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CONTINUUM Complete International ENCYCLOPEDIA OF SEXUALITY

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CONTINUUM Complete International ENCYCLOPEDIA OF SEXUALITY

Updated, with More Countries



2004

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Demographics and a Brief Historical Perspective ROBERT T. FRANCOEUR

A. Demographics

Spain, with Portugal to its west, occupies the Iberian peninsula in the southwest corner of Europe, south of France. With a total area of 194,896 square miles (504,778 km²), it is the size of the states of Arizona and Utah combined. Spain has a high, arid central plateau broken by mountain ranges and river valleys. The northwest is heavily watered, while the south has lowlands and a Mediterranean climate.

In July 2002, Spain had an estimated population of just over 40 million. (All data are from The World Factbook 2002 (CIA 2002) unless otherwise stated.)

Age Distribution and Sex Ratios: 0-14 years: 14.5% with 1.06 male(s) per female (sex ratio); 15-64 years: 68.1% with 1.01 male(s) per female; 65 years and over: 17.4% with 0.72 male(s) per female; Total population sex ratio: 0.96 male(s) to 1 female

Life Expectancy at Birth: Total Population: 79.08 years; male: 75.63 years; female: 82.76 years

Urban/Rural Distribution: 77% to 23%

Ethnic Distribution: A composite of Mediterranean and Nordic types

Religious Distribution: Roman Catholic: 94%, other: 6% Birth Rate: 9.29 births per 1,000 population Death Rate: 9.22 per 1,000 population



(CIA 2002)

Infant Mortality Rate: 4.85 deaths per 1,000 live births Net Migration Rate: 0.87 migrant(s) per 1,000 population

Total Fertility Rate: 1.16 children born per woman **Population Growth Rate: 0.09%**

HIV/AIDS (1999 est.): Adult prevalence: 0.58%; Persons living with HIV/AIDS: 120,000; Deaths: 2,000. (For additional details from www.UNAIDS.org, see end of Section 10B.)

Literacy Rate (defined as those age 15 and over who can read and write): 97%; education is free and compulsory from age 6 to 16

Per Capita Gross Domestic Product (purchasing power parity): \$18,900 (2001 est.); Inflation: 3.8%; Unemployment: 13%

B. A Brief Historical Perspective

Spain was settled by Iberians, Basques, and Celts, partly overrun by the Carthaginians from North Africa, and conquered by Rome about 200 B.C.E. In the 5th century of the Common Era, the Visigoths, who were then in power, adopted Christianity. By 711, an Islamic invasion from North Africa had displaced the Visigoths. Christian forces started a reconquest from the north that promoted a Spanish nationalism. The marriage of Ferdinand II of Aragon and Isabella I of Castile in 1491 led to the final expulsion of the Moors with the fall of Granada. The Spanish Inquisition, established in the 13th century, was infamous for its persecution and forced conversion of Jews and Muslims. The discovery of the New World by Columbus in 1492, the conquest of Mexico by Cortes, and of Peru by Pizarro marked the start of Spain's Colonial Empire. The Spanish Empire also included, at one time, the Netherlands, parts of Italy and Germany, the Philippines, Florida, and much of Central and South America. Cuba, Puerto Rico, and the Philippines were ceded in the Spanish-American War of 1898.

Spain's king was replaced by a dictatorship from 1923 until 1930, when the monarchy returned. A republic, declared in 1931, ended with a devastating three-year civil war (1936-1939) between the republicans and the military under General Francisco Franco. During World War II, Spain remained neutral, although favoring relations with the fascist countries. Franco set the stage for Prince Juan

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Carlos to return as Spain's king after his death in 1975. Catalonia and the Basque country were granted self-rule and autonomy in 1980.

1. Basic Sexological Premises

A. Character of Gender Roles

Stereotypes of masculinity and femininity have changed. Male heterosexism is still present in society, but it has not the strength it used to have. By the same token, women express their sexuality more openly. The extreme form of masculinity, machismo, no longer has societal approval. On the other hand, sexual purity of women no longer depends on the claim of virginity and chastity before marriage (see Section 5A/B, Interpersonal Heterosexual Behaviors, Children and Adolescents). Men and women are sexualized human beings. There is no longer room for the radical expressions of patriarchal heterosexism that used to depict women as desexualized persons without sexual needs. "Women must stay at home with a broken leg" is the English translation of the proverb, La mujer en casa con la pata quabradaa, that Spanish men traditionally cited to assign sexual passivity to the feminine gender role. Nowadays, this is a memory.

B. Sociolegal Status of Males and Females

Politically speaking, adolescents are considered adults at age 18, when they can exercise the right to vote. However, responsibility for penal (criminal) acts is reached two years earlier, at age 16. Political and penal age are the same for males and females.

C. General Concepts of Sexuality and Love

The Republic of 1931 recognized women's right to vote, their right to divorce, and, to a certain degree, the right to sexual liberty. With the triumph of Franco in 1939, affectionate and sexual relationships returned to the traditional model tied to the Catholic Church. Sex was considered wrong, love was eternal and only within marriage, and the moral double standard between the sexes reigned. Couples engaged in long courtships, men maintained extramarital relationships, and husbands claimed that they were defending their honor by nearly killing their wives who were presumed to have been adulterous. A very popular song expresses this love ideology: *Solamente Una Vez se Ama en la Vida [One Only Loves Once in Life].*

In the 1960s, tourism, the labor emigration to other European nations, and economic development introduced moreliberal customs to society. The automobile and student apartments facilitated sexual encounters without commitment. The contraceptive hormonal pill became available, despite the opposition of Franco's government. By the end of the 1960s, paternal authoritarianism had decreased, and women's presence in the labor and educational segments of society had become stronger.

The decade of the 1970s was a period of significant change. The feminist movement appeared, and couples began living together before marriage. Social pressure for sexual education appeared. A democratic free press was established. Legalized divorce recognized the right to love more than once in a lifetime.

The 1980s introduced changes of a different sort. Evidence of liberal sexual attitudes was widespread among intellectual and political activists, as expressed in the increase in premarital relationships, family planning, and voluntary interruption of pregnancy (abortion having been legalized, although with certain limits, as described in Section 9C, Contraception, Abortion, and Population Planning, Abortion. On the other hand, an economic recession, coupled with fatigue among the avant-garde minority, created moreconservative attitudes. These forces caused older children to delay leaving their homes of origin, and to reevaluate the institution of marriage.

This panorama of attitudes is pluralistic. It encompasses a measurable degree of sexual revolution, along with a rebirth of sensitive interaction (*Reivinicación de la ternura* [recognition of emotions, affections, and tenderness]). In recent years, it has become obvious that among many young couples, there is an unstable truce between women, who have changed a great deal after having become aware of the double standard, and men, who had changed little and still avoid home and childcare tasks. A theoretical rather than real egalitarianism of the sexes has prevailed and still dominates Spanish culture.

2. Religious, Ethnic, and Gender Factors Affecting Sexuality

A. Source and Character of Religious Values

Although most of Spain's people are nominally Roman Catholic, the liturgical and moral orthodoxy of the Catholic Church are very weakly obeyed, except for some regions in the north. The majority of Spaniards do not accept or follow the Church's precepts regarding sexuality. Despite strict Catholic sexual expectations and the preaching on sexuality from pulpits and confessional boxes, popular and influential rituals and festivals have sexuality at their center. These celebrations are evidence of the paradoxical attitude of Spanish society to sexuality, especially that of the young. In other words, sexuality is celebrated. Maypoles, pigs, Christs, donkeys, bulls, Judas, the Carnival Kings, and similar allegories of hypergenitality and virility are keystones in Spanish Fiestas. In Spain, sexuality is an essential element and center of the festival domain.

