

· THE ·

CONTINUUM *Complete*  
*International*  
ENCYCLOPEDIA  
OF SEXUALITY

· ON THE WEB AT THE KINSEY INSTITUTE ·

<https://kinseyinstitute.org/collections/archival/ccies.php>

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

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

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

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

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

*Edited by:*

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

*and*

RAYMOND J. NOONAN, Ph.D.



*Associate Editors:*

*Africa:* Beldina Opiyo-Omolo, B.Sc.

*Europe:* Jakob Pastoetter, Ph.D.

*South America:* Luciane Raibin, M.S.

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



*Foreword by:*

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



*Preface by:*

TIMOTHY PERPER, Ph.D.



*Introduction by:*

IRA L. REISS, Ph.D.

· THE ·

CONTINUUM *Complete*  
*International*  
ENCYCLOPEDIA  
OF SEXUALITY

*Updated, with More Countries*

2004

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

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

Copyright © 2004 by The Continuum International Publishing Group Inc

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

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

Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

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

p. cm.

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

Includes bibliographical references.

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

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

HQ21.I68 2003

306.7'03—dc21

2003006391

# Contents

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

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

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

**SRI LANKA** .....972  
*Victor C. de Munck, Ph.D.; Comments by Patricia Weerakoon, Ph.D.*

**SWEDEN** .....984  
*Jan E. Trost, Ph.D., with Mai-Briht Bergstrom-Walan, Ph.D.; Updates by the Editors*

**SWITZERLAND** .....995  
*Prof. Johannes Bitzer, M.D., Ph.D., Judith Adler, Ph.D., Prof. Dr. Udo Rauschfleisch Ph.D., Sibyl Tschudin, M.D., Elizabeth Zemp, M.D., and Ulrike Kosta*

**TANZANIA** .....1009  
*Philip Setel, Eleuther Mwageni, Namsifu Mndeme, and Yusuf Hemed; Additional comments by Beldina Opiyo-Omolo, B.Sc.*

**THAILAND** .....1021  
*Kittiwut Jod Taywaditep, Ph.D., Eli Coleman, Ph.D., and Pacharin Dumronggittigule, M.Sc.; Updates by K. J. Taywaditep, Ryan Bishop, Ph.D., and Lillian S. Robinson, Ph.D.*

**TURKEY** .....1054  
*Hamdullah Aydın, M.D., and Zeynep Gülçat, Ph.D.; Rewritten and updated in 2003 by H. Aydın and Z. Gülçat*

**UKRAINE** .....1072  
*Tamara V. Hovorun, Ph.D., and Borys M. Vornyk, Ph.D. (Medicine); Rewritten and updated in 2003 by T. V. Hovorun and B. M. Vornyk*

**UNITED KINGDOM OF GREAT BRITAIN AND NORTHERN IRELAND** .....1093  
*Kevan R. Wylie, M.B., Ch.B., M.Med.Sc., M.R.C.Psych., D.S.M., chapter coordinator and contributor, with Anthony Bains, B.A., Tina Ball, Ph.D., Patricia Barnes, M.A., CQSW, BASMT (Accred.), Rohan Collier, Ph.D., Jane Craig, M.B., MRCP (UK), Linda Delaney, L.L.B., M.Jur., Julia Field, B.A., Danya Glaser, MBBS, D.Ch., FRCPsych., Peter Greenhouse, M.A., MRCOG, MFFP, Mary Griffin, M.B., M.Sc., MFFP, Margot Huish, B.A., BASMT (Accred.), Anne M. Johnson, M.A., M.Sc., M.D., MRCGP, FFPAM, George Kinghorn, M.D., FRCP, Helen Mott, B.A. (Hons.), Paula Nicolson, Ph.D., Jane Read, B.A. (Hons.), UKCP, Fran Reader, FRCOG, MFFP, BASMT (Accred.), Gwyneth Sampson, DPM, MRCPsych., Peter Selman, DPSA, Ph.D., José von Bühler, R.M.N., Dip.H.S., Jane Wadsworth, B.Sc., M.Sc., Kaye Wellings, M.A., M.Sc., and Stephen Whittle, Ph.D.; Extensive updates and some sections rewritten by the original authors as noted in the text*

**UNITED STATES OF AMERICA** .....1127  
*David L. Weis, Ph.D., and Patricia Barthalow Koch, Ph.D., editors and contributors, with other contributions by Diane Baker, M.A.; Ph.D.; Sandy Bargainnier, Ed.D.; Sarah C. Conklin, Ph.D.; Martha Cornog, M.A., M.S.; Richard Cross, M.D.; Marilyn Fithian, Ph.D.; Jeannie Forrest, M.A.; Andrew D. Forsythe, M.S.; Robert T. Francoeur, Ph.D., A.C.S.; Barbara Garris, M.A.; Patricia Goodson, Ph.D.; William E. Hartmann, Ph.D.; Robert O. Hawkins, Jr., Ph.D.; Linda L. Hendrixson, Ph.D.; Barrie J. Highby, Ph.D.; Ariadne (Ari) Kane, Ed.D.; Sharon E. King, M.S.Ed.; Robert Morgan Lawrence, D.C.; Brenda Love; Charlene L. Muehlenhard, Ph.D.; Raymond J. Noonan, Ph.D.; Miguel A. Pérez, Ph.D.; Timothy Perper, Ph.D.; Helda L. Pinzón-Pérez, Ph.D.; Carol Queen, Ph.D.; Herbert P. Samuels, Ph.D.; Julian Slowinski, Psy.D.; William Stackhouse, Ph.D.; William R. Stayton, Th.D.; and Mitchell S. Tepper, M.P.H. Updates coordinated by Raymond J. Noonan, Ph.D., and Robert T. Francoeur, Ph.D., with comments and updates by Mark O. Bigler, Ph.D., Walter Bockting, Ph.D., Peggy Clarke, M.P.H., Sarah C. Conklin, Ph.D., Al Cooper, Ph.D., Martha Cornog, M.A., M.S., Susan Dudley, Ph.D., Warren Farrell, Ph.D., James R. Fleckenstein, Robert T. Francoeur, Ph.D., Patricia Goodson, Ph.D., Erica Goodstone, Ph.D., Karen Allyn Gordon, M.P.H., Ph.D. (cand.), Eric Griffin-Shelley, Ph.D., Robert W. Hatfield, Ph.D., Loraine Hutchins, Ph.D., Michael Hyde, M.F.A., Ph.D. (cand.), Ariadne (Ari) Kane, Ed.D., Patricia Barthalow Koch, Ph.D., John Money, Ph.D., Charlene L. Muehlenhard, Ph.D., Raymond J. Noonan, Ph.D., Miguel A. Pérez, Ph.D., Helda L. Pinzón-Pérez, Ph.D., William Prendergast, Ph.D., Ruth Rubenstein, Ph.D., Herbert P. Samuels, Ph.D., William Taverner, M.A., David L. Weis, Ph.D., C. Christine Wheeler, Ph.D., and Walter Williams, Ph.D.*

