced Professional Education

The main center for sex research has traditionally been the Institute of Sexology at Charles University in Prague, founded in 1921. Research at this Institute has centered on behavioral sexology and on some andrological problems.

The founder of the Czech School of Medical Sexology, Josef Hynie (1900-1989), spent some time at several of the world-renowned centers of early sexology, particularly the Magnus Hirschfeld Institute of Sexology in Berlin. His successor, Jan Raboch (1915-2002), has made important investigations in both andrology and behavioral sexology. In 1977, Raboch was president of the International Academy of Sex Research (IASR). Prague has twice been the site of an annual meeting of the IASR (in 1977 and 1992).

Czech psychiatry is well known for its sexological research. In the early 1950s, Kurt Freund began his studies using penile plethysmography to investigate male sexual orientations. Ales Kolarsky and Josef Madlafousek, at the Prague Center of Psychiatric Research, extended Kurt Freund's work in penile plethysmography with important publications. Research on gender problems has been established at a new center founded by the Faculty of Philosophy of Charles University in Prague. The Czech Sexological Society used to regularly organize scientific conferences at least twice a year. "East-West" conferences on sexual abuse and sexual violence are organized every two years in Prague.

Undergraduate programs in sexology are included in some medical, pedagogical, and law faculties. Postgraduate study is available only in medicine. Admission to this postgraduate specialization is limited to those who have successfully completed the program in psychiatry, gynecology, or urology.

The main sexological institutions in the Czech and Slovak Republics are as follows:

Institute of Sexology, 1st Faculty of Medicine, Charles University, Prague. Address: Karlovo namesti 32, 120 00 Praha 2, Czech Republic. Tel./Fax: +420224966609.

Sexological Society (of the Czech Medical Society). Address: See Institute address above.

SPRSV (Společnost pro Plánování Rodiny a Sexuální Výchovu–National Family Planning Association). Address: Senovážná 2, POB 399, 111 21 Praha 1, Czech Republic.

Gay Initiative in Czech Republic. Address: Senovážné náměstí 2, 110 00 Praha 1, Czech Republic. www.gay.iniciativa.cz.

AIDS-Help (AIDS Pomoc) Society. Address: Malého 3, 180 00 Praha 8, Czech Republic. Phone: +420224814284.

## References and Suggested Readings

Český Statistický Úřad (Czech Statistical Office). 2001. Data from census. Praha (Prague).

CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: http://www.cia.gov/cia/publications/factbook/index.html

Stehlíková, M., I. Procházka, & J. Hromada. 1995. *Homosexualita, společnost a AIDS v ČR* [*Homosexuality, Society and AIDS in the Czech Republic*]. Praha: Orbis.

Šrámková, T. 1997. *Spinal trauma from the sexological perspective* [*Poranění míchy pohledem sexuologa*]. Praha: Svaz Paraplegiků.

UNAIDS. 2002. *Epidemiological fact sheets by country.* Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS/WHO). Available: http://www.unaids.org/hivaidsinfo/statistics/fact_sheets/index_en.htm.

Weiss, P., & J. Zvěřina. 2001. *Sexual behavior in the Czech Republic: Situation and trends* (in Czech). Praha: Portál Publ.

Zvěřina, J. 1994. *Lékařská sexuologie* [*Medical sexology*]. Praha: Schering AG.