However, in a typical paradox, the ritual reign of sexuality irreversibly leads to ceremonial destruction. Those same rituals that are centered on the metaphors of masculinity also recognize the fundamental role to which women must conform. Women are the *concitadoras* (who stir up emotions and feelings in men, stimulate them to action, and excite jealousy or hatred, interest or curiosity), as well as the watchful guardians (*vigilantes*) of their male opponents. This process of absorption is completed by converting the inappropriate sexual drives of male youth into social energy.

One has to consider the possibility that religion's cultural obsession for stimulating/repressing virility determines the expression of Spanish sexuality today. One consequence of this cultural conception of manliness as something basically extremely vulnerable, is the ambivalent tolerance of males who violate the sexual mores, as long as their noncompliance remains a private matter.

B. Source and Character of Ethnic Values

The ethnic and religious values that serve as guidelines for the sexual behavior of the Spanish should not be perceived of as being homogeneous throughout this country. Different ethnic cultures and different social strata create contrasts, some, like the distinction between urban and rural, being more obvious than others. Keeping in mind this high level of variability, one can still identify a substratum base that determines sexual conduct and attitudes among the Spanish. This sexual ethos is characterized by a stress on (preference for) controlling the sexual conduct of the young, especially males, and mainly with the aim of guaranteeing the family procreation.

The cause of the anxiety the community associates with the sexual conduct of male youths has to deal with the strategy of socialization that they undergo. In traditional Spain, boys abandoned their childhood status to incorporate the life of an active young man as soon as they were considered mature enough, usually around age 16. In this phase, they were expected to gain sexual experience, generally by means of masturbation, visits to brothels, and sporadic contacts with relatives, especially with female members, such as female cousins and younger aunts. These traditional avenues for sexual initiation of adolescents have been recently replaced by the growing social acceptance of premarital relations.

The culture valued the sexual exploits of male youth and provided an abundance of opportunities, including community celebrations and public dances, which generally encouraged erotic relationships.

The social education of women in traditional Spanish society encouraged them to play their appropriate role in the social order. Women had the responsibility of taking advantage of the continual erotic stimulation and the hypervalue of masculinity that drives young men in order to attract them into the courting game that ends in marriage. Young women were expected to develop strategies that produced maximum enticement and minimal satisfaction, creating for the young male a desire that was never completely in accordance with the social mores. The woman embodied a game of approach-avoidance until just before or within marriage. A young woman's ability to employ her virginity as a bargaining tool makes the impatience and lack of sexual discipline of the male socially productive and profitable. The young male is caught in an extensive web of engagements associated with courtship that resolves itself by fully assimilating him into the institution of the family.

3. Knowledge and Education about Sexuality

A. Government Policies and Programs for Sex Education

The Spanish government has not adopted or implemented any general plan to improve the knowledge and attitudes of Spanish people toward sexuality. Indirectly, one could support sexual education in provisions of the Spanish Constitution, under the educators' "liberty of class" (Article 20.1); children's rights according to the international agreement laws (Article 39); the rights of humans in general (Article 10.2); and the right to understand the full development of personality and the liberty of teaching (Article 27). In the *Official Bulletin of the State* (January 21, March 6, 1981), the government proposed addressing some minimal sexual issues in school, from preschool through secondary school, within the areas of "affectionate and social behavior" and/ or the natural sciences.

In explaining Article 27 of the Constitution, *The Or*ganic Law of the Right to Education (1985) insisted on the freedom of teachers and the autonomy of school centers. This autonomy provides a margin of freedom that permits schools to introduce sexual education. The most ambitious proposal from the educational point of view was created by the Minister of Education in LOGSE, *The General Organic* Law of the Educational System, approved in 1991. This law explicitly defends and reiterates the necessity of sexual education within school at different grade levels.

This law appears positive because it formulates concrete objectives and supports a place in the curricula for education in sexual topics, because it promotes attitudes of gender equality and discourages discrimination between the sexes, and because it opts for an open curriculum that permits schools and professors to include sexual topics within the context of concrete programs. However, the authors also view this law as insufficient, because it does not clearly and systematically spell out the objectives and information contents for the different school levels.

In reality, the law contains only partial proposals. These programs treat sexuality horizontally, across all course content areas, instead of contextually and longitudinally within a concrete area of health or quality of life. Thus, sexual education is only provided in the basic course content areas and in schools with well-coordinated teams of professors who can adequately provide sexual education. However, adequate sexual education is impossible with this approach. If all teachers in the different disciplines are expected to include sexual education in their courses, they can appropriately address these issues only if they, meaning all teachers in the nation, are adequately educated in this area in addition to their main professional area. And this is impossible without massive funding for teacher education.

Although it seems progressive and favors renovation and freedom of teaching, the option of an open curriculum has limitations. Ideological premises, attitudes of fear, and simple lack of time or training prompts numerous educators to "forget" or avoid addressing sexual issues. In practice, sporadic "forgetfulness" is converted into habitual avoidance.

In summary, current Spanish legislation addresses sexual issues, provides some orientations on specific objectives, but does not guarantee that the education will be delivered. In practice, at least for the moment, there are only a few schools that provide systematic sexual education. It is only unique and isolated educators and groups based in innovative pedagogy that deal with this topic in a systematic fashion.

The most representative exception is in the Community of the Canary Islands, where the autonomous government has freed various educators of Harimaguada to form a group of sexuality educators who provide education in classrooms and systematically plan the delivery of sex education.

B. Informal Sources of Sexual Knowledge

Recent publications on sexuality have been translated into Spanish and are currently available to the general public. There are also numerous publications by Spanish authors. Theater, television, and general communications frequently address the topic of sexuality and sexual issues.

From this point of view, freedom of speech and expression is high. Among the more outstanding examples of informal sexuality education is the state television chain TVE1, which offers a series of 30 programs on sexuality, *We Speak of Sex*, for an adult audience. This series has had a strong social resonance.

The Ministry of Health has carried out a campaign for prevention of unwanted pregnancy geared toward adolescents, stressing the slogan *Pontelo Ponselo*, or "Put it on. Put it on him"—referring to a condom. This campaign has had widespread acceptance. The same Ministry of Health has also published slides and pamphlets on sexuality that are of a reasonably good quality. Therefore, the Spanish society's informal sources of knowledge are equivalent to those of most European countries. But from the formal point of view, education is not widespread, and seems unlikely to become widespread in the foreseeable future.

[Comment 1997: Educators and researchers agree that one crucial informal source of knowledge about sexual issues for children is their parents. The authors of this chapter have discussed the importance and enormity of the changes that occurred with regard to social attitudes toward sexuality in Spain after Franco's death.

[While the rapid and radical shift in sexual norms had an impact on many facets of Spanish life, one of the most important was that of parent-child communications. Young people and their parents are suffering from a significant and atypical generation gap triggered by the political changes that occurred in Spain following Franco's death. The world in which the majority of young Spanish people are living today is tremendously different from that in which their parents grew into adults. Even those children who were born the year Franco died were only 18 in 1994. While the world around them promotes a newfound sexual freedom and liberal expression, the families in which they are being raised are based on the values of the ultratraditional model from Franco's dictatorship.

[How then must this affect the ability of parents and children to communicate about sexuality? The traditional value systems and gender-role expectations that governed the consciences of their parents' youth are in direct contrast with present-day powerful social and peer norms that encourage the sexual freedom of their children. The difference between the two sets of norms is clear when one imagines a parent who experienced adolescent dating with a mandatory chaperone or *duenna* confronting an adolescent son or daughter in a social climate in which peers are now likely to lose their virginity before the age of 18. In order for children to benefit from the wisdom and experience of their parents in Spain today, they must not only overcome a generation gap, but a generation crevice that began with the end of the Franco era and the weakening of Catholic-based social controls.

[Young people in Spain today have many choices to make about their sexuality. The next generation will not have it as difficult, because the distance between the social and sexual norms of this new generation of parents and the children they have will be much narrower than the current crevice. (*End of comment by L. Berman and J. Nanin*)]

4. Autoerotic Behaviors and Patterns

A. Children and Adolescents

A national study on masturbation in children and young people found that 76.7% stated that they began masturbating between the ages of 10 to 15 years. Knowledge about masturbation came from conversations and readings (74.8% for males and 57.2% for women).