**VIETNAM** .....1337  
*Jakob Pastoetter, Ph.D.; Updates by J. Pastoetter*

**LAST-MINUTE DEVELOPMENTS** .....1363  
*Added by the Editors after the manuscript had been typeset*

**GLOBAL TRENDS: SOME FINAL IMPRESSIONS** .....1373  
*Robert T. Francoeur, Ph.D., and Raymond J. Noonan, Ph.D.*

**CONTRIBUTORS and ACKNOWLEDGMENTS** .....1377

**AN INTERNATIONAL DIRECTORY OF SEXOLOGICAL ORGANIZATIONS, ASSOCIATIONS, AND INSTITUTES** .....1394  
*Compiled by Robert T. Francoeur, Ph.D.*

**INDEX** .....1405

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

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

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

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

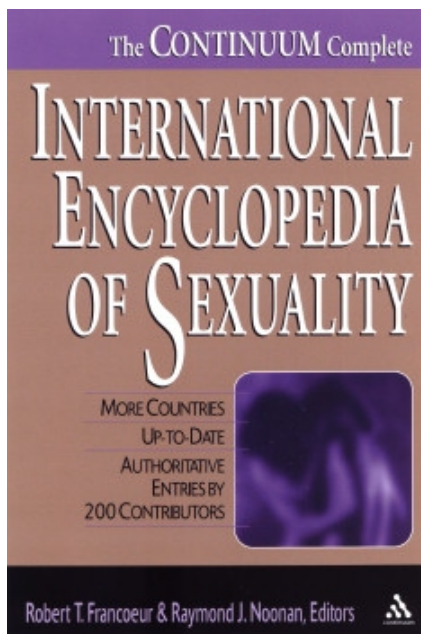
**\$195/£100 plus \$4.50/£9.50 S&H (save \$55 US/£30 UK!)**

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

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

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

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



## ORDER FORM

### SHIP TO:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### BILLING INFORMATION:

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

Please charge my:  Visa  Mastercard  AmEx

Card Number:

Exp. Date:

Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_



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

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

### ORDER DETAILS:

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



# Finland

(*Suomen Tasavalta*)

Osmo Kontula, D.Soc.Sci., Ph.D., and  
Elina Haavio-Mannila, Ph.D.\*

Updates by O. Kontula and E. Haavio-Mannila

## Contents

- Demographics and a Brief Historical Perspective 381
1. Basic Sexological Premises 382
  2. Religious, Ethnic, and Gender Factors Affecting Sexuality 383
  3. Knowledge and Education about Sexuality 385
  4. Autoerotic Behaviors and Patterns 387
  5. Interpersonal Heterosexual Behaviors 388
  6. Homoerotic, Homosexual, and Bisexual Behaviors 398
  7. Gender Diversity and Transgender Issues 399
  8. Significant Unconventional Sexual Behaviors 400
  9. Contraception, Abortion, and Population Planning 401
  10. Sexually Transmitted Diseases and HIV/AIDS 404
  11. Sexual Dysfunctions, Counseling, and Therapies 406
  12. Sex Research and Advanced Professional Education 410
- References and Suggested Readings 410

## Demographics and a Brief Historical Perspective

ROBERT T. FRANCOEUR

### A. Demographics

Finland lies in northern Europe where Russia, Sweden, and Norway are its neighboring countries. It is also bordered by the Baltic Sea, the Gulf of Bothnia, and the Gulf of Finland. With a total area of 125,182 square miles (324,220 km<sup>2</sup>), Finland is slightly smaller than the state of Montana. The terrain is mostly low and flat to rolling plains interspersed with lakes and low hills. The climate is cold, potentially subarctic, but comparatively mild because of the moderating influence of the North Atlantic Current, Baltic Sea, and more than 60,000 lakes.

In July 2002, Finland had an estimated population of 5.18 million. (All data are from *The World Factbook 2002* (CIA 2002) unless otherwise stated.)

**Age Distribution and Sex Ratios:** 0-14 years: 17.9% with 1.04 male(s) per female (sex ratio); 15-64 years: 66.9% with 1.02 male(s) per female; 65 years and over: 15.2% with 0.64 male(s) per female; *Total population sex ratio:* 0.95 male(s) to 1 female

**Life Expectancy at Birth:** *Total Population:* 77.75 years; *male:* 74.1 years; *female:* 81.52 years

**Urban/Rural Distribution:** 64% to 36%

**Ethnic Distribution:** Finn: 93%; Swede: 6%; Sami: 0.11%; Roma: 0.12%; Tatar: 0.02%. The population is ethnically very integrated. Separate cultures are not very conspicuous within Finnish society.

**Religious Distribution:** Evangelical Lutheran: 89%; Greek Orthodox: 1%; none: 9%; other: 1%

**Birth Rate:** 10.6 births per 1,000 population



(CIA 2002)

**Death Rate:** 9.78 per 1,000 population

**Infant Mortality Rate:** 3.76 deaths per 1,000 live births

**Net Migration Rate:** 0.62 migrant(s) per 1,000 population

**Total Fertility Rate:** 1.7 children born per woman

**Population Growth Rate:** 0.14%

**HIV/AIDS** (1999 est.): *Adult prevalence:* 0.05%; *Persons living with HIV/AIDS:* 1,100; *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*): 100%

**Per Capita Gross Domestic Product** (*purchasing power parity*): \$25,800 (2001 est.); *Inflation:* 2.6%; *Unemployment:* 9.4%; *Living below the poverty line:* NA

Social services are well developed in Finland. People receive free counseling in contraception for family planning at the communal health centers, expectant mothers have been given free guidance in childcare centers for decades, mothers of small children have paid maternity leaves, and there are

\**Communications:* Osmo Kontula, Ph.D., Population Research Institute (Vaestontutkimuslaitos), P.O. Box 849, Iso Roobertinkatu 20-22A FIN 00101 Helsinki, Finland; osmo.kontula@vaestoliitto.fi; Elina Haavio-Mannila, Ph.D., Sociology Department, Box 18 (Unioninkatu 35), University of Helsinki, FIN 00014 Helsinki, Finland; elina.haavio-mannila@helsinki.fi.

inexpensive communal daycare places for children and financial compensation for childcare given at home, as well as child benefits until the age of 18. As a result, Finnish women play as active a part in paid employment as Finnish men.

