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CONTINUUM *Complete* *International* ENCYCLOPEDIA OF SEXUALITY

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

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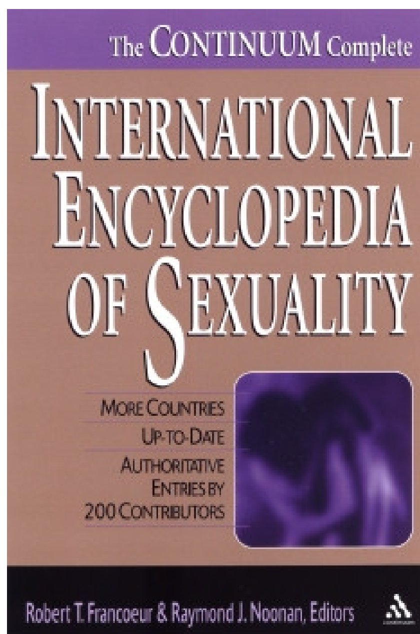

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Israel

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Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

A. Demographics

At the eastern end of the Mediterranean Sea, in the Middle East, Israel is a small nation, long and narrow in shape, about the size of the state of New Jersey. Its western border is the Mediterranean Sea. On all other sides are Arabic, predominantly Muslim, nations—Egypt, Syria, Jordan, and Lebanon, most of which are in a state of war with Israel since its declaration as a Jewish state in 1948. Israel's 7,847 square miles (20,324 km^2) include a western fertile coastal plain, a well-watered central Judean Plateau, and the arid Negev desert in the south. The climate is temperate, but hot and dry in the southern and eastern desert areas.

In July 2002, Israel had an estimated population of 6.02 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.) The 6.02 million population includes about 182,000 Israeli settlers in the West Bank, about 20,000 in the Israeli-occupied Golan Heights, fewer than 7,000 in the Gaza Strip, and about 176,000 in East Jerusalem (August 2001 estimates).

Age Distribution and Sex Ratios: *0-14 years*: 27.1% with 1.05 male(s) per female (sex ratio); *15-64 years*: 63% with 1.01 male(s) per female; *65 years and over*: 9.9% with 0.75 male(s) per female; *Total population sex ratio*: 0.99 male(s) to 1 female

Life Expectancy at Birth: *Total Population*: 78.86 years; *male*: 76.82 years; *female*: 81.01 years

Urban/Rural Distribution: 90% to 10%

Ethnic Distribution: Jewish: 80.1% (Europe/America-born: 32.1%; Israel-born: 20.8%; Africa-born: 14.6%; Asia-born: 12.6%); non-Jewish: 19.9% (mostly Arab) (1996 est.). In 75 years, Israel's population has increased tenfold, while the Jewish population multiplied by fiftyfold from about 85,000 Jews in 1918 to more than 4,140,000 Jews in 1992.

Communications: Ronny Shtarkshall, Ph.D., 15 Yasmin St. (Box 1116), Mevasseret-Zion, Israel 90805; ronys@md2.huji.ac.il.

(CIA 2002)

Religious Distribution: Jewish: 80.1%; Muslim: 14.6% (mostly Sunni Muslim); Christian: 2.1%; other: 3.2% (1996 est.)

Birth Rate: 18.91 births per 1,000 population

Death Rate: 6.21 per 1,000 population

Infant Mortality Rate: 7.55 deaths per 1,000 live births

Net Migration Rate: 2.11 migrant(s) per 1,000 population

Total Fertility Rate: 2.54 children born per woman

Population Growth Rate: 1.48%

HIV/AIDS (1999 est.): *Adult prevalence*: 0.08%; *Persons living with HIV/AIDS*: 2,400; *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*): 95% for Jews and 70% for Arabs; education is free and compulsory from age 5 to 15

Per Capita Gross Domestic Product (*purchasing power parity*): $20,000 (2001 est.); *Inflation*: 1.1%; *Unemployment*: 9%; *Living below the poverty line*: NA

Israel is the only country where the society is predominantly Jewish and the Jewish culture dominates. This is a source of difficulty in understanding sexuality in Israel. First, Western cultures do not always appreciate the extent to which Christian teachings differ from Jewish teachings in matters relating to sex and sexuality. (Outside of Israel, large Jewish communities living within dominant Christian cultures have acquired some of the host culture constructs.) This problem is aggravated by a methodological difficulty: Some of the common analytical tools and theoretical frames of reference used to explain sexual issues, especially gender ones, are somewhat lacking, because they are anchored in alien, mainly English-speaking, cultures.

B. A Brief Historical Perspective

In the southwest corner of the Middle East's ancient Fertile Crescent, the land of Israel contains some of the oldest evidence we have of agriculture and the earliest town life. By the 3rd millennium before the Common Era, civilization had made significant advances in the area. The Hebrew people probably arrived sometime during the 2nd millennium B.C.E. Judaism and the land of Judea prospered under King David and his successors between 1000 and 600 B.C.E. After being conquered by the Babylonians, Persians, and Greeks, Judea again became an independent kingdom in 168 B.C.E. However, within a century, the land was occupied by the Romans. Rome suppressed revolts in 70 and 135 of the Common Era, and renamed Judea Palestine, after the Philistines who had inhabited the coastal land before the Hebrews arrived.

Arab invaders conquered the land in 636. Within a few centuries, Islam and the Arabic language became dominant, and the Jewish community was reduced to a minority. During the 11th to 13th centuries, the country became a part of the Seljuk, Mamluk, and Ottoman empires, although the Christian Crusades provided some temporary relief from Islamic culture between 1098 and 1291.

During four centuries of Ottoman rule, the Jewish population declined to about a third of a million people in 1785. As the Ottoman Empire collapsed in World War I, Britain took over control of the land in 1917; the Balfour Declaration pledged support for a Jewish national homeland there as anticipated by the Zionists. In 1922, the land east of the Jordan River was detached.

Jewish immigration, which began in the late 19th century, swelled in the 1930s as Jews fled the rising tide of Nazi persecutions. At the same time, Arab immigration from Syria and Lebanon also increased. Arab opposition to Jewish immigration erupted in violence in 1920, 1921, 1929, and 1936. After the turmoil of World War II, the United Nations General Assembly voted to partition Palestine into an Arab and a Jewish state. In 1948, Britain withdrew from the country and Israel declared itself an independent state. The Arab world rejected the new state, and Egypt, Syria, Jordan, Lebanon, Iraq, and Saudi Arabia invaded, but were defeated by Israel, which incorporated new territories. In separate armistices signed with the Arab nations in 1949, Jordan occupied the Left Bank of the Jordan, and Egypt occupied the Gaza Strip in the south, although neither granted Palestinian autonomy.

An uneasy truce prevailed until the Six Day War of 1967 erupted when Egypt tried to reoccupy the Gaza Strip and closed the Gulf of Aqaba to Israeli shipping. The war ended with Israel taking the Gaza Strip and occupying the Sinai Peninsula to the Suez Canal, and capturing East Jerusalem, Syria's Golan Heights, and Jordan's West Bank.

Egypt and Syria attacked Israel on Yom Kippur of 1973. Israel drove the Syrians back and crossed the Suez Canal into Egypt. In the disengagement agreement of 1974, Israel withdrew from the Canal's West Bank. A second withdrawal followed in 1976, and Israel returned the Sinai to Egypt in 1982. In 1979, Egypt and Israel signed a peace treaty, ending 30 years of war. A 1978 terrorist attack from southern Lebanon led to an Israeli invasion. The violence and terrorism has continued, with Israel responding to the 1982 wounding of its ambassador to Great Britain by surrounding and entering West Beirut, and a military occupation by Israel of the West Bank and Gaza Strip.

Civilian unrest and military conflict has intensified in recent years marked by two Palestinian uprisings, called *intifadas* (literally, the shaking off). The First Intifada, 1987 to 1991, was followed by a period of relative quiet and reconciliation from the early to mid-1990s, with hope for a settlement to all Israeli-Palestinian hostilities. In September 1993, the Oslo Agreement was seen by many as groundbreaking and a first step to a firm and lasting peace. But after the 1996 assassination of Prime Minister Yitzhak Rabin by a fundamentalist Jew opposed to Israel giving up any of its occupied territory, the peace process slowed down to a grinding halt. The Palestinians living in the occupied territories did not see their living conditions improve. Additionally, Israel did not begin to withdraw from settlements in the occupied territories, which the Palestinians viewed as one of the largest obstacles for peace. Instead, their population almost doubled in the West Bank, even though few new settlements were constructed. This, along with sporadic attacks from Palestinian militant groups and the retribution from the Israelis, made the situation untenable.

The second intifada, the "al-Aqsa Intifada," began in 2000 with the death of the Oslo Agreement and the failure of a summit between U.S. President Bill Clinton, PLO Chairman Yassir Arafat, and Israeli Prime Minister Ehud Barak. In the wake of the controversial visit of Ariel Sharon to the Temple Mount, renewed violence erupted with a new wave of suicide bombers, and many more deaths among the Palestinians than among the Israelis, as the Israeli army reoccupied the West Bank enforcing strict military law, sealing off the Gaza Strip, and imposing economic and travel restrictions on the Palestinians. The Israeli security forces instituted targeted assassinations of Palestinian militants, and destroyed the homes of suicide bombers' families. With Mr. Arafat isolated by the Israelis, a new Palestinian prime minister was chosen. In mid-2003, with a new "road map" for peace, U.S. President Bush applied very strong pressure on Israel's Prime Minister Ariel Sharon and Palestinian Prime Minister Mahmoud Abbas, even as Palestinian opposition to Mr. Abbas increased and the prospects of peace appeared increasingly remote. At this writing, a new truce seemed at risk over the conflicting need for Israeli security and Palestinian demands for troop withdrawals and the return of prisoners.

1. Basic Sexological Premises

A. Character of Gender Roles

Judaism paints an ambivalent attitudinal picture in regard to women. It is certainly patriarchal in nature. The prayer a man recites three times a day includes a blessing for not being made a woman. On the other hand, the Shabbat blessing includes a praise glorifying the woman of valor. She is described in a traditional role of wife, mother, and homemaker. When a person is commanded to honor his parents, mother and father are mentioned explicitly and not the general form or the masculine one. A man is ordered to leave his mother and father and literally "stick" to his wife, while she is never ordered to leave her parents.

Gender and gender roles are viewed in a more traditional manner in Israeli sociocultural reality than elsewhere in Eu-

rope or North America. Already mentioned are several unique conditions that contribute not only to the perception of gender roles and the division of labor that are the public domain of family life, but also to concepts of intimacy and roles in sexual relations.

Service in the army reserves also contributes to the fixation of traditional roles of men and women beyond the military service at young adulthood. Men serve in the reserve forces a significant part of their adult life, typically 7 to 8%, but some as much as 25% of their time, annually, until they reach the age of 45 to 50. This fact has to be coped with within the family, and essentially exerts its influence on the balance of family life emotionally, as well as on the division of labor within the family balance of power, and the burden of physical and emotional responsibility of women to the children. Many children grow up with the ongoing worry about the danger to the life of the father, but also with stories that include macho and aggressive overtones. The exemption of women from reserve service on their first pregnancy, understandable as it is, only stresses the role division (see also Section 5C, Interpersonal Heterosexual Behaviors, Young Adults).

B. Sociolegal Status of Males and Females

Children

Legally, the rights of male and female children are fully equal. They inherit equally, are viewed with no distinction in terms of rights for protection by state authorities, and have the same rights for education and welfare in case of need.

Another law that has a bearing on sexual and familial issues is the prevailing legal situation (both in civil code and religious law), that there is no flaw in the legal status of a child born out of wedlock. This is sometimes used by religious authorities as an additional argument against granting abortions for unmarried women.

The only gender difference in the legal status of children is part of the religious family law that favors giving custody over girls to the mothers, while favoring fathers in the case of boys over the age of 6.

Adolescents

During adolescence, the legal status of boys and girls becomes somewhat different, mainly in regard to age of consent for sexual intercourse and the legal age of marriage, while their basic sociolegal rights remain equal.

The differences are in statutory rape laws—a concept that does not exist for boys. This creates an anomalous situation when a boy, who is more than two to three years younger than a girl of 14 or 15, has intercourse with her, opening him to the charge of rape in strict legal terms.

Despite this, the law does not distinguish between minors when it comes to sexual intercourse or molestation by authority figures, such as parents, caretakers, and professionals like teachers, psychologists, or physicians. Both males and females are considered under the protection of the law until age 21.

Another difference is the explicit permission needed to grant a minor girl an abortion without the knowledge and consent of her parents (see Section 9C, Contraception, Abortion, and Fertility Planning, Abortion). The practice is an extension of the rule that allows physicians to give minor girls treatment for preventing abortions, i.e., contraceptives, without the consent of their parents. This widespread interpretation of the law is never challenged in the courts.

Adults

The situation becomes more complicated when females and males reach adulthood. In addition to the complications of family law and the interaction between a predominantly nonobservant population with state-enacted and enforced orthodox laws and legal system mentioned above, there are several other issues of personal standing in which the issues of gender arise.

Only a few years ago, the income tax laws were changed so that the designation of "head of family" was struck and married women acquired independent standing. Prior to that, women's earnings were treated as a joint income of the family. The term "head of family" was applied to the husband, unless it was a one-parent family headed by a woman.

An increased percentage of women participate in the labor force. While in 1967, only about 25% of the women worked outside their household, their number passed 40% in 1980 and reached 49% in 1992. Despite their increasing numbers in many economic branches, and higher positions, women still suffer from lower wages for equivalent work, and from lower chances for advancement within a specific area.

The equal opportunity law does not permit discrimination on the basis of gender, and even demands that advertisements for work be directed toward both genders.

There is a public campaign now for corrective or compensatory discrimination. Many men and women object to this proposal because they believe that women in Israel do have some offsetting advantage because they do not serve in the reserves, a fact that many employers appreciate.

Another point is the fact that several of the labor laws, especially those dealing with maternal leave, shorter working hours for mothers of small children, and the inability to fire pregnant women burden employers with additional expenses and restrict their ability to compete in an open market. This seems to be a case where what was perceived to be an advanced social law less than 30 years ago may be inappropriate in the new political climate.

Another economic burden and female advantage that both employers and politicians cite is the differences in the pension laws and regulations. Women, whose life expectancy at birth is 79, 3.6 years longer than men (75.4), retire five years earlier than men at age 60. In the public campaign to change the rules, women won the right to choose their age of retirement, but men still have to work until age 65 in order to earn their pensions. Thus, the time that pension funds expect to pay most women is almost nine years longer.

This condition is aggravated by the fact that pension rights to which the surviving member of a couple is entitled are strongly in favor of women, who can receive up to 40% of their partner's salary, while in the rarer cases of a man surviving his wife, he can receive about 15% of hers. Several advocates of labor reform claim that any such changes will need to deal at the same time with all the structural differences between men and women, otherwise the system will not be able to carry the economic burden, and will also move from one form of discrimination to another, instead of toward egalitarianism.

[*Issues of Sexual Rights*

[*Update 2002*: The national elections of May 1999 and early 2001 illustrated a social phenomenon that has been emerging for a few years, a sectorial fragmentation of the Israeli society and the loss of power of a unifying common core. This is expressed in the political arena by the ideological parties losing their power. About 40% of the seats in the Parliament are held by sectorial parties acting as three large sectorial blocks: Arabs, immigrants from the former Soviet Union, and the religious party of Jews of Middle Eastern origin. On one hand, this has heightened the political power of organized religion; on the other, it has made the secular sector more militant. Nonorthodox religious movements embedded in the U.S.A., namely the reform and conservative

movements, are gaining popularity and power and are using the Supreme Court to force some issues around marriage-divorce laws. This weakens the traditional ties between church and state. On the other hand, the public discourse is currently characterized not only by the intensity of the differences, but by exaggerations and sensationalism in their expression.

[Israel's Supreme Court is also the focus of change around other issues of sexual rights. The most recent case concerning the rights of homosexuals, decided in May 2000, was the registration of a child born to a lesbian woman as the adopted son of her female partner. The boy is now being raised by two official mothers, one biological and one adoptive. In the last two years, the Supreme Court also ordered the military to accept women into some of the most exclusive courses: flight and flight navigation training and navy ensigns. In 1999, two women graduated from flight school and one of them was already flying combat missions early in 2000. On the basis of that decision, a few women applied to be trained in the air force rescue team and to other combat units. This is a conceptual revolution in the military, which since the end of the war of liberation in 1949 excluded women from combat units. Three women are now one-star generals. A retired head of the women's corps was recently appointed to head the prison service. In the civilian domain, the court ordered affirmative action in appointing women as directors to companies which are fully or partially owned by the central and local governments until an equal number of men and women serve as government representatives on the boards of directors. Capitalizing on this decision, several institutions offered courses to train women to serve on boards of industrial, commercial, and public-service companies.

[Another factor in this changing scene is the increasing commercialization of the media and no-holds-barred wars held over ratings in both the printed and electronic media. In a long process, the media, which were mainly ideologically affiliated, are becoming increasingly commercialized. Cable TV was introduced into Israel in the 1990s and, only somewhat prior to that, a second television broadcasting network. Political, social, and, of course, sexual sensationalism are rising in a process that reminds one of the noise level in a restaurant. If the noise level rises beyond a certain point, people who want to talk to each other must raise their voices, which contributes to further increasing of the noise and so on. Thus, issues of rape, harassment, and incest are among the issues discussed and portrayed in minute and hyper-realistic detail in the media. (*End of update by R. A. Shtarkshall and M. Zemach*)]

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

The term "secular Jew" embodies the problematics and the uniqueness of the Israeli situation. One part of it—Jew—defines the national sociocultural and historical identity. The second part—secular—defines a relationship to Judaism as a religion and religious lifestyle, and the choice of a humanistic or secular democratic frame of reference over a religious one. These two parts can be naturally linked together only within Israel, the Jews' national home.

Only about 30% of the Jews living in Israel define themselves as religious. Most of the other 70% define themselves as secular, while about 17% to 23% define themselves as traditional. The latter observe a few selected rules of observance, mainly ritualistic ones, while living most of their lives according to a secular lifestyle. Despite that, the culture is strongly influenced by traditional Jewish religious values.

Three examples—1. Jewish thought and its vehicle, the Hebrew language; 2. the role of religious values in a predominantly secular society; and 3. religious politics—will illustrate the extent in which Jewish culture influences sexual constructs.

The Hebrew Language and Jewish Thought

Language is the vehicle of abstract and analytical thought and therefore plays an important role in our psychosocial phenomena. Hebrew, the language of Jewish thought, exerts a very strong influence on Israeli Jewish thinking about sex and gender. The first expression of the place and meaning of sex in the world appears in the first chapters of the Old Testament, in a way diametrically divergent from Christian thought. In Genesis, the first time intercourse is mentioned in Jewish literature, the root of the verb used has multiple meanings: knowledge, consciousness, and intercourse. As far as is known, Hebrew is unique in using one root, and thus overlapping meanings, for sexual intercourse: knowledge and consciousness. The common root for knowledge, consciousness, and the verb for sexual intercourse indicates that sex is highly prominent in Jewish thought, and not necessarily in a negative way, especially when one recalls that Jews are known as the "people of the book."

This influence is apparent despite the fact that other layers were added over the biblical language and, until the 20th century, Hebrew was only intermittently used as a spoken language for secular, nonritual, or nonreligious studies. In modern, largely secular, albeit Hebrew-speaking Israel, very few people use the biblical term for intercourse in daily life. Current terminology ranges from the intimate (*make love*) through the neutral (*to perform sex* or *sexual relations*, *to lie with*) to the aggressive equivalents of *fuck*, *screw*, *shaft*, and so on.

Thus, unlike many Christian approaches, traditional Jewish thought views sex as intrinsically neutral. It is a human characteristic with an extremely strong potential (like knowledge and consciousness), which can be turned into either good or evil by three humanly determined acts of choice: the meaning one gives to sex (an act of piety), the context within which it is practiced (marriage), and the way one practices it (rules of conduct, including purity laws). In itself, sex—and the pleasure of sex—is not a sin. The harmony of flesh and spirit, an important tenet of Jewish culture, is expressed in married heterosexual relations. Its consummation on a regular basis, not necessarily for procreation, is a *mitzvah*—a combination of an obligation and a privilege—and pleasure is an important part of it. Those who abstain in marriage run the risk of religious sanctions. As role models, community leaders are to be married with numerous children. There is no monasticism, and abstinence is frowned upon.

Despite this, one can also find strong ambivalence about sex and the expression of sexuality in Jewish thought throughout the ages. Its instinctual nature and extremely high potential for evil needs to be guarded and curbed at all times. Some strong Christian influences are also apparent, especially among the Jews living in Europe for the last two millennia.

Another example of the role of the historical language's influencing modern sexual constructs is the fact that Hebrew is almost a totally gendered language. All the forms of speech—nouns, pronouns, verbs in all tenses, adjectives, and adverbs—take a gendered form. In contrast, English, the language of international research, is neutral, except for a few nouns describing animate objects. A comparative study among children of three different countries found that the gender prominence and dichotomization were ordinal according to the gender differentiation within the language,

Hebrew-speaking children having the highest gender awareness. Thus, Jewish children learn with their first abstractions how important it is to identify the gender of each object/entity and to look for the characteristics that distinguish one gender from the other.

The Power of Religious Values in a Secular Society

The Judaic nature of the society is demonstrated by the role that even secular people ascribe to Judaism in the life of Israel. While most Jews are nonobservant in terms of Jewish orthodoxy, many of them define themselves as traditional. Debates on the relations between state and religion are a constant issue in Israeli politics and public life. Issues, like the definition of the Jew in the law of returning, the opening of public places, or the operation of public transportation on Shabbat (Saturday), support for religious educational systems, and the exemption of women and men studying in religious seminaries from army service, are argued regularly.

In many such debates, many secular people defer to religious demands, not as a surrender to their power politics, but because they view Judaism as having a special role in the life of the state. One of the basic tenets of Judaism is that it is a national religion with a role in both public and private life, with a unique historical role in preserving the Jews as a cohesive people. Sometimes, there is a feeling that in relating to religious demands in public life, secular people place themselves in an inferior position. This closely relates to this topic because marital and gender issues are an important part of the discourse and the complex relationship between state and religion.

The Political Power of Religious Parties

The influence of Judaism on family, gender, and sexual issues is exerted not only through the subtler cultural and indirect sociocultural forces, but also through the political, social, and economic power of the religious minority of the population. While the political platforms of the religious parties are varied, they are united in their determination to preserve the power and lifestyle of Jewish orthodoxy in the public life of Israel. Their political leverage is far greater than their actual electoral power. While the left- and right-wing parties alternated as dominant political powers and formers of governments, religious elements have held the balance of power in all coalition governments because of a proportional electoral system.

In return for support on issues of defense, foreign affairs, and the economy, the secular parties give in to the demands of the religious parties on issues of secondary importance to them in many social areas, including those relating to family, sex, and gender. Thus, the judicial system that determines family matters is religious, although some aspects can be dealt with also in civil court. The religious influence is obvious in the reform of laws regarding abortion, homosexuality, and censorship of pornography.

The combination of religious Halachic canons with a public that is largely secular creates a conflicted situation. The reason for this conflict lies in several religious laws that impose great hardship on men and women, especially on those who do not adhere to the religious lifestyle. These include the law that forbids men who are descendants of the priesthood families of the temple from marrying a divorcée or a widow; a law forbidding an adulterous woman from marrying her partner in sin, even after she is granted a divorce from the husband; and similar laws.

These situations cause hardship also for religious people, but they suffer them because they adhere to the basic religious tenets. For the secular majority who encounter them, they are an imposition. This is one of the reasons for the strong tensions between the religious and the secular sectors, but the fear of schism is so intense that most people will look for compromise solutions instead of cultural war.

Nevertheless, while the secular and the religious parties have officially agreed to a token truce—the preservation of an ill-defined status quo—in reality, there is a constant political war fought in separate skirmishes on different fronts: in Parliament, the courts of law (especially the Supreme Court of Justice), local governments, and economic pressures. While many secular people feel that religion is gaining ground in public life, most of the religious sector feels on the defensive within the paradox of a secular Jewish state.

B. Source and Character of Ethnic Values

An Immigrant Society with Unifying Forces

Israel is an immigrant society with a common historical background and a melting-pot ethos acting as cohesive forces. The absorption of repeating masses of immigrants since the early 1950s has had a considerable impact on sexual behavior, sexual health, and public involvement in sexual issues. In 1990 and 1991, 400,000 people, 10% of the total Jewish population of Israel, immigrated from the former Soviet Union. Issues of increased rates of induced abortions, relatively low numbers of children, one-parent families, an alleged combination of alcohol consumption and sex, and a seemingly instrumental view of intercourse, quickly surfaced.

Also in 1991, 15,000 Jews immigrated from Ethiopia over one weekend, confronting Israel with issues of traditional medical practices, ritual isolation of menstruating women, and increased incidence of infectious diseases, including STDs and AIDS.