Studies carried out with 12- to 13-year-old elementary school students in *Education General Basica* (EGB) indicated that 87.74% of the girls and 38.42% of the boys had never masturbated. The numbers lessened when groups of 14- to 17-year-old high school students were studied from *Baccalaureate Unified Polyvalent* (BUP). In this study, 70.51% of the girls and 12.16% of the boys stated that they had never masturbated. All the data seem to indicate that the age of first masturbation differs notably between males and females. Almost three quarters of the boys, 71.4%, began masturbating between the ages of 10 and 12 years, while only 10% of the girls stated they have masturbated at that age. The percentages of adolescents masturbating clearly increases between 15 and 17 years.

The most-consistent masturbation frequency in children is once a month, with 25.7% of adolescents masturbating once a day. At this age, masturbation is commonly accompanied by feelings of blame, more in females (47.3%) than in males (44.3%), while the level of derived satisfaction is greater in males (60.3%) than in females (26.2%).

In university students, 19.1% of the males and 12.6% of the females report frequent masturbation. In a survey of university students, 90.8% of the males and 60.6% of the females reported that they have engaged in masturbatory behavior on some occasion.

B. Adults

A national survey reported that 54.8% of adult men and 33.0% of adult women reported masturbation on some oc-

casion. In a study of stable couples, it appeared that 50.1% of the men and 23.5% of the women masturbated. Frequent masturbation is greater in men than in women: 7.14% of men masturbated almost daily and only 3.8% of the women masturbated that frequently.

While 100% of men masturbate in the final years of puberty (14 to 19 years) and in early adulthood (20 to 25 years), this percentage begins to diminish starting about age 25. In general, men indicated that the practice of masturbation diminished after having established a stable relationship. On the contrary, the percentage of women who masturbate begins to increase starting at 25 years and is greater during the ages of 30 to 39 years. The majority abandon this practice at about age 50.

The principal factors affecting masturbatory practice are religion and level in school: 67.5% of the nonbelieving subjects reported masturbation, while 24% of Catholics engaged in the behavior. The higher the level of schooling, the greater the rate of practice and frequency of masturbation. Less clear is the association of political orientation as associated with attitudes toward masturbation, although voters with a resolved conservative position tend to have a morenegative attitude on masturbation.

The content of sexual fantasies that accompany masturbation is varied. Among students, images of sexual relations with the opposite sex are predominant (84% of males and 49.0% of females). Fantasies containing homosexual behavior occur in 6.3% of men and in 5.3% of women. The factors or motives that commonly inspire masturbation include: thinking about opposite-sex people (66.4%), erotic stories about the opposite sex (56%), and fantasies about a sexual act and modifications of a sexual relation or pornographic movies (42.3%).

Masturbation may be preceded by feelings of frustration or depression: 15.9% of women and 8.3% of men reported depression or irritation; 8.2% of women and 13.1% of men reported situations of anxiety. The predominant feeling after masturbation is peacefulness (58.2%), while 10.1% experience feelings of blame and remorse. Masturbation continues to have negative connotations, with 12.2% considering it a symptom of sexual immaturity and 45.8% considering it an indication of sexual dissatisfaction. Only 8% considered it an egotistic act; 4.6% considered it sinful.

The masturbatory technique most commonly used is manual stimulation. Among men, 91.7% masturbate with manual stimulation of the penis; among women, 31.7% masturbate by stimulating the clitoris, 17.8% the vagina, and 4.3% the breasts.

5. Interpersonal Heterosexual Behaviors

A/B. Children and Adolescents

Premarital Sexual Activities and Relationships

Heterosexual conduct in Spanish children and adolescents has greatly increased in recent years. Current data indicate that more than 54% of the women and 52.7% of the men have already had their first date at 13 years. During the period of adolescence, 55% of the girls and 66% of the boys have maintained affectionate relationships.

Clear differences are observed between boys and girls in sexual behavior. Among EGB (Basic General Education) students, 12 to 13 years, 55% of the males have kissed girls, in contrast to 24% of the girls who have kissed boys. Kisses involving the tongue is practiced less: 15% of the girls and 27% of the boys.

More-pronounced gender differences are reported with breast and genital stimulation. Breast stimulation through clothes was practiced by 14% of the girls and 39% of the boys. The difference in genital stimulation is even greater: 3.5% of girls and 33% of the boys. Data also indicate that males would rather stimulate their partner's genitals than allow themselves to be genitally stimulated; the opposite is true for girls. Genital contact without penetration is reported by 20% of the girls and 31% of the boys. In general, sexual behavior of the Spanish children and adolescents intensifies starting at 15 years in all sexual behaviors analyzed.

Attitudes regarding heterosexual relationships have changed most clearly since 1975, the year in which the *FOESSA Report* recognized the national level of intolerant attitudes among adolescents and young women (*a nivel nacional actitudes intolerantes frecuentmente asentadas entre los adolescentes y mujeres jóvenes*). Current data indicate that 46% of the girls and the 39% of the boys continue to consider virginity important, while 13% and 23%, respectively, report having engaged in coitus on some occasion. The national mean age for first genital intercourse is between 17 and 19 years, but this differs geographically, with the mean age dropping to 15 to 16 in the coastal regions. On the national level, 52% of young males and 37% of young females have maintained sexual relationships before 15 years.

Among those who have not had sexual relationships, the most important motives for maintaining virginity for women have been the fear of pregnancy (25%), the desire to remain virgins (17%), the lack of an opportunity (15%), and religious beliefs (13%). Among men, the most important motive is the lack of opportunity (56%). The data indicate that girls become sexually active within a couple (80%), while the boys engage in intercourse more within the frame of a friend-ship (48%). Among the motives mentioned for first sexual relations, the boys mention sexual desire (72%) and women mention love (52%). A majority of sexually active youths, 70%, experience some type of worry during sexual relationships. (See comment by L. Berman and J. Nanin at the end of Section 3B, Informal Sources of Sexual Knowledge.)

C. Adults

Premarital Courtship, Dating, and Relationships

For comments on the never-married, see Section 5A/B, Children and Adolescents, above.

In comparison to other European countries, the occurrence of cohabitation is low. Two percent of Spaniards are involved in a relationship in which time and space is shared but a marriage contract does not exist. On the whole, consensual unions of couples living together form an experimental and symbolic framework that breaks traditional boundaries of the Spanish family structure and forces the creation of different rules for cohabitation and interpersonal relationships.

Marriage and the Family

The age at which adults marry has become clearly delayed in recent years. Various factors, including inflation in the cost of living, especially housing, the increased numbers of women in the work world and their greater sense of independence, the rise in juvenile unemployment and longer periods of education, and cultural indicators not easily quantified in percentages, such as the incidence of European patterns, all help to explain the delay of nuptials.

In 1986, the mean age for men's first marriage was 27.3 years; for women, it was 24.8. The decline in the number of births has been very important; the index of fecundity has decreased from 2.0 in 1970 to 1.4 in 1988. In 1991, 1.3 children were born per woman, well below the replacement level of 2.1.

The composition of the family structure has also suffered changes. The *familia troncal* (with several generations of the same family sharing the same dwelling), which was tradi-

tional in the rural environment, shows clear signs of retrogression. In the urban areas, the familiar typology of the nuclear family structure reflects changes including the delay of the age of marriage and an increase in marital breakups.

There has been a considerable increase in the number of women and men "singles," that is, celibates and divorced, who live alone without pair bonding. Reliable data do not exist to support conclusions around the forms of sexual expression and the satisfaction derived from sexuality for single individuals.

Between 1981 when divorce was legalized and 1988, the number of divorces continued to increase, except for slight decreases in 1983 and 1984. The 1986 rate of divorce was five for every 10,000 Spanish citizens.