In 1992, the sexual life of the Finns was studied using nationally representative data on the 18- to 74-year-old population in Finland (Kontula & Haavio-Mannila 1993). The response rate for the 2,250 Finns in this FINSEX survey was 76%. Each of the respondents was interviewed personally and asked to fill out a questionnaire about the most intimate sexual matters. The questionnaire responses were not shown to the interviewers. The results of this study have been compared with a corresponding 1971 study (Sievers et al. 1974) to provide a detailed picture of Finnish sexual attitudes and behaviors in recent decades. Worldwide, the 1971 study was only the second population survey based on nationally representative data of sexual matters. (The first nationally representative sexual study was done in Sweden in 1967.) The results of this most recent FINSEX study will be discussed in different sections of this chapter.

[*Update 2003*: In 1999, the authors conducted a follow-up to the 1992 survey by a mailed survey (Haavio-Mannila, Kontula, & Kuusi 2001). This sex survey had 1,496 respondents. Because of this new data-collection technique, the response rate was 46%. By analyzing the distributions of several identical retrospective questions measuring sexual issues in different birth cohorts in the three Finnish surveys, Kontula (2001) showed that the low response rate in 1999 did not bias the recorded sexual histories of those who were under 55 years old. In the age group 55-to-74, the male respondents were more monogamous than those participating in the two earlier Finnish sex surveys. (*End of update by O. Kontula*)]\*

## B. A Brief Historical Perspective

There is archeological evidence that Finland was inhabited already at least 50,000 years ago. In a better-known history, the early settlers of Finland probably arrived about 2,000 years ago from the Ural area to the southeast. Swedish settlers brought the country into the Kingdom of Sweden in 1154, where it remained until 1809, when it became an autonomous grand duchy of the Russian Empire. A strong national spirit emerged, with Finland declaring its independence in 1917 and becoming a republic two years later. Finland was invaded by the Soviet Union in 1939, forcing the Finns to give up 16,173 square miles (41,888 km<sup>2</sup>) of territory. Further cessions were exacted by the Soviets after World War II. Finland became a member of the European Union in 1995.

### 1. Basic Sexological Premises

#### A. The Character of Gender Roles

Historically, Finland has a longer tradition of gender equality than most other countries of the world. This can be seen in the realm of politics, paid work, and in the division of labor at home.

In 1906, Finnish women gained parliamentary voting rights, second in the world after New Zealand. Finnish women also were the first in the world to gain the right to serve in Parliament. These rights were immediately implemented. In 1907, 19 women were elected to a Parliament of

200 members. At present, 39% of the MPs in Finland are women. In the 1994 presidential election, the female candidate got 46% of the votes, indicating that a woman can reach the highest positions of power in this country. [*Update 2003*: In the 2000 presidential election, a woman candidate was for the first time elected President of the Republic. (*End of update by O. Kontula*)]

Women in Finland are gainfully employed nearly as often as men. In 1991, some 72% of the women in the working-age population and 78% of the men were part of the labor force. In Finland, both women and men work on a full-time basis. In 1991, the proportion of women working part-time was 10% and that of men 5%.

The large proportion of gainfully employed women is also reflected in their high percentage of the entire labor force. In 1991, 48% of the labor force were women, and women made up 51% of the salary and wage earners. Unlike most European countries in the 1980s, Finland had a lower rate of undisguised unemployment for women than for men. However, the rate of unemployment among women over 55 has been higher than the rate among men of the same age.

Public offices are equally open to women and men, and under the Equality Act, no vacancy in the private sector can be announced exclusively for women or men on any other than weighty and acceptable grounds relating to the nature of the work. Nevertheless, the Finnish labor market remains somewhat gender-segregated. Women comprise approximately 60% of the labor force in the service sector, while the industrial and building sectors are dominated by men. The segregation extends to occupations and specific tasks. No dramatic change has taken place in the gender segregation of the labor market, although employees who have made nontraditional choices have entered practically every occupation dominated by the other sex. Another illustration of the gender-segregated labor market is the differences in the positions that women and men occupy in the official hierarchies. Men advance rapidly and attain higher positions than women (Haavio-Mannila & Kauppinen-Toropainen 1992).

Recent studies indicate that the quality of working life for women has deteriorated considerably in some respects. Time pressures and stress have become a more prevalent feature of jobs held by women.

The differences between women's and men's earnings diminished both proportionally and in real terms in the 1970s. In 1983, this development shifted, and the pay differentials between women and men began to grow in real terms in most sectors. In 1991, women's pay was 80% of men's pay.

Women are slightly more-often unionized than men, and their daily working hours, as well as the time spent working during a lifetime, are nearly the same. The characteristics of women workers—unionization, rise in educational standards, full-time work, and very short absences from the labor force—have not served significantly to narrow the pay differentials between the sexes.

As most women work for pay, it is necessary that men share household work with them. In international comparison, gender equality in the division of housework is high (Gershuny 1990). Nevertheless, women still do more domestic work than men, even though their share of it has declined from 67% in 1979 to 64% in 1987 (Niemi & Pääkkönen 1989). In the United States, the percentage was 67% in 1987 (Robinson 1988).

#### B. Sociolegal Status of Males and Females

As the number of children in the families is small, children are valued as individuals. Even though there is a slight tendency to prefer boys when asked which gender one

\**Editor's Note*: Because most of the updates to this chapter are brief inserts to add the results of this third national survey in 1999 (Haavio-Mannila, Kontula, & Kuusi 2001), we indicate these only with brackets to avoid breaking the reader's attention; longer updates are in our standard format, i.e., beginning with *Update 2003* and ending with the updaters' names.

wishes the future child to be, girls are taken care of and loved as much as boys.

The provision of daycare for children is a municipal responsibility. The Day Care Act of 1973 aims at providing communal daycare for all children in need of it. Since 1985, parents have been able to choose between placing their child in communal daycare or receiving a homecare allowance for taking care of their child at home. This allowance may also be used to cover some of the costs of private daycare. Taking care of one's child at home with the help of a homecare allowance does not terminate employment or, since 1991, lower employee pension.

When the educational level of the entire population is examined, it is discovered that women and men are now at the same level. In 1989, half of those who had completed senior secondary school or vocational education or had a university degree were women. Women have reached a high level of general education. In the working-age population, women have a senior secondary school diploma more frequently than men, a circumstance that will prevail in the future, because 60% of senior secondary-level students are women.

Men still have the majority of masters' degrees (60%), but women are quickly catching up; since 1986, the number of women graduating from universities has exceeded that of men. For example, in 1989, women represented 54% of students who obtained a master's degree and 34% of those with a higher degree. The proportion of women who have a doctorate has been steadily increasing since 1976. The percentage of women in the senior faculty of universities remains small.

The choice of fields is segregated by gender. The proportion of women is the largest in healthcare, and quite considerable in the fields of pharmacy and veterinary science. Similarly, students in teacher training are predominantly women. At the university level, clearly the smallest proportion of women can be found in the mathematical and technical fields.