Unlike other societies where immigration leads mainly to social fragmentation, indications suggest that social cohesiveness forces within Israeli society also act in the opposite direction: as integrating agents even within the span of one generation (see below in marriage and fertility patterns). The melting-pot ideology is not just a whim. There are some strong basic and structural needs that contributed to its development: a belief in the continuity and unity of the Jewish people; a sense of threat of either political or physical annihilation or both; and, a sense of revival and modernization of an old culture that was suppressed or dormant by external conditions. Although many people perceive the melting-pot society not as a domination of one group over others, but as a continuous process of the evolvement in a new culture, others espouse a more pluralistic approach, advocating the preservation and even the development of ethnic characteristics.

In reality, one can see that many factors relating to dyadic relations and sexual behavior, fertility and fertility regulation, and other characteristics change in a relatively short time, and different studies show the emergence of common phenomena.

Israel's Political Situation

Israel's political situation has a strong impact on sexuality and sexual issues. This small country, with a total population less than that of New York City, has been surrounded by enemy states and hostile populations since its founding. Until the 1979 treaty with Egypt, there was no land border that an Israeli Jew could legally cross. Even in mid-1994 when ongoing political processes set the stage for reducing the siege, Israel required a military service for all citizens that influenced sexual and related issues beyond that requirement.

Siege feelings and the need to keep national unity make many people accept compromises in striving for change, or

at least lower the tone. This often changes the perspectives about priorities and leads to personal inner conflict between personal aspirations and internalized collective ones.

The influence of wars and physical danger on the sexual behavior of people, their marriages, and their fertility patterns are understudied. It is proposed here that, in critically dangerous situations, sex—which is biopsychosocially still connected to reproduction—may serve as a means to symbolically negate personal death. Such a hypothesis was used in attempts to explain diverse phenomena, like the frequently discussed increase in reproduction following military engagement, and the divergence from normative sexual behavior during times of active warfare.

Recent analysis demonstrates that the first phenomenon is only a rumor based on impressions and does not exist in reality. As appealing as the symbolic explanation is, the anecdotally reported departure from normative behavior during times of peace could alternatively be explained by feelings of disintegration during wars and irrelevance of social norms in those times. However, if this explanation were true, one would also expect widespread occurrence of phenomena like rape of the conquered population, which did not materialize in the wars in which Israel conquered land and assumed rule over large Arab populations.

Military Service

Several characteristics of the general military service, which is dictated by the political realities, can affect, directly or indirectly, the nature of Israeli sexual constructs. The role of the Israel Defense Forces (IDF), both as an institution and as a life event for Israeli youth and adults, is larger than in other Western societies. Most people would view it as essential to both their physical and national existence. It is an existential event in the life of most Israelites, and most families are immediately involved with its realities and dangers.

1. Gender Roles and the Status of Women. Military service in Israel is general and compulsory for both men and women at the age of 18. Exemptions are granted for physical and mental health reasons, low educational level, criminal record, and religious reasons, but rarely for conscientious objections. However, men serve for three years and continue to serve in the reserves for 25 to 80 days annually until they are 50 years old. Women serve for approximately two years and are retired from reserve service when they bear their first child. This, in itself, is both a reflection and an enhancer of the more traditional role still ascribed to women in Israel (discussed in greater detail below). Other characteristics of the military service tend to accentuate the traditional gender roles.

Despite compulsory service, there is a strong element of volunteering in the army, as youth compete, sometimes fiercely, for service in elite units or prestigious tasks. This entails additional physical and mental hardship during compulsory service and, in many cases, an obligation to serve as many as six additional years. There is a strong element of macho psychology involved here, with both male status and preference by the young women at stake.

Women do not serve in combat, and their choice of professions is not only smaller, but also limited to the less prestigious tasks within the army. Being out of combat service also blocks them from advancing in the army to the higher levels of general staff commands.

As the IDF retires its generals at between the ages of 45 and 53, exemplary service in the army and a top-echelon position is one of the stepping stones to the higher levels of civil service, business, and political careers. This avenue for advancement is closed to women.

The hardships of service, especially in combat units, promote strong male camaraderie and individual friendships; annual service in the reserves to age 45 to 50 tends to reinforce them. These almost-exclusively male interactions can be transferred to civilian life in the form of enhanced networking and alliances.

It seems that the realities of the military can foster traditional gender roles in the minds of both men and women, and also influence their social positions. Other issues discussed below point in the same directions.

2. Social Mobilization and Meeting Ground. Sociologists have noted the IDF's role as a unifying factor and as contributing to the relative high mobilization within the Israeli society.

The IDF is involved in absorbing immigrants and in educational projects for women and men who otherwise would be unfit to serve. It also serves as a common meeting ground for people from different ethnic groups, allowing them to mix socially, and in many cases sexually. Many marriages can be traced to relationships formed in the army.

All IDF officers start as rank and file. There is a strong emphasis on advancement based on merit and achievement, and excellence is measured by a combination of mental, physical, and social characteristics. A meritorious service record is viewed as a strong character reference; in civilian life, young men from less-privileged strata have another chance for mobility.

3. Rite of Passage or Moratorium? It is hard to appreciate the influence of the IDF on sexual and family issues if one does not understand the role it plays in the general individual psychosocial development of Israeli youth, and its centrality in the life of many individuals. Most Israeli youth leave direct parental control to go into the army. This is only one factor that ties army service strongly to sexarche, choice of mates, and other sexual issues (see Section 5C, Interpersonal Heterosexual Behaviors, Young Adults). Developmentally, IDF service has some definite elements of a rite of passage—the physical and mental tests, the demand for initiative and resourcefulness judged by peers and veterans, the formation of group cohesion and social responsibility, the ability to deal with moral dilemmas in extreme conditions—and these serve to separate childhood from adulthood.

While not disputing the rite-of-passage elements in IDF service, or its positive effects, it was recently suggested that, at the same time, the nature of IDF service may also cause a long moratorium on the tasks of real life, and can even be viewed as causing some elements of infantile regression. These may have effects on dyadic relationships and gender roles within them (see below).

4. Internal Conflicts, Trauma, and Violence. A possible negative aspect of the military service that may have a bearing on sexuality and family life involves the nature of military engagement in the civilian uprising in the disputed occupied territories during the last six years. This forced the soldiers to confront civilians, rather than enemy soldiers, in a manner previously not experienced. These high-risk confrontations with civilians tend to create strong inner and normative conflicts. Those who raised the issue hypothesized long-lasting effects, among them proneness to violence (including domestic violence) and posttraumatic stress disorders. Claims had been made that, in such discussions, it is difficult to distinguish between political stands and professional opinions.

The possible contribution of these issues on the actual shaping of sexual and dyadic constructs will be discussed in several instances.

3. Knowledge and Education about Sexuality

A. Government Policies and Sex Education Programs

The educational system in Israel is divided between the general educational system and religious ones. This necessitates separate discussion of the situation in the different sectors. Most of this discussion will be devoted to the secular educational sector.

The Early Years (1930s and 1940s)

Early attempts at sex education, in the late 1930s and early 1940s, were based on local initiatives. Although coming from two different directions, they converged around the dominant psychoeducational ideology of that period—Freudian psychoanalytical thought. The theoretical concepts, which had little direct field application, were largely that of mental health hygiene of a "preventive" nature, and were concentrated around the Psychoanalytical Institute of Jerusalem and the Public Health Services of a voluntary health service of the Jewish community (Hadassah).

At the same time, attempts were made to develop sex education programs at the educational institutions of the left-wing kibbutz movement "Hashomer Hatzair." The atmosphere in these institutions was highly experimental, and the issues of sex, sexuality, gender equality, and the control of individual urges and wishes—not only sexual ones—as part of socializing ethos, were central to the life of the movement at that time. For example, not only was the system coeducational, but boys and girls slept together in the same room, four to a room, until age 18, and bathed together until age 12 to 14. Contrary to the expected, this was a society with highly puritan values, at least when it came to youth, and the key concept of sex education and youth sexuality was borrowed from psychoanalytical literature—sublimation. There was high social control over behavior: purity and self-control were expected, not only in the area of sexuality, but also in areas like smoking and drinking. It is interesting to note that these two behaviors are clustered with precocious initiation of intercourse as "problem behaviors" in the modern research literature.

The 1960s

A revival of interest in sex education came in the early and mid-1960s, when several sex-education "guidebooks" were published by concerned professionals. These were not as yet part of an organized sex-education drive, but their almost simultaneous publication is significant, as was the foundation of the Israeli Family Planning Association in 1966. It seems that the main concerns during that period were the apparent increase of sexual behavior among youth and the alleged contribution of large families to low socioeconomic status (SES) prospects and crime among young immigrants from Middle Eastern countries.

The 1970s and 1980s

The big organizational change happened in the early 1970s. Dominant among the incentives was the increase in the incidence of sexually transmitted diseases (STDs) among youth, following a wave of youth tourism to Israel after the 1967 war. This also coincided with some changes in the general ethos of the country from communal to individual, which may be attributed to filtration of the youth movements of the 1960s in Europe and North America, and with a relative economic boom following four years of recession.

A national study about sexual knowledge, attitudes, and practices was mandated and carried out in the early 1970s. The outcome of the deliberations of a multisectorial committee was an outline for a comprehensive general curriculum arranged chronologically by content areas and skill formation, and the formation of a Unit of Family Life and Sex Education at the Ministry of Education.

The original conceptual framework for this experimental unit was a mixture of preventive health (implying a high potential for adverse effects of sexual behavior), a developmental outlook, and normative boundaries. Its mandate was very wide and flexible and included the development of educational programs, the training of sex educators, and the implementation of non-mandatory sex education within the school system.

Two parallel units were formed, one to deal with the issues within the national-religious sector (which dropped the sex education out of its name) and the other one to deal with the same issue within the general (secular) national educational system.

The National (Secular) Sex Education Approach. The efforts concerning sex education in the secular (general) system developed in three main parallel directions: 1. the development of programs and educational materials for different content areas, ages, and skills; 2. training sex educators/facilitators; and 3. creating the infrastructure for the implementation of the programs within schools. The development of the programs and the training of sex educators was influenced by the humanistic approach to sex education of the Sexuality Information and Education Council of the United States (SIECUS), the American Association of Sex Educators, Counselors, and Therapists (AASECT), and Society for the Scientific Study of Sexuality (SSSS). Professionals from the United States of America, most notably Lester Kirkendall and Sol Gordon, helped with the first training courses and development programs in the late 1970s and early 1980s.

In 1978, the curriculum for family life and sex education was formally adopted and the unit ceased to be an experimental one. After several years of independent (precarious) existence, it was adopted administratively into the Psycho-Educational Services of the Ministry of Education. The infrastructure for supporting implementation of sex education now includes several regional trainers, with whom teachers can consult.

The appearance of AIDS on the Israeli scene in the mid-1980s was a mixed blessing for sex education. The rise in public interest in sexual behavior, the perception of youth as an at-risk group, and the feeling of inadequacy concerning sex education among many parents, acted together with other factors in 1989 to mandate sex education at least three times within the formal education span. In each stage, elementary, middle, and high school, pupils are to be given 16 hours of sex education. Unfortunately, this mandate was not accompanied by the necessary budgetary or time allotment for this purpose, so that its implementation still depends on local arrangements, the priorities of principals, and the difficulties of the staff in dealing with the subject.

On the other hand, the public interest in sex education took a swing from the developmental-humanistic approach back to the preventive-medical ones. Also, parties less interested in education jumped on the bandwagon and attempted to lead campaigns by playing on the fears of the public.

The National-Religious Sector Approach (Excluding the Ultra-Orthodox Approach). This educational system focuses on a moralistic approach and normative behavior within the boundaries of the religious framework. An integral part of this framework is the dichotomization between public and private behavior. While the Jewish practice allows for the fallibility of the individual and mitigating circumstances, it

strongly forbids the a priori consideration or discussion of alternative behaviors. Thus, an educational discussion of the forces leading to premarital sexual behavior, decision making, and alternatives within such situations can be done only within a judgmental right-wrong framework in which abstinence is viewed as the only appropriate alternative.

Several religious educators have been dissatisfied with this approach and expressed their displeasure by participating in training courses for sex educators in the secular sector, contrary to administrative directives. They explain this by their wish to respond to the pressing needs of their pupils beyond the formal and normative guidelines and by a personal need for developing in this area.

Ultra-Orthodox Educational Systems. There is only indirect and fragmentary knowledge about sex education within the "Independent Educational System" run by the ultra-orthodox sector, because this system is not accountable to the administrator of the national curriculum (see Section 13B, National, Religious, and Ethnic Minorities, on Ultra-Orthodox Jews [*Haredim*]).

B. Informal Sources of Information

Parents as a Source of Information

Findings of a national study of youth sexuality from the 1970s, augmented by some later studies using convenience samples and limited populations studies, show that between the ages of 14 through 17: 1. parents in general were viewed as a low source of information on sexual issues; 2. daughters consulted more than sons with parents; 3. mothers are a much more common information source than fathers; and 4. both parents were a very low source of information for sons, although sons also consulted more often with their mothers than with fathers. Finally, the tendency to view parents as a source of information decreased with age—youth in the 10th and 11th grade were less likely to view their parents as a source of information than were 8th and 9th graders. This change was bigger for sons than for daughters. These results are supported by studies of unique populations, such as youth from problem families residing in boarding high schools, kibbutz youth, and by youth general health studies that included sexuality components. Even when similar pictures are different in important details, this can be explained by the unique conditions of the studied populations.

A possible explanation for the findings that girls interact more than boys with their parents, especially their mothers, on sexual issues, can be that the interactions are not initiated by the girls but by the mothers, who are both more concerned with the expression of female sexuality and more comfortable in approaching their daughters.

This finding that daughters consult parents more than sons conflicts with the findings that their objective knowledge is lower when compared to male youth. An explanation might be that the interaction of daughters with their mothers is more on issues of attitudes and consent than on information, or that the higher ambivalence of female adolescents about their sexuality does not allow them to benefit from the higher amount of interactions with adults.

A recent study using a limited convenience sample found a different picture that could be very important, if replicated in a more generalizable form. In a high-middle-class senior high school sample, parents were the second most important source of information for girls and third for boys.

This may indicate that urban middle-class parents are now finding it easier to talk with their children about sex. This may be part of the trend of increased acceptance of adolescent sexuality, or a reduction in the distance between parents and their adolescent offspring.

There is a question whether parents are an appropriate source of sexual knowledge for youth because of their emotional involvement and their heterogeneity in regard to reliable information. Popular sentiments, based on the general assumption that parental involvement in education is desired, regard as problematic the findings that parents are a low perceived source of information. Attempts are being made to change this situation by interventions directed toward both youth and their parents. However, the effort to increase parental involvement may also reflect adult ambivalence over youth sexuality and the desire to control it.

Even if one accepts the belief that increased parental involvement is desirable, these findings are insufficient grounds for designing interventions; many studies need to be deliberately targeted at more-defined specific subgroups before intervention programs are designed. It may be worth investing in programs to help parents to increase their role as a resource for their children and to help fathers talk with and be more available to their sons, only if the recent findings from the urban middle class are confirmed and the explanatory assumptions hold.

The findings from the boarding schools may indicate that in dysfunctional families, a parental substitute may be needed as a reliable source of information, especially for boys whose fathers are either physically or mentally absent and whose mothers find it difficult to interact with male adolescents about sexual issues.

Other Sources of Information to Adolescents

Concern over parents' being a low resource is heightened when other sources of information are viewed. Peers and older adolescents are found to be the main source of information for both male and female adolescents. This may increase parental and adult perception of loss of control, as these are potential sexual partners. In addition, the reliability of this information resource is questionable because of the limited knowledge among older adolescents and because it is biased by the agenda of the resource persons.

While information from peers is in many cases unreliable or incomplete, its language and tone are acceptable to adolescents and young adults. It may, therefore, be beneficial to invest more efforts into developing systems of peer education and peer training.

An important information source is the written and electronic media. Unfortunately, much of the material directed to adolescents is sensationalistic, commercial in nature, and/or caters to the lowest common denominator. Thus, question-and-answer sections in youth magazines rarely deal with ambiguities and some questions that have no answers that are definite or generalizable.

Another source of concern is the fact that more children and youth report exposure to pornographic videos, especially among males, but also females, a result of cable television networks and the popularization of video. (Pornography is discussed in Section 8C, Significant Unconventional Sexual Behaviors.)

Extent and Reliability of Sexual Knowledge

Although knowledge is insufficient to assure healthy or responsible sexual behavior, it is essential for their attainment. Knowledge is also essential during puberty and adolescence to help prevent adverse sequels of sexual behavior, like unwanted pregnancies and sexually transmitted diseases.

It should be noted that, unfortunately, some of the studies mentioned above used what is considered unsatisfactory measures of knowledge, i.e., subjective perception of knowledge rather than measurable objective ones. Studies by

Ronny A. Shtarkshall in convenience samples have shown a marked discrepancy between objective knowledge and the subjective perception of knowledge about contraception; for example, the fact that 90% of adolescents in a large study reported familiarity with at least one contraceptive did not mean that they really had the knowledge they needed to use it.

When objective measures of knowledge were used, a low level of knowledge was found among high school students, many of whom were either sexually active or on the verge of initiating intercourse. Generally, male adolescents demonstrated higher objective knowledge. Female adolescents had higher score on signs of pregnancy and abortions, possibly because of the personal concern with an unexpected pregnancy.

It is unclear why females who reported more interactions with adults demonstrate lower knowledge. As was hypothesized earlier, this could be because their contacts are on issues of conduct, but also because they and the adults are more ambivalent about female sexuality and sexual behavior during adolescence. This hypothesis is supported by limited findings from a high-middle-class study that showed that positive feelings about sex were positively associated with higher objective knowledge.

Sexual Knowledge among Professional Students

A study evaluating knowledge of professional students in medicine, social work, and law at the Hebrew University in their first and final years revealed rather alarming findings. First, medical school education had almost no effect on the knowledge of medical students; only one of five content areas, the biomedical, showed a positive effect. Second, the level of knowledge was rather low, especially considering the professional needs of physicians and social workers. Third, sexual experience was in marked and significant association with subjective perception of knowledge. Fourth, there were weak and inconsistent associations between sexual experience during adolescence and objective knowledge. The combination of the two findings is alarming. Since it is assumed that awareness of lack of knowledge is better than perceived knowledge that is erroneous, the finding that medical students are largely aware of their lack of knowledge was viewed as a mitigating sign. Finally, even at this stage, age was positively associated with both increased knowledge and a more adequate perception of knowledge. Extrapolating for a younger age, this finding supports the hypothesis that older adolescents are more ready, both cognitively and mentally, to enter into the sexual arena.

Several studies by Shtarkshall evaluated the lack of knowledge apart from mistaken knowledge, assuming that people who are aware of their ignorance are in a better situation than those who do not know, but mistakenly think that they do. The finding that professional students were largely aware of their lack of knowledge was viewed as a positive sign.

4. Autoerotic Behaviors and Patterns

There are no known sources that document autoerotic behavior patterns in the general population in a quantitative way. Even a publication of a recent general population survey on sexual function and dysfunction does not fill this gap.

Sexual history interviews with a large biased sample of help-seeking individuals and couples show the following patterns. Among the nonreligious, more men than women report masturbating either prior to sexarche or after it. Also, more men than women report direct manual stimulation, while fewer report indirect stimulation, like rubbing the thighs, or thrusting and rubbing against objects. These methods are more favored by women. There is a question whether this is a difference in practice or a reporting bias, but this question cannot be resolved on the basis of these reports in themselves. Among the orthodox, and certainly among the ultra orthodox, the issue of reporting bias is more pronounced, as male masturbation is a serious sin, while female masturbation is only frowned upon and considered unhealthy.

There are many lay beliefs concerning masturbation that are expressed mainly by adolescents and youth, either as questions or comments within sex education sessions. These are mainly lay beliefs concerning general or reproductive health, and also the ability to identify a masturbating person. For men, the beliefs include depletion of the semen, blindness or shortsightedness, hirsutism on the palms, and an asymmetrical (bent) erect penis. Among women, there are admonitions about weak sight and about giving birth to retarded children as a consequence of masturbation.

5. Interpersonal Heterosexual Behaviors

A/B. Children and Adolescents

Pubertal Rites of Passage

See remarks on IDF service as a kind of rite of passage for adolescents under Section 2B, Religious, Ethnic, and Gender Factors Affecting Sexuality, Source and Character of Ethnic Values.

General Lack of Data

Attempts to elucidate the patterns of sexuality, sexual behavior, dyadic relationships, and other sexual issues concerning adolescents and youth are hampered by sociopolitical restraints. The last study of sexual knowledge, attitudes, and practices in a national sample of youth was done in 1970. In 1991, a proposed study of adolescent sexuality was approved by a review system and then vetoed on educational and moral grounds by the Director General of the Ministry of Education and Culture, a political appointment of a religious minister. Even after the change of government at the end of 1992, a lengthy and tortuous negotiation process about the same study ended abruptly when the psychological services of the Ministry of Education "changed its research priorities" and excluded the survey from them.

Most of the available quantitative information is on secular youth with little on those who define themselves as traditional. All information about religious youth reported here is anecdotal, although it represents the cumulative shared experiences of a network of researchers, counselors, and educators.

Puberty, Adolescence, and Psychosocial Development

Very little research has been done on pubertal stages. All studies have used convenience samples of Jewish girls. The normal range for the onset of breast development in 1977 was from 8.22 to 12.38 years and the normal (corrected) age for pubic hair development 8.58 to 12.58 years. The normal range for reaching menarche is 11.09 to 15.49 years.

Several interesting effects associating pubertal stages and social class or ethnic origin have been observed. Girls from low socioeconomic class as defined by their fathers' occupations, whose mothers were poorly educated and who came from large families, reach the stages of puberty later than other girls. All three variables are highly and significantly associated with each other and with Middle Eastern/North African origin. Sample sizes did not allow a distinction between the contribution of ethnic origin (genetic) and social conditions (nurture) to this phenomenon.

It is possible that a secular trend is present, since a comparison of menarche in separate studies of similar popula-

tions have shown a drop of almost five months in mean age from 13.75 in the mid 1960s to 13.29 in the late 1970s. (This is not significant because of a large standard error in the more recent study.) During this period, there was a large increase in both the general standard of living and ethnic mixing.

The importance of individual and group differences in pubertal development in relation to psychosocial sexual development is well recognized but very difficult to study. Based on observations and anecdotal information, a hypothesis can be advanced that among Israeli female adolescents, there is an inverted J-curve relationship between age at puberty and the time gap between the onset of puberty and the first sexual intercourse, or sexarche, i.e., girls who develop earlier and later than their peers may go faster through a scale of the stages of sexual behaviors. (Information about male adolescents is insufficient even for development of a hypothesis.)

As for social-class differences in puberty showing that girls of low socioeconomic class reach pubertal stages and menarche at a later age, this may put some stressful pressure on them to act out sexually, especially in integrated schools, because the influence on psychosocial sexual development is exerted not through the abstract national norm, but through interactions with the significant peers. Another pressure on adolescents of low socioeconomic classes in schools, and especially in integrated ones, is the need to excel. There is enough information to suggest that low achievement, in comparison with a significant reference group, is associated with precocious sexual activity.

[*Ongoing Research on Adolescents*

[*Update 2001*: Several studies are currently in progress on the sexual behavior of adolescents and young adults. Another round of the *Health Behavior in School Aged Children* (*HBSC*), a study coordinated by the European Region of the World Health Organization, was scheduled for 2001. This long study contains a very brief section on sexual behavior. The results of the previous round, conducted in 1994 and published in December 1997 (Harel, Kani & Rahav 1997) were limited to the secular sector of the national school system and further limited only to the 10th and 11th grade section of the survey. Other behaviors were also studied among 6th to 7th graders and also in the National Religious Sector of the schools. Adolescents in Israel report having sexual relations to a lesser extent than those in the U.S.A., 27.8% and 13.9%, as compared to 53.5% and 53.1% for American males and females, respectively. The difference between the genders in reporting intercourse during adolescence, on which we reported earlier (in our original chapter in the *International Encyclopedia of Sexuality*), persisted even at the end of the 20th century. Preliminary results from other studies show that this difference continues to be true today. The two other studies are another study in the secular school sector, which focuses on sexual attitudes, norms, and behavior, and a study started in 1995, which looks cross-sectionally at successive groups of young adults. The latter also includes information about orthodox men and women. In the *HBSC* study, the researchers were able to demonstrate that risky behavior, coitus with more than one partner ever or in the last three months, engaging in unprotected coitus, and experiencing coitus under the influence of alcohol or psychoactive drugs is limited to a small subgroup of the adolescents, which may explain the picture of the spread of HIV/AIDS in Israel. (*End of update by R. A. Shtarkshall and M. Zemach*)]

Premarital Sexual Activities and Relationships

This discussion of sexual practices among Israeli youth focuses on two main issues: premarital intercourse and the context within which it occurs, and on sexarche or age at first intercourse.

The issue of premarital intercourse during adolescence is more complex than that of premarital intercourse in general. It includes adult attitudes toward adolescents' sexual expression and adolescents' response to it, the interaction between adolescents, peers, and significant adults on issues of control and separation. It is very hard to treat these different issues separately, and sometimes even to distinguish between them.