Extramarital sexual relationships have been socially condemned, but with a distinct difference in treatment of men and women. A kind of tolerance (*pseudotolera-das*) existed for men who engaged in extramarital sex, while unfaithful women were socially ostracized. In traditional Spain, it was not infrequent in families of high economic standing to find a husband who, along with his wife, shared and maintained a separate living space with a *querida* (mistress). On the contrary, it was unthinkable for the wife to have a lover. Spanish culture clearly contains a sexism that favors sexual expression for men but not for women. As the autonomy and independence of the woman increases in Spanish society, inequalities in sexual extramarital relationships have been decreasing. Yet infidelity—a questionable term that needs to be reformed—is still more frequent in men than in women.

Incidence of Oral and Anal Sex

No legal restriction exists for specific practices like fellatio and cunnilingus. Men perform cunnilingus more than women perform fellatio. The practice is recognized as less frequent in older men and women. It seems that fellatio and cunnilingus are more common in sporadic sexual relationships than in established long-term sexual relationships. There are also no legal restrictions on anal intercourse. However, it is exercised less than the above-mentioned practices.

Sexuality of the Disabled

The sexuality of the mentally deficient and of the physically challenged until recently was generally considered marginal and was ignored. At the present time, it is addressed by public institutions. The Functional Unit of Sexual Rehabilitation and Assisted Reproduction at the National Hospital of Paraplegics of Toledo, specializing in spinal cord injuries, is a pioneer center where the sexuality of the physically challenged is central and considered a positive part of life. Private organizations also exist that are devoted to assisting and aiding the physically challenged in attaining open, expressive, and dignified sexual expression without taboos.

6. Homoerotic, Homosexual, and Bisexual Behaviors

A. Male Homosexuality

Male homosexuality was not tolerated during the reign of Franco (1936-1975). Under Franco's *Ley de Peligrosidad Social*, the Law of Social Danger, "homosexuals," including lesbians (although these constitute a separate *terra ignota* camp), were considered a clear social danger. The political doctrine of this era was based on religious philosophy. In fact, national *catolicismo* was the political doctrine. Consequently, all attitudes and behaviors that were not in accordance with Catholic doctrines were not accepted. All kinds of stigmas were attached to homosexuals, including *grandes* *pecadores* (those who transgress religious principles) and *rojos* ("reds" [i.e., communists], citizens not in tune with the political ideals and, therefore, anti-Franquists). When homosexuals were recognized, it was not uncommon that they became the subjects of abuse, pejorative phrases, and physical attacks.

June 23, 1977, two years after Franco's death, was celebrated as "gay pride" day, an event with clear political connotations and denotations (*connotaciones y denotaciones políticas*). The public demonstration gave public recognition to homosexuality. Homosexuals ceased to be clandestine and began to call themselves, and be recognized as, gays. In 1978, coinciding with an epoch of transition from authoritarian to democratic rules, the Law of Social Danger was repealed. Homosexuality ceased to be legally persecuted. Socially, however, homophobia continues to exist.

More or less solid homosexual support groups soon appeared all over Spain with the clear and decided intention of defending the rights of homosexuals. With different degrees of activism, they have reached out to the public with manifestos, conferences, institutes, publicity, debates, a presence in the media, and other practices that have allowed them to impart knowledge and refuse any type of social discrimination.

The vindication of these groups and movements has customarily centered on gaining social rights of homosexual couples who live together, destruction of political files where homosexuality was an element of a suspicion, fighting against employment discrimination, rejecting the relevance of sexual orientation in cases of child custody, and promoting a sane public discourse that does not believe that heterosexuality is the only normal sexual expression.

There is no one homosexual model. As with heterosexual lifestyles, plural expression includes many different patterns of expression. Next to "effeminate" roles are those who express manifestations of "virility," whose ultimate end is to highlight in exaggerated form the dress, attitudes, and conducts that sustains the image of the "male." As for the places for homosexual encounters, these are typical of that found in other Western countries: train and bus stations, parks, specific streets and squares, discos and bars, saunas, and more.

B. Lesbianism

Like other organized phenomena, the appearance of lesbianism in Spain is tied to feminism, which exploded in 1975 after the disappearance of Franquismo and the social effervescence (*efervescencia social*) that followed. After the initial push of the gay movement, which was more visible and organized, the first collective group of lesbians appeared in 1981, surging to almost 20 lesbian organizations all over Spain in 1990.

This surge, however, can be misleading. In reality, lesbian individuals and groups have had to fight a society in denial for the very limited time and visibility they have managed to gain in general. They have also great difficulty in creating organizations with enough weight to be heard.

Some lesbians have created their own collective spaces in order to meet and defend their identity and their rights. Some lesbian bars and discos exist in some cities, and magazines sporadically appear in an attempt to create a forum for education and support. As for sexual roles, this question is debated in interested circles, although no concrete posture has been accepted as respecting the values of all the groups and collectives. In this sense, one could say that a model does not exist for those who are living a lesbian lifestyle or are in a same-sex couple, where they are left to create their own pattern dictated by their own circumstances. This absence of social visibility has its logical consequence in the legal domain.

The period of repression of homosexuality as conducta de peligrosidad social, socially dangerous behavior, is now in the past. However, the Spanish legal system has avoided dealing with the topic of the regulation of established gay and lesbian couples. This lack of regulation of the rights generated by living together is creating a significant form of discrimination vis-à-vis married heterosexual couples as well as cohabiting couples. This results in multiple forms of discrimination. For instance, the fear of loss of the custody of children can be traced to the invisibility of the lesbian's right to have a family. Not recognizing marriage or cohabitation creates a negative aftermath involving loss of pensions, inheritance rights, continuity in the lease of housing in case of death of one of the couple, and the exclusion of partners in Social Security. In all these difficulties, there is one exception: Ley de Reproducción Asistada [The Law of Assisted Reproduction], approved some years ago, "permits" the utilization of these techniques by women with no heterosexual partner. There have already been some cases publicized in the press.

Despite this one legal right, it can be affirmed that there is a legal void when it comes to defining the rights and respective responsibilities of homosexuals that can only be because of the exclusive legal attention to heterosexual relationships.

7. Gender Diversity and Transgender Issues

A clear term does not exist in Spanish that is equivalent to "transgenderism" in English. The conversion of gender identity and gender roles is included within the terms transsexuality, homosexuality, and transvestism. The differences that American sexologists pick up between the style of life of the transgenderist, who chronically crosscodes for gender behaviors and roles, and the transvestite, who only circumstantially and episodically dresses like the opposite sex, are nonexistent in Spain. For us, a transvestite is a person who reverses roles, dresses himself in clothing that does not correspond to his sex, regardless of whether this is permanent, chronic, episodic, or entertainment-related. The typical Spanish heterosexual confuses the transvestite with the homosexual, and the homophobic attitudes and responses that occur with regard to homosexuals are thus applicable in a gross mode to the transvestite.

From a political perspective, at the end of the 1970s, the transvestites worked together with homosexuals and contributed to the ascent and recognition of gay groups. Subsequently, their politics are changing to allow an image that is in alliance with the world of entertainment, transformation, and prostitution. The figure of the female impersonator is commercially marketed.

The first legal change of sex, endorsed by the Supreme Tribunal, occurred in 1979. In 1983, a modification of the Spanish Criminal Code decriminalized sex change by surgical intervention. At present, this surgery occurs in Madrid, Barcelona, and Zaragoza. Male-to-female sex change is more frequent than the reverse. However, some confusion, contradiction, and lack of uniformity exists, as evidenced by a variety of criteria and different decisions in the legal system.

Surgically effected change of sex is recognized by changing the birth name in the Civil Register. Sex-change surgery, even when registered, brings certain restrictions. They cannot, for instance, legally marry. Transsexuals are typically portrayed as having an "erratic," "exotic," "ambiguous" character, and by their "gender indetermination" in the media. In 1987, the transsexuals organized, creating an organization to defend their rights. This association is recognized by the Ministry of the Interior.