The dropout rate at the basic level of education is very low nowadays. The law provides for compulsory education until the age of 16. The dropout rate at the upper secondary level was 7% in 1988. Somewhat fewer women leave school prematurely than men.

Leisure pursuits are differentiated according to gender. Girls are more interested in arts, boys in sports. Attempts to achieve equality in training are made by offering girls and boys the same opportunities to engage in various kinds of arts and sports.

Women are more active than men as consumers of cultural services. They go to the library, theater, concerts of classical music, museums, and art shows more frequently than men, and form the majority of students in voluntary adult education. Men go to sports competitions more often than women, and somewhat more often to the cinema and to concerts of popular music.

Gender differences in drinking alcoholic beverages have diminished; women have started to imitate the drinking habits of men. This applies particularly to women working with men (Haavio-Mannila 1992).

While men and women are, in principle, equal in Finland, the position of men in the public sphere—in politics, work, and the economy—is still better than that of women. In the private sphere, at home, women have more power than men, but it also means a heavier workload there.

### C. General Concepts of Sexuality and Love

People in Finland have a positive attitude toward sexual behaviors as a health promoter—they do not see it as a threat to health. In 1992, 88% of Finnish men and 79% of women

thought that sexual activity promotes health and well-being. A clear majority, 74% of men and 70% of women, believed that masturbation does not endanger one's health. [In 1999, these figures were 81% and 76%, respectively.]

Sex is considered to be an important aspect of a steady relationship. In 1992, most Finns, 86% of men and 78% of women, considered sexual life very important or important for happiness in their relationship. Among women, the strength of this opinion had declined from 1971 to 1992. In 1971, 40% of women aged 18 to 54 considered sexual life very important for happiness in their relationship, while only 21% held this view in 1992, a development that reflects the strong public preoccupation with sexual liberation 20 years ago. [In 1999, this figure had increased to 29%.]

Women are expected to be more restricted than men in their sexual behavior. These expectations are rationalized by referring to gender differences in sexual needs. In 1992, 51% of Finnish men and 61% of women thought that a grown-up man has a clearly or somewhat stronger sexual need than a woman. Forty-one percent of men and 33% of women considered the sexual needs of men and women as equally strong. Only 7% believed that the sexual needs of women are stronger.

In the case of marital fidelity, a double moral standard is not very strong. In 1971, 34% of men and 29% of women aged 18 to 54 said that one must be able to accept a husband's temporary infidelity, and 28% of men and 30% of women would accept a wife's temporary infidelity. In 1992, the corresponding liberal attitudes in regard to a husband's infidelity were 19% of men and 21% of women, and to a wife's infidelity by 22% and 23%, respectively. [In 1999, the corresponding figures were 23% and 13% related a husband's infidelity, and 21% and 15% related to wife's infidelity. Women's approval of sexual infidelity had decreased significantly.]

Even though attitudes toward many aspects of sexuality, for example, adolescent and homosexual sex, have liberalized with the course of time, attitudes toward marital unfaithfulness have become more conservative in the last 20 years. This may be because of the fear of AIDS, or to a general increase in familism in the society. It is easier to be liberal in issues not directly tied to one's own life than in matters related to the personal relationship.

[Update 2003: The trend toward increasing expectations of marital faithfulness represents a renaissance of romanticism in a time of increasing individualism. Sex belongs currently to a romantic script in which sexuality is highly valued. According to this approach, individual pleasures are integrated into romantic relationships. Romanticism does not mean an orientation toward the partner at the expense of oneself. The romantic ideas highly valued in traditional female culture have become transformed into valuing the relationship between the partners. This has happened especially among women and in the youngest generation. (Kontula & Haavio-Mannila 2003.) (*End of update by O. Kontula*)]

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

### A. Religious Factors

In terms of religiosity, Finland is a uniform country, for about 87% of the people belong to the Evangelical Lutheran Church of Finland and about 50,000 people to the Orthodox Church. Both churches are considered state churches. Only a few thousand people at the most belong to each of a few other religious groups. About 8% of the Finns do not belong

to any religious communities. The religiosity of the Evangelical Lutherans is, in most cases, rather passive; only a small percentage attends church services regularly. The influence of religion and religious values has declined significantly during the last few decades. Religious thinking does not have much meaning in the sexual lives of people, especially the younger generations.

Marriage is no longer considered a prerequisite to having a sexual life in Finland. The quality of the relationship has become more important than its religious or civil form. Sexual relations are accepted in steady dating relationships and most couples live together before marriage. A significant number of cohabiting people do not get married even after years of living together as a couple. The sexual life of single persons is also widely accepted. The percentage of single persons has gradually increased, with about 30% of the middle-aged not living with a sexual partner. One third of these single persons have a steady relationship with a person with whom they do not live.

## B. Cultural Factors

It is an essential principle in recent Finnish legislation concerning sexual issues that people may and can do privately all they want when it does not involve forcing another person. In this regard, Finnish legislation aims to respect the individual's right of self-determination. This was a decisive principle in the reform of Finnish legislation around 1990. This principle is also strong in the general population where liberal sexual attitudes prevail among the secularized and independent-thinking majority. This liberalization of sexual attitudes is a significant change, because those with liberal attitudes on sexual issues are usually more satisfied with their sexual life than are others.

The interval between publication of results from the 1971 national survey (Sievers et al. 1974) and the FINSEX survey (Kontula & Haavio-Mannila 1993) was marked by a great change in attitudes, values, and practices that began in the sexual revolution of the 1960s. Public discussion about the sexual revolution at the beginning of the 1970s in Finland concerned, to a great extent, the increased availability of sexual material and its commercial use in advertising and mass communication in general. The change could also be seen in legislation where the individuals' liberty to decide about their own sexual matters was increasingly recognized. While increased open discussion about sexual issues in society continued the erosion of some of the still-existing old taboos, a clear step was taken towards more-accepting attitudes to sexual issues as a whole. Today, the sexual life of unmarried people is almost as accepted as that of married couples.

A major factor in this shift to more-liberal attitudes has been a rise in the level of education, but even without this, the changes would have been significant. More-positive attitudes about the sexual rights of adolescents, women, and homosexuals have been matched by more-liberal attitudes regarding the acceptability of casual sexual relationships that are not based on love.

In 1971, two women out of three set the promise of marriage as the condition for beginning a sexual relationship; in 1992, only 16%, [and in 1999, only 11%] of Finnish women were of this opinion (see Table 1). Among adolescents, the revolution is even more apparent. Dating has replaced marriage as an institution, with sexual intimacy almost as accepted during dating as it was earlier only within marriage. As a consequence, very few young people marry their first sexual partners any more. As late as 30 years ago, 60% of women married their first sexual partners.