In general, studies up to the mid-1980s showed that attitudes of Israeli youth concerning premarital intercourse, self-pleasuring, homosexuality, and gender are more conservative than those of European and North American youth. Attitudes among adolescents towards premarital intercourse were associated with several independent variables: gender, age, modernity (socioeconomic status of the family of origin), and religiosity.

Degree of agreement with two extreme attitudes toward premarital intercourse—"Intercourse is forbidden before marriage" and "Intercourse is permitted if both partners want it" (not qualified by age, above 18, or by relationship status, in love or engaged)—are detailed in Table 1. In general, younger adolescents are more conservative about premarital intercourse. Both younger boys and girls are more accepting of the forbidding message than older boys and girls, while the situation is reversed for both genders in relation to the permissive attitude.

The findings indicate that, in general, younger adolescents are more conservative about premarital intercourse. 1. As expected, acceptance of the permissive message increases, and that of the restrictive message decreases, with age for both genders. 2. Comparing genders, one sees that in various adolescent age groups, more boys than girls accept the permissive message and more girls than boys accept the restrictive one. 3. Both boys and girls are more accepting of premarital intercourse if there is an emotional commitment, and more so if there is a formal public one, i.e., engagement. The commitment is much more important to girls than to boys. 4. The discrepancy between boys and girls that supports a behavioral double standard is more pronounced when males and females report their attitudes towards virginity at marriage. Both genders express more-permissive attitudes toward males' premarital intercourse. More than two thirds of females believe that girls should be virgins at marriage, while less than half expect this of their prospective partners. Among males, 10% believed that sex is forbidden before marriage, while 43% felt that a woman should be virgin at marriage. 5. There is also a discrepancy between attitudes and behaviors: Males are more permis-

Table 1

Degree of Agreement in the Attitudes of Adolescents Toward Premarital Intercourse

	Boys		**Girls**	
	Grades 9-10	**Grades 11-12**	**Grades 9-10**	**Grades 11-12**
Premarital intercourse is legitimate in adolescence if both want it	35.3%	53.3%	14.1%	24.4%
Premarital sex is forbidden before marriage	18.1	10.2	51.1	35.2

Editors' Note: Percentages are approximations from the original bar graphs.

sive in their attitudes than their behavior and females are more permissive in their behavior than their attitudes.

These differences in premarital sex attitudes are more pronounced if one compares older boys with younger girls. As this is usually the pattern of pair formation, it can be a source of tension and discontent in dyadic relationships, prior to initiation of intercourse and after initiating it.

Mechanisms like denial and externalization used to cope with these discrepancies can cause difficulties on the individual and social level, including coercive behavior and problems in contraceptive behavior. They can also lead to a reporting bias about intercourse.

In the religious sector, public norms are against any premarital sexual expression, not just intercourse. Many structural and social controls attempt to enforce these norms because of the common belief that, while adolescents have natural urges, they lack the self control of adults—such beliefs are also common among the more conservative elements of the secular sector. The result is sometimes paradoxical: The constant warnings and controls make people more aware of the temptation. The results may be dire when those who transgress do not possess the range of skills that enable them to protect their own needs while doing so. Those who transgress also have very little chance of parental or even peer social support.

Trends in Sexual Behavior, Premarital Intercourse, and Sexarche

Pooling the results of several different studies, one is able to conclude that the trend from the 1960s to the 1980s is for more youth to engage in premarital intercourse, and that a larger proportion of those who do so start at a younger age. The increase in the reported rate for younger women from the 1960s to the 1980s is three- to sixfold, the highest increase for both men and women of all ages.

Table 2 shows the trend to earlier sexarche among urban women in one study. Caution is needed in using this study, the only one giving data about premarital intercourse among urban Jewish women prior to 1965. This study has all the limitations of retrospective studies; the time span between the occurrence of the events and the reporting point varies, and the reporting may be influenced by a memory bias. In addition, it was limited to married women in their first marriage, and thus it does not represent the whole Jewish population. Both nonmarrying and divorce may be associated in more than one way with the timing of first intercourse.

Table 2

Cumulative Percentages of Women Initiating Intercourse at Different Ages, for Women Reaching Age 16 at Three Different Periods (Cumulative Percentages of Those Who Practiced Intercourse in a Calendar Year Prior to Their Marriage)

Age at Sexarche (Years)	The Period at Which the Women Reached Age 16: 1963-1969	1970-1975	1976-1982
14-15	1.5%	3.8%	3.2%
16-17	14.2	23.9	26.9
18-19	50.2	60.1	70.1
20-21	80.2	85.1	93.4
22+	100	100	100

Note: The differences between the three studied periods are significant at the $p = 0.001$ level.

Editors' Note: Percentages are approximations from the original line graph.

Table 2 also demonstrates an interesting phenomenon. All three groups of women show a sharp rise between ages 16 to 17 and 18 to 19. Since most Israeli youth leave home at that age to go to the IDF, it seems that this is a critical age for the urban women.

In all studies of the urban population, more than 90% of the studied population—secular Jewish youth at high school, at any age more men than women—reported that they had already had sexual intercourse. However, the trend from the 1970s to the 1980s shows that the gender discrepancy in decreasing. The ratio of urban men/women reporting intercourse ranged from more than 8:1 for the 10th grade and 3:1 in the 12th grade in the 1970s, to 3-4:1 in the 10th grade and 2-3:1 in the 12th grade in the late 1980s.

In the mid to late 1980s, between 12% and 30% of urban females and 40% to 55% of males had reached sexarche by the end of grade 12; 2% to 11% of girls and 20% to 35% of boys were sexually active at the end of grade 10.

The discrepancy in proportions between men and women should be a source of concern. The three most widely used explanations in the literature are: 1. the presence of a small group of young women who engage in sex with many young men; 2. The initiation of young men into intercourse by older women; and, 3. reporting bias. As far as is known, the age gap between partners in most of the relationships among adolescents and young adults is either very small or in the opposite direction, the men being older than the women. There are no indications that there is a small group of women who initiate many men into sexual intercourse. Also, the tradition of initiation through sex-for-profit is relatively rare in Israel. It is thus probable that the normative pressures reported above are acting on youth of both genders to create reporting bias in the opposite direction: That is, more boys report having reached sexarche than those who actually do so, with fewer girls reporting it than those who do. An extensive experience with interactive sex education programs dealing with normative pressures and sexual behavior lend additional evidence to support this explanation.

The Context of Sexarche

In studies of the context within which intercourse is initiated during adolescence, a high proportion of youth reported that intercourse is started within a steady relationship. This is more true for females (95% of those reporting premarital intercourse in a large-scale study) than for males (46% in the same study). The same picture is apparent when comparing the length of relationships: More girls initiate intercourse in longer relationships. Also, girls who were sexually active reported higher frequency of intercourse than boys, which would be the case if intercourse is practiced within a steady relationship.

Despite the general trend of initiating intercourse within a steady relationship, a phenomenon of initiating intercourse with a "sex object" is encountered in significant numbers. Youth of both genders report that they chose a person for the sole purpose of losing their virginity, mainly because "it was time." Sometimes, the chosen person is a different man or women from the one they are in a current dyadic relationship with. Sometimes, this happens when they play the role of a sexually experienced person in the beginning of a relationship and do not find a way out of the role; at other times, they set out deliberately to find a person "to do it" with. Attention should be paid to this group even if it is small, as they may be considered an at-risk group. Because communications may be hampered by conflicting agendas and pretending experience that is not there, and the commitment between the sexual partners may be lower, it can be hypothesized that protection within this group would also be lower.

Experience shows that youth who are able to consult with parents or other significant adults, more often engage in protected intercourse. Unfortunately, these are a minority, and those who do talk with adults are usually older and less in need of this support than the younger ones.

In looking at the length of relationship within which intercourse is initiated, a seemingly contradictory picture appears. A higher proportion of young women initiate intercourse within a steady relationship of more than 13 months as compared to the young men—41% and 27% respectively.

Several factors, acting separately or in unison, could contribute to this phenomenon. First, the study was done among high school youth, and it is possible that the steady relationship of the young women is with older men who are already out of school. This does not fit with the higher proportion of males reporting the initiation of intercourse during adolescence. Second, the study may be dealing with a double-barreled reporting bias: young women, who feel that it is desirable to initiate intercourse within a relationship, tend to overreport the duration of the relationship, or those who start intercourse early in a relationship refrain from reporting it. An additional contribution to this discrepancy is that a higher proportion of casual relationships are between younger males and older females.

Premarital Courtship, Dating, and Relationships and the Prospects of Military Service

The dyadic and sexual relations are highly influenced by the required military service, even long before they have to enter the IDF. Awareness of this future in the life of each and every youth comes in many ways, encroaching on the daily life of adolescents. Boys and girls are called for physical examinations at age 17. Many of the boys and some of the girls start even earlier on a road leading to one of the elite units or to a desirable military task. Membership in an elite unit means three things: first, a very high physical and mental competition requiring intense and long preparation; second, a much more strenuous and dangerous service; and third, a longer service, ranging from one to six years beyond the mandatory three years. Not all Israeli youth actually espouse this lifestyle; those who do are the pacesetters. The danger of getting killed or wounded in the army is small, higher in the combat units, and still higher in the elite units where even the training can be dangerous. The visibility and psychological impact on everyone are very high and out of proportion to the statistical reality when compared with road accidents or accidents in the workplace.

Working closely with youth and with facilitators of sex education, one frequently encounters two ways in which this reality influences youth in their midadolescence. First, lack of time to grow up and an unsure future are often brought up as reasons for hastening sexarche, mainly by boys, but also by girls who find it hard to face these realities. Girls bring these facts up as looming in their mind even when the boys do not raise them. While it is possible that some young men use these as manipulative arguments, many of them are also strongly concerned. This effect is also documented in fiction and films, especially those by young artists. The summer before army service is part of the cultural terminology that carries with it connotations far beyond the surface.

Also encountered was an effect acting in the opposite direction, to postpone initiation of intercourse. Girls from some conservative environments, especially of Middle Eastern origin, may postpone sexarche in expectation of the time when the family and social controls will be lowered, and also out of regard for their parents' feelings, honoring family values by waiting until they are out of the home prior to initiating intercourse. Most of these girls will not go to college, but when they come back home after two years, the parents are already resigned to their new status.

Age of Consent: Lowering the Social Controls Over the Sexual Behavior of Youth

In the 1980s, the law of consent underwent a significant reform. Until then, the uniform age of consent—16—applied to women only. While some interpreted this as an expression of the wish to control the sexuality of women, others viewed it as expression of male threat to females' virtue. Toward the end of the 1980s, a change in the legal age of consent took into consideration some of the changes in the behavior of youth. While the age of consent remained 16—again only for women, intercourse between a girl aged 14 to 16 and a boy who was older than her by two years or less would not be considered statutory rape in the context of this relationship. On the other hand, the age of consent was elevated to 21 in cases of intercourse with someone under the guardianship or influence of a professional. The latter section applies to both men and women victims, but it is still not clear whether it applies to perpetrators of both genders.

C. Young Adults

Heterosexual Relations and IDF Service

Life within the IDF strongly influences sexual behavior, the formation of couples, marriage patterns, and gender issues.

By and large, the IDF is an institution of young people, outside regular parental and adult social controls, with its own sets of norms and pressures. Its immediate formal rules, which can be very restrictive, are usually set and administered by people who are between two to seven years older than those obeying them. For most youth, the regularity of military life is highly irregular when compared to their previous lifestyle. On the other hand, outside of defined training and active military duty, life in the military leaves them with unregulated and unsupervised time in the exclusive company of their peers. Despite being a male institution, the IDF includes a high proportion of young women.

There are no formal or social restrictions on fraternization between officers and soldiers, and very little emphasis on military formality and distancing that to outsiders sometimes looks alarmingly like anarchy. Since most youth serve in the army, and all officers rise from the ranks, they are essentially of the same class and traditions.

These circumstances that offer many chances for intimate and sexual encounters, combined with a rite-of-passage situation, tend to give those who are not sexually initiated a chance to be so. This is especially true for those who refrain from dyadic or sexual relations because of external restriction. Many girls growing up in traditional families or communities consciously postpone their sexual debut until the army, as an act of honoring their parents. They view sex away from home as less encroaching on the parental values. It seems that, by mutual consent, the question is not discussed between parents and daughters. Most of these girls will not go to college, but when they return home after two years, the parents are already resigned to their new status, as noted above.

The conditions and situations within the army service are conducive not only to sexual relations, but also to pair formation and to experimentations in relationships (see Section D, Marriage Patterns, below). The IDF environment also creates two specific problems in regard to sexual behavior and gender roles.

First, the permissive environment can impose a strong hardship on youth from traditional backgrounds, especially those with lower educational achievements, who find it

very difficult to deal with the relative lowering of parental control over sexual behavior, coupled with increased opportunities and the company of eligible mates. This is especially true of some young women, mostly from families of Asian/African origin, who put a great value on virginity, and who, finding themselves in an environment much more permissive than their home atmosphere, lack the personal, experiential, and social skills to cope with controlling their own sexual behavior. Add to this the fact that those behaving permissively, including other women, are the ones with the prestigious jobs and high social status, and one gets a problematic situation. To resolve this conflicted situation requires internal controls and social skills that some of these women do not possess because of their traditional sheltered upbringing. For some who feel that once they have lost their virginity they are tainted, the result is promiscuous behavior. For others, it is a contributing factor to their inability to use contraceptives resulting from externalizing what they are doing. Internal conflicts regarding the fact that they are engaging in intercourse are sometimes resolved by the feeling of being repeatedly subjected to it "unintentionally," a solution that also precludes the use of contraceptives. The majority of soldiers applying for abortions through IDF come from this background.

To counter this, the IDF women's corps targets women with low educational achievement as a priority group for sex education programs. These programs attempt to strengthen their self-image and internal controls and to allow those who initiate intercourse to preserve both their self-respect and health.

A second factor is that Israel is a geographically small country. With very strong family ties, most soldiers in the combat units get home regularly every second or third week for a long weekend. It is rare that they will not get home for a month or more. It is thus possible to preserve dyadic relationships and meet with girlfriends on a regular basis. On such weekends, the soldiers, who are both tired physically and under a lot of emotional stress, try to cram in as much eating and sleeping together as they can. Their girlfriends accept the role of supporters and nourishers, a traditional motherly role, because they know how much hardship the boys have to take. There is also a tacit agreement not to raise disagreeable issues. This creates a situation in which the partners establish a pattern of separate traditional roles at the early stages in the relationship. It may also create regressive symbiotic dependence, where one is feeding into the relationship different components and relies on the other to supply the missing ones.

Cohabitation

Unmarried cohabitation has become more prevalent in recent years. Its frequency is unclear, but it is certainly much more visible and acceptable, mostly among middle-class secular youth, either working or in higher education. This is a change from a generation ago when fewer couples cohabited, and then mostly after having decided to get married. Although this phenomenon has been little studied in Israel, the combination of anecdotal data and educational experiences suggest several points of interest:

1. While cohabitation is less binding than marriage and is often perceived as an experiment in dyadic relationships, the partners are expected to be monogamous.
2. Although somewhat more flexible than married ones, cohabiting couples adhere to traditional gender roles.
3. Cohabitation sometimes develops through an interim semi-communal stage, as when two or more boys or girls or a mixed gender group share an apartment for economic reasons. When one of them forms a liaison, the partner sometimes moves in and shares the bedroom in that communal arrangement. It is only at a later stage in the relationship that the couple sets out to find their own apartment. The initial stage is characterized many times by advertising it only among the peers and not sharing it with the parents, at least not immediately. The movement to the private apartment is usually done with parental knowledge and/or consent.
4. Parental consent, either implied or overt, is no refuge from the feelings of tensions or ambivalence on both sides. When interviewed, several women in such arrangements mentioned that either their father or mother had a difficulty in relating to either the bedroom or the shared bed when visiting their apartment.
5. It is possible that cohabitation is part of the larger phenomenon of extended moratorium that Israeli youth take after IDF service. Cohabitation creates an interim stage between the public announcement of the relationship and creating a formal commitment.
6. Cohabiting young adults who eventually marry, although not necessarily with the cohabiting partner, suggest some ambivalent attitudes to marriage. On one hand, there is dissatisfaction with the parental model of marriage and reluctance to perpetuate a similar pattern. On the other hand, the idealization of marriage and attachment to it as an institution drives them to aspire to an improved version. This may act against the crystallization of traditional gender roles.
7. There are anecdotal indications that cohabiting is, for a growing number of couples, an expression of shunning the rabbinical religious ritual and a rejection of the legal ramifications that it entails. Resolution comes either by using one of the tolerated civil arrangements or in postponing the religious ritual until the last moment when they plan to have children.
8. Breaking up a cohabiting arrangement seems to be more difficult than breaking up a noncohabiting relationship, and the phenomenon of feeling entrapped in a relationship is encountered also by cohabiting couples.
9. When deciding to marry, couples express it as either taking another step along the road or as wanting to formalize the relationship in order to have children. Many cohabiting couples marry when the women are already pregnant.

D. Marriage Patterns

Legal Age of Marriage

The legal age of marriage is distinct from the age of consent. It applies only for women, and currently it is 17. Ronny A. Shtarkshall was involved as an expert witness in an attempt to apply both age of consent and legal age of marriage to men also. This was barred in a parliamentary committee by a representative of a human rights party on the grounds that this will complicate things and that, while women need protection from men, men do not need protection from women.

Age at First Marriage

In comparison to other Western industrial countries, Israelis marry relatively young. This is true even if one looks separately at the Jewish population. In 1990, the median age at first marriage for Jewish brides was 23.2 and for grooms 26.0. It seems reasonable that many marriages at the younger age were initiated by encounters within the service in the IDF. In 1990, roughly 25% of all the men who married for the first time did so between ages 20 and 23, and a third of the women marrying for the first time did so between ages 20 and 22, the years immediately following the service.

Among the Arabs, Muslim women marry for the first time at the median age of 20.0, more than 3 years younger than their Jewish counterparts, while the men marry at 24.4, only about a year and a half younger than Jewish men. Among the Christian Arabs, the median age is only a year younger for women, 22.5, but a year later for the men, 27.5.

In Table 3, we show the changes in age at first marriage of the Jewish population over four decades. It is evident that between the early 1950s and mid-1970s, there was a drop of more than two years in the age at first marriage of Jewish grooms from 27 to 25. Among Jewish brides, the phenomenon is very similar, but smaller, a drop of about one year (23 to 22). This drop is because of the mass immigration from Muslim countries in the mid-1950s and early 1960s. The tradition of these Jewish communities favored early marriage, similar to the Muslim host cultures. This effect on the mean marriage age of brides is less pronounced—and in the median age even nonexistent—because traditionally, brides were younger than the grooms and were married at a very young age, 14 to 16. The Israeli laws forbade such marriages, raising somewhat immediately the marriage age of brides.

Since the mid-1970s, there is a steady rise in both mean and median age of first marriage for both brides and grooms. The rise is larger for women than for men. It is suggested that this rise is the result of educational changes, especially those affecting immigrants from Islamic countries that had a greater impact on women, who were educationally underprivileged in comparison to men. It is also possible that the social acceptance of cohabitation has contributed to the rise in age at first marriage for both genders.

Marriage Formation

Among the Jewish population, most first marriages, especially those that do not deviate by more than a few years beyond the median age for first marriage, are based on personal choice and attachment. This is true for the secular, traditional, and orthodox segments of the Jewish population, the exceptions being the ultra orthodox and small groups of immigrants from Georgia, Ethiopia, and the Caucasus. Even among the immigrants, the pattern is changing, and many arranged marriages merely formalize previously formed attachments. Youths from some immigrant groups explain that they go through the motions in an attempt to preserve cultural traditions and avoid conflict within their families. The pattern of marriage formation among the ultra-orthodox Jews and among Muslims, the largest group of non-Jews, will be discussed in the special sections dedicated to them at the end of this chapter (see Section 13).

At an indeterminate point beyond the median first marriage, the pressure on the unmarried to conform increases. Participation in family weddings becomes a burden, as many people use the traditional well-meaning but stress-generating blessing, "Soon at your wedding." This is especially stressful to people with homosexual orientation and those whose self-image keeps them from initiating pair formation. At this point, families, especially mothers, sometimes turn to matchmakers and the young adults agree. The young adults themselves sometimes resort to meeting people through advertising in the newspapers. It seems that these channels are used by a minority of the population.

Interethnic Marriages among the Jews

It is estimated that 15% to 20% of the marriages of secular and traditional Jews are among those who originate from different parts of the world, mainly Ashkenazi Jews, originating mainly in Europe, and Sephardic ones, who lived during the last 500 years in Islamic countries. The rate is somewhat lower among the orthodox and lowest among the ultra orthodox. The melting-pot ethos, high mobility of the Israeli society, and the strong mixing effect of the army all contribute to this.

Marital Variations: Polygamy

Polygamous marriages were prevalent among several Jewish ethnic groups, especially those immigrating from Islamic countries. During the peak immigration years of the 1950s, there was a great outrage about polygynous marriages, mainly from women's organizations, and they were outlawed almost immediately. This civil law contradicted both the Jewish Halachic law (as interpreted in these Jewish communities) and the Islamic law and tradition.

Common Law and Civil Arrangements

The courts recognize the status of a "common-law spouse" for the purpose of property division, inheritance, pension rights, and carrying a name. It also recognizes civil marriages enacted in foreign countries by citizens of Israel, and cohabitation contracts enacted according to the civil code, even when the religious courts ban these specific unions. As a matter of fact, these arrangements evolved in order to solve cases that rise from the conflicts that have already been referred to between the Halachic canons and the secular public.

Other patterns of marriage, like homosexual marriages, are not recognized by Israeli law, and single people find it very hard to adopt children.

Divorce

The Israeli divorce rate is lower than that of the U.S.A. and non-Catholic European countries. Still, the rates of divorce per 1,000 ever-married people aged 15 to 49 rose monotonously by 48% from 1973 to 1983, from 6.5 to 9.6, respectively, for husbands and from 5.3 to 8.2 for wives. In 1983, the denominator was changed to 1,000 married at all ages; comparison between the two periods is difficult. Since 1983, the rate has fluctuated, rising from 5.8 in 1983 to 6.4 in 1991 (new rates), about a 10% increase.

A time series analysis of rates of divorce after a specific duration of marriages reveal that the increase in rates of divorce is only because of an increase in rates of "late divorce." It is the rates of divorce after nine and 12 years of marriage that are still on the rise. The rate of divorce after two years of marriage did not rise at all since the early 1960s and may even have come down slightly. The rate of divorce after six years of marriage has remained stable since the early 1970s; see Table 4. These findings are somewhat puzzling, as formal marriages are almost universal, the percentage of secular people is similar to most western European countries, and the Jewish religion is more tolerant toward abortion than Catholic Christianity. The relative stability in Israeli marriages supports the claim that the family is a central theme in Israeli society.

One result of the increase of late divorce is an increase in the average duration of marriages that ended in divorce—a rise from 8.3 in the early

Table 3

Age (in Years) at First Marriage of Jewish Men and Women

	1952	1960	1970	1975	1980	1985	1990
Average male	27.32	26.33	25.02	24.92	25.52	26.40	26.70
Median male	25.68	24.88	24.13	24.21	24.81	25.72	26.01
Average female	22.82	22.20	21.81	22.19	22.61	23.53	23.90
Median female	21.01	21.01	21.40	21.52	21.99	22.82	23.21

Editors' Note: Ages are approximations from the original line graph.

1960s to about 11 in the late 1980s and 11.9 in 1991. However, this increase in the duration of the divorcing marriages by almost 4 years was not accompanied by a similar increase of average age of divorce. For men, the average age at divorce for the same periods is 40.0, 38.6, and 39.4; for women, it is 35.1, 35.2, and 35.8, respectively.

This means that the proportion of the couples who marry at a younger age among the divorcing couples is higher than among other couples. This is a sobering observation regarding marriage at a younger age if one regards stable marriages as desirable.

Extramarital Relations

Another measure for the quality of marriages is extramarital affairs. There is no reliable research evidence about the prevalence of extramarital affairs among married Israeli couples, but anecdotal evidence, the reports in the newspapers about extramarital affairs of celebrities of all kinds, and the citations in divorce cases lead one to believe that the prevalence is rather high. Evidence from counseling, and from extensive education and information work among adults, leads one to believe that extramarital affairs, even known ones, are not in themselves sufficient to destabilize marriages.

E. Marital Law and the Status of Women

The law in Israel gives authority over personal issues to semiautonomous religious judicial systems of the recognized religious communities. Cases are tried according to the religious laws of each denomination. This is one of the reasons why conservative fundamentalist elements within the non-Jewish religions sometimes support Jewish religious parties, and even vote for them. Opponents of religious rule over personal issues sometimes refer to this as the "unholy alliance."

Marriage and divorce issues of Jews are, therefore, largely determined by the religious Halachic law, although the civil law may also be resorted to in issues of division of property and custody of children. For a secular Jew, the patriarchal nature of the Halachic law creates an asymmetrical and undesirable power balance between the marriage partners.

This situation should not be fully attributed to the power of religious politics. They have at least the passive support of large segments of the secular majority. Attempts to create a situation in which secular civil marriages will be recognized under the law have been defeated several times under different governments. The claim of orthodox Jews, who are a minority, that this will create a schism within the nation that will end up in a disaster, strikes a chord in the heart of many nonobservant Jews. On the other hand, several developments suggest that the power of the religious establishment is diminishing (see below).