8. Significant Unconventional Sexual Behaviors

A. Coercive Sex

Sexual Abuse of Children and Incest

Since 1988, matters involving the sexual abuse of children in our country have been handled by the Ministry of Social Matters under the Direction of Legal Protection of the Minor (Dirección de Protección Jurídica del Menor); previously, this was done under the Ministry of Justice. The Royal Ordinance 791/1988 (July 20) created the Centro de Estudios del Menor (Center of Studies of the Minor).

The scientific treatment of this problem makes clear that frequent cases of sexual abuse with children exist, but few are documented. Those cases that become known usually coincide with some other criminal act that has come to the attention of the Center. The Center, in turn, registers the abuse with the police and security bodies of the state for criminal investigation. In the *Boletín Estadistico de Datos Tecnicos (Statistical Bulletin of Technical Data)* of the Ministry of Social Matters, 1992, some relatives of 16-year-old minors were included with youngsters' antisocial behaviors (such as runaways, drug use, robberies, etc.). These biographies were on many occasions marked by child abuse, including sexual abuses. But, as already stated, documentation of these cases is difficult.

In 1991, 113 cases of "criminal" accusations of sexual abuse or rape were reported. In these and other cases of rape, incest, sexual aggression, or exhibitionism, the age of the victims is not specified in the Ministry of Interior data.

As with criminal reporting, the legal system has given most of its attention to child-abuse cases that involve protection of children, their education, and safe placement within the family environment. The effective criminal code, last reformed in 1983, includes various sections on child sexual abuse.

The legal classification of sexual crimes involves the age of the victim and the level of kinship or authority that exists between those implicated in the crime. At this writing, the initial draft of the Penal Code of 1992 is being debated. The draft is designed to provide treatment that is more in accord with the social reality, and picks up the circumstances that aggravate or attenuate criminal responsibility. Chapter V, Article 22, "of the circumstance of relationship/kinship," recognizes that if the wronged person is the spouse or a person tied to a permanent relationship, he or she can attenuate or aggravate the responsibility, according to the nature of the crime.

In describing "crimes against individual or personal freedom/integrity" (*delitos contra la libertad sexual*), Title VII highlights several levels of crime in terms of the age of the person against whom the crime is committed and the level of kinship, relationship, or superiority exercised in their relationship. When Parliament approves this new Penal Code, the state will be clearly responsible for minors, the helpless, and unprotected, who suffer the exploitation and sexual oppression from parents, family members, teachers, or strangers. Spanish public opinion is very sensitive about the sexual abuse of minors, because more and more publicity is given to such cases in the mass media, sociological studies, and the research of the Centro de Investigaciones Sociológicas (Center of Sociological Studies, or CIS).

The most recent survey on "Attitudes and Opinions of the Spanish Regarding Childhood" (1991) shows that 46% of the responding men and women over age 18 support changing the penal age, presently 16 years, to 18 years. Younger respondents, ages 18 to 25 years, and those who have voted to the political left clearly defend this posture. Over half of those surveyed, 52%, believe that the laws protecting children from parents or adults who exploit, abandon, or prostitute their children should be stricter. Spanish society is increasingly open to measures of support and care for children, including intervention by the public administrations to facilitate adoption and foster-home placement.

Sexual Harassment (Acoso Sexual)

In our usage, sexual harassment refers to a "behavior of a sexual character, not desired by the person to which it is directed." This includes not only aggression and rape, but also other behaviors, like verbal offenses, expressions, grimaces, unnecessary touching, and so on.

In spite of the many forms sexual harassment can take, central in this definition is the fact that the harassment is deliberate, the perpetrator is conscious of his or her actions and searches for trouble, and the fact that the harassment is imposed on an unwilling person.

While both men and women can be the object of sexual harassment, national and international data indicate that women suffer it most and, in this sense, it is an expression of the patriarchal society rooted in the inequality in gender relationships in both the labor world and in society in general. The first data on sexual harassment in the Spanish workforce came out of research on women from diverse labor sectors in the city of Madrid, carried out with the support of the Department of the Woman of a socialist union: Unión General de Trabajadores de Madrid (General Union of Workers of Madrid or U.G.T.).

In this study, sexual abuse and harassment are described in terms of a continuum, with five levels of intimidation and the negative aftermath in the psychological, physical, labor, and social order. In this research, 84% of the women had suffered some type of sexual harassment from companions as well as superiors through jokes, flattering remarks, and conversations containing sexual content (level 1); 55% had been objects of sexual harassment through nonverbal communication, without physical contact (level 2); 27% had suffered through strong verbal conduct and physical contact with sexual intention (levels 3 and 4); and 4% had suffered violent behavior to the point of coitus (level 5).

Older women are less subject to sexual harassment than younger women, with women ages 26 to 30 most at risk. In addition, women separated from their spouses, divorced women, and widows also suffer harassment with a greater frequency in all five types of harassment. According to this research and the women themselves, the civil status of women—divorced, widowed, or separated—allows the harasser to perceive them as "easy targets," because the male husband is legally invisible or nonexistent.

The strongest correlate for sexual aggression is the degree of vulnerability the woman has in her work position: the more insecure or vulnerable a woman is, the greater are her chances of being sexually harassed. Since harassment increases in relation to the power of males over females in any situation, the patriarchal hierarchy has been recognized as a central problem in the structural conditions of the Spanish workplace.

A sophisticated report by the (Communist) Union Labor Commissions shows that in a high percentage of the reported cases, the victims are women who are seeking employment, are pending contract renewal, or work in a masculine labor atmosphere. It is impossible to foresee a promising future if women continue to be discriminated against and insecure in their employment, and their work conditions remain inferior to those of males.

Until 1989, the legal system had no instruments that would allow reporting and remedying these practices. The 1989 Statute for Workers deals with the personal rights and dignity of workers and civil servants and the protection from verbal or physical offenses of a sexual nature.

Progressive lawyers have proposed expanding the Penal Code to include an article referring to sexual harassment under the heading of "crimes against individual or personal freedom/integrity" (*delitos contra la libertad sexual*). Nevertheless, in the first draft of the Penal Code of 1992, sexual harassment was not included as a distinct and separate crime. Joining forces, feminist and progressive judges have concluded that the current legal system framework is not sufficient to protect people who attempt to report situations of harassment, either within or outside of the workplace.

Rape

In 1989, an important legislative reform was enacted in Spain as a result of a widespread opinion championed by feminist groups, progressive lawyers, the Institute of the Woman, and diverse sectors of the society. The 1989 Organic Law of the Proceedings of the Penal Code replaced the previous headings of "crimes against decency" (*delitos contra la honestidad*) with "crimes against individual or personal freedom/integrity" (*delitos contra la libertad sexual*). This eliminated from the Penal Code a 19th-century sexist conceptualization of sexuality and provided strong protection for the personal freedom and integrity of women.

Under the heading of sexual crimes are included rape (*violación*), sexual aggression and statutory rape (*estupro*), and abduction (*rapto*). According to this new gender-free code, rape is not limited to a man who sexually violates a woman through carnal access, vaginally, anally, or orally. It is to have carnal access with a person using strength or intimidation, or when the person is unconscious or deprived of mental capacity. Statutory rape involves carnal access with a person between 12 and 18 years of age. Abduction against the will of the person is considered more severe when the person is under the age of 12.

In the new Spanish legislation, one speaks of "people," not just "women," as victims of rape. This breaks the association between rape and a woman's virginity that was implied in the previous laws that dealt only with vaginal penetration.

However, court procedure still requires that the accusation should be made by the victim, or in cases of a minor or handicapped person, by the parent, legal guardian, or representative, or a member of the Fiscal Ministry. Although the victim may withdraw the accusation, the Fiscal Ministry continues with the official prosecution based on the victim's testimony.

In spite of certain advances in the reformed criminal code, diverse parties have pointed out that rape remains one of the less-reported crimes in spite of its graveness and high incidence. One fundamental reason behind this is the deeply embedded societal belief "that blames the victim for the crime committed against her and for the wide repercussions she will have subsequently in life" (*que tienden a acusar a la victima del propio delito que ha sido cometido contra ella y que tan amplias repercusiones tendra 'posteriormente en su vida*).