Attitudes have also become more positive towards casual relationships (see Table 2). About 70% of Finns think that

even a casual sexual relationship can be happy and satisfying. The necessity of love as a premise for sexual intercourse has also diminished. Sexual intercourse without love was considered wrong by 42% of men and 64% of women in 1971. In 1992, the corresponding shares were 29% and 43%. [In 1999, they were almost unchanged: 28% and 42%.]

Still, 70% hold that living in a steady relationship in which sexual fidelity prevails is most desirable, compared with 10% who believe that living apart is most desirable. Twenty percent of men and 4% of women would like to maintain several concurrent and continuous sexual relationships. So, as far as their hopes are concerned, women are more monogamous than men.

Finns also take a more liberal attitude than before toward sexual relationships that are outside their own steady relationships. This shift is linked with the greater acceptance of sexual relationships among unmarried and single persons. Attitudes toward homosexual relationships are also significantly more accepting than before. In 1971, close to half of all Finns, 44% of males and 45% of females, regarded homosexual behavior between adults as a private affair with which officials and legislation should in no way interfere (see Table 3). In 1992, this opinion was supported by 59% of men and by 72% of women. [In 1999, the corresponding figures were similar: 58% and 72%.] On the other hand, attitudes toward extramarital relationships of spouses and pornography have become somewhat stricter, but only among women. Two thirds of the men and one third of the women considered watching pornography sexually arousing for themselves. The quite-free sale and distribution of pornographic films and videos were supported by 51% of men and by 24% of women.

Based on attitudes towards sexuality, equality of gender has made remarkable progress in Finland. Women's right to be the initiators at sexual intercourse when they want it so,

**Table 1**

**Percentages of Men and Women by Age Who Think Adolescent Sexual Intercourse Is Acceptable in a Regular Relationship, 1971 and 1992**

Age	Men 1971	Men 1992	Women 1971	Women 1992
18-24	75	91	59	91
25-34	64	94	40	93
35-44	52	88	20	86
45-54	38	80	14	71
55-64		72		49
65-74		56		43

1971: *N* = 2,139, with 738 men and 1,401 women

1992: *N* = 2,244, with 1,101 men and 1,143 women

**Table 2**

**Percentages of Men and Women by Age Who Think That an Entirely Casual Sexual Relationship Can Be Happy and Satisfying, 1971 and 1992**

Age	Men 1971	Men 1992	Women 1971	Women 1992
18-24	77	74	52	73
25-34	66	82	44	73
35-44	50	73	35	63
45-54	51	68	24	56
55-64		65		34
65-74		48		35

1971: *N* = 2,132, with 741 men and 1,391 women

1992: *N* = 2,239, with 1,101 men and 1,138 women

was supported by 94% of men and by 90% of women in 1992. This is a significant increase, especially among women. [In 1999, these proportions were still higher: 97% and 94%.] Three out of four women were of the opinion that a respectable woman could openly show her interest in sex.

The cohort analyses show that part of the changes in attitudes do not concern the oldest people at all, especially not the women. Women aged 55 to 74 approve of women initiating a sexual relationship, casual relationships, and sex without love as rarely as they did 20 years ago when they were 35 to 54 years of age. On the other hand, the attitudes towards gays and sexual relationships between steady-going adolescents have become more liberal in all the gender and age groups.

The differences in sexual behavior between Finland and the U.S.A. are not very big. However, Finns are significantly more liberal than Americans, at least, in their attitudes towards the beginning of sexual life with adolescents, homosexual relationships, and pornography (Smith 1990). A corresponding difference was observed 20 years ago between Denmark and the U.S.A. (Christensen & Gregg 1970).

### 3. Knowledge and Education about Sexuality

#### A. Government Policies and Programs for Sex Education

Legal restrictions designed to control sexarche, the beginning of sexual coitus, which prevailed in Finland until as late as the 1800s, were gradually replaced by the moral education given by the Church and the school. This education with its religious morals gradually changed, giving way to medical views on sexual matters. In sexuality education, the main attention gradually turned from teaching about what is immoral and a sin to focusing on the prevention of pregnancies and the ill health effects caused by sexual relationships. Contrary to the custom in many other countries, giving information, advertising, or distributing contraceptives have never been officially prohibited in Finland.

In the 1920s and 1930s, sex education was considered a family responsibility. There was no sex education in the schools as yet. In 1944, the National Board of Education sent a letter concerning sex education to the schools, directing teachers of biology, hygienics, Finnish, and religion to give instruction in sexual matters.

In 1948, an expert board set up by the Ministry of Education produced a program for instruction and education in sexual morals. The program contained guidebooks both for teachers and students. These guidebooks were distributed to schools, colleges, municipal officers of health, church registry offices, and youth organizations at the public expense. Apart from information about personal relations and

sexuality, the program, with the guidebook to accompany it, also contained moral views about conditions in which sexual life was considered appropriate for young people.

In the early 1960s, the first summer university courses were held for teachers on family education. In the schools, sex education was still very scarce. In the 1970s, the National Board of Education set up a working committee to make a curriculum for the education in personal relations and sexual matters for the comprehensive school. The work was finished in 1976, but it did not lead to any wider reform of teaching. Instruction in contraception was, however, given in most schools.

From the 1950s on, Finnish municipalities have arranged equal school healthcare for all students, and sex education was already a part of this care prior to the 1970s. In practice, however, sex education has—and continues to be—concentrated on the anatomy and physiology of sexuality, contraception, and sexually transmitted diseases. Its outcome has largely depended on the personal interest of those teachers of biology and health education, together with physicians and nurses, who are responsible for the planning and the implementing of the educational experiences, most of which are aimed at the 15- to 16-year-old students in the 9th grade. However, in comparison with the 1960s, all young people have been included in this program, and other sources of information have also been available.

Since the early 1970s, the number of unwanted pregnancies and abortions among adolescents has decreased considerably. In part, the increased liberalization may have contributed to the decline in sex-related research efforts at the end of the decade.

Since 1972, the Primary Health Care Act has required municipalities to organize contraceptive counseling for all who want it, including schoolchildren, who were given access either to public clinics or to school physicians and nurses. When a physician or school nurse has found it necessary, girls have been provided with contraceptive pills.

In 1996, a comprehensive national study of sex education was started at the upper stage of the comprehensive school (grades 7 to 9). A questionnaire was mailed to the biology teachers in all upper-stage schools in Finland ( $N = 603$ ) in February 1996. A total of 421 acceptable responses were returned from 70% of the target population.

The survey came during a period of transition in school sex education, for, in many schools, significant reductions have been carried out in the lesson hours reserved for Health Education. Family Education is about to disappear altogether and new self-governed curricula of the schools have recently been implemented.

Prior to the survey, sex education had been included in the curricula of most of the schools. Only 6% of the teachers reported otherwise. It has been given by a filtering method in connection with several other school subjects.