Jewish religious laws and the practice of the religious courts place women in a highly undesirable position for those who do not accept the canonic tenets. They cannot be judges in the rabbinical courts or even testify officially; they can only present their case. According to the Jewish religious laws, the men have more sexual freedom, even within a marriage. The husband is the grantor of a divorce and the wife is the acceptor. Even the religious courts cannot force a husband to receive a divorce against his will. On the other hand, there are several reasons why a divorce can be enforced on a women, one of them being adultery. As the duty to procreate is placed on the man, he may be granted permission to marry a second wife, when his first one is infertile and refuses to accept a divorce after ten years of marriage.

Table 4

Couples Who Married in Israel and Divorced, by Year of Marriage and Selected Periods of the Duration of the Marriage

	Cumulative Percentages of Divorcing Couples[1]			
Elapsed Time:	**2 Years**	**6 Years**	**9 Years**	**12 Years**
Years Married:				
1964-1967	2.7	6.0	7.5	8.9
1968-1969	2.4	5.4	7.5	8.8
1970-1971	2.4	5.6	7.5	9.2
1972-1973	2.4	5.8	7.9	9.6
1974-1975	2.6	6.6	8.7	10.4
1976-1977	2.5	6.9	8.9	10.7
1978-1979	2.9	7.2	9.4	11.0
1980-1981	2.7	6.9	9.3	
1982-1983	2.7	7.1		
1984-1985	2.6	6.6		
1986-1987	2.9			
1988-1989	2.2			

[1] The formula used is: Number of couples divorcing after the specified interval from marriage period divided by the number of couples who married in a specific period times 100.

F. The Incidence of Oral and Anal Sex

Although anal intercourse was proscribed by law until recently, the restriction was almost never applied to heterosexual couples. A prosecution dealing with a heterosexual couple did result in a ruling by the then-Legal Advisor and Chief Prosecutor, that strongly restricted the legal control of sexual issues (see below).

There is no collected data on the prevalence of these practices, but the experience of counselors and therapists point to the fact that all are practiced by significant numbers of couples. It is interesting to note that several subgroups in the Israeli population, Jews and non-Jews, practice heterosexual anal intercourse as a means of keeping an intact hymen and as a birth control measure, where the loss of one and the appearance of the other can be highly stigmatizing, damaging, or even dangerous.

The approach of orthodox Judaism is expressed in the fact that it frowns upon these practices, but does not proscribe them. A Talmudic story illustrates this approach very clearly, although using metaphorical language. A woman approached one of the sages with a complaint: "I set a table for my husband and he turned it around." The sage answered: "What can I do, daughter, and the scriptures permits him." There is a question whether the story deals with the issue of anal sex or with vaginal rear entry, but at least some of the commentators agree that anal sex is the issue. This can be perceived on one hand as ambivalence, but on the other as a realistic view of human nature.

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. The Legal Situation

Until recently, homosexuality—or rather anal intercourse (sodomy), including heterosexual anal sex—was illegal in Israel. This was an inheritance of the British colonial penal code of 1936. According to gay organizations, victimization of homosexuals on the basis of this law was frequent.

Changes have occurred gradually and evolutionarily, starting in the early 1960s. Despite the illegality of anal intercourse, the then-Legal Advisor to the government and Chief Prosecutor and later Supreme Court Judge, H. Cohen, ruled that sexual intercourse between consenting adults, in private, cannot be a basis for prosecution. Since 1972, five attempts had been made by members of different parties to

strike this sodomy statute from the penal code. In 1988, a political opportunity allowed its revocation. An amendment to the Equal Opportunity Law passed in 1990 also protects the rights of homosexuals to employment.

The attempts to change the law were accompanied by both public campaigns and many changes in public mood toward homosexuals and homosexuality. Until the mid-1970s, the IDF discharged homosexuals for psychiatric incompatibility and/or for being a security risk. This was changed prior to the 1988 legal change, and the IDF made several arrangements that allow homosexuals to serve without being exposed to undue difficulties.

Currently, several issues are being contested in the courts, mainly rights of cohabiting males that are usually granted to spouses under the rulings of common-law marriages. The issue is not as simple as it looks on first sight, especially when considering the regulations governing the pension rights of spouses when the principal owner of the rights dies. Male spouses have smaller pension rights as survivors than females. In the case of cohabiting gay men, this will give the couple an economic advantage over heterosexual couples.

B. Public Atmosphere Concerning Homosexuality

Several factors combine to make issues of homosexuality very difficult to cope with:

1. The political power of the orthodox-religious sector within the Jewish population and the opposition/respect ambivalence of the secular sector are major factors. While shifting from viewing homosexuality as a crime to medicalizing it, the orthodox religious still strongly opposes its public sanction.
2. The high sex-role polarization in Israel is part of the perceived centrality of gender differences that have both cultural origin and social importance. Tolerance of Israelis to homosexuality is inversely related to their sex-role polarization, and lower than that of American students living in Israel in proportion to the differences in sex-role polarization. Homosexuality, especially male homosexuality, threatens the world picture of two dichotomized genders.
3. Homosexuality is perceived as incompatible with the familial structure, which is of central importance within Israeli society.

In early 1993, a gay/lesbian conference was held in the Knesset (Israeli Parliament), despite strong protests from members of religious and right-wing parties. Public response to the conference, and to the personalities who discussed their difficulties, created further changes in both attitudes and practice.

A still problematic issue is that of open gay cohabitation. Although possible and prevalent, many people feel uncomfortable about it, and some express opinions that this is part of homosexual activism attempting to influence heterosexuals.

[*Update 2002*: Jerusalem saw its first "gay/lesbian pride parade" and outdoor party in a public park on June 8, 2002. Despite strong protests from orthodox Jews, approximately 4,000 homosexual Israelis recognized Jerusalem's sanctity to Jews, Christians, and Muslims with a blessing in Hebrew, English, and Arabic, and then marched under rainbow flags and balloons provided by city officials. Similar parades have been held in recent years in the predominantly secular Tel-Aviv, where gays are more accepted and can socialize at an assortment of cafes, clubs, and bars that cater to them. There are only a handful of such gathering places in Jerusalem, where the first local gay community center opened in 1999 (Greenberg 2002). (*End of update by R. T. Francoeur*)]

C. Homosexuality in Sex Education

Despite the fact that homosexuality is part of the sex-education curriculum, and several units deal with homosexuality in general and with homophobia in particular, it seems that both school administrations and sex educators still find it uncomfortable to deal with the issues properly. Many youths, therefore, go through school without encountering issues of homosexuality in sex education, a fact that in itself constitutes a very strong message to both homosexual and heterosexual youth, and especially to those who are still ambivalent about their orientation or wonder about it. Adolescents uncertain of their sexual orientation or gender identity will hardly find support within the school system, as there is no systematic training and recommendations on how to deal with these issues. Normative pressures to conform are high.

An interesting difficulty in facilitating issues of homosexuality in the schools was encountered during the training process of sex educators. Several educators justified their reluctance to deal with homosexuality, expressing fear of their own biases or stereotypical thoughts. Facilitators from the Association for Individual Rights, the Israeli equivalent of a gay task force, supported this position, claiming that only gay people are sufficiently unbiased and sensitive enough to facilitate educational programs on homosexuality.

7. Gender Diversity and Transgender Issues

Gender-conflicted persons find it difficult to be evaluated and cared for in an organized and controlled way. There is not one center that has a comprehensive program for sexually conflicted people, and the authors know of several occasions that surgical interventions were accomplished without going through a protocol of evaluation/care/treatment. Other cases, where the psychiatric and psychosocial questions were resolved properly, had to go abroad for the surgical procedures. Professionals may be wary to raise the issues, for fear of invoking restrictive regulations that will even lower the ability to supply the needs of these people.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

The categories in the criminal records of the *Statistical Abstracts* do not distinguish between subcategories of sexual crime and include sexual abuse, incest, and rape under sexual offenses. It is agreed by police, researchers, and activists alike that sexual offenses are probably one of the most underreported crimes. There is some disagreement as to the extent of underreporting as well as to the definition of criminal sexual offenses.

Sexual Harassment

The special circumstances of service in the army may create a convenient atmosphere and even stimulate sexual harassment. Since most officers in the three lowest ranks of IDF are not career soldiers, but extending their compulsory service, they are selected from the general mainstream of Israeli youth. Because IDF is in active combat, the selection of male noncommissioned officers (NCOs) and commissioned officers is based on, among other things, aggressiveness, charisma, initiative, and improvisation. These same officers, who are also in the closest working relationship with both men and women of the rank and file, are also older

by two to five years, as compared to the compulsory service women—and in addition, are in a position of authority. Add to this the fact that IDF is organized mainly around values that are traditionally identified as male, and one gets an environment in which women are at a disadvantage. This creates situations that have a potential for sexual harassment on the one hand and manipulative relationships on the other.

There is another situation affecting older male officers of higher rank who are usually married. In combat units, the commanders are in direct daily contact with enlisted soldiers. As one of them phrased it in a group situation: "We grow older all the time, but they always remain at the same age, and we have to compete with them all the time." The context of this remark clearly indicated that women were part of the competition. It is unclear whether these officers are only in a power position or also in a very vulnerable one. Such environments and motivations have high potential for abuse of power.

The official stand of the army concerning harassment or misconduct is strong, with several structural arrangements that attempt to counterbalance the potential for abuse. First, all women's dormitories are out of bounds for men, including the officers commanding the camps. On any official supervisory visit, a male officer must be accompanied by an officer of the female corps. All female soldiers have direct access to an NCO or an officer of the female corps whose source of authority comes from an independent chain of command headed by a woman general. Complaints of sexual harassment, or any other issue of a sexual nature, are dealt with independently by the authority under which the woman is serving—the female corps—and if necessary, by the military police and prosecution. A highly publicized case is that of a general commanding the navy who was dismissed from the IDF for misconduct the day after he was acquitted in court of rape charges for lack of supporting evidence.

Despite this, it seems that harassment is prevalent and is a source of concern to both women and the military establishment. In a structurally male, aggressively oriented organization, there is strong ambivalence in treating sexual harassment issues, and there are documented cases of attempted minimalizing of complaints, especially when they concern officers with high military potential.

The difficulty lies in what is construed as harassment in the eyes of male and female soldiers. Moreover, many young women find it very flattering, even important, that high-prestige men in the immediate environment are attracted to them. There are also cases where such situations are used manipulatively by the women, this mainly with younger officers.

Several educational efforts are now in process to inform both genders about their rights and about the feelings and points of view of the two genders on this issue. It is believed that legal as well as educational efforts are urgent because, beside the individual aspect, sexual harassment can be used as a means to keep a disadvantaging power balance.

[*Update 2001*: In 2001, accusations of sexual harassment where brought up by a 23-year-old woman against a government minister and a political leader of his party. The man, a former army general and a Minister of Defense in a previous government denied the accusations. Police investigations prompted two other women to come forward, and a three-count indictment was submitted to the Knesset in order to revoke his immunity from prosecution. The case resulted in a strong public campaign against sexual harassment, especially in the military service.

[The issue of sexual harassment was also raised when several prominent therapists were accused of sexual abuse by clients. A psychologist was convicted of abusing female patients under a pretext of a treatment method. Accusations were also made in the press against another therapist, an out-of-the-closet homosexual and media expert of marriage and family, two years after his death. The latest case, in which hidden cameras and taping were used by one of the television investigative programs, involved a sex therapist who allegedly used the ruse of training males to become surrogates to sexually abuse them. This case was still pending in early 2001, but it brought into focus, along with the issue of sexual abuse by therapists in general, and sex therapists in particular, the issues of the precarious relationship between the media, the law enforcement authorities, and justice. (*End of update by R. A. Shtarkshall and M. Zemach*)]

Incest

In Jewish tradition, incest is such a heinous act that, according to the *Halachah*, it is one of the only three crimes that a person should prefer being killed rather than commit. This may explain the shroud of silence and shame covering the issue of incest. For many years, this was an unheard-of crime.

In recent years, the changes in public climate, the establishment of child/youth investigators, and the change in the rules of evidence allowing the investigator to testify for the child, have increased the number of cases in which incest is reported and prosecuted.

Unfortunately, charges of incest (like battering) are sometimes used as weapons in attempts to get vacating orders and/or custody between divorcing couples.

There are some interesting research questions that need to be clarified, which will have strong bearing on preventive intervention and treatment: first, the differences between the legal definitions of family and of incest in different cultures prevailing in Israel; second, the contribution of the increase in nonbiological parents or siblings living together to the increase in the phenomenon.

Rape

A marked change in public attitude in Israel toward rape and rapists occurred in the 1980s and early 1990s. This is mainly because of the activities of rape-crisis centers founded by the feminist movement and to their political and public campaigns. These campaigns resulted in changes in the rape and sexual assault laws, mainly the abolition of the need for additional material or other evidence, to that of the victim, in order to convict a sexual offender, an increase in the punishment range given within the law, and a redefinition of grave assaults done with the help of a weapon or gang rape. There were also some changes in the rules of evidence, making it impossible to bring into the trial the previous sexual behavior of an accuser or a witness.

There were also changes in the treatment of survivors. Special examination centers were arranged in emergency rooms in hospitals in each of the big urban centers, in which the staff were trained both by police, by professionals, and by the volunteers of the rape-crisis centers. There are special courses for police investigators, and the volunteers of the centers are allowed to accompany survivors throughout the police investigations.

These changes, which are by and large positive, nevertheless raise some problematic points: first, how to maintain the right to a fair trial and the principle that people are innocent until their crime is proved beyond reasonable doubt; second, the mixing of political and educational work aimed at eradicating rape, with prevention work in a society were rape is still prevalent, with crisis intervention, and with treatment of survivors, which can create some confusion and ambivalent messages.

A study presented at an international conference on victimology found some interesting phenomena that could cause some concern in this direction. The study compared the attitudes of two groups of professionals whose job was to treat rape survivors, police investigators, and emergency-room rape specialists, with those of helping-professions students and those of the volunteers of the rape-crisis centers. It was found that on several scales, the rape-crisis volunteers were more likely to take extreme positions, even when compared only to the women in the other groups. For example, they strongly disagreed with any assertion that there is a possible environmental involvement in the probability of rape, an attitude that seems to be problematic for prevention work. Despite the fact that they were one of the smallest groups, the standard deviation of their opinion scales was the smallest, indicating a very uniform norm. There is at least one case in which a woman who confessed in court that she had made a false accusation of rape against a man cited the pressure by the volunteers as the reason for the filing of the complaint. One has to be careful with such an allegation, because it may be an attempt to lighten the personal load.

Another issue of concern, debated in public, was the slogan that "every man is a potential rapist" proposed for a public service announcement spot. When challenged, it turned out that the intended messages were that one cannot distinguish by appearances a rapist from other men, and that rapists are "ordinary" people. While in itself a political statement open to argument, this is a far cry from the initial message, which was understood by many men and women alike as stating that in every man there exists a potential for rape.

[*Sexual Commerce and Sexual Slavery*

[*Update 2001*: For several years, especially since the waves of immigration from the former USSR began, which also brought with it some of the organized and unorganized crime, there were anecdotal reports of women imported from these areas for sexual commerce. As most of these women are illegal immigrants and illegal workers in the country, they are smuggled in as pilgrims to the Christian holy places, tourists, visitors of fictitious relatives, or through other coverups. If caught by the police, these women become victims again, as they are deported back to their countries as illegal employees. In early 2001, a human rights watch organization published a report, which attempted to describe the extent and implication of the phenomenon, and called it, justifiably, sex slavery. The report also condemned the Israeli authorities for not doing enough to eradicate this phenomenon. The authorities claimed that it is the human rights issue that prevents them from taking extreme measures against the perpetrators, because offers of immunity to the women for testifying against their "owners" are rejected by them when these ruthless criminals threaten their families in their counties of origin. (*End of update by R. A. Shtarkshall and M. Zemach*)]

B. Prostitution

The Legal Situation

Israeli law on prostitution is somewhat complicated. Prostitution itself is not outlawed, but soliciting is, and so are the operating of an establishment used for prostitution and living off the proceedings of prostitution.

As a result, there are several arrangements through which sex workers sell their services and there are "classes" of sex workers. Lowest on the ladder are the "street" or outdoor prostitutes, many of whom also perform the sexual act outside. Higher up are sex workers operating in hotels, especially in tourist hotels, and those operating through some of the escort services that are currently freely publicized with advertisements on the fringe of legality. So, also, are massage parlors, which became a euphemism for sexual services with allusions to "relaxation."

There have been several media articles describing another kind of arrangement, which is reportedly limited to students, professionals, and middle-class women "supported" by a few men who are regular and exclusive clients. According to the reports, these arrangements are usually temporary, particularly among students.

Several attempts to change the legal situation by licensing prostitutes, putting them under medical surveillance, and allowing them to keep places of business, have failed mainly because of the opposition of the religious parties in the Parliament.

Pimping: The Exploitation of Female Prostitutes

Although the pimps have traditionally belonged to the lower echelons of individual male criminals, they get most of the profits from prostitution. The women under their domination are kept in line by threats and the use of force.

There were several reports of specialists "hunting" young, runaway adolescents around the central urban bus stations, befriending them, and offering them shelter, and gradually moving them into prostitution. A more recent phenomenon in Israel involves importing women from the former USSR under forged papers and employing them in prostitution. This operation has many of the characteristics of organized crime, and the women are totally at the mercy of their "employers," as they are in a strange county with no valid documents.

Homosexual Prostitution

Several areas in the urban centers are known to be mainly or exclusively the territory of male prostitutes. Several reports have shown that, as with female prostitution, many of the sex workers are early or middle adolescents. Apparently, despite the fact that homosexuality is no longer a criminal offense, the police are checking constantly on these areas, and there were some reports of them keeping "pink lists" of male prostitutes. These reports were denied by the police authorities.

Transvestites

Several reports have revealed that some of the female sex workers are really male transvestites who are not gay and who do not cater to a gay clientele. These sex workers, some of whom have undergone hormonal treatment to grow breasts, pretend to their clients to be female prostitutes. They mainly provide fellatio; when asked to perform vaginal sex, they depend on their ability to stimulate the client to orgasm prior to penetration.

C. Pornography and Erotica

The Legal Situation

Until recently, Israel had at least nominal censorship on the theater and cinema. Written and audio materials were regulated only on grounds of security and not moral ones, and only public pressure created some restrictions. Abolishing censorship on the theater and cinema in 1990, part of an ongoing process of increasing the boundaries of freedom of expression as a basic human right, allows the production and dissemination of explicit sexual acts, and of violent ones, in print, film, and video formats.

Currently, despite the fact that there are fewer restrictions on moral grounds, there is a relatively recent law about displaying offensive materials in public that allows people to sue for damages if their feelings are hurt by specific items. Until now, the attempts to use this law have been restricted to religious issues. It seems that this does not in-

clude films or items otherwise displayed for a fee, especially if the public is warned about the presence of sexual materials. This is still vague, since different aspects of the law have to be tried through a full cycle of litigation before its extent and effectiveness are established.

Restrictions on importing pornographic materials in commercial quantities by customs control are inefficient, and developments in satellite television and videotaping make them obsolete. This, combined with the rise in VCRs during the 1980s and cable television in the early 1990s, expose much wider segments of the population to both soft and hard pornography. Another prominent development concerning the public treatment of sexual issues is the increased commercialization of sex that started in the mid-1980s and intensified in the early 1990s.

Response of the Religious Sector

There is opposition to the increase of explicit materials aired in public from the religious sector. The more orthodox do not allow TV sets in homes and would shun those who do. Their reactions toward the treatment of sexual issues in public range from the economic boycotting of products promoted by what they consider offensive depictions in their advertisements (including dinosaurs!) to the defacing of commercial display windows and the burning down of bus stops. Because the glass/plastic walls of bus stops in Israel are used for displaying advertisements, conservative religious youths mounted a campaign of destroying bus stops displaying "offensive" ads. They later managed to persuade both advertisers and advertising firms, through boycotting, to change their policy and display different ads in areas where there is a large population of ultra orthodox.

The Response of the Secular Public

Secular Jews are mainly concerned with two other aspects of pornography: sexual depictions that are demeaning or threatening to segments of the population and the effects of pornography on children and adolescents.

The influence of pornography on children and early adolescents is a source of concern to some parents, psychologists, and educators. Because sex is a very private matter, children and adolescents who are exposed to pornography have no objective criteria to compare it to and may believe that many or most of the things shown are part of normative behavior of adults. This may cause some difficulties in their emotional reactions to adult and parental sexuality. They are also unaware of the manipulations that are done in making these films, and that can create problems of self-image or fear regarding the sexual organs. There has been speculation that several cases of sexual violence among adolescents, especially those involved with group sex, are related to pornography. Despite the fact that there is no hard evidence to support this assertion, it cannot be ignored and should be researched appropriately.

Two issues are at the core of the secular political discourse. First, which of the following is the most prominent feature of pornography: the commercialized and dehumanized treatment of the human body, the linking of sex and violence, or its use by heterosexual males to dominate women and to perpetuate a sexist and heterosexist society? The second issue focuses on how to counteract the pernicious effects of pornography and whether censorship or social control are a remedy, or a worse disease.

Sex Education and Pornography

Several efforts are being made to incorporate units dealing more effectively with pornography and its impact within the sex education programs in schools. The basic approach is that since there is very little hope of lowering the exposure of children and early adolescents to pornography unless there is a major social change, it is important to give them the skills to deal with its potential effects. The concern is focused on the explicitness of such units and on the claim that they may raise the interest in pornography or lower the barrier to exposure.

Paid Services by Telephone

Privatization of the telecommunications monopoly in 1990 brought with it many new initiatives for marketing new services. One of these was caller-paid telephone (056) numbers offering medical advice, astrology maps, practical information, and in the sexual area, advice, introduction services, party lines, and sexual-talk bulletin boards. Each of these meets the different needs of people with sexual interests.

At their best, sexual-advice services supply minimal sexual information and a referral service. Callers have no idea of the expertise, knowledge, or training of the persons who provide advice. Some services attempt to do counseling, not the crisis intervention of hotlines, but on a more extensive, sometimes therapeutic level. It is questionable how helpful these procedures are. The service does supply the very strong need of some people who suffer from sexual doubts or problems, the need to get advice without the risk of exposure. If done properly, it could be helpful; however, it can also postpone the time that people will reach out for needed help. Also, lay people exposed to easy access and bad practices cloaked in professional claims may later doubt the ability of any professionals to give help.

Introduction services and party lines, unless they serve minors, have very little potential for damage. They mainly give an opportunity for people to create relationships at a safe distance with as many defenses as they wish. It also allows people some safety measures prior to creating non-mediated interactions.

The sex-talk, fantasy-activated lines operate on a different level, something that many people are unaware of. These services allow people to act out their fantasies in a partial manner, while interacting with a supposedly real person at a distance, allowing the imagination to add the missing elements of reality. For some people, especially sexually distressed ones, this could erode the line between fantasy and reality, creating a few features of virtual reality that may increase the distress instead of alleviating it. Another problematic feature is that commercial considerations demand that the service providers play the stereotypical roles, many of them demeaning and degrading ones, in order to please the customers. Whether these act as cathartic experiences or add themselves into a positive feedback loop is still a question.

Commercial sexual services ignore their potential for harm. They claim they sell a service that no one is forced to buy, and therefore should not be regulated in the name of freedom of speech. It is possible that serious studies undertaken jointly by the service providers and sexuality researchers, followed by self-regulation, will provide an optimal solution. Strong demands are being made by many organizations to limit the access to these services to customers who explicitly request it. Legal efforts are currently being challenged by the industry in courts on the basis of their rights to free speech.

9. Contraception, Abortion, and Population Planning

A. Contraception

Modern contraceptives are easily accessible through several outlets within the health system: mainly the Mother and Child Primary Health Care (MCH) and ob/gyn clinics of the sick funds, including outpatient clinics in obstetrics

departments. There is no legal restriction on the use of contraceptives.

Adolescents

Despite the availability of contraceptives, several studies have found that the rate of their use by adolescents at first intercourse, and in general, is very low. One found that only half of the sexually active boys and a third of the girls were using contraceptives regularly. Another reported that only 40% of sexually active adolescents have ever used contraceptives. The level of knowledge, as measured in these studies, was not a limiting condition, as it was much higher than the rate of use.

A frequent characteristic of those with early sexarche is that they either use no contraception or rely on the traditional methods of withdrawal or rhythm, and that they are also lower contraceptors later on. Not only do they start without contraceptives, but they also take longer to achieve adequate protection. Whether there is any causal relationship at all between the two phenomena, and in which direction, is a very important research topic, but it seems to be consistent with the view that many of those initiating intercourse at a younger age do so as acting out or under personal and social pressures, and are therefore more prone to conflicts and their sequels. The fact that kibbutz youth with more egalitarian and permissive attitudes are also better contraceptors adds support to these interpretations; see Section 13C, National, Religious, and Ethnic Minorities, The Kibbutz Movement, for details.

Married Women

Use of contraceptives among married Israeli Jewish women is given in Table 5 and demonstrates some of our arguments.