Efforts in the legal system have been made to denounce this idea of victim precipitation, and the fact that stigmatization of women intensifies when the victims know their aggressor, since it is thought that there are other motives for their accusation. This is a particularly serious charge given that data provided by the Asociación de Asistencia a Mujeres Violadas in its 1990 annual report noted that 55% of the victims knew their aggressor. This association was created at the state level in 1986 to provide free legal and psychological services to women, to promote public campaigns in favor of reporting such crimes, and to protect the rights of the victim under the law. However, much remains to be done in order to guarantee the utmost assistance to violated women and improve the legal protection of the victim during all prosecution. Without these changes, rape will continue to be a frequent, but rarely prosecuted crime.

[Domestic Violence

[Update 1997: In the late 1970s, when the dictatorship of Franco was overthrown and democracy returned to Spain, women began taking more jobs outside the home and thereby gained greater economic independence. This development brought inevitable challenges for the traditional *maschismo* values and began a long process of public education about the hidden secret of domestic violence. In 1996, police recorded 16,300 cases of domestic violence and battery. In 1997, 19,000 complaints were registered. The actual incidence, according to the Government's Institute for Women, is more like 200,000 cases.

[This issue came to national attention in late December of 1997 when a separated husband in southern Spain beat his 60-year-old wife of 40 years, threw her from a balcony at her home, doused her with gasoline, and burned her alive. Ms. Orantes had complained repeatedly to the authorities about her husband's violent behavior, and after they separated two years ago, a divorce court ruled that they should have joint custody of their home. She lived upstairs; he occupied the lower level. Then in early December, Ms. Orantes described on a regional television talk show nearly four decades of beatings during her marriage. Following her death, the interview was replayed several times, forcing both government and Church officials to acknowledge the problem and declare solutions would be forthcoming.

[The governing Popular Party and the leading opposition Socialist Party quickly filed separate motions in Parliament for stricter measures against domestic violence. In November, the Government announced that it was studying the creation of a separate division of prosecutors for domestic-violence cases, and the start of a media campaign about the problem. Since the killing of Ms. Orantes, Government ministers, judges, prosecutors, and associations representing divorced or separated Spaniards have spoken out against the violence, without a consensus on how to reduce the problem. The key will be "fighting machismo with a new mentality," said Archbishop Elias Yanes, president of the Episcopal Conference, the ruling body of the Roman Catholic Church in Spain. He warned that the Church might order "separation" in dangerous situations of domestic violence. Demonstrations in Madrid and other cities quickly followed, as the Prime Minister's spokesman took the unusual step to read aloud the toll-free number of the government's domestic violence hotline (The New York Times 1997). (End of update by R. T. Francoeur)]

B. Prostitution

Prostitution is spread throughout the country in very diverse forms, involving street prostitution, housewives, students, junkies, illegal immigrants, and others. Sex workers also frequent bars, pubs, and clubs of all types, from the more sleazy to the most elegant. Escort services or agencies offer "company" for executives and businessmen. Massage services are also advertised in the press. In fact, all types of sexual services are offered by individuals or by organizations with many "employees" and a wide range of supplies. Spain has had an abolitionist legislation since 1956 that supports the reformation of the prostitutes, the persecution of the pimps and go-betweens, and the deterrence of the clients. Prostitution is not monitored, *per se*, but the law criminalizes those who get some economical benefit from it.

In practice, sex workers have been harassed when caught in raids and/or when accused of other crimes not directly related to prostitution. The go-betweens, clients, and others, on the other hand, have been and are tolerated and only arrested when there is a scandal or someone is interested in revenge.

Nevertheless, in social debate of the first draft of the Penal Code, prostitution is completely depenalized, except in cases of minors and when coercion exists. If approved, procuring, pimping, and other activities associated with prostitution would no longer be crimes, and all forms of prostitution, including the bordellos, now forbidden, would be permitted.

Prostitution is tolerated because it is considered a necessary evil. That does not necessarily grant any freedom, and the prostitute is supposed to remain in an opaque area in which the activity is not seen or recognized, operating in the world of a hidden economy.

C. Pornography and Erotica

During Franco's regime, pornography was completely prohibited. In recent years, sexually explicit magazines and films have appeared. After an early and short explosion of pornographic materials, prompted by the common belief that the masses were going to consume it voraciously, the situation soon settled down.

Pornographic magazines are sold at newspaper stands and in sex shops. X-rated films are shown in theaters with erotic publicity provided at the doors to entice customers inside. Sex shops increased in number, often near to areas of prostitution, where they display all types of erotic toys and devices. Some sex shops offer video booths and even live sex shows.

The onslaught of the video industry has seriously affected the market of porno theaters, many of which have closed because consumers prefer to rent a videotape and see it in their home. The many couples who now share this activity has shifted the market from the traditional consumer, the single male. Also, some regular television channels, not cable television, offer erotic movies at certain hours, not too late at night, which has also drawn customers away from the porno theaters.

Pornography no longer provokes major controversies in Spain; its "moderate" consumption passes through channels that are clearly defined and accepted.

9. Contraception, Abortion, and Population Planning

A. Contraception

The data that exist on the use of contraceptives and abortion among Spanish youth is scarce, fragmentary, and rarely reliable. Nevertheless, what little data there are allow one to appreciate the fact that the use of contraceptives is very low, although it has been increasing in the last few years because of the problems of STDs and AIDS.

Current data show a linear increase in the use of contraceptives. Between ages 18 and 19, 10.9% regularly use some kind of contraceptive, 8.3% utilize effective contraceptives, and 2.6% ineffective methods. The percentage of regular contraceptive use increases to 54.3% for ages 25 to 29 years. Among 15-year-olds, 60% maintain or have been sexually active without using any method. In 1977, only 25% had utilized some effective method; in 1985 (the last year for which data are available), this percentage increased to 65.5%. In 1985, 98.6% of the total number of women between ages 18 and 49 knew of at least one effective method of contraception. This reflects a clear improvement in comparison with 1975 when 10% of married women were not acquainted with any effective method. Today, the most utilized methods by women at risk for pregnancy, according to data of the National Survey of Fecundity are: the pill, 14%; IUD, 4.8%; condoms, 11%; rhythm method, 3.8%; and coitus interruptus, 13%. The best known method is the pill (97.6%) and the least known, the diaphragm (56.7%).

B. Teenage Unmarried Pregnancies

The annual number of undesired pregnancies among 18- to 19-year-olds is 30,966; for those between ages 20 and 24, 190,839, of which 7.6% occurred in spite of contraceptive use.

In 1985, the last year for which official statistics exist, 29,586 children were born to adolescents under age 20; only 207 girls under age 15 gave birth, 0.04% of total births of that year.

In 1988, 14,124 women under age 24 years had IVE (*interrupción voluntaria de embarazo* [voluntary interruption of pregnancy]), 54.17% of the total number of abortions. What little data there are indicate an increase in minors giving birth, although, since 1985, that frequency seems to have stabilized. The high number of clandestine abortions among youths, because they cannot opt for IVE without the knowledge of their parents, results in unnecessary uterine perforations, hemorrhages, and infections. So, while maternal and neonatal morbidity and mortality may have diminished in Spain in recent years, adolescents are disproportionately represented in these statistics.

C. Abortion

The law legalizing abortions was proclaimed on July 5, 1985, authorizing three types of abortions: eugenic abortion when the fetus is diagnosed with grave mental and/or physical problems; therapeutic abortion when the pregnancy is a threat to the mother's life or mental health; and ethical abortion in cases of rape or incest. An estimated total of 100,000 IVEs are performed annually in Spain, although the number of legal and recognized abortions is clearly much less. In 1990, 36,095 IVEs were performed and officially recorded in 86 different centers. This figure has been relatively stable for several years.