In the 9th grade, the biology teachers usually discuss the subject in connection with biology and the home economics teachers in connection with family education. In the 8th grade, the boys' and the girls' physical education teachers take up the subject in connection with health education. In addition, approximately half of the schools use school health nurses in sex education (as instructors in contraception) in each of the upper-stage grades.

In the 7th grade (aged 13 years), half of the schools had given instruction in the developments in puberty and menstruation. In the 8th grade, new items were: sexual intercourse, "the first time," contraception, sexually transmitted diseases, dating, and emotions, which had been dealt with in every other school. In the 9th grade, in addition to the above subthemes, nearly all the schools' sex education dealt with

**Table 3**

**Percentages of Men and Women by Age Who Think That Official and Legal Interference in Homosexual Behavior Is Wrong, 1971 and 1992**

Age	Men 1971	Men 1992	Women 1971	Women 1992
18-24	49	60	54	74
25-34	53	66	54	77
35-44	37	59	33	75
45-54	31	52	25	62
55-64		52		55
65-74		44		40

1971:  $N = 2,126$ , with 742 men and 1,384 women  
 1992:  $N = 2,242$ , with 1,101 men and 1,141 women

genitals and their functioning, ejaculations, conception, pregnancy, birth, and abortion. Other generally discussed new subthemes were sex roles, sexual minorities, sexual morals, sexual terminology, and sex life in adulthood.

Almost all the schools had used videotapes or films in the 9th grades. Textbooks had been used by four out of five, brochures of different kinds had been distributed by two out of three, and condoms had been given at least for examination in every other school. In one third of the schools, visits had been arranged to contraception or family planning clinics; and every tenth school had made visits to youth offices and/or to the congregation. A special event or happening related to sex education had been arranged in 16% of the schools within the school year.

According to the survey, the most important objectives of school sex education were directing the growth to responsibility, transmission of correct information, promoting the growth of personality, and learning easy attitudes towards sexuality. On the other hand, teaching abstinence, finding the sexual experience nice and stimulating, as well as learning that casual relationships were unsatisfactory were considered the least important objectives. The chosen objectives emphasized promoting adolescents' readiness for couple relationships and sexual life. The teachers wanted to avoid moralistically intervening in adolescents' own choices or "feeding" them their own moral values. The teachers did not want to warn against sex too much; neither did they want to advertise it.

One of the objectives of the survey was to explain the possible differences in sex education across the country. As a whole, these differences were not strikingly great or systematic between the provinces. The perceived differences were mainly explained by the local governments' activity in arranging further training in this field or various campaigns.

The greatest problem in the Finnish school sex education is its timing: It comes too late for the stage in the adolescents' development. The present sex education given to the 9th graders (aged 15 years) should be provided two years earlier. Both the students themselves and the experts in this field agree unanimously that sex education in its full extent should already be given to the 12- to 13-year-olds. According to the latest news, the syllabi of biology will cover sex education for the 8th graders (aged 14 years).

The strength of school sex education in Finland comes from the school healthcare, which brings out sexual matters in connection with annual physical examinations. Over a third of the girls and a fifth of the boys go to the school health nurse even at other times to talk about sexual matters. In most schools, they also give contraceptive pills. According to the survey, school health nurses also give proper lessons in sex education in at least every other school. Without the contribution of the school healthcare, the level of adolescents' knowledge of sexual matters would be significantly lower than what it is now.

[Update 2003: In 2002, health education was prescribed as a compulsory subject of the national primary school curriculum. Sex education was integrated in health education. This will harmonize and improve sex education in Finland.

[Teenage sexual knowledge was tested in Finland in 2000 (Kontula et al. 2001). Fourteen- and 15-year-old students of the 8th grade responded to the national sexual health knowledge survey. It was organized as a competition between schools. The survey had 30,000 respondents. It revealed that the quality of sexual knowledge was much poorer among the boys than among the girls. On the average, boys got 48 points and girls 57 points of the maximum 80 points. Girls had better knowledge in all areas of the sexual health topics. Because of more-limited sources of information, sex education

provided in the school is more important for the boys than for the girls. (End of update by O. Kontula)]

No detailed and effective public program for the development of sex education or other public services related to contraception can take credit for the quite-effective system of school sex education and the low teenage pregnancy rates in Finland. Rather, we would credit the liberal climate around adolescents and their sexuality for the teachers' natural willingness to teach the subject. Adolescents' need for information about sexual matters has been taken for granted. When sexual relationships between adolescents are accepted, it is clear that they are entitled to be prepared and well informed about various matters related to sexual life.

Public healthcare plays a significant role in sex education and advising on contraception. The system of maternity and childcare of the public health centers covers the whole country for almost all the expectant mothers and families with children. In the maternity centers, sexual life during pregnancy and contraception are discussed, among other things, and mothers and fathers are psychologically prepared to welcome the baby.

A liberal attitude towards sexuality may be reflected in the condom advertising found in the mass media, especially during the summer months. Women's magazines have also contained numerous sex-related articles that are read by both sexes.

## B. Informal Sources of Sexual Knowledge and Education

In the FINSEX study (Kontula & Haavio-Mannila 1993), people were asked if they had gotten information about sexual matters in their childhood homes in their youth or sex education at school. At the same time, the people were asked to evaluate the sufficiency of the information and education they had received and their willingness then to receive such information about sexual matters in general. Similar questions were asked both in 1971 and 1992.

Discussion of sexual matters has gradually increased both in the homes and in the schools. In their childhood home, information had been received about sexual matters by 39% of men and by 41% of women in 1971, and in 1992, correspondingly by 61% and by 64%. Ten percent of men and 14% of women in 1971 regarded the information received at home as sufficient. In 1992, the percentages were 29% and 32%, respectively. Until recently, most people have, thus, not been getting very much information about sexual matters at home, even if these matters have been more talked about.

In 1971, 28% of men and 33% of women reported having received sex education at school, and in 1992, 64% of males and 74% of females. [In 1999, these proportions were already 78% and 81%.] In 1971, 7% of men and 8% of women considered this information sufficient; in 1992, the percentages were 25% and 32% [and in 1999, 36% and 43%]. This shows that sex education in the schools has clearly improved, although only around 40% of the respondents considered the education sufficient. Close to 5% of the people said that they would not even have wanted such education. Slightly more people would have wanted to receive more education from the school than from the home.

Young people report clearly more often than others of having received sufficient information concerning sexual matters from the school or home (see Table 4). This suggests that speaking and teaching about sexual matters has clearly become more common, at least with those people who lived their youth in the 1980s. During the past 20 years, there was an especially clear increase in dealing with sexual matters. After 1971, the share of those who had received sex education in the school increased nearly threefold. Only a

few people in the oldest age groups reported they had talked enough about sexual matters in their homes or at school.