Sterilization is frowned on in the Jewish tradition. While more than two thirds of married Jewish women use medically prescribed contraceptives, the use of both male and female sterilization is less than 1%, very low compared to other industrial countries with comparable health systems. The demand for sterilization is low because of the importance of childbearing and other issues. But, even when requested, there are many barriers a man or woman needs to overcome to achieve their desire. The reasons given by physicians are the irreversibility of the process and distrust of the ability of people to make irreversible decisions without later regrets.

Table 5

Current Contraceptive Use among Married Israeli Jewish Women (Aged 22-44 Years, Exposed Women Only,[1] 1988)

Method of Contraception	Number of Women (*n*)	Percent of Exposed	Percent of Total
Effective methods	**794**	**59**	**47**
Pill	259	19	15
IUD	519	39	31
Sterilization (male and female)	16	1	1
Less-effective methods	**138**	**10**	**8**
Condom	66	5	4
Diaphragm	65	5	4
Spermicides only	7	0	0
Traditional methods	**260**	**19**	**15**
Withdrawal	175	13	10
Rhythm	71	5	4
Others	14	1	1
No method	**152**	**11**	**9**
Subtotal (exposed)	**1344**	**99**	**80**
Nonexposed	**346**		**21**
Grand Total	**1680**		**101**

[1] Exposure to contraception was determined by three independent variables: not-pregnant, not trying to become pregnant, and currently engaging in sexual intercourse.

Professional Control

The licensing, sale, and fitting of contraceptives are controlled through medical and medicopharmaceutical regulations. This highlights another issue, the power struggle between professions over controlling the availability and use of contraception. While in several Western industrial countries, IUDs and diaphragms are fitted by paramedical professionals, in Israel this is still the absolute prerogative of physicians. Insertion of IUDs is the only invasive procedure that is restricted by regulation to one type of physician, a gynecologist. Thirty years ago, the practice in most clinics was that before being fitted for an IUD, a woman had to have three or four children; later, the number came down to two and even to one. Today, most clinics still refuse to fit an IUD for nulliparous women, especially unmarried ones, on the basis of good medical practice and the wish not to endanger their fertility.

Other social restrictions are also exerted mainly through the medical/health system. A more subtle aspect of the professional power play is the disagreement about the role of psychosocial counseling in the fitting of contraceptives and the success or failure of their use.

Family Planning

Fertility and family size are mainly a personal and familial decision shaped by normative forces, but they are also part of the public domain and strongly dependent on policy decisions, laws and regulations, authorizations, and financial support or constraints. Family planning and contraception in Israel can be viewed as part of a multidimensional domain built of several axes, of which the most important ones are: modernity, nationalism, and religiosity. While some people view religiosity as belonging to the axis of modernity, this is not always the case in Israel. While among Muslim women, high fertility is inversely associated mainly with modernity (women's education being a major component), in the Jewish population, it is mainly associated with religiosity. Among Jewish women, one finds a defined group of highly educated, professional women who espouse a combination of religiosity with nationalistic ideology, and pride themselves on having more than five or six children.

It is important to note here that while the commandment to "be fruitful and multiply" is taken almost literally, Jewish *Halachah*, which strongly opposes family planning, allows the use of contraceptives on the basis of individual need within the rather wide Halachic formulation of *Pikuach Nefesh* ("danger to the soul"). Moreover, some features of Jewish religious law create unique situations. The fact that many commandments, including "do not spill your semen in vain," bind men only, and allow women to use contraceptives, provided there is no direct damage to the men's sperm. Thus, while vasectomy, withdrawal, condoms, and spermicides are almost universally forbidden, pills, IUDs, and even diaphragms can be used within boundaries.

Apart from the personal position and family decision making, the public stand of Jewish orthodoxy has always

been against organized family planning and the development of fertility control and contraceptive services.

Public Policy and the Family Planning Movement

The movement for birth control or birth planning, and the utilization of modern contraceptives as an integral part of it, are relatively recent in Israel. The Israeli Family Planning Association (IFPA) was founded in 1966. Mother and Child Primary Health Care clinics (MCH), the mainstay of public health in Israel, received an official mandate to deal with birth control issues only in 1972.

The predominant approach to birth control and family planning in the late 1960s and 1970s was a mixture of demographic and health approaches with social/ethnic ideology. The main features concerned the national melting-pot ideology regarding immigrant groups, and the wish to better the situation of the groups with a low socioeconomic status through the control of their family size. From today's perspective, the latter component was not only flawed in its premises, but also parentalistic in its nature (Ronny A. Shtarkshall has coined the term *parentalistic*, as opposed to *paternalistic*, because of its less-sexist connotations). This approach was in conflict with two other important axes that strongly influenced family planning—the religious and nationalistic, both of which were pronatalist. Nevertheless, the strong medicalized approach to health in general, and pride in medical professionalism, resulted in one of the first field studies that heralded the introduction of IUDs for worldwide use.

Professionals in several disciplines, including health professionals, were dissatisfied with the medical/demographic framework and favored adoption of a human/family-rights approach. Implementation of this new approach has minimized the authority of the professionals, and focused on enabling the clients to take charge of their own needs and on adapting the counseling process to the need of specific groups. However, responses to recent immigrants from the former USSR and Ethiopia have shown that old habits die very slowly and can be resurrected easily when some service providers decide that they "know better" and intervene without appropriate preparation and adequate concern for sociocultural factors.

Client-Oriented Services

The initiation of special counseling services for youth by the IFPA was also a step toward developing services adapted to the clients' needs. These are not only more accessible services that meet the unique needs of this population, but also a declaration that the sexual experiences of youth are not intrinsically negative. The informal approach, the environment, and the mode of counseling in these advisory centers aim at minimizing the feelings of adult social control of youth sexual behavior. Currently, many municipal services, sick funds, and other NGOs have established such services, so that the IFPA is phasing out direct service to youth and going into an advisory training role for developing such services.

Groups at Risk for Unplanned Pregnancies

Some service providers and organizations view the 19% of the couples who want to postpone or terminate fertility, but use traditional, inefficient methods, as one of the main targets for family planning education. Several studies have shown that most of the married couples belonging to this group really want more-effective contraception, but are hindered from using it by lack of knowledge, suspicion, fear, and subjective difficulties in accessing services.

Unmarried adolescents and young adults, including soldiers in the service, students, and recent immigrants from the former USSR, are also the foci of family planning efforts, because of underutilization or misuse of contraceptives and the high rate of unwanted pregnancies. (See Sections 13A and 13D, National, Religious, and Ethnic Minorities, for issues of family planning and contraception among Muslim women and couples, and among Russian and Ethiopian immigrants.)

As much as the contribution of the family planning services is appreciated, it cannot be ignored that the convergence of fertility rates among the second-generation immigrants was largely achieved, not through their action, but rather through intermarriages of Jews of different ethnic origin, the action of a universal, largely egalitarian, educational system, the unifying force of the IDF, and entry of women into the paid workforce.

B. Unmarried Motherhood

Looking at the development of never-married mothers in the recent years, one concludes that, in Israel, for an increasing number of women, the drive toward childbearing is stronger than the convention that motherhood is only accepted within marriage.

The rate of live births per 1,000 never-married women aged 15 to 44 rose by 70% from 2.3 per 1,000 in the early 1970s to 3.9 per 1,000 in 1989. But the crude rates are not as informative as the age-specific rates: While the rates for the two younger age groups, 15 to 19 and 20 to 24, actually dropped (from 1.4 to 0.8, down 43%, and from 3.4 to 2.9, down 15%, respectively), the rates for the older aged groups increased significantly in the last two decades. In the two decades between 1970 and 1989, the rate has more than doubled for the 25-to-29 age group, from 4.1 to 9.1 per 1,000, tripled for the 30-to-34 group from 6.8 to 20.3 per 1,000, and more than quadrupled for the 35-to-39 group, 5.2 to 21.9 per 1,000.

The drop in the rate of birth of unmarried young women is probably the result of Article 2 in the abortion law that allows legal termination of pregnancy to unmarried women (see under Abortion below). Most abortions of unmarried women are concentrated in the 15-to-24 age group, where a sizable proportion of the sexually active women are still not only unmarried, but also in unfavorable conditions to marry or give birth. Since abortion is also available to unwed older women, the lower rate of abortion and higher rate of unwed motherhood among older women reflects the need of older unmarried women to exercise their right to childbearing.

By Jewish law, a child born to an unwed mother is legal, and there is no stigma attached to his or her birthright. It is the mother who carries the burden of shame, according to the religious ruling and much popular belief, and not the child. Obviously, an increasing number of women are willing to pay the price or do not feel the stigma.

There is no available information on the proportion of unwed women who choose to become pregnant by sexual intercourse or artificial insemination. Some institutions perform artificial insemination by donors with no requirement that the recipient be married, but several court cases reveal that at least some of women prefer impregnation by intercourse.

The issue came into public attention when women sued the fathers, some of them public figures, for child support. Several such cases included signed contracts waiving child support as part of the agreement by the men to impregnate the women. These contracts were declared void by the courts because the court is bound to decide in the best interests of the child even if both parents agree otherwise. In several cases, there were claims that the women misrepresented either their fertility status or the fact that they were using a specific contraceptive. The courts declared this ar-

gument to be irrelevant because, even if proven true, it had no bearing on the interests or the legal status of the child.

Several such involved fathers have formed an organization, "Fathers Not by Choice," and now lobby for the rights of fathers. They contend that the prevailing situation, giving them no custody rights in such cases, and in many cases no other rights, constitutes sex discrimination.

C. Abortion

Several times in the short history of Israel, abortion has been a major public and political issue, with highly emotional and ideological arguments that embody tensions between different segments of the society, and a discrepancy between public policy and private practices. While playing a prominent role, the element of women's rights to their bodies was not as dominant as in some other countries. This may be because the issue of abortion touches on other issues highly important to the Israeli public: relations between religion and state, national identity and aspirations, and the collective memory of the annihilation of more than half of the Jewish people of Europe in the Holocaust.

Jewish religious laws, the *Halachah*, give precedence to the life of the mother over the life of the embryo/fetus until that moment of delivery when the head is fully out. An abortion because of danger to the life of the mother can be accepted by religious authorities, but only after consulting a Halachic authority. All other abortions are perceived to be murder. Abortion is presented by its opponents as the ongoing denial of life of its future children to a society that had lost one third of its people, 1.5 million of whom were children, and continues to suffer loss of young life by warfare and terrorism.

It has not helped that the professional view of family planning efforts within certain organizations providing abortions was predominantly biomedical. As a result, women seeking abortions were sometimes looked down upon as ignorant or failing to use medically available contraceptives properly. There was a feeling that they should have known better. This view is encountered mainly toward young unmarried women, though in the past it included women of low socioeconomic status who had already had several children. Recently, this attitude was revived in public discussion by the increased demand for abortions from the former USSR immigrants.

It is also possible that some vested economic interests were involved in the opposition to legalizing abortions. Some professionals objected to providing abortions in public hospitals as a waste of public money, while they or their colleagues were performing them privately for a fee.

During the abortion debate, reproductive health data was frequently misused. Those who objected to abortions exaggerated the health risk of abortions—both mortality and the risk to future fertility—as an argument against it. This was mainly done by comparing the mortality and morbidity rates from induced abortions to the successful prevention of pregnancy by contraceptive use, instead of comparing abortion mortality and morbidity with the risk incurred by carrying the pregnancy to term and its delivery. This argument is also facetious because, despite the fact that Israel has a very low perinatal morbidity and mortality, these are still much higher than the risks of abortions performed according to accepted medical standards.

Legally, abortion is still defined as a felony in the criminal code. As with most laws in Israel, abortions continue to be regulated by British colonial laws. For almost 30 years, 1948 to 1978, the only legal reasons for the performance of legal abortions were purely medical. Nevertheless, illegal abortions were widespread. Oddly enough, almost all the illegal abortions were performed by licensed gynecologists or general surgeons under accepted medical standards. Extremely few cases were prosecuted, and these only in cases where a woman lost her life.

Since the mid-1960s, several organizations, mainly human rights activists, the Israeli Family Planning Association, the women's segment of the Histadrut, the labor union, the feminist caucus, and organizations seeking to decrease the political power of the religious over individuals, have united in uncoordinated efforts to change the law. The fact that there was a vast difference between the law and the practice, and that the main barrier to seeking abortion was economic, has played a psychological role in paving the way to the change.

In 1977, the Knesset changed the abortion law (enacted January 1978). The main change was the establishment of hospital committees that could allow the performance of induced abortions under five clauses: age (women under 17 or over 40); pregnancy resulting from out-of-wedlock, adulterous, or unlawful relationships; medical conditions relating to the embryo (genetic or developmental malformations); medical conditions endangering the mother physically and/or mentally; and social or economic hardship.

The law stated explicitly that parental consent is not a condition for performing an abortion on a minor and that seeking abortion is free of regional restrictions on the dispensation of medical services. On the other hand, no physician is required to perform an abortion, even a legally authorized one. The establishment of committees in public and private hospitals that were medically authorized to perform abortions was at the discretion of the hospital management. Several hospitals did not establish such committees because of religious or other ideological reasons. The fact that permission for abortion is granted by a hospital committee does not mean that the hospital is required to perform the abortion. The committees are autonomous in determining their procedures and regulating their activities, provided that each committee includes at least one gynecologist, one social/mental health professional, and one woman. In most committees, the woman was also the social worker, thus combining two functions in one person who also has lower status in medical institutions. Some committees demand that the petitioning woman appear before the committee in person and answer questions; others only review a file prepared by the social worker. Some committees convene only once a week, others meet daily; some are known to be "liberal," while others are "hard."

This differentiation became highly important in 1980, only two years after enactment of the new law, when religious parties succeeded in striking out Article 5 allowing abortions for social or economic hardship. Since then, because there are no regional administrative restrictions on where women can seek an abortion, women have preferred to approach the more liberal committees. Thus, the demand for legal abortions among married women, and their performance, has not changed much in the years following abrogation of Article 5 (see Table 6). Only the reasons for which these abortions were granted have shifted. There was a fourfold increase in granting abortions for physical or mental medical reasons (from 8 to 36%).

As of late 1994, privately performed, illegal abortions are still performed largely by physicians under medically accepted conditions. The latest estimate by knowledgeable sources is that their number is 5,000 to 7,000 annually, about 25 to 33% of the total number of abortions performed. This estimate is for the period prior to the arrival of the large 1990-1991 immigrant wave from the former USSR (see Section 13D, National, Religious, and Ethnic Minorities).

In 1990, there was an attempt by religious parties to restrict abortions further by reducing the number of hospitals authorized to have committees and perform abortions, and to limit them to public hospitals only. Since the right-wing government at the time was favorable to this attempt for both ideological and political reasons, a coalition of family planning and health professional organizations, the feminist lobby, and human rights activists was needed to defeat this attempt.

Antiabortion organizations are active, especially among youth and among women seeking abortions. Their propaganda disregards the data and claims that every second or third pregnancy is willfully terminated, while the actual number is less than one in five, even if one counts the illegally performed abortions.

The IDF's attitude toward abortions is consistent with the wider tolerance toward premarital sex in late adolescence. In the past, a pregnant soldier was discharged whether she carried the pregnancy to term or terminated it. This caused many female soldiers who wished to continue their service to hide their pregnancy and have illegal abortions. This rule was changed, and currently a pregnant soldier can seek an abortion through the IDF and stay in the service. The rules still give the IDF an option to discharge a woman on the basis of incompatibility. As far as is known, this option is used only in the case of repeat aborters and if other adverse conditions exist.

As noted in Section 9B on unwed mothers, it seems that the decrease of unwed motherhood in the younger age groups is mainly because of the availability of legal abortions to unwed women. It would have been very interesting to be able to estimate how many "forced marriages" were avoided because of the availability of legal abortions to unmarried women. Research in Israel has shown that among marriages that suffer from abusive patterns, the rate of premarital conceptions is by far the strongest associated variable marking the difference between them and divorcing marriages that do not suffer from an abusive pattern.

A significant aspect of abortions in Israel is their cost. Prior to the 1978 law, abortions were very expensive, creating additional hardship for less-well-to-do women. Since 1978, the prices are between $250 and $600, between 40 to 100% of the minimal legal monthly wages. Only abortions performed for medical reasons in one of the public hospitals are covered by the sick funds; the foundation for children run by the Ministry of Welfare pays for abortions for women under 17; all abortions performed on soldiers are covered by the IDF. In all, an estimated 65% of all abortions are paid for by public funds.

Most abortions in Israel are first-trimester abortions by suction and curettage. Most hospitals use general anesthesia during induced abortion in order to minimize the psychological effects on the woman. Very few institutions perform second-trimester abortions (evacuation), mainly because of staff objections. Mortality and morbidity from induced abortions in Israel is very low.

The large immigration from the former USSR starting in 1989 and peaking in 1990-1991 changed the demand for induced abortions and, possibly also, the conditions under which some abortions are performed. First, it is estimated that these immigrant Jews will increase the demand for abortions by about 10% (over their proportion in the overall population). Second, since most Russian women seeking abortion are married, and the cost of out-of-hospital abortions, privately performed by a licensed physician is rather high, there is both statistical and anecdotal evidence indicating these women seek abortions from USSR-immigrant physicians who are unlicensed to practice medicine or surgery in Israel. They charge less for abortions, are highly proficient in their performance, but sometimes perform them in medically problematic conditions.

[*Trends in Termination of Adolescent Pregnancies*

[*Update 2001*: Requests for induced abortions from the hospital authorizing committees, and their outcomes, are reported to the Central Bureau of Statistics. Examination of the trend in the 13 years between 1985 and 1998 reveal that for girls up to age 14 and from age 15 to 19, there is a clear trend of decreasing demand for abortions. Since live births for these age groups have not increased, it is apparent that these youths are protecting themselves with greater success. The conclusion of experts from several fields interviewed for a major series of newspapers articles on this issue was that there is no one cause of this better protection, but an accumulation of several factors: better sex education, the availability of services dedicated to the needs of adolescents, and more social acceptance of adolescents' sexuality, resulting in some adolescents approaching their parents for help in contraception prior to initiating coitus. (*End of update by R. A. Shtarkshall and M. Zemach*)]

Table 6

Induced Terminations of Pregnancies Performed in Hospitals in Israel (1979-89)

Year	Total Number of Abortions	Rates per 1,000 Women (Ages 15-49)	Rates per 1,000 Live Births
1979	15,925	17.7	17.0
1980	14,708	18.0	15.6
1981	14,514	17.4	15.6
1982	16,829	19.8	17.4
1983	15,593	17.9	15.8
1984	18,984	19.1	19.2
1985	18,406	18.1	18.3
1986	17,110	16.8	17.2
1987	15,290	16.0	15.4
1988	15,255	15.6	15.2
1989	15,216	15.2	15.1
1990	15,509	14.9	15.0
1991	15,767	15.1	14.9

D. Population Trends

Uniqueness of the Jewish Population

The Jewish population of Israel has the highest total fertility rates (TFR, i.e., the average number of live children expected to be born to a woman during her lifetime, as calculated from the age-specific fertilities) among the Western industrial countries—2.6 for 1991. This fertility is far above that of other major Jewish communities, including Eastern Europe and Latin America, even though both populations are descendants of survivors of the Holocaust (as is a large segment of the Israeli population). This is well above the replacement value and reflects the importance of children in the Israeli-Jewish lifestyle, including but not limited to the orthodox and ultra-orthodox sectors. Among secular Jewish couples in Israel, it seems like the birth of the first two children is taken for granted, and family planning considerations are usually reserved for timing and for additional children.

Also, the second generation of Jews immigrating from different parts of the world to Israel change markedly in less than a generation, so that their fertility patterns resemble the Jewish-Israeli pattern more than the patterns in their countries of origin.

Time Sequence of Fertility Changes

Despite the just-mentioned facts, the fertility patterns over the last three decades do show a general drop in fertility among all the national and most ethnic groups in Israel, concomitant with modernization and the rise in both economic and educational level (see Table 7).

Closer analysis of the TFR in various Jewish ethnic groups reveals a more complete picture. While there is a consistent drop in the TFR for Jewish mothers born in Asia and Africa, for mothers born in Israel, and those born in Europe and America, there is a rise in the TFR until the first half of the 1970s and then a decline. The overall rate of increase for both latter groups was similar, 0.3 to 0.4 child per mother. If these trends—the rise in age at first marriage, the delay of age at first birth, and the lowering of the desired number of children—continue, the result can be a continuous decrease of the TFR among Jews in Israel. It is hard to predict to what levels they will go and what will be the forces acting to speed, slow, or reverse this trend. Whatever the situation, the TFR of orthodox and ultra-orthodox Jews will be a factor.

Factors Shaping Israeli Fertility

Forces shaping Israeli fertility changes in the last 40 years include: modernity, mainly women's education; changes in economic status and perspectives; entrance of women into the labor force; a general downgrading of the collective/national elements within the prevailing ethos; and a concomitant rise in the individualistic achievement-orientation components. Immigration was also a factor: Jewish women from Ethiopia contributed to a TFR rise in 1991, Russian immigrants to a drop in 1990, to where the TFR among Jewish women is below 2.

The pronatalist attitude prevalent in modern Israel explains the socialization toward marriage and parenthood that Israeli adults feel ill at ease to defy. Willed childlessness is not presented as a viable option and childless couples are considered to be in need of help.

Fertility Services

A direct consequence of this cultural climate is the demand for fertility services, and especially in vitro fertilization (IVF), as aids to married biological parenthood. In 1993, there was roughly one IVF clinic for every 30,000 Israelis, more than in any other country over the world, and lower by more than a factor of magnitude than the per capita rate in the U.S.A. The research in fertility, and especially in IVF, in Israel is disproportionately high, and several improvements on the methods originated here. Other fertility services are also highly developed in Israel, but the focus is mainly on the biomedical service, with minimal resort to accompanying psychosocial interventions. Several attempts in the latter direction report a marked increase in success rates of the biomedical interventions if they are done in conjunction with the psychosocial ones. Surrogate motherhood is still very rare and complicated by unresolved legal issues.

Adoption

Married couples who go down the fertility road to its limits without success resort to adoption. In an effort to protect the rights of the adopted children, adoption procedures in Israel are slow and cumbersome. These efforts sometimes backfire, as children drag for years through institutions, foster homes, and the courts without a stable environment and the ability to form lasting attachments. The processes are somewhat easier when older children or physically or mentally challenged children are involved, but in these cases, the adoption process can be much more difficult.

From the side of the petitioning couples, the waiting and procedures are sometimes intolerable, creating a large market in adoption of foreign children. Romania was a source, until government corruption and news of HIV infection in orphanages blocked this option. In several South American countries, what was a legal if costly process turned into illegal trade in forged documents, kidnapping, and extortion.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

The public awareness of STDs in Israel in low. Syphilis, chlamydia, gonorrhea, and herpes genitalis are reportable diseases, but this regulation is not strictly enforced and not fully observed. A structural reason for this may be that Israel does not have STD clinics specializing in both care and prevention.

In the late 1960s, an apparent doubling in reported STDs, believed to be caused by the influx of volunteers after the "Six Days' War," caused the Ministries of Health and Education to recommend the study of sexual knowledge, attitudes, and behavior. This study, carried out in the early

Table 7

Total Fertility Rates of Jews and Non-Jews in Israel (1965-1989)

Period	1960-1964	1965-1969	1970-1974	1975-1979	1980-1984	1985-1989	1990	1991
Jews (total)	**3.39**	**3.36**	**3.28**	**3.00**	**2.80**	**2.79**	**2.69**	**2.58**
Mothers born in Israel	2.73	2.83	3.05	2.91	2.82	2.82	2.76	2.70
Muslims	**9.23**	**9.22**	**8.47**	**7.25**	**5.54**	**4.70**	**4.70**	**4.70**
Jews (mothers born in Asian and African countries)	4.79	4.35	3.92	3.40	3.09	3.14	3.09	3.27[1]
Christians	**4.68**	**4.26**	**3.65**	**3.12**	**2.41**	**2.49**	**2.57**	**2.26**
Jews (mothers born in Europe, America (N&S), Australia, and Southern Africa)	2.38	2.59	2.83	2.80	2.76	2.66	2.31	2.05[2]
Druze and others	**7.49**	**7.30**	**7.25**	**6.93**	**5.40**	**4.19**	**4.05**	**3.70**

The Total Fertility Rate (TFR) is the total number of live children born to a woman throughout her fertile period. It is based on the sum of age-specific fertilities for women between the ages of 14 to 49 and assumes that women of a specific group have the specific age fertility appropriate for their group when they are at that age.

[1] The rise in TFR among Jewish women born in African countries in 1991 is probably due to the wave of immigration of Jews from Ethiopia.

[2] The rather sharp drop in TFR in 1990 and 1991 among women born in Europe/America is probably because of the large wave of immigration from the former USSR where the TFR among Jewish women is below 2.

1970s, also recommended the introduction of a sex-education curriculum into the schools.

The current prevalence of STDs in Israel for 1993 in annual rates of preliminary notifications were 1.1, 0.0, and 0.3 per 100,000 for syphilis, genital chlamydia trachomatis, and gonorrhea, respectively. This is believed by researchers to be below the actual rate. For example, some estimates of chlamydia infection are as high as 10% of the women of 15 to 49 (2% of the population). Estimates of the prevalence of herpes genitalis are also quite high.