For a variety of reasons—religious, ethical, professional, and economic—the law legalizing abortion met great resistance in a medical profession that welcomed the right of conscience to refuse to perform abortions in official centers. The resistance is obvious in the data documenting that few legal abortions are practiced in public hospitals. Of these, 4.17% are performed to prevent physical harm to the mother; almost 100% of the abortions performed in private centers are performed for the mental health of the mother. Another pattern is that high-risk IVEs are usually performed in public facilities, while the private centers perform lower-risk IVEs.

At present, the government is studying the possibility of expanding the conditions for legal abortions, adding economic conditions as an acceptable cause for abortion, and allowing first trimester abortions on request. The latter option is advocated by the majority of Family Planning Centers and by progressive women's movements, despite strong legal difficulties.

D. Population Control Efforts

Longstanding religious and political factors in Spain have hindered any attempt to justify the control of fecundity/ fertility. The political changes that started in 1975 and the 1978 democratic constitution are changing the "old rules." The new constitution partially legalized information about and sale of contraceptives. This same year, modification of the Penal Code enabled the government to create the Centers of Family Planning. At first, these centers were exclusively dependent on the state government. However, as such centers proliferated, more and more of them were funded by municipal governments and by private, nongovernmental associations.

In 1984, the National Plan of Centers of Family Planning was developed and linked with the Ministry of Health to facilitate programs dealing with contraceptive methods, STDs, and general material on sexual education, sterility, and fertility. At present, Spain has about 700 Centers of Family Planning, actively creating an awareness of the importance of fertility control by distributing sexual information and contraceptives.

10. Sexually Transmitted Diseases and HIV/AIDS

A. Sexually Transmitted Diseases

The most reliable estimates on the epidemiology of sexually transmitted disease (STD) in Spain come from the obligatory registrations of the diseases. This registration (*Sistema de Información Sanitaria de las Enfermedades de Declaración Obligada*, or *SISEDO*, the *System of Sanitary Information on the Obligatory Declaration of the Illnesses*) is based on the weekly reports primary-care physicians make on a series of illnesses. However, as in other countries, only three diseases are reported: gonorrhea, syphilis, and HIV infection. Unfortunately, even with this limited requirement, an estimated 50% to 90% of actual cases go unreported. Since 1982, a laboratory in the Service of Bacteriology of the National Center of Viral Microbiology and Sanitary Immunology (CNMVVIS) has been analyzing the existence and specific characteristics of gonorrhea strains.

The number of gonorrhea and syphilis cases declined annually from 1985 to 1990, with 1,685 cases of syphilis and 13,702 of gonorrhea, 4.1 and 33.1 cases per 100,000 inhabitants, respectively, in 1990. The impact of AIDS and safer-sex practices is likely the main factor in this decline. Although a decline in STD cases has also been seen in other European countries, this tendency to decrease is not uniform. In Spain, the data document a decline for only six years, too brief a time to draw any conclusions other than that young people are more at risk, and both men and women are at risk. Among 16- to 25-year-olds, one finds more females than males infected. With syphilis and other STDs transmittable during childbirth, there is an increased risk of congenital STDs and possible serious repercussions for fertility in both sexes.

A few local or regional studies of STDs not reported to SISEDO are available, but nothing on a national level. With no uniform definitions and no standardized diagnostic methods, estimates on these STDs vary from study to study. Nevertheless, it is possible to say that chlamydia is a minor problem in Spain as compared to other European countries. But these figures should be considered with caution.

Spain does not have a significant tradition of clinics for STD treatment; patients usually seek treatment from general practitioners. In other countries, such as Italy, the situation is very similar, and efforts are being made to improve and structure national epidemiologic surveillance services for the cases of "second generation" STDs, e.g., chlamydia, genital herpes, and genital warts, among others.

B. HIV/AIDS

Clinical criteria for AIDS cases in Spain follow those established by the Centers for Disease Control in the United States. According to the data available from the National AIDS Registry to the end of 1991, Spain's total of 11,555 cases, 288 cases per million inhabitants, puts the nation among the top in number of cases among countries in Europe. The largest increase in cases was produced between 1986 and 1988. At present, the effectiveness of initial preventive campaigns from public organizations seems to have produced a decrease in the number of new cases reported in recent years. The initial exponential pattern seems to be giving way to a linear pattern. Nevertheless, although the tendency for growth has slowed, the number of new cases continues to grow every year (Hart 1995).

In Spain, intravenous drug users (IVDUs) account for two out of three cases, 64%. A much smaller percentage, 16%, are homosexual or bisexual. Heterosexuals account for about 5% and their linear growth pattern is still not alarming. As of mid-1993, 341 cases of pediatric AIDS have been recorded, 80% of these children born to mothers at high risk. This pattern of etiology and distribution contrasts with the predominance of homosexual/bisexual transmission in North America, Western Europe, Australia, and New Zealand, and with the predominantly heterosexual transmission in parts of the Caribbean and sub-Saharan Africa.

Finally, at the end of 1991, 39% or 4,454 of the adolescent and adult HIV-positive persons had died, and 42% of the pediatric AIDS cases. The most frequent causes of death are opportunistic infections, 67%, and frequent bouts of extrapulmonary tuberculosis, 18%. Several prevention programs from the central government are focusing on how to avoid infection, and indirectly, STDs, through safer-sexual practices, use of condoms, use of clean syringes, and so on (Hart 1995).

[Update 2002: UNAIDS Epidemiological Assessment: HIV prevalence and the epidemiological situation have been tested in a variety of unlinked anonymous surveys conducted in the 1990s on the national level and in seven regions and major urban areas. There were: a national 1995-1997 survey of sex workers who were tested in several STD clinics, a 1998 national unlinked anonymous survey of STD patients, a study of female prostitutes receiving STD care in Madrid, a 1988 study of prostitutes in Oviedo, both a national and a regional survey of intravenous drug users in Valencia, a 1987-1998 national survey of blood donors, and a 1995-1997 national survey of STD patients. Sources and summary data for the published results of these surveys are available at UNAIDS (2002).

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

| I | Adults ages 15-49: | 130,000 | (rate: 0.5%) |
|---|---------------------|---------|--------------|
| I | Women ages 15-49: | 26,000 | |
| (| Children ages 0-15: | 1,300 | |
| | 1 1 2 200 1 1 | 1 1 1 1 | 1. 1. CATD |

[An estimated 2,300 adults and children died of AIDS during 2001.

[No estimate is available for the number of Spanish 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

Sexual dysfunctions are mainly associated with problems in heterosexual relationships: mainly erectile dysfunction, early ejaculation, and loss of sexual desire in men, and inhibited sexual arousal and orgasm, painful intercourse, and loss of sexual desire in women. The primary characteristic that allows one to consider these dysfunctions as problems is the suffering and malaise they can cause for the people experiencing them. In general, men and women with a sexual dysfunction are viewed with a certain condescension and tolerance, as patients or sick persons requiring medical assistance or sexological treatment. On the other hand, many Spanish people continue to view sexual dysfunctions in terms of pathological dysfunctions, such as rape, incest, pedophilia, child sexual abuse, exhibitionism, sadomasochism, fetishism, and so on.

B. Availability of Diagnosis and Treatment

At the present time, Spain has a considerable and growing number and variety of centers and specialists who diagnose and treat sexual dysfunctions. Treatment can be sought at both public and private facilities, although, in general, private clinics continue to provide the best environment and treatment.

As for the specialists who treat these dysfunctions, they are, in order of importance, psychologists, psychiatrists, and urologists and gynecologists. A reasonable variety of technology and instruments are available for diagnostic use, mainly adapted from those developed in European countries, although Spain is beginning to develop technology, evaluation instruments, and treatment modalities specially adapted to the Spanish people.

As for the training of therapists, a variety of possibilities currently exist. Most training is available in seminars and courses of specialization, normally lasting some months, offered by graduate programs in psychology and medicine. These courses are usually sponsored and staffed by institutes, clinical centers, and sexological associations all over the country, although they tend to be more common in the provincial capitals, like Madrid or Barcelona.