The school has often tried to avoid taking the responsibility of giving sex education, maintaining that it is a question of family privacy with which the school should not interfere. This has been an attempt to cover the teachers' own feelings of insufficiency about the teaching of sexual matters. The homes again have shuffled off the responsibility upon the school. The young people in this awkward situation have had to find the information they needed from the most diverse sources. Such sources have been the mass media and sex-related literature, from which the information received has been spread from one to the other in the circle of friends. Boys often use sex magazines as a source of information—often as their only source—where they have found actual information about sexual practices. The girls again have been more interested than the boys in the medical facts about becoming pregnant and contraception. This information has often been found in the readers' queries sections of magazines.

The attitudes about the school's sex education are fairly trusting in Finland nowadays, since at least 63% of the men and women reported that they did not think sex education in the schools would induce the young to start their sexual life too early. Only 19% of the men and 22% of the women feared that sex education would induce young people to have intercourse too early. Those who supported this opinion were strongly concentrated in the over-55-year-old age group, where one in every two held this opinion. Since the people of this age group have had their say in the decision making of sex education in the schools up to now, it is no wonder there are still some deficiencies in the teaching.

#### 4. Autoerotic Behaviors and Patterns

##### A. Children and Adolescents

According to Kontula and Meriläinen (1988), between 2% and 3% of both the boys and the girls reported having started masturbating already before age 10. In childhood, touching genitals to cause pleasure cannot very often be connected with masturbation. In addition, adolescents often dare not report it in a survey such as this. The researchers, therefore, believe that the percentage of children practicing masturbation at an early age is surely more than 2% or 3%.

In the follow-up of the same survey (Kosunen 1993), 13- to 17-year-olds were asked if they had ever practiced masturbation and if they had masturbated during the last month. Of the 13-year-olds, 36% of the boys and 23% of the girls reported that they had sometimes practiced masturbation; of the 15-year-olds, 67% and 45%, respectively, reported this practice; and of the 17-year-olds, 79% and 59%. About 40% of the boys had masturbated during the last month and about 20% during the last week. With the girls, the corresponding figures were 20% and 5%. With age, the masturbation activity of the young increased.

**Table 4**

**Percentages of People by Age Reporting That They Received Sufficient Sex Education at Home and at School, 1971 and 1992**

	18-24	25-34	35-44	45-54	55-64	65-74
School 1992	58	37	18	7	3	1
Childhood home 1992	52	34	19	17	9	7
Childhood home 1971	21	12	7	8		
School 1971	17	5	3	2		

##### B. Adults

The proportion of adults engaging in self-loving, clearly more common among men than women, has definitely increased during the last 20 years, according to the FINSEX study. There has been an increase in the practice of self-loving both during the previous month and during the past year. In 1971, 28% of the men and 16% of women reported masturbating during the previous month. In 1992, the corresponding shares were 42% and 25% [and in 1999, already 60% and 37%]. The strength of the change can be seen in the percentage of women who had masturbated during the previous year. In 1992, this figure for women was higher than the corresponding data for men in 1971.

With the spread of a more-natural attitude towards self-loving, fewer and fewer people abstain from it entirely. In 1971, 49% of the women and 26% of the men had never tried this sexual outlet. In 1992, the corresponding figures were 23% and 10% [and in 1999, 14% and 6%]. So, a large majority of both women and men have engaged in self-loving at least some time in their life.

Self-loving is considerably more common with the young than with older people (see Table 5). This, however, is not so much because of age differences as it is to changes in the times. People seem to keep the frequency pattern of self-loving they adopted in their youth throughout their lives. There are no obstacles to this, since masturbation is in no way dependent on the presence of a partner. With the aging of the present middle-aged people, the incidence of self-loving will increase further in the population.

The increase in self-pleasuring is explained by the fact that fewer and fewer people believe in the unfounded arguments that it entails health risks, as booklets on sex education maintained as late as the 1950s. Two thirds of the women and over one third of the men who still believed in these risks, or were at least uncertain about them, had never engaged in this sexual activity. Very few of these women had masturbated during the last month. On the other hand, half of the men who had totally lost their belief in the health risks of masturbation, and nearly 30% of the women, had engaged in self-pleasuring during the last month. The spread of accurate information had been a major factor in encouraging people to feel free to enjoy their sexuality with self-pleasuring.

Having a steady sexual partner somewhat diminished the need for self-loving: The unmarried, the divorced, and the widowed engaged in self-pleasuring more regularly than did married people. The better-educated people engaged in self-loving more often than others. Religiosity did not relate to the incidence of self-loving, but those who consumed more alcohol were more likely to masturbate than others. During the past 20 years, the differences in the incidence of self-loving among the different age groups has disappeared, while the differences between the marital-status groups and alcohol-user groups had grown.

Young low-income men and women engage in self-pleasuring more often than others. This relation of the mas-

**Table 5**

**Percentages of Men and Women by Age Reporting That They Had Masturbated During the Past Year, 1971 and 1992**

	18-24	25-34	35-44	45-54	55-64	65-74
Men 1992	77	71	57	43	25	18
Men 1971	64	44	30	14		
Women 1992	61	53	43	26	13	11
Women 1971	45	28	16	11		

turbation frequency to low income persists in middle-aged men. Further, this higher incidence of self-loving is related to the observation that low-income men enter into steady relationships less frequently than others. Masturbation thus serves them, at least in part, as a substitute for an intercourse-centered sexual life.

[Update 2003: One important finding of the current study is that masturbation does not necessarily decrease during the course of one's life. In fact, the three surveys in Finland show that masturbation remained almost at the same level in every birth cohort from one survey to another. This implies that the masturbation habits, which each generation adopted in its teenage years, tend to remain very similar throughout life, even over a 27-year time span. This tells us how important a generational approach is to understand differences between age groups in sexual attitudes and behaviors. Comprehensive sex education for teenagers would help new generations enjoy their sexuality free from unnecessary fears and anxiety (Kontula & Haavio-Mannila 2003b).

[According to studies of the sexual autobiographies of ordinary people, fears related to masturbation have been common among many generations in Finland, Estonia, and St. Petersburg. Several authors of the sexual life histories have been afraid of the negative consequences of masturbation after reading warnings in publications or after hearing about them from others. Fears (of becoming insane) and guilt related to masturbation were common especially before the 1970s. Some people explained how they had tried to stop masturbating because of these fears, usually unsuccessfully. Even among women in the youngest generations, feelings of guilt remained common (Kontula & Haavio-Mannila 1997; Haavio-Mannila et al. 2002). (End of update by O. Kontula and E. Haavio-Mannila)]

The use of pornographic materials has remained almost the same among men but decreased among women between 1970 and 1990. Even when sex videos were included in the printed publications in 1992, fewer people, on the average, had viewed such material during the previous year. During the past year, 50% to 60% of the men in the different age groups, and from 15% to 20% of the women, had watched a sex video or read a sex magazine.