In 1988, a Society for the Study and Prevention of STDs was formed under the auspices of the Israeli Family Planning Association, with the aims of joining biomedical and behavioral efforts, integrating prevention with proper early detection and care, and for increasing the awareness of STDs and their risk to health among health professionals. It holds professional orientation and awareness meetings and formulates guidelines for better detection and care of various STDs. Its educational and public activities are conducted within the general framework of the IFPA.

B. HIV/AIDS

Situation Report

Currently, HIV/AIDS has a low prevalence/low incidence in Israel. The documented number of AIDS cases for May 1994 was 292—cumulative incidence of 56 per million—69 of which, 24%, are currently alive in Israel. As of June 1994, there were 1,152 people reported as HIV-seropositive who are not ill with AIDS, a cumulative incidence of 256 per million or 0.026%. It is believed that the reporting of cases is accurate. Tables 8 and 9 summarize the published data about both AIDS and HIV in Israel for June 1993.

The authorities cite the fact that incidence of new AIDS cases within Israel is flat as support for their claim that the situation is under control. They also claim that since half of the new AIDS cases are previously known as HIV cases, the actual number of HIV cases is probably twice the number of AIDS cases reported from all sources.

However, it may be that this perception is only the shortsightedness of politicians and policymakers who do not realize that this may be the lower flat part of an atypical hyperbolic curve, below the threshold of doubling. Several facts apparent in these tables can be a cause for concern. First, the progression from HIV to AIDS may represent the transmission situation in the past five to ten years. Second, 30% of the HIV cases are of unknown risk factor, and almost 10% of all the people identified as HIV-seropositive are also of unknown gender; among those of unknown risk factor, 25% are of unknown gender. Since HIV testing in Israel is mostly voluntary, and there is no summarized and/or analyzed data about the people who have been tested for HIV, there is no information about over- or undertesting in important subpopulations like age groups or genders. This results in a puzzle with more holes than picture.

Sociopolitical Issues

There are several troubling questions that relate to HIV/AIDS being a biopsychosocial construct, interlocking with sexuality and other social, political, and cultural issues.

The responsibility for dealing with all the aspects of AIDS has been allocated to the Ministry of Health with its mainly biomedical outlook. The decisions of the National AIDS Steering Committee, which is always headed by a physician, are only recommendations to the director general of the ministry. Thus, decisions to implement policies or actions that may have a strong psychosocial component can be taken up only from its biomedical end, resulting in a distinct bias with serious and unpredictable results.

A second issue is more pervasive. On the one hand, there is the perception that HIV/AIDS and infected persons are marginalized and stigmatized. This perception influences the ways in which people with AIDS or HIV and HIV/AIDS issues are treated. On the other hand, there is a proneness in the responsibility for public health to avoid discussing the fact that, in different situations and under different conditions, it may not only be responsible, but essential to undertake unpleasant or even restrictive measures. (In accordance with the traditional Judaic approach, the application is highly dependant on unique situations that need to be weighed from all sides and in relation to all those who are involved, even though the laws are general and cover everyone.) This chain of bias-guilt-avoidance is hardly suitable to deal with the sensitive issues of HIV/AIDS. It may also be responsible for the fact that Israel has yet to form a midrange plan to deal with the disease.

Another issue is the influence of organizational structures and vested interests on the nature of the efforts to stem the disease. Such phenomena affect the definition of prevention and the perception of appropriate behavioral interventions; they are also the source of the phenomenon that policies are formulated, and interventions designed and implemented, prior to ascertaining the behavioral patterns, psychological, social, and cultural determinants of behaviors involved in this disease.

Vested interests come into play, especially when dealing with allocation of budgets, human resources, control, and research opportunities. Thus, the AIDS centers that are located in eight hospitals, and that are treatment-oriented and medically controlled, strive to retain the overall responsibility for prevention, even of interventions that are community-oriented and those in which the behavioral, and even cultural components, are predominant.

Table 8

Cumulative Adult (Age 15+) HIV+ Cases in Israel (June 1993) Presented by Transmission Category (After Slater P. Sutton's *Law and AIDS Prevention in Israel*)

	Males		Females		Unknown		Total	
Transmission Category[1]	*N*	%[2]	*N*	%[2]	*N*	%[2]	*N*	%[3]
1. Gay and bisexual men	153	100.0	—	—	—	—	153	16.6
2. IV-drug users[4]	97	78.2	14	11.3	13	10.5	124	12.6
3. Homophiliacs	47	97.9	1	2.1	0	0.0	48	4.9
4. Transfusion recipients	7	53.8	5	38.5	1	7.7	13	1.3
5. Heterosexuals	199	58.0	139	40.5	5	1.5	343	34.7
Subtotal (known risk group)	503	73.9	159	23.3	19	2.8	681	68.9
6. Unknown transmission	173	56.3	58	18.9	76	24.8	307	31.1
Total	676	68.4	217	22.0	95	9.6	988	100.0

[1] RS (the first author) would have preferred the use of risk practice or risk behavior to the use of transmission category or risk group. This would have changed the structure of this table. For example, the use of anal sex as risk practice (with subdivision for gay or heterosexual groups) could have clarified the relative role of this practice in heterosexual transmission in Israel, without loss of the ability to calculate the risk to encounter an HIV+ partner in sexual encounters within specific groups.

[2] Percentage of the total number of cases in this specific category.

[3] Percentage of this category in the total number of HIV+ in Israel at that date.

[4] Including drug users with additional risk factors.

Most of the HIV tests are done on these sites in which precounseling and postcounseling to the people who test seronegative is limited to printed brochures. The people who test seropositive receive a mixture of medical and social counseling with little organized support and few educational programs. Attempts to alleviate the situation, even with the help of volunteer services, meet with suspicion on the one hand, and financial constraints on the other.

Priority Groups for Preventive Interventions

The prioritization of groups, and development of educational interventions, have been done without prior behavioral and psychosocial studies or any organized decision-making process. Recently, the topic was discussed in an article with several published commentaries recommending the use of epidemiological data to determine priorities for interventions. This proposal would not be a step forward, because it does not give any consideration to behavioral patterns. It also does not distinguish between risk-group, at-risk group, and risk behavior. Thus, it did not consider hemophiliacs, the highest HIV-seroprevalent risk-group, and failed to notice that they are currently at a very low risk for passing on the infection, that most of them are under constant medical supervision and counseling for their primary disease, and that the at-risk group for infection are their sexual contacts.

The commentaries revealed deep differences between people who deal with AIDS, bordering on a communication gap. Thus, the head of the National AIDS Committee declared a commitment to implement a general AIDS education effort among adolescents in schools, while another commentator pointed out that there were still no behavioral data pointing towards that need, and suggesting that the existing epidemiological data, although scanty, favored the targeting of educational efforts to limited priority subgroups within youth.

The establishing of targeted priority groups is important not only because of the scarcity of financial and human resources, but also because of the need to target the educational messages to the specific needs and conditions of subgroups, if one is to expecting to make an impact (see below in AIDS Education Versus Sex Education). The general intervention efforts aim at the common denominators and, therefore, may be too diluted and unfocused.

The balance between targeting priority groups for interventions to lower the transmission within those groups, and support for those who are already HIV-seropositive, and stigmatizing these same groups, is very delicate, especially if the groups are marginalized or stigmatized to start with.

Recently, this issue raised its head when the educational and counseling efforts within an immigrant population suffering from high prevalence and incidence rates, and from a heterosexual pattern of transmission, were sensationalized in the media. The fear and shunning reactions of small segments of the population, combined with the sensitivity and shame within this traditional community, triggered reactions toward the professionals who were in close association with them, and set back some of the preventive efforts.

Contact Tracing and Educational/ Counseling Programs

Epidemiological follow-up and notification, support for people who are HIV-seropositive, and counseling interventions could be highly effective, if implemented professionally, compassionately, and discreetly. This was possible in Israel, as no anonymous testing is available, only confidential ones. Unfortunately, the system did not manage to make the essential accommodations to implement such policies.

In one case, when a whole group of immigrants from a country with a high prevalence of HIV was screened on entry, the recommendation for combined supportive and preventive interventions by case managers working within the community was postponed for more than two years. As transmission within the community continued, while people did not come in readily for voluntary testing, it is questionable whether the intervention can be as effective as if it had been implemented nearer to the screening date.

This immigrant community also posed the challenge of developing culturally appropriate educational programs and training personnel to deliver them. It also challenged the system with the necessity for cultural bridging, and the training of cultural mediators between professionals whose beliefs were embedded in biomedical models, and clients who used a combination of traditional lay beliefs and biomedical models.

This was achieved by creating an alliance between a group of professionals and a group of veteran immigrants who trained to become both educational agents and mediators while they also acted as cultural informants and consultants.

Table 9

Accumulative Adult (Age 15+) AIDS Cases in Israel (June 1993) Presented by Transmission Category (After Slater P. Sutton's *Law and AIDS Prevention in Israel*)

	Males		Females		Total	
Transmission Category[1]	*N*	%[2]	*N*	%[2]	*N*	%[3]
1. Gay and bisexual men	110	100.0	—	—	110	45.6
2. IV-drug users[4]	43	84.3	8	9.8	51	21.2
3. Homophiliacs	28	100.0	0	0.0	28	11.6
4. Transfusion recipients	7	87.5	1	12.5	8	3.3
5. Heterosexuals	26	74.3	9	25.7	35	14.5
Subtotal (known risk group)	214	92.2	18	7.8	232	96.3
6. Unknown transmission	9		0		9	3.7
Total	223		18		241	100.0

[1] RS would have preferred the use of risk practice or risk behavior to the use of transmission category or risk group. This would have changed the structure of this table. For example, the use of anal sex as risk practice (with subdivision for gay or heterosexual groups) could have clarified the relative role of this practice in heterosexual transmission in Israel, without loss of the ability to calculate the risk to encounter an HIV+ partner in sexual encounters within specific groups.
[2] Percentage of the total number of cases in this specific category.
[3] Percentage of this category in the total number of HIV+ in Israel at that date.
[4] Including drug users with additional risk factors.

AIDS Education Versus Sex Education

This question, although general in nature, is especially relevant in Israel, a low-prevalence country in which adolescents can be defined by their moderate prevalence of heterosexual risk behaviors when compared to the U.S.A. and European countries, and very low prevalence of individuals being at-future-risk for HIV infection and not at-immediate-risk.

While today's adolescents do not face the probability of HIV infection, they do face a much more tangible risk of pregnancy and STD infection. In this context, attempts to motivate youth by fear of the small risk of HIV/AIDS or by fear of the future may backfire.

On a more theoretical basis, it is questionable whether it is appropriate to introduce youth to the issues of sex through risks of either a deadly disease, other diseases, or a pregnancy. It is proposed that early sex education, focusing on communication

and decision-making skills, on responsibility for one's actions and health and also for the health and welfare of one's partner, and on alternative, noncoital sexual expressions, would be both more appropriate for adolescents and, in the long run, more efficient in lowering the transmission rates.

It is also important to note that the differences between cultures are not limited to "esoteric" immigrants, but can also be between "similar" industrial countries. Thus, the concept of "safer sex," which is embedded in the basic premises of a society that is highly individualistic and sometimes adversarial, may be insufficient or inappropriate in a culture that puts more emphasis on the sense of community and cooperation between individuals.

It is also questionable whether egoistic motivations, which are at the roots of safer sex, are sufficient in boundary conditions, where altruistic or secondary motivations are needed to augment the egoistic ones. Such considerations will call for alternative educational approaches. Dealing with issues of mutual protection and responsibility need a much more elaborate educational approach than focusing on barriers to condom use or on the mechanical skills of its use. These should be discussed in the wider scope of sex education.

The decision-making, communication, and protective skills learned in sex education are very similar and can be easily applied to protection against HIV/AIDS.

It is somewhat disappointing that the need for a comprehensive approach to sex education and the urgency of such implementation are wasted, because the interests of some politicians meet with those of educational entrepreneurs. The latter promote the use of shelf programs aimed at the largest possible populations and designed to offend as few people as possible. They are thus focusing on "clinical," nonoffensive, and nonsexual aspects of HIV/AIDS, demand minimal training of the implementers, and minimal hours for delivery. The interest of educational and health politicians is in "magic bullet" interventions that can be put in place speedily and with minimal fuss and objections from vocal political minorities.

Such ready-made AIDS-education programs allow them to shirk their responsibility, while pretending to fulfill it. It is only fair to say that some of these politicians do not know better and believe in what they are doing. The responsibility of the entrepreneurial professionals seems to be graver.

[*HIV/AIDS Education on the Internet*

[*Update 2001*: In March 1999, the largest educational Internet network in Israel, Snunit, opened a site dedicated to sexuality and the prevention of HIV/AIDS. The site was jointly sponsored by the psychological counseling service of the Ministry of Education and the National HIV/AIDS Steering Committee. Its name, Yachad (Together), is significant, because it reflects the fact that the site is not dedicated to prevention in general or to HIV/AIDS in particular, but to couples and sexual relations (Yachad 1999). The launch of this site was a political event because, in order to be sponsored by the Ministry of Education and Culture, it had to be also approved by the National Religious Educational System. Beside information, chat rooms, and question-and-answer sections, the site includes educational activities through which adolescents can examine their attitudes and values, express opinions about the content of sex education in schools, and examine their exposure to risk through sexual behavior. (*End of update by R. A. Shtarkshall and M. Zemach*)]

[*Epidemiology*

[*Update 2001*: Most new cases of HIV/AIDS reported in Israel are still people who were infected abroad, most of them in one country in which HIV is highly prevalent and from which immigrants are continuously arriving into Israel. At the end of October 1999, there were in Israel 605 cumulative cases of AIDS, out of which 155 were still living, and 2,051 reported cases of HIV, which had not yet progressed to AIDS (National TB and AIDS Unit 1999). The Ministry of Health and WHO estimate that Israel has 50% to 100% more HIV cases than reported. Out of the known cases, about two thirds are men. More than 50% were presumably exposed outside Israel by heterosexual contacts. The proportion is much higher for women than for men, 69% and 31%, respectively. Among those exposed abroad, the proportion of men to women is 1:1.

[Recently, two new phenomena have been emerging: the reporting of cases of HIV/AIDS among migrant workers and among immigrants from the former USSR. While the former are mainly sexually infected, the latter are infected through intravenous drug use, and many suffer also from advanced stages of alcoholism and untreated tuberculosis. Israel is a country with a National Health Insurance, which covers treatment of HIV through the most advanced diagnostics (viral load) and medications (cocktail therapy). Since immigrants are entitled to health insurance from the moment they arrive and are not tested outside the gates, there is an inducement for people from counties that do not supply therapy to move into Israel. Recently, some experts voiced concern whether this may increase the burden intolerably on a health system that is in a chronic financial crisis. (*End of update by R. A. Shtarkshall and M. Zemach*)]

[*Update 2002*: UNAIDS Epidemiological Assessment: By the end of 2001, a cumulative total of 3,333 cases of HIV infection were reported. Israel is a country with a low endemicity of HIV/AIDS. With the attribute of being a country of immigration, including significant immigration from African countries, rates of HIV are greatly dependent on the origin of the immigrants.

[An HIV/AIDS registry has existed since the beginning of the epidemic. HIV testing is systematic among blood donors and prisoners and among select groups of immigrants from HIV-hyperendemic countries. Testing is confidential and free of charge for any person requesting the service. Testing is done at all community clinics, all across the country.

[Health education programs are developed for both the general population and for groups with risk behaviors. Treatment and follow-up are specialized in regionally distributed AIDS centers, which can provide adequate follow-up and antiviral HAART treatment to all adherent patients.

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

Adults ages 15-49:	2,700 (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 Israeli 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 and Therapy

Despite the fact that several of the founders of modern sexology in Germany had either passed through or settled in Israel after the rise of the Nazi regime to power, sexology did not emerge in Israel as a discipline until the early and middle 1970s. Treatment for sexual dysfunctions was limited either to medically oriented interventions or to analyti-

cally oriented psychodynamic therapies, which were imported by members of Freud's Psychoanalytic Institute who immigrated to Israel and founded a similar institute with his blessings in the late 1930s.

The medical approach focused on functional symptoms alleviation as a means to solving the sexual dysfunctions, e.g., the use of dilators for vaginal spasms or numbing creams for early ejaculation. While the psychoanalytic approach recognizes dysfunctions, and issues like orientation and gender confusion as separate diagnostic categories, and is interested in deep causes and their transformation, psychoanalysts did not treat them with the same methods and under similar basic assumptions as medical practitioners.

The development of sex therapy in Israel occurred mainly after Masters and Johnson and is, by and large, an import from the U.S.A. Most of the Israeli therapists are trained there rather than in Europe. Currently, there is a pluralism of approaches to the treatment of sexual dysfunctions, ranging from the purely medically oriented through the combined biopsychosocial approach, and the couple-oriented systemic approach to the psychodynamic.

B. Availability of Diagnosis, Counseling, and Treatment

A World Health Organization (WHO) report counted, at the end of 1988, 13 centers offering sex therapy across the country. This list was not exhaustive even for that date, and since then, more services have opened up in different locations.

Most of the clinics are still located in public hospitals or specialists' clinics of the sick funds. Significantly, few of them have a freestanding status, and most are annexed to departments like Gynecology, Psychiatry, or Urology, depending on the medical training of the head of the clinic or on political considerations. These arrangements are typical of a situation in which sexology and sex therapy are still not considered a full-fledged, professional, and/or academic enterprise.

The clinics, even those in the public hospitals and sick funds, are very heterogeneous. A few have several staff members from different disciplines working full- or part-time with a wide range of services. These can offer a full biomedical and psychosocial evaluation and a variety of therapies. Usually, they will also treat orientation- and gender-confusion issues, including evaluations for sex change, e.g., the sexual function clinics at the Hadassah Medical Organization in Jerusalem and the Sheba Medical Center in Ramat-Gan. Most clinics focus on fewer aspects of the sexual functions or offer a smaller variety of services. Several sex-therapy clinics evolved in nonmedical family and marriage services. These offer mostly psychosocial evaluations and interventions. One of these clinics started in the early 1990s also offers surrogate therapy as part of its services. The male and female surrogates are selected and trained by the staff of that clinic.

Two centers specialize in rehabilitative sexology: Sheba and Beit-Lewinstein Rehabilitative Center. These offer both posttrauma and postdisease treatment of sexual concerns and functions.

A relatively recent development is the appearance of specialized private-enterprise sex clinics that use aggressive publicity and cater mainly to men with erectile dysfunctions. These clinics offer mainly treatment by medication, mostly penile injections. There are several reports that they offer rather poor psychological and dyadic evaluations and interventions, and at least one of them is under investigation by the Ministry of Health.

A national association of sex therapists (ITAM) was formed in the late 1980s in expectation of the therapy-licensing regulations. This is a rather loose association that did not take a public initiative in dealing with defending potential clients against exaggerated publicity claims or misconduct.

12. Sex Research and Advanced Professional Education

A. Sexological Research and Advanced Education

There is not one academic department or academic program that focuses on sexual issues or sexology. All the research and training is done under the names of different "professions," with very little integration and/or interdisciplinary approach. One attempt to form an interdisciplinary group ended when the person who initiated it did not receive tenure and moved to Canada. Despite that, several studies concerning sexual function and dysfunction have been carried out in clinical and limited nonclinical populations. Other studies in the educational, psychosocial, and health fields have included issues of sexuality, sexual behavior, and attitudes. The rise of interest in HIV/AIDS issues has focused some attention to what is defined as sexual risk behaviors.

Only one of the four medical schools includes a course on sexuality and sexual behavior in their regular curriculum. The other three do so only as an elective or intermittently. It is possible to be board licensed in gynecology and urology without any course or internship in the psychosocial and behavioral aspects of sexuality. The only specialization that includes some issues of sexuality in the requirements for board certification is family practice. As a result, at least one of the postgraduate courses in this specialty offers a 32-hour unit on sexuality and sexual issues in the family practice and a 16-hour unit on family planning and contraception.

Several of the universities and colleges offer scattered academic courses on sexual issues within various faculties, schools, or departments. Such are the courses at the School of Social Work of the University of Tel-Aviv, sex education courses at the Kibbutzim teachers-training college, and others.

The Hebrew University of Jerusalem has several academic courses in family planning in various departments. One of them is an interdisciplinary course to train counselors in family planning, contraception, and sexuality-related issues. Although part of the M.P.H. curriculum, this course is considered to be an intervention course in the School of Social Work, and a skills course in educational counseling and psychology. Other courses there are those focusing on the biological, social, and psychological bases of gender differences.

Several courses in sex education are offered within university schools of education. These are nonacademic, in-service training courses held in cooperation with the Unit of Family Life and Sex Education of the Israeli Ministry of Education and Culture. Nonacademic courses, mainly in sex education and family planning, are offered by the Ministry of Education and the Israeli Family Planning Association (IFPA). These take the form of annual courses or concentrated workshops on general issues, on specialized populations (e.g., immigrants and challenged youth), or special issues (e.g., dealing with rape and coercive sex in the educational system, new methods in sex education, and cross-cultural issues).

Recent developments may herald some changes. First, one of the courses in sex education, which is coheaded by Ronny A. Shtarkshall, is currently considered for inclusion in the master of arts degree program by the School of Edu-

cation of the Hebrew University of Jerusalem. This is a 168-hour course for training facilitators for interactive experiential work in sex education. The 56-hour, theoretical-academic component of this course will give, if approved, four annual credits at the graduate level. Second, the IFPA has initiated within the Post-Graduate Training Program of the Sakler Faculty of Medicine of the University of Tel-Aviv an interdisciplinary program in population, family planning, sexual health, and counseling. Third, the IFPA board of directors and council approved criteria for the training and recognition of sex educators. These include academic studies, skills training, sensitization and desensitization to sexuality issues, and supervised experience. It is expected that these developments will create some change in the attitudes toward professionalism in sexual issues.

B. Sexological Organizations

Institute for Sex Therapy, Sheba Medical Center, Tel Hashomer, Israel; Phone: 972-3/530-3749; Fax: 972-3/535-2888

Israel Family Planning Association, 9, Rambam Street, Tel-Aviv, 65601, Israel; Phone: 972-3/5101511; Fax: 972-3/5102589

Ministry of Education and Culture, Psychological and Counseling Services, 2 Devorah Hanevia Street, Jerusalem, Israel; Phone: 972-02/293249; Fax: 972-02/293256

13. National, Religious, and Ethnic Minorities

A. The Muslims

Muslim Arabs, the large majority of Arab citizens in Israel, constitute 14% of the population of Israel. Their situation is unique: a minority within a Jewish state and culture that has been at continuous war with its neighboring Muslim countries since its founding.

Despite that, some sense of group autonomy that transcends individual rights is recognized by the state, as matters like marriages, divorce, and family law are in the jurisdiction of the Muslim religious courts.

While the national and political aspirations of Muslim Arabs in Israel may be at odds with the mainstream of Israeli society, it is interesting that both the Muslim establishment and the population approve of the Israeli system that allows the religious courts of each denomination to govern its own population.

The religious courts are bound by the civil code, which takes precedence in matters in which the religious courts are at odds with it, like the ban on polygamy and the legal age of consent for marriage. Only recently, the Supreme Court ruled that the religious courts cannot ignore the rulings concerning division of property between husband and wife, which give women more rights than under the religious canons.

This indigenous control also gives the traditional establishment power over younger "upstarts." If there is a movement striving to free the Muslim society from the strong hold of the religious establishment, it is much less visible than among the Jewish segment of the population, perhaps as a result of the value placed on a uniform stance as a minority.

There are several other factors that affect sexual, marital, and familial issues in which the Arab-Muslim society differs from the Jewish mainstream. The Jewish majority is largely urban with an industrial and service-based economy, with high measures of modernity including women's education and their participation in the workforce. The starting point of Arab-Muslim society is largely rural, its economy is based on farming, and the determinants of modernity are rather low. This is rapidly changing, but there is still a wide gap. In recent years, both academics and some small activist organizations have broken the unified front by publishing studies about marriage patterns, sexual violence, and other disputed issues, and waging public campaigns against phenomena like murder for the honor of the family. These reports provide a good background for discussion of such issues.

Marriage as a Public Transaction Between Families

The traditional view of marriage in the Arab, mainly Muslim, society is of marriage as a transaction between families, concerned mainly with strengthening the economic and political power of the extended family/tribe, the *Chamulah*. Love and sexual satisfaction have very little to do with marriage, but procreation is very important. This is typical of rural societies, depending on land for wealth and prestige and on unity for its preservation. Marriages are arranged between families, sometimes against the will of the bride or the groom.