At the university level, master's and doctoral level programs are available at the University of Salamanca and at the Universidad Nacional de Educacio a Distancia (UNED) in Madrid. These programs include instruction on the many aspects of sexological knowledge, as well as training in diagnostic evaluation, counseling, and the treatment of sexual dysfunctions.

12. Sex Research and Advanced Professional Education

A. Institutes and Programs for Research and Education

Sexuality research in the academic environment has been marginal and received little support. From the political transition of the late 1970s to the present, the academic gaps in this type of research have been paralleled by the proliferation of news of sexual attitudes and specific sexual practices in magazines and the daily press that is fragmentary, sensationalist, and endowed with little rigor.

The first survey of Spanish sexual behavior, *Encuesta* Sobre el Sexo Masculino [Survey on the Masculine Sex], was carried out in 1966 with 100 males. In 1972, Serrano Vicens published La Sexualidad Femenina [Feminine Sexuality], based on his clinical interviews of 1,417 women begun in the 1930s.

There are very few probing interviews, surveys, and empirical studies based on a quantitative methodology. Even surveys and empirical studies based on adolescents and university students are not representative because of the small size of the sample. However, studies have been conducted in Madrid, Valencia, Barcelona, Salamanca, León, Zaragoza, Pamplona, Oviedo, and other cities. Worth noting are the surveys conducted by Jose L. Zárraga (1987) and Malo de Molina, Valls Blanco, and Perez Gomez (1988). At the national level, under the auspices of the Master's in Human Sexuality Program of the Universidad Nacional de Educacio a Distancia (UNED), a study of the sexuality of older males and females, is now under way.

Despite a glaring need, studies in sexuality are only recently appearing in Spanish universities. Specific courses in sexuality are being considered for inclusion in some programs at some universities. In 1991, a course in the psychology of sexuality was an elective in the undergraduate, Licenciatura (B.A.) program in psychology at the University of Salamanca. A Catedra in evolutionary psychology of sexuality was also introduced at the highest academic level. In the same year, the course in sexology at the School of Social Work of the University of Navarra was eliminated. A course in Sexual Anthropology was an elective in one of the UNED programs.

Various universities are currently planning to incorporate diverse viewpoints on sexuality into their Licenciatura programs. The Department of Psychology at the University of Salamanca offers a doctorate in sexology with an obvious psychological orientation. Since 1990, the Universidad Nacional de Educacio a Distancia (UNED) has offered a two-year multidisciplinary master's degree program with a clear sociocultural inclination leading to the diploma, Master in Human Sexuality. This is the first master's degree program in sexuality granted by a Spanish university. This program is sponsored and exists within the Department of Sociology.

Some private institutions, schools, associations, and clinical centers with diverse orientations outside of the university domain also offer programs in sexology: Espill Institute, Incisex, the Lambda Institute (now named Casa Lambda), and the Speculum Institute.

B. Sexological Organizations

The offices of the Federacion Espagnola de Sociedades de Sexología are at: c. Valencians 6 Principla, Valencia 46002 Spain. Local or regional Sociedades de Sexología exist in many cities and provinces in Andalucia, Castilla y Leon, Cataluna, Galicia, Madrid, Malaga, Sevilla, and Valencia. Two regional organizations are:

Societat Catalan de Sexologia, Tren de Baix, 51 20, 20 08223 Teraessa, Barcelona, Spain. Tel.: 34-3/788-0277.

Sociedad Sexologica de Madrid, C/Barbieri, 3.3 dcha, Madrid 28004 Spain. Tel.: 24-1/522-25-10; Fax: 24-1/532-96-19.

About two dozen bulletins and small magazines dealing with sexual issues are published by local psychiatric and psychological organizations, educators, sexological societies, and feminist, lesbian, and gay-male support groups, in such cities as Barcelona, Bilbao, Madrid, Murcia, Pampolona, Rioja, and Salamanca.

There are well over 50 gay, lesbian, feminist, and HIVpositive/AIDS collectives and support groups in Spain. Among the cities with at least one such group are Albacete, Barcelona, Bilbao y Pamplona, Cordoba y Granada, Madrid, Murcia, Malaga, Palma de Mallorca, Salamanca, Santiago de Compostela, Sevilla, Valencia, and Zaragoza. The number of such groups fluctuates, as these local support groups appear and disappear quite often. Catholic or Christian gay groups are functioning in Barcelona, Madrid, and Malaga.

References and Suggested Readings

Boletín epidemiológico semanal. Instituto de Salud Carlos III. Centro Nacional de Epidemiología. Ministerio de Sanidad y Consumo.

Boletín estadistico de datos tecnicos (Statistical bulletin of technical data). 1992. Madrid: Ministry of Social Matters.

- Bosch, S., H. Vanaclocha, S. Guiral, C. Moya, I. Hernandez, & C. Alvarez Dardet. 1988. Programa de mejora de la calidad de la información epidemiológica en enfermedades de transmisión sexual. *Medicina Clínica*, 90:229-232.
- Calle, M., C. Gonzalez, & J. Nuñez. 1988. Discriminación y acoso sexual a la mujer en el trabajo. Madrid: Largo Caballero.
- Carrobles, J. A. 1990. *Biologia y psicofisiologia de la conducta sexual*. Madrid: Fundación Universidad-Empresa.
- Carrobles, J. A., & A. Sanz Yaque. 1991. Terapia sexual. Madrid: Fundación Universidad-Empresa.
- CIA. 2002 (January). The world factbook 2002. Washington, DC: Central Intelligence Agency. Available: http://www .cia.gov/cia/publications/factbook/index.html.
- Delgado Perez, (with C. Ureña). 1992 (May). La fecundidad de los adolescentes en el conjunto de España y en la comunidad autónoma de Madrid. Madrid: Instituto de Demografía, CSIC.
- Delgado y Otros, M., & J. A. Nieto, eds. 1991. La sexualidad en la sociedad contemporanea lecturas antropologicas. Madrid: Fundación Universidad-Empresa.
- del Valle, T., & C. Sanz Rueda. 1991. Genero y sexualidad. Madrid: Fundación Universidad-Empresa.
- Hart, A. 1995. Risky business? Men who buy heterosexual sex in Spain. In: H. ten Brummelhuis & G. Herdt, ed., *Culture* and sexual risk: Anthropological perspectives on AIDS. Amsterdam: Gordon and Breach Science Publishers.
- Lopez Sanchez, F. 1990. *Educación sexual*. Madrid: Fundación Universidad-Empresa.

- Malo de Molina, C., J. M^a Valls Blanco, & A. Perez Gomez. 1988. La conducta sexual de los Españoles. Madrid: Ediciónes B.
- Marques, J. V., & R. Osborne. 1991. Sexualidad y sexismo. Madrid: Fundación Universidad-Empresa.
- Moreno Jimenez, B. 1990. La sexualidad humana: Estudio y perspectiva historica. Madrid: Fundación Universidad-Empresa.
- The New York Times. 1997 (December 26). Death of a wife in Spain brings outcry on domestic violence. The New York Times (International), p. A5.
- Nieto, J. A. 1990. *Cultura y sociedad en las practicas sexuales*. Madrid: Fundación Universidad-Empresa.
- Sanches, F. L. 1990. Educación sexual. Madrid: Fundación Universidad-Empresa.
- Segura Benedicto, A., I. H. Aguado, & C. Alvarez-Dardet Diaz. 1991. Epidemiologia y prevención de las enfermedades de transmisión sexual. Madrid: Fundación Universidad-Empresa.
- 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.
- Usandizaga, J. A. 1990. Bases anatomicas y fisiologicas de la sexualidad y de la reproducción humanas. Madrid: Fundación Universidad-Empresa.
- Zarraga. J. L. 1987. La conducta sexual de los jóvenes Españoles. Instituto de la Juventud.