Bride payment, *Mohar*, is paid according to the desirability of the bride and the purity of the name of the family daughters and the status of her family. The collection of appropriate *Mohar*, especially for a highly desirable bride from a prestigious family, is a very heavy burden on young men if they do not have the support of their well-to-do families or if they are poor. Thus, the practice of arranged marriages with high *Mohar* has acted not only to preserve the wealth, but to keep the younger men in line and preserve the social status quo. The payment of the *Mohar* has also represented symbolically the fact that the bride's family was losing a labor force, while the groom's family was gaining one, as well as a potential mother of children. Therefore, the fertility of the bride's mother, her aunts, elder sisters, and cousins has been a factor in her desirability and her *Mohar*. This contributes to the fact that the pregnancies and childbearing of each woman in the *Chamulah* is the business of every other woman. Women move into the husband's extended family, but her family of origin is still responsible for her proper conduct.

Inbreeding

Several mechanisms exist to facilitate keeping the wealth, especially land ownership, within extended families. One is reciprocal marriages: Families exchange two pairs of their offspring, one male and one female from each family. These male-female pairs are often a brother and sister or first cousins. This saves the dowry payments for both families, but also creates double-kinship lines. A second mechanism is the marriage of first cousins, second cousins, uncle and niece, or aunt and nephew, although this is not as common today as in the past. The result is that 45% of all marriages in the Arab society in Israel are between relatives; 25% are of first-degree kin.

This happens despite the decrease in arranged marriages and their transformation into ritual formalization of voluntary pair formation. This seeming paradox can be explained by the fact that, despite modernization, the Arab society is still a closed one with low mobility. The available choices for marriage are limited and usually come from the same village built around extended families.

The health implications of these phenomena can be dire. Several villages, which are socially or geographically isolated, suffer from an extremely high incidence of specific genetic defects. Efforts are being made to lower the rate of genetic defects, even among the married relatives, by appropriate genetic counseling.

One such defect within the domain of human sexuality is the existence of a large number of pseudohermaphrodites of

the dihydrotestosterone (DHT) or 5-alpha reductase deficiency. First reported and studied in the Dominican Republic, this recessive gene mutation has been traced to one family that migrated from the Syrian mountains about 150 years ago and continued to intermarry. A brief attempt to study these people and their environment, while extending them medical help, was cut short by the realities of the Israeli-Arab conflict. It was ascertained that the extended family is aware of the situation and of the peculiarity of these children. Yet, it was never clear whether this is an internal familial terminology or a public one. They almost invariably strive to become men because of the dominance of males in the Arab society. The very few individuals who live as females are servants within their own families.

Polygyny

Another aspect of marriage among Muslim Arabs in Israel is polygyny. The Islamic religion allows a man four wives and as many concubines as his household can support. In reality, it was very rare that a man had more than two or three wives. One of the customs was for the older and dominant wife to choose a younger one for the husband, usually one that she could dominate.

Polygamy is banned by Israeli law. This ban was enacted mainly as a measure affirming women's equality, as a reaction to the custom of Jews who immigrated from Islamic countries. Acceptance of the law by Muslim Arabs in Israel was almost universal until 1967, when it became possible for men to have another wife either from or in the West Bank or Gaza district. Despite this, most Muslim Arabs obey the law and there are very few prosecuted cases of polygamy.

Perceptions of Male and Female Sexuality

In Islamic cultures, the sexuality of men and women is perceived as moving in different directions during a lifetime, a picture somewhat in accordance with some modern sexological descriptions of the early peaking of male and later peaking of female sexual prowess.

According to this Muslim view, men's sexuality is uncontrolled in their youth before they marry. This is the time to keep guard on them, but also to allow them to fool around with women of ill repute. This is also the time to go to war or to forage (where women are seen as the spoils of war). After marriage, as men grow older, their appetites, while undiminished, become more controlled because of their added wisdom. In men, wisdom, cunning, and cool control over situations is usually associated with age.

The sexuality of a women is believed to be low in her youth and she is perceived as innocent. It is only after losing her virginity that the sexuality of women will grow and may get out of control. Therefore, married women are to be guarded at all times. A man's inability to satisfy his woman or to keep her in line is a very bad reflection on the husband's manhood, in addition to bringing shame to the woman's family of origin.

Family Honor

Two concepts are strongly associated with family honor. The first is the public proof of intact female virginity at marriage; the second is punishment for its defilement. In a traditional wedding ceremony, the family of the bride, usually the mother and/or aunts, are expected to receive the sheet with the signs of hymen blood on it and exhibit it in public. Contrary to popular belief, this is not only a sign for the intactness of the bride's honor, but also proof of the groom's virility.

Sex therapists working with Arab populations encountered the male fear of slighting one's own manhood and family honor by failing to perform. On the other hand, there are reports that the literary description of shyness and reluctance, signifying a virginal nature that are expected to be conquered by force, are part of the construct of women's perception of the first intercourse. The emerging picture is that of a ritual choreography where each partner has to play his or her traditional role in order to bring it to its full destiny and honor both families.

Even in rural and highly guarded societies where marriages are arranged, young people find their ways to associate with each other. In recent years when schools became coeducational, when there is greater freedom of movement, and when Arab youth are attending universities together with a majority of Jewish students at the age of 18—they do not serve in the army—it is much harder to avoid romance and a certain amount of sexual play between youth. As already mentioned, family arrangements are many times a formalization of self-selection.

Despite this change, the symbolic meaning of virginity is still important. Two sexual practices help young people to keep the hymen intact while engaging in sex: interfemoral and anal intercourse. The first is more risky to the woman as she may become pregnant, and also the man may catch her off guard and penetrate the hymen. The second avoids both, but in the area of HIV/AIDS may be inadvisable. No research has been published on this subject among Israeli Muslims, although there is enough anecdotal information to say that both practices are prevalent.

"When the family honor is shamed, it has to be cleansed with blood." This is true not only of issues of honor relating to women, but also in other cases of honor, including blood feuds and ritual revenge. Both the annals of the courts and fiction are filled with such stories.

In cases of sexual honor, there are some revealing features. First, when family honor is shamed in matters of sex and marriage, the women carries the main burden of punishment and men rarely are blamed. One possible reason for this is that killing a man will touch on another matter of honor and start a blood feud that may last for generations. Second, when a transgression is made public, it is the woman's family that carries the burden of cleansing it with blood and killing the alleged transgressor. It was found that in many instances, the women of the family either incite the men to action, or even actively participate in its preparations or the actual deed. This is understandable in the light of the fact that an unpunished transgression reflects mainly on the good name of the women of the family, thus reducing the chances of the unwed ones to marry or to receive a good *Mohar*.

In 1992, a group of Muslim women activists publicly agitated against this practice for the first time. They even demonstrated in public against it, an unprecedented action. It is still unclear whether Jewish female and male activists, by joining in this campaign, will strengthen or weaken it. There is certainly strong expressed sympathy from Jews toward this campaign.

Unlike the practice in some Islamic countries, the courts in Israel do not accept the honor of the family as a mitigating circumstance. On the contrary, they have expressed their lack of sympathy for such customs and followed it with the maximum punishment under Israeli law, which is a life sentence.

Fertility Patterns and Their Secular Trend

The total fertility rates (TFR) of Muslim Arab women in Israel (4.65 in 1993), is the highest among the national religious groups composing its population. Still, it has also undergone the most marked decline in the last three decades (see Table 7). The drop in TFR from 9.23 to 4.65 in 35 years

is proportionally lower than that of the Christian Arab women (50% and 52%, respectively), but in terms of absolute family size, it is much greater. Christian women are having, on the average, only 2.6 children less as compared to 35 years ago, and their TFR is the lowest among the studied groups (2.09 in 1993), while Muslim women are having on the average 4.6 fewer children.

An attempt to study the contribution of different independent variables to this fertility change has revealed an interesting picture involving the cumulative effect of seven independent variables. At the time of the study (1988), the independent variables that were the most strongly associated with both the desired and achieved number of children were the mother's age group, her education, and a traditional arranged marriage with payment of a *Mohar.* Two other independent variables were associated with only one of the studied variables: Urban or rural locality was associated only with the desired number of children, while participation in the workforce was associated only with the achieved number of children.

Education seems to be the strongest of the associated variables, the difference in desired fertility between the two extreme educational categories being almost two children, and between the achieved fertility at a relatively young age (28.5) by one child. The type of marriage is a variable showing the second strongest association. The differences in the desired and achieved fertility between the two types of marriages are 0.6 and 0.5 children, respectively. The other variables, even when significant, showed much smaller differences. Prominent in their lack of association with either the desired or achieved fertility were religiosity and marital lifestyle (who gives up aspirations for the sake of the family).

The combination of the independent variables together show a better overall explanatory power for desired fertility than it did for the achieved fertility. One possible explanation of this discrepancy is the fact that the analysis was done with relatively young women who were still at an interim stage of achieving their fertility aspirations. Another explanation is that the study was dealing with cognitive conscious variables that associated with the verbal desired fertility, while achieved fertility is more associated with unconscious factors that are not available for this kind of analysis.

Contraceptive Use

Several studies have demonstrated that the availability and use of contraceptives, in themselves, were only weakly associated with the achieved fertility, the use of contraceptives, as an intermediate variable mediating between the desired fertility and the achieved one, being the behavioral means to space pregnancies or to terminate fertility. Table 10 compares the use of contraceptives among the Jewish population and Muslim Arabs. In order to get a better analysis, the study distinguished between women who do not use contraceptives because they are currently not exposed to additional pregnancies, and those who do not use them for other reasons. The former are pregnant women, women who try to conceive, infertile women, or those who do not practice sexual intercourse.

The first significant fact, in terms of fertility rates, is that the proportion of "non-exposed" women among the Muslims is much higher than among the Jewish women, 29.4% as compared to 20.6% of all the women, respectively. The bulk of the "non-exposed" are pregnant women and those trying to conceive. This means that at any one time, roughly 40% more Muslim women were in the process of having children (see Table 11).

The number of "nonusers" among the "exposed" is also very significant, 21.3% of the "exposed" Muslim women compared with 11.3% among the Jewish women—15.1% as compared to 9% of the total number of women, respectively. This number is very important because it marks the percentage of women among the "exposed" who do not want to conceive, but do not use means of protection from pregnancy. Therefore, these women may be a potential au-

Table 10

Comparison of the Use and Non-Use of Contraceptives Among Married Jewish and Muslim Israeli Women (Aged 22-44 Years, 1988)

	Number of Women	Percent of Total	Percent of Exposed
JEWISH WOMEN			
Users of contraceptives	1192	70.6	88.8
Non-users of contraceptives among exposed (non-use for reasons of fear, reluctance, principle, family opposition, no intercourse, or ill-defined)	152	9.0	11.3
Subtotal exposed	1344	(80.0)	100.1
Non-exposed non-users of contraceptives (non-use because pregnant, want to become pregnant, recently delivered, infecund, or no intercourse)	346	20.6	
Total non-users of contraceptives		29.6	
Total number of women	1680	100.2	
MUSLIM WOMEN			
Users of contraceptives	258	55.5	78.7
Non-users of contraceptives among exposed (non-use for reasons of fear, reluctance, principle, family opposition, no intercourse, or ill-defined)	70	16.1	21.3
Subtotal exposed	328	(70.6)	100.0
Non-exposed non-users of contraceptives (non-use because pregnant, want to become pregnant, recently delivered, infecund, or no intercourse)	137	29.4	
Total number of women	465	100.0	

dience for family planning efforts. Another such group not shown here is the women who actually attempt to avoid conception, but who are using inefficient methods. Their percentage is also higher among the Muslim than Jewish women. The conclusion is that when looking only at the women who do not desire conception at a given moment, there is a strong need for family planning efforts among the Muslim Arabs in Israel in order to allow them to realize their desires.

Fundamentalist Islam and Women's Status

In the last ten years, the fundamentalist Islamic movement has gained power among the Muslim Arab population. The change is evident in both social phenomena and in the rise to power of the Islamic movement in the local elections. More women are seen wearing the traditional *chador* covering a woman from hair to toe at both high schools and universities. In previous years, such garb was limited to older rural women. Many mosques are being built in communities, boys and girls are separated in the schools, and there are overt attempts, some of them not so delicate, to bring women "back to their place," ban alcohol, permissive dresses, erotic films, and so on. The Islamic fundamentalists, who are politically most anti-Israeli, are similar in several respects to some Jewish ultra-orthodox groups.

Sexual Violence Against Women and Children: The Deep Silence

The issue of sexual exploitation, coercion, and violence against women and children in the Arab sector has only recently been discussed in public; a first study has been published on the matter and crisis centers have been opened.

Because several characteristics of Arab society, especially in the sexual arena, make it against the self-interest of women, children, and concerned caretakers to make public accusations or seek help in situations of abuse, crisis support is mainly provided by telephone hotlines that allow the caller complete anonymity. A virgin woman who loses her virginity, for whatever reason, has a lower value in marriage and a taint on the ability of the family to guard the virtue of its daughters (which may reflect on the marriage value of other female members of the family). If a married woman is raped, the perception of nonvirgin women as tempters may cause people to blame her for what happened and not the man (over whom women may have sexual powers). A raped boy or man may keep quiet in order not to raise doubts about his manhood, which is highly valued in that society, and therefore in his ability to marry. Thus, the rape crisis centers that have counseling, intervention, and hotline programs in Arabic report that their contacts in the Arab sector are predominantly by phone, and that fewer callers will agree to identify themselves, make contact, or press charges, as compared to the Jewish sectors.

B. Ultra-Orthodox Jews

The ultra orthodox, or *Haredim*, have an ambivalent existence as non-Zionist Jews, recognizing only divine rules yet living within a Jewish state. In some sense, it is more difficult for them in Israel than in the Diaspora under the rule of non-Jews. Judaism, as a national as well as an individual religion, prescribes rules of conduct not only within the private domain, but also in the public one. These rules do not apply to non-Jews, so it is only among Jews of differing practice that many conflicts arise about public observance of certain rules.

Many of the ultra orthodox live within a defensive spiritual perimeter, trying to isolate themselves and their children from the encroaching influence of secular temptations. They have a separate educational system that, although financed by the government, is totally outside of its educational supervision. Most of their youth do not go to the army, a highly significant experience in the life of secular and orthodox Israeli youth, which has an impact on dyadic, gender, and sexual issues. They also often feel strongly that secular Jews do not understand the importance of their way of life and, being in conflict with them over their own needs, hate or ridicule them. They, therefore, shun strangers, even the ultra orthodox who belong to other sects or communities. As their communities are very closely knitted, their life revolving around the synagogue, the ritual bath, and other public functions, it is very difficult to penetrate into their life.

It is even more difficult to penetrate into issues of sex and marriage that are not discussed in public. A very few windows have been opened into these areas in both fiction and nonfiction, written by people who were formerly ultra orthodox, in a study by a woman anthropologist among religious women, and in sexual counseling and therapy.

[*Comment 2003*: David S. Ribner (2003ab), a professor of social work at Bar-Ilan University in Ramat Gan, Israel, has identified six pervasive influences on the sexual behavior of Haredi Jewish couples, summarized briefly here:

- [*Holiness and sanctifying intimacy.* Because the Haredim see sanctity as infusing every aspect of human experience, all sexual behavior must be intentionally sanctified. By its very nature, sexual behavior cannot be neutral. A Haredi couple must consciously focus on creating an atmosphere of holiness through proper thoughts and some time-and-circumstance limits on behavior—the Sabbath eve is a preferred time for sexual relations which must always take place under the cover of a sheet. As Ribner (2003a, 55) notes, "Attempting to instill a feeling of sanctity while flooded with all the sensory in-

Table 11

Use and Non-Use of Contraceptives among Married Israeli Muslim Women According to Exposure/Non-Exposure to Pregnancy and the Reason Given for the Exposure/Non-Exposure (Aged 22-44 Years, 1988)

	Number of Women	Percent of Total	Percent of Exposed
Users of contraceptives	258	65.5	78.7
Non-use on reasons of principle	25	5.4	7.6
Non-use because of reluctance, fear, ill-defined	45	9.7	13.7
Non-users of contraceptives among exposed (principles, opposition of family, reluctance, ill-defined)	70	15.1	21.3
Subtotal exposed	328	(70.6)	100.0
Fertility-targeted non-use (pregnant, want to become pregnant, or delivered recently)	115	24.7	
Infecund or no intercourse	22	4.7	
Non-users non-exposed	137	29.4	
Total number of women	465	100.0	

puts of physical intimacy may prove a daunting goal indeed, one often doomed to failure."

- [*Time and the scheduling of intimacy*. Strict Jewish observance forbids any physical spousal contact during menstruation and the following week. This 'two weeks on/ two weeks off' pattern of contact characterizes marital life until menopause, with uninterrupted contact permitted during pregnancy and nursing. Intercourse is strongly recommended on the Sabbath eve and the 'mikve' night (following the woman's ritual bath that marks the end of the two-week menstrual-related abstinence.
- [*Modesty in sex as in all else*. Any public contact or display of physical affection is prohibited. This means that Haredi children grow up without ever seeing any examples of parental affection. Sexual thoughts and fantasies about one's spouse are also forbidden. Sexual intercourse must take place in the dark, although the couple may use some indirect light during foreplay. It is not acceptable for the husband to look directly at the wife's genitals. The couple should be covered with a sheet during intercourse, but nothing should come between them. These modesty requirements often present major obstacles for newlywed Haredi couples, and even couples married for some time, in shifting from an asexual lifestyle to marital relations with strict modesty requirements.
- [*Being together and becoming sexually active*. The abrupt shift from total abstinence to the initial physical contacts of marriage pose "a daunting challenge fraught with unknowns in a number of areas" for newlywed Haredi. In addition to the total lack of any opportunity to see someone of the other sex not completely clothed, either in person or in print, the little or no information about one's own sexual anatomy, the spouse's sexual anatomy, and what to expect in sexual arousal, "can create a potent problem-producing context. Difficulties in their purely physical realm may be as basic and as painfully awkward as neither husband nor wife knowing the location of the vaginal opening" (Ribner 2003a, 58). In addition, with minimal dating and conversation before the wedding, emotional intimacy and sexual communication with the spouse become problematic.
- [*Communications and the language of intimacy*. Everyday life in a Haredi community clearly militates against any exposure to or acquisition of language to describe the sexual parts of one's own body and the body of the other sex. Haredi women are encouraged to avoid being verbally explicit about their own intimate desires and to use nonverbal clues. Men have more leeway in this than women, but it is difficult for either men or women to be conscious of sexual desires when both have been taught to repress any sexual thoughts or fantasies about their spouse.
- [*Sexual isolation*. With no television, often no radio, no movies, no secular novels, and not even innocuous family or women's magazines to read, the Haredi couple is protected from any sexual information from the outside during the entire course of their marriage. The rules of modesty practically eliminate any possibility that either spouse will share his or her sexual concerns or questions with a friend, relative, rabbi, or physician. (*End of comment by R. T. Francoeur*)]

Arranged Marriages: Potential, Yichus, Health, and Money

Marriage in the orthodox tradition is one of the most revered institutions. Many if not most of the religious rituals are familial, and it is assigned a most important role in transmitting the Judaic values from one generation to another. Although Judaism allows divorces, they are highly stigmatizing; striving for the intactness of the family and keeping the peace within it are highly valued.

In the ultra-orthodox tradition, marriages are arranged, either through marriage brokers, or through interested parties in large family circles, or among friends. Four factors are highly important in arranging marriages. They are not necessarily the same for men and women, but they interact in more than one way. First, and probably the most important factor for a man, is his potential in Halachic scholarship. As marriages are arranged around the age of 18 to 20 for men and 16 to 18 for women, a realized potential is rare. The heads of the religious academies or seminaries—the *yeshivas*—will be looking for a suitable match for their most promising students. These will be decided by the second and third qualities: *Yichus*, for which the nearest translation is lineage and financial security. The first *yichus* concern focuses on finding a woman who is herself from a family of Halachic scholars, and thus will not only literally support her husband in his struggle for scholastic excellence, but also increase the chances of bearing and raising children who will be such scholars. This set of *yichus* issues also includes all the qualities of the lineage, not only the hereditary ones, but also ones like the "name" of the family, past divorces of other family members, and other such factors. The second *yichus* concern looked for in women is the ability of her parents to support the continuing studies of the husband in the *yeshivah* for years to come. Such support is contracted for in marriages and may place a heavy burden on the parents, as they can last for three, five, ten, or even more years. During that time, the parents can expect to support not only the young couple, but between three to six children. The quality of *yichus* is also a determinant in the men's eligibility, but not the financial one, if they are scholars. The financial status is important in men who are not scholars and who are in business or in trade.

Another highly valued factor is health, that of the bride and groom, and the health of their families. Thus, families strive to hide any "problematic" health problems like mental health, developmental disabilities, genetic disorders, or subfertility. They may hide such a son/daughter, even to the point of denying full care because of denial mechanisms.

Many things can detract from the value of a person in marriage, even having a brother or sister who has become less religious. Thus, gossip can be very harmful, and whisper campaigns pernicious. The admonitions against disqualifying gossip about brides and grooms are severe, which attest to the importance of the issue.

Sons and daughters of the big rabbinical families usually marry only within "proven" lines. Sometimes three or four such families remarry for several generations. Such marriages acquire the proportions of almost royal events.

Thus, marriages are viewed mainly not as an issue of the heart, but rational arrangements whose main purpose is to establish a viable, socially, and financially secure unit with a good potential for reproduction, continuations, and excellence.

Rules of Conduct Regulating Intercourse

As stated before, in Judaic tradition, sex is an entity that intrinsically is neither good nor bad, but has a high potential for both. The nature of sex is dependent on its meaning, context, and practices.

For orthodox people, and certainly for the ultra orthodox, the context and practices are highly important and intermingled. The central role of intercourse is procreation in the spirit of the blessing "Procreate and multiply and fill the earth," although the Halachic basis for the rules and regula-

tions covering the *mitzvah* to procreate are anchored elsewhere. On the other hand, it is important to note that sex is practiced as one of the marriage obligations of the husband, not only for procreation. Thus, contraception may be allowed either for spacing or for ending pregnancies, if one of several reasons recognized by the *Halachah* occur, even before the proscribed number of children is reached. During such periods, when procreation is not its reason, sex continues to be a *mitzvah*.

In terms of meaning, sex, as most other things, should be practiced for the glory of God and his creation. There are several degrees of elevation in practicing it, but if striving for a higher step disturbs one from fulfilling the *mitzvah* itself literally, then that person is really sinning and should change his or her ways. This sometimes has meaning in sex therapy, as the therapist encounters a phenomenon in which sexual dysfunction is explained by the need to strive for an elevation of the sexual act.

The context of practicing sex is restricted to the boundaries of marriage and to the prescribed period of the month that is determined by the woman's menstrual period (see below). The rules of conduct governing the actual act of intercourse are numerous, from the amount of light which is allowed into the room (only indirect), through the place of religious books during the act, through positions that are recommended and acts that are proscribed, to mention just a few. A most-proscribed act is, of course, the spilling of semen in vain, which determines the fact that condoms and withdrawal are religiously banned. There is a discussion whether, if in the course of transgressing other laws, the use of condoms is allowed for protection against AIDS. Another rule of conduct that is perfectly natural and understandable to those practicing Judaism in its ultra-orthodox variation is that women are prohibited from direct verbal initiation of intercourse, although they are allowed other means of initiation, including indirect verbal ones.

It is important to note that pleasure is considered an integral part of the act, and it is the duty of the husband to "please" his wife. This raises several interesting issues, some of which have a meaning in sexual counseling and therapy. First, what is the meaning of pleasing or pleasure in the differing minds of men and women? This will determine if at all, what, when, and how, they ask for something in practice. This also poses a problem for a nonorthodox therapist who may interpret pleasure either in a culturally inappropriate manner, or neglect to include individual variations and needs within the stereotypical interpretation. A second question is what proportion of the couples practice intercourse strictly according to the rules, how prevalent are the private variations to the public norms and how far they go?

Purity Laws: Periodic Abstinence, the Public-Private Dualism of Sexual Intercourse, and the Social Control Over Fertility

Purity laws restrict the period in which a couple can practice intercourse to about half of the month. The cessation of not only intercourse, but any direct or indirect physical contact between husband and wife is determined by the onset of menstruation; this is called the *Nidah* period. Toward the end of her menstrual period, but not less than five days from its onset, the woman has to check with white cloth at the external opening of the cervix, whether she is still bleeding. When there are no signs of bleeding any more, she has to count seven "clean" days; at the evening of the last day, she has to cleanse herself in the "*mikveh*," literally a pool, which is the public ritual bath. On that same night, her husband is to approach her for intercourse.

This emphasis on purity and the high visibility of the dualism between impurity-purity in women's lives, raise several issues that can be viewed from different aspects.

Writings by religious people directed mainly at nonobservant people argue in a mixture of apologetic and aggressive modes that these laws protect the health of women in the time when her body is most vulnerable to infections through sexual intercourse, and that the periodic abstinence creates a healthy sexual tension between husband and wife, and not only increases the bond between them, but also puts some meaning into it. There are also claims that restrictions on intercourse, and the timing of the first intercourse after the abstinence, act not only to increase fertility, but also to the lowering of birth defects. Little evidence has been compiled that will be accepted as supporting the biomedical claim, in fact, and some of the evidence is cited wrongly or out of context. As for the psychological and dyadic claims, this may be true for some couples, but may be totally the opposite for others. Ronny A. Shtarkshall observed in a biased population of help-seeking couples that the purity laws were sometimes the focus of strong suffering on the side of women and a cause for conflict. Some women, for example, complained that the ban of touching was unbearable, especially when in a low or depressed mood or when one is ill or suffering. This was also true when the husband or an adolescent child is suffering. Women also complained that intercourse at the end of the *Nidah* period had a "mechanical" aspect to it, which causes both individual and interpersonal difficulties. The fact that this mechanical aspect of the intercourse— fulfilling a *mitzvah*—may have been only perceived or partially true is unimportant here. The important aspect is that it could cause difficulties and that it has to be addressed.

A highly important point of view is the feminist discourse that includes these laws as one of the determinants of the status of women in the Jewish religious society. Despite the fact that this discourse totally ignores the fact that purity laws also apply to men and to sperm emission, in a highly elaborate way, they point to some very important issues.

First is the issue of fear of contact with a *Nidah* woman unknowingly, which governs the rules of conduct of many orthodox men who will refrain from any casual touch or shaking hands with women. Thus, every woman is suspected to be impure unless proven otherwise. This may be the explanation for grandmothers sometimes being more "touching" than mothers when boys are concerned, and the readiness of the adolescent boys to accept this physical contact.

Second is the heightened awareness of adolescent girls of their bodies, its potential for impurity, and the need to examine it regularly. On the other hand, adolescent boys are introduced to the female issues from a totally "impersonal" point of view, through learning about it in their Halachic studies. The fact that boys also become aware of their own bodies through the need to keep a constant watch over themselves as not to spend semen in vain (which includes nocturnal emissions), and thus be in danger of defiling the religious scrolls, is not alleviating the potential harm that such awareness may impose on the development of girls.

It is important to emphasize that this discourse is mostly limited to nonreligious circles and to religious women of North American origin. Writings about these issues from this point of view, or from related ones, by orthodox women are generally not available.

An important point that is raised by both religious men and women, sometimes from different perspectives, is the public nature of intercourse and of fertility that is dictated by the use of the *mikveh*. Some recent ethnographic/anthropologic literature describe the feelings of women who go

back home after visiting the *mikveh*, feeling in the look of every person in the street, especially the men, the knowledge of the expected intercourse. Thus, a very private act acquires a very public aspect. Both men and women in therapy for either lowered fertility or for sexual issues frequently comment on the fact that going to the *mikveh* is a public proclamation of the failure to conceive in a society where both internal familial and external pressures for procreation are very high, especially on young couples. Men and women commonly comment on the fact that it is public knowledge even before that, when people, especially parents and in-laws, can tell when they refrain from touching each other or making contact, even indirectly, through a dish. This may have several implications (see discussion of therapeutic issues below).

Fertility Patterns

Although the high number of children born to ultra-orthodox families is obvious and an accepted fact which influences both perceptions and politics, there is little hard data on the fertility patterns of the ultra orthodox. This results from a combination of administrative restrictions and reasons embedded in the ultra-orthodox culture. While the religion of the parents is noted on the birth certificates of newborns, there is no notation of religiosity on documents that are the basis for all the statistical calculations of birthrates, age-specific birthrates, and TFRs. Thus, secular, traditional, orthodox, and ultra-orthodox Jews are in the same category. As the ultra orthodox tend to live in geographically cohesive communities, it is possible to get a handle on their fertility through statistical regions. The TFR for Jews in the city of Jerusalem, which has a high proportion of ultra orthodox (30% by municipal elections), is almost two children higher as compared to the TFR for Jews in the two other big urban centers—Tel-Aviv and Haifa—3.72 as compared to 1.86 and 1.91, respectively.

It is apparent even to naive observers that the fertility pattern is totally different both in spacing and in TFR, as it is common to encounter families with six to nine children and not uncommon to encounter families with ten to 14 children. Young couples usually aim at having the first child as soon as possible, within the first year of marriage. Studies have shown that this is such a prevalent and internalized norm that couples rarely discuss this issue. As a woman's menstruation and pregnancy are public knowledge, loving and concerned pressure is brought to bear on couples early in the marriage. Parents and in-laws are sometimes unaware that such pressures can be devastating both to the fertility and to the sexual functioning of the young couple.

Even in a fertility survey, it was difficult to look at the ultra orthodox separately, because their women tended to avoid being interviewed and were, therefore, underrepresented. The reasons for refusal, especially when the interview touched on issues of children, fertility, and family planning, are perfectly understandable from inside their cultural environment. First and foremost, children and fertility are one of the most precious things in the life of women. In a society where the future and planning for the future are the prerogative of God, any tampering, even a verbal one can be construed as tempting fate or courting punishment. Second, there is the fear of being misunderstood and/or stigmatized by outsiders, especially nonreligious Jews. Third, there is the fear of the evil eye resulting from jealousy.

Contraception Versus Family Planning

Despite the strong emphasis on procreation, the Jewish *Halachah* allows contraception on the basis of individual needs and circumstances. As the principles of the *Halachah* do not recognize general rulings, each individual case has to be decided by a Halachic authority on the advice of medical opinion. On the other hand, there is a very strong public opposition to family-planning services. The delicate differentiation between family planning and the use of contraceptives lies in the realm of purpose. While family planning, as such, is a transgression, the use of contraceptives for religiously recognized purposes is allowed.

The religious rules govern not only the use of contraceptives, but also the types of contraceptives to be used. As already mentioned, two types of contraceptives are almost totally banned: male contraceptives and nonreversible contraception, whether male or female. Among temporary female contraceptives, currently the most acceptable ones are combined birth-control pills (for women with breakthrough bleeding), the IUD, and diaphragm. Again, there are personal variations, and medical opinions are sought and listened to.

The public opinion against family planning and contraceptive services is such that ultra-orthodox women, even those with strong need that will probably be acceptable to the Halachic authorities, refrain from seeking help. The tip of the iceberg was seen when women listeners started writing to a weekly radio program, "Not a Children's Game," devoted to reproductive health and family planning issues. A psychosocial analysis of the letters revealed that about half of the women writing in were from the ultra-orthodox community. Half of those were vociferously and almost violently against the program as promoting promiscuity and being antinatal; the other half were women desperately seeking help in dire situations. Religious authorities consulted by the producers assured them that these women could and should receive help according the *Halachah*. It was also evident that these women will be able to accept help only if it will be within the religious tenets. They were confidentially referred to both medical and religious authorities in the relevant geographical area. This public-private dichotomy is sometimes typical of the religious community.

Transgressions

The fact that people adhere to many religious rules and live within a religious community does not mean that they do not transgress on any of its laws and rules. Transgressions on an individual basis are varied and should be only recognized and not discussed in such a paper. On the other hand, when cultural, ethnic, or other traditions within a religious community are in contrast with religious rules, or are in contradiction of the rules that these same people profess, these should be looked into.

One such example was mentioned above, when public and spousal pressure prevented women who probably deserved contraception within the *Halachah* from seeking and receiving help.

Another example that relates to contraception was noted in a study that examined the family-planning practices of a very orthodox community of immigrants from Yemen. While the women complained about unwanted pregnancies and the number of children, the husbands claimed that family-planning services should not be approached because of religious reasons. A study by family physicians revealed that the most prevalent family-planning practice in this community, one that the majority of couples used, was withdrawal—a grave sin according to the religious rules.

One can only conclude that, as strong as religious rules are among orthodox groups, cultural traditions sometimes modulate them in unexpected ways.

Issues in Sex Therapy

Nonobservant therapists working in areas with a concentration of ultra orthodox must resolve several therapeutic, ethical, and personal/professional issues.

First is the difference between the therapeutic paradigm and the basic tenets of the client(s) and their subculture. In essence, one can say that the place of sex in the worldview of the clients differs in some important points from that of the therapist and the therapeutic approach.

While the basic approach of sex therapy to sex is individual- and couple-oriented, hedonistic, and present-oriented, the approach of many of the clients is certainly different. While pleasure and fulfillment are not excluded from the constellation, they are certainly not at its center. The central themes of sex among the orthodox are its function in procreation and the preservation of the family; despite the strong shroud of secrecy and privacy, sex has several "public" aspects to it, especially within the extended families; through the centrality of procreation, sex acquires a strong future aspect to it.

In this domain, one can also include the egalitarian approach of sex therapy, implicit in many of its tenets and interventions. In the ultra-orthodox point of view there is a strong asymmetry in terms of initiative, responsibility, and the duty of husbands for the sexual act and the fulfillment of their wives.

A second issue can be viewed as environmental. While one of the basic means of sex therapy is to lower the burden of performance from the partner who carries it and the introduction of nonperforming sex, among the ultra orthodox, who view procreation as a central aim of intercourse, there is not only an objective criterion for performance, but also a regular almost public viewing of it, at least to other women—the visits of the wife to the *mikveh*.

A third issue is a more individual one. The use of exploration, inventiveness, and flexibility is an important part in the therapeutic intervention. Here the therapist encounters various degrees of rigidity/flexibility as in any other population. The uniqueness is the connection that the clients are making with the religious rules of conduct, a very powerful barrier to possible change. An approach that is embedded in their belief system is that transgression is a matter of choice, and it is an individual choice between sins.

The resolution of these issues lies in the recognition by therapists that any therapy cannot buck the basic belief system of the client and that changes can mostly be effected within that system. In the case of working with ultra-orthodox persons, the therapist must adhere to some self-imposed rules and restrictions. Some of these are harder than others. Such is the agreement to consult rabbinical authorities on issues within the therapy, when the client demands it, and to abide by their specific decision in working with the specific client for which the question was asked. This raises issues like divided or shared authority and the use of consultations as escape routes. Other issues are the specialized knowledge needed even to ask Halachic questions and the use of the therapist's own rabbinical authority in phrasing them.

The basic rule seems to be the ability to feel true respect from outside and to grasp meanings from inside of a culture that is basically alien to the therapist's worldview.

It is difficult and inadvisable to talk about prevalence of sexual problems, not only because there are no adequate statistics, but because the reasons for seeking help may be totally different from that of the general population. The main complaint is subfertility, which is later diagnosed as a primary sexual dysfunction or the wish to have more children in the case of secondary ones.

C. The Kibbutz Movement

The kibbutz movement comprises 2 to 3% of the Jewish population of Israel, a seemingly smallish part of the population to be dealt with separately. But this movement of collective communities, the first of which was founded 80 years ago, played an important role in the development of Israeli society. Several features of this subculture are highly important for the discussion of sexuality of youth, fertility patterns, and contraception. The first is that, even with the current changes in lifestyle, and the fact that most kibbutzes have changed sleeping arrangements so that children sleep at their parents' apartments instead of the communal children's homes, kibbutz youth live a life much more independent of adult control in general, and parental control in particular, from early adolescence on than any other group of Israeli youth. Second, despite the fact that the kibbutz society is not as egalitarian as people used to think, it is apparently very much so in many aspects. Third, the kibbutz society emphasizes self-reliance and internal locus of control in many aspects of life by minimizing economic secondary motivations. It is, therefore, not surprising that people take charge of their lives in many aspects, including sexual responsibility and sexual health.

On the other hand, in a seemingly contradictory vein, social pressures to conform are very high within the kibbutzes. It seems that the strongest effects occur when social pressures and the powers of the individual act in the same direction.

Intercourse During Adolescence and Young Adulthood

When comparing urban to kibbutz youth, it is apparent that beyond 10th grade (age 16), both kibbutz men and women report more premarital intercourse than others; they also start at a younger age. This difference is more pronounced for women than for men—the rate of reported intercourse for kibbutz men is either similar or slightly higher than that of urban young men. In contrast to urban youth, the ratio of kibbutz men and women reporting intercourse, among those who initiated it, was about 1:1 for all grades. Whether this is an egalitarian norm of reporting, or of initiating intercourse or both, needs further studies. These results have been verified in several independent studies over a period of about 25 years.

As reported earlier, it seems that since the mid-1960s, the age of sexarche in Israel is going down for those who practice premarital intercourse (see Table 2). This is true for both youth in both social settings, and is especially marked for urban women. However, as Table 12 shows, there is an interesting difference

Table 12

Comparison of Sexarche Between Urban and Kibbutz Women Who Reached Age 16 at Different Time Periods

Age at Sexarche (Years)	The Period at Which the Women Reached Age 16					
	1963-1969		1970-1975		1976-1982	
	Kibbutz	Urban	Kibbutz	Urban	Kibbutz	Urban
14-15	0.8%	0.8%	1.8%	1.8%	6.2%	1.9%
16-17	22.0	14.2	41.2	22.0	47.4	26.0
18-19	66.2	48.4	81.8	60.1	86.0	70.1
20-21	89.8	80.1	94.1	85.2	98.6	92.9
22+	100	100	100	100	100	100

Editors' Note: Percentages are approximations from the original line graphs.

between urban and kibbutz women. In all three cohorts of urban women, there is a break in the curve and a rise in the slope between ages 16 to 17, and 18 to 19. Among kibbutz women, this is true only for the older cohort, those who reached age 16 between 1965 and 1969. The two younger cohorts of kibbutz women, who reached age 16 in 1970 through 1975 and 1976 through 1982, show a straight line between ages 14 to 15 to 18 to 19 (significant at the 0.01 level for all three cohorts).

The "break" in the curve for urban women can be explained by the lowering of parental/social control for women who leave for the army at the end of 12th grade. There are several possible explanations for the fact that for the kibbutz women the curve is straight: first, kibbutz women may be relying more on internal locus of control and, therefore, are less influenced by the parental/social controls; second, less parental control being exerted on kibbutz youth than on urban youth; and/or more accepting and egalitarian norms of sexuality among kibbutz youth that allow more women both to practice intercourse and to report it. Several indications in the data and in the general structure of kibbutz life indicate all of these factors may be acting together.

Fertility Patterns

A superficial analysis shows similarities between fertility patterns of urban and kibbutz women; closer analysis reveals a much more interesting picture. First, when comparing the TFR of kibbutz women to the segments of the population closer to them in composition, those of American-European origin, one finds that kibbutz women have more children. Second, when controlling for religion and comparing secular urban women with secular kibbutzes and religious (not ultra-orthodox) urban women with religious kibbutzes (a small minority), one can see that in each sector, the kibbutz women have 0.5 more children. Third, the patterns of fertility are different. Kibbutz women marry older, give birth at a later age, and lag behind the urban women in number of children until about age 30, although they continue to have children until a later age.

Another difference is that the interval between giving birth is longer for kibbutz women, when controlled for religiosity, education, ethnic origin, age, stillbirth, and natural or induced abortion. Kibbutz women had intervals two months longer between the first and second child, and three months longer between the third and fourth child. The two latter differences point to a relatively high degree of planning and control of fertility.

When looking at the differences between various types of kibbutz ideologies and diverse lifestyles that emerged during recent years—like young children sleeping at home instead of at communal children's homes—it was found that the personal differences between women within kibbutzes contribute to the differences in TFR, much more than the differences between kibbutz movements.

Contraception

Does the fact that the kibbutz society: supplies all the material needs of its members, including health needs; shows high prevalence of egalitarian attitudes to sexual behavior of men and women; and puts a high value on planning and control, in fact lowers some of the barriers to family planning and to efficient contraception that are so prevalent among many other groups? If this is the case, then the use of contraceptives among kibbutz women, married and unmarried alike, should be consistently higher than for urban women across all other variables like religiosity, educational level, ethnic origin, and birth order of the children.

As early as first intercourse, kibbutz women show a different pattern from urban youth: 43% of secular kibbutz youth used some kind of contraceptive at sexarche, about half of them—21% of all the women practicing premarital intercourse—used the pill on first intercourse. This number is much higher than the rate for secular urban youth: 27% and 13%, respectively. The significance of this difference becomes more pronounced if one notes that it was already demonstrated that kibbutz women reach sexarche at a younger age than urban youth, and that age at first intercourse is a strong determinant of the ability of youths to protect themselves.

When comparing nonorthodox kibbutz women and urban women during their married life, it is clear that kibbutz women are more efficient and more consistent contraceptors. Only 15% of kibbutz women did not use any contraceptive prior to the first pregnancy, compared to 40% of the urban ones. During that period, only 12% of the kibbutz women relied on withdrawal as compared to 19% of the urban ones. The rates of pill use are reversed, 50% compared to 26%, respectively.

After first pregnancy, the differences are even more pronounced: 90% of kibbutz women contracept and only 8% use withdrawal or rhythm, compared to 28% noncontraceptors and 26% withdrawal or rhythm contraceptors among urban women. These differences remain pronounced in higher birth order intervals. Among variables that might explain differences in contraceptive use prior to first pregnancy within the kibbutzes, the only ones with significance were the birth cohort—older cohorts using fewer contraceptives and less-effective ones prior to the first pregnancy, and ethnic origin—women of Asian-African origin using less-effective contraceptives.

When comparing contraceptive use in 1987-1988, kibbutz women progress from 79% efficient contraceptors prior to the first pregnancy, through 81% after the first and second pregnancy, to 89% after the third pregnancy. Urban women progress from 24% through 62% to 64%, respectively. Not only is there a difference, but the pattern is different. It seems that urban women contact agencies that help them use efficient contraceptives only after giving birth to the first child, while the majority of kibbutz women do so prior to the first pregnancy.

Juxtaposing the patterns of contraceptive use with the patterns of fertility, and taking into account that kibbutz women who start having children at a later age and with longer birth intervals end up with more children over a longer fertile period, it seems that the group is very close to that of the ideal contraceptors—women who use contraceptives effectively to have as many children as they want at the time that they choose. This is also supported by information about much fewer reported unplanned pregnancies, most of which seem to be while using very safe methods.

D. Immigrants and Immigration

Israel is, as indicated, an immigrant society, albeit with some strong internal and external cohesive forces. There are some indicators that demonstrate that these forces are acting toward creation of a common meeting ground, in which some unique characteristics develop.

Nevertheless, two groups of recent immigrants give us the opportunity to look at issues and processes that both immigrants and the host society undergo when faced with the phenomenon of people from an alien culture transplanted into an established one.

One can claim that the immigrants from the former Soviet Union (USSR) and those from Ethiopia have nothing in common. The Ethiopian immigrant group is small even

by Israeli standards, the recent wave arriving since 1991 being 20,000 people and the whole community numbering 50,000. More than half a million immigrants, 10% of the total population of Israel, have arrived from the USSR since 1989. The "Russians" came from a mid-industrial European country with a high literacy rate, mainly from urban areas, having a high rate of academic professionalization, and with many family ties with the established old-timers' society. As a matter of fact, the Mayflower founding parents of the Israeli society and state immigrated from Tsarist Russia and its environments at the end of the 19th century and the beginning of the 20th. The immigrants from Ethiopia came from a country with a rich but isolated culture, non-industrialized, with low literacy rates, mainly from rural-agricultural areas with low mobility, an extended family structure, and very little family ties with the old-timers' establishment.

On the other hand, both groups had undergone, through the dual process of emigration/immigration, being uprooted from one's original culture and transplanted into a new alien one. But the similarities may even go deeper. Both groups came from societies that had very strong external social controls. While among Jews in Ethiopia, the controls were mainly familial and "tribal"—the forces of tradition within a small, isolated, and sometimes persecuted group—those of the USSR were political and institutional. Also, at the time of their immigration, both original societies were undergoing some very strong processes of disruptive transitions. So one is faced with a unique chance of looking at two groups of immigrants undergoing a very similar process, but with somewhat different starting points and cultural contexts.

Interest in the immigrants from Ethiopia and the former USSR is not one of explorers observing exotic cultures with mixed emotions, nor of amateurish anthropologists whose hidden agenda is asserting their own cultural superiority. We are involved and vested participant-observers, with a strong interest in ameliorating the difficult process of immigration and acculturation. Ronny A. Shtarkshall is already an intervener-observer involved in the study and development of integrating interventions.

Because these immigrations are quite recent, the initial processes of cultural integration, some of which are very painful, are still going on. Sensitivities are high and the potential for stigmatization is frightening. Hence, one cannot do more at this time than indicate that careful and sensitive work with these immigrant groups may well in the future provide a rich source for major new insights into the principles and functioning of a cross-cultural sex education program.

Glossary

These are some Hebrew and Arabic words that are frequently used in the text, mainly for lack of an appropriately equivalent term in English (some of these terms are italicized throughout the text).

Halachah: The accumulated body of religious laws, discussions, rules of conduct, interpretations, judicial decisions, and precedents that govern the life of an orthodox religious Jew. Generally, the *Halachah* covers all the aspects of life of a religious Jew from birth to death, religious and secular, public and private. The more orthodox a person is, the more strict is the adherence to the Halachic rules and the more involved are the interpretations.

Haredim: A general name given to ultra-orthodox communities by secular people. Most people who use this name do not distinguish even between the major variations of ultra-Orthodox Judaism.

Mikveh: Literally, a place where flowing water will collect, the name of the ritual bath that serves for ritual purification of both women and men when this is required according to religious regulations. It is mostly discussed, especially by the secular population, in relation to the purification of women at the end of their impure period—*Nidah*. It should be noted that men should also purify themselves if they spill semen, and that many religious rituals require that men purify themselves in the *mikveh*.

Mitzvah: A combination of a religious law, personal obligation, and a privilege. The Hebrew name for the religious rules. The original biblical ones numbered 613 (not a small number in itself), but their development and interpretation in the Talmud increased their numbers several folds.

Mohar: Bride payment. Traditionally paid by Muslim grooms to the bride's father. *Mohar* can be paid in money or cattle. It is almost never paid with land.

Nidah: A period determined by the menstrual period and seven days after it, during which women are impure and untouchable. The root of the word also means *ban* or *banishment*.

Shabbat: The seventh day. Among orthodox and ultra orthodox, it is strictly kept. Not only is no work allowed, but things like lighting a fire or an electric instrument, driving or riding in a car, picking a flower, writing, and tearing paper are banned. Although very holy and strictly observed, one is allowed to do most of the things if the purpose is to save lives. One of the things that is not only allowed, but recommended on Shabbat night, is intercourse.

Yeshivah: A high religious academy or a seminary.

Yichus: lineage.

References and Suggested Readings

Antonovsky, H. 1980. *Adolescent sexuality.* Lexington, MA: Lexington Books.

Arieli, Y. 1992. Being a secular Jew in Israel. In: Y. Arieli, *History and politics*. Tel Aviv: Am-Oved.

Birenbaum, M. 1993. *Survey of sex education in general national education schools, 1991-1992*. Jerusalem: Unit of Family Life and Sex Education, Ministry of Education and Culture. (Hebrew).

Central Bureau of Statistics. 1993. *Statistical almanac, 1992*. Jerusalem: Governmentís Press (in Hebrew & English).

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

Cross-National Study. 1997 (December). Bar-Ilan University and Brookdale Institute.

Greenberg, J. 2002 (June 8). Gays in Jerusalem parade their pride. *The New York Times*, p. A7.

Haberman, C. 1993 (February 21). Homosexuals in Israeli army, no official discrimination, but keep it secret. *The New York Times*, p. A14.

Harel, Y., D. Kani, & G. Rahav. 1997. *Health behavior in school aged children* (*HBSC*). World Health Organization.

Herz, F. M., & E. J. Rosen. 1982. Jewish families. In: M. McGoldrick, J. K. Pearce, & J. Giordano, eds., *Ethnicity and family therapy.* New York: Guilford Press.

Keysar, A. 1990. *Demographic processes in the kibbutzes of Israel* (Doctoral dissertation). Hebrew University of Jerusalem.

Nathan, M., & A. Schnabel. 1975. Changes in the attitudes of kibbutz children toward friendship and sexual relations.

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Studies in Education [*Iunim Bechinuch*]. *6*:117-132 (in Hebrew).

National TB and AIDS Unit, Israeli Ministry of Health. 1999 (November 1). *HIV/AIDS in Israel: Cumulative data update*.

Peritz, E., & M. Baras, eds. 1992. *Studies in the fertility of Israel*. Jerusalem: The Hebrew University of Jerusalem.

Ribner, D. S. 2003a. Determinants of the intimate lives of Haredi (ultra-orthodox) Jewish couples. *Sexual & Relationship Therapy*, *18*(1):53-62.

Ribner, D. S. 2003b. Modifying sensate focus for use with Haredi (ultra-orthodox) Jewish couples. *Journal of Sex & Marital Therapy*, *29*(2):165-171.

Sabatallo, E. 1992. Estimates of demand for abortion among Soviet immigrants in Israel. *Studies in Family Planning*, *23*(4):268-273.

Sabatallo, E. 1993. The impact of induced abortion on fertility in Israel. *Social Science in Medicine*, *36*(5):703-707.

Sabatallo, E. 1993. *Continuity and short term changes in patterns of fertility and abortions among immigrants from the former USSR*. Jerusalem: Social Security. (in press; in Hebrew).

Shtarkshall R. A. 1990. Formen und trends im sexualverhalten Israelischer jugendlischer. In: W. Melzer, W. Ferchhoff, & G. Neubauer, eds., *Jugend in Israel und in der Bundesrepublik*. Weinheim un Munchen: Juventa Verlag.

Shuval, J. T. 1992. *Social dimensions of health: The Israeli experience*. Westport, CT: Praeger.

Sketchley, J. M. 1991. *Psychosexual services in selected European countries*. Copenhagen: World Health Organization, European Region.

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.

Yachad. 1999. http://www6.snunit.k12.il/yachad.

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