Obviously, interest in pornographic publications was exceptionally high in 1971, because open nakedness had come, for the first time, into the pictures of the sex magazines at the end of the 1960s in Finland. The charm of novelty and the taste of "the forbidden fruit" made this material especially attractive. More recently, this high excitement and attraction have settled down. Besides, the so-called soft pornography is now within everyone's reach, for example, in the pictures in the afternoon tabloids, although it is no longer referred to as pornography.

[Update 2003: In 1999, the popularity of pornography had again increased: 64% of the men and 21% of the women had looked at sex magazines during the last year. For sex videos, these proportions were 57% and 27%, respectively. (End of update by O. Kontula)]

## 5. Interpersonal Heterosexual Behaviors

### A. Children

Small children often play sexual games (doctor games) and masturbate, during which they examine the genitals of both their own and the other sex. According to the KISS study conducted in Finland (Kontula & Meriläinen 1988), sexual games have been played by at least 40% of the young adults in their childhood, half of them more frequent than one or two incidents. These games may also include imitating and trying the sex habits the children had seen adults us-

ing. This cannot, however, be regarded as an actual initiation of sexual life, because it is not yet conscious activity that could be interpreted as sexual. Sexual meanings are not generally understood before approaching adolescence and the effects of pubertal hormones on the brain. Puberty brings a quite new kind of interest in sexual matters.

### B. Adolescents

#### Puberty

By age 13, about four out of five girls have had their first periods of menstruation and about 60% of the boys their first ejaculations. As a result, many young people show considerably more serious interest in the opposite sex than before. Over half of the boys of this age and one third of the girls have already viewed sex magazines and sex videos, and more than half of both boys and girls have kissed, according to the 1992 data. Many have experienced caressing over the clothing. Almost half of the 13-year-olds are ready to accept sexual intercourse in their peers' relationships. About as many report having already had a dating relationship with the opposite sex. Mostly, this means going around together with the dating partner as part of a group of young people. Sexual intercourse has been experienced by about 5% by the age of 13.

Between ages 14 and 15, most Finnish adolescents go to a confirmation class, a one-week church-sponsored camp, after which they are confirmed. This has become a kind of initiation rite for becoming a sexual adult.

Adolescence is a time of rapid changes, and, with age, sexual experience quickly grows. In Finland, the greatest changes in adolescent sexual behaviors occurred between 1960 and 1970. In 1992, Finns between ages 18 and 54 reported they had kissed for the first time, on the average, at the age of 14, had started dating at 17, and experienced their first sexual intercourse at the age of 18. Young people with a long education began sexual intercourse later than others.

Nowadays, young people mature, both physically and mentally, earlier than before. Because of the increased economic well-being, they live in a more grown-up way at a fairly young age, when they build their sexual identity through a multinational youth culture. As a result, the age of sexual initiation has fallen. On the other hand, the time spent in education has lengthened and the age of entering into marriage has risen. This explains why young people have more relationships, both successive and casual, today, and why marriage has been displaced by cohabitation, at least before having children.

In the 1992 FINSEX survey, one third of the 18- to 74-year-old women and a quarter of the men reported dating (going steady) by age 15. About four out of five had experienced kissing, and two out of three caressing over the clothing. Petting under the clothing had been experienced by one of every two younger Finns. Sexual intercourse before the age of 16 had been experienced by 31% of the girls and 19% of the boys according to the 1992 data (see Table 6). On average, Finnish girls begin having intercourse somewhat younger than the boys. This is quite understandable, because girls

Table 6

Percentage of 9th-Grade Pupils (15-Year-Olds) Who Had the Indicated Experiences, 1992

	Boys	Girls
Masturbation	67	45
Kissing on the mouth	72	81
Light petting	66	70
Heavy petting	45	53
Sexual intercourse	19	31



often date boys from two to three years older than they themselves are. The boys are more eager to have intercourse than the girls, but the girls have better opportunities.

### Early Noncoital Experiences

The sexual life of young Finns does not generally begin with sexual intercourse, but with kissing and caressing. These behaviors are often associated with first dating relationships. It has been observed in Finland that four years, on the average, elapse from the first kisses and caresses of the young people to the first sexual intercourse (Kontula 1991). These experiences are surely as important to the young as the first intercourse. In the past, when a great number of people wanted or had to put off beginning sexual intercourse until marriage, kisses and caresses were the only forms of sexual life before entering matrimony.

A great number of people have already kissed before their first steady relationship, according to the 1992 FINSEX study. After the mid-1970s, about 60% of the men and 70% of the women were dating before the age of 18. About 40% of the present-day under-35-year-olds had had a steady dating relationship before the age of 16. Before the 1950s, it was quite unusual for women of this age to date. Nowadays, only 3% of the over-25-year-olds have never had a dating relationship. Since the 1980s, there have not been great changes in the onset of dating.

The age of sexual initiation has clearly fallen during the past few decades. Both first kisses and dating relationships are experienced at a younger age today than in the past. Four out of five have kissed before the age of 16, and two out of three have been going steady before the age of 18.

Characteristic of those adolescents who initiate a sexual life earlier than the others is a lifestyle that emphasizes a break with the norms of childhood and an orientation towards a freer social life. To these young people, free social life represents a means rather than a goal. The reverse is true for those who have less self-confidence and fewer sexual experiences. The acquired values and moral codes, such as associating love with family, lose their importance after sexual initiation.

Based on the KISS study (Kontula 1991), it can be said that the values associated with starting a sexual life early are today often connected with symbolic opposition or rebellion to authorities. Extended education with its upper-class values is ideal for arousing such opposition.

Sex is used to sell things and ideas to the young, but sex itself is rarely sold to them. Society and parents rarely provide adolescents with interpretations of sex (scripts) that would give a positive and an enjoyable picture of sexuality. Thus, adolescents, girls in particular, do not expect much good of their first sexual experiences, especially of sexual intercourse. Normally, organized education and instruction only provide warnings about the risks of getting pregnant, being infected with an STD or the HIV virus, getting a bad reputation, and similar dangers.

Moral values concerning reproduction and marriage have gradually been replaced by the values of satisfying one's social needs. This shift has contributed to a widening of interpretations relating to sexual interactions guided by strict Christian and conventional scripts towards "games," in which various tactics to achieve first sexual experiences are possible. The morals of satisfying social needs, which emphasize the importance of sexual life, give young people permission to initiate a sexual life in various practical situations. This widening of the sexual script towards "games" is one important reason for an earlier sexual initiation among Finnish adolescents during the last few decades (Kontula 1991). Tactics, interpretations, and values, which are all

part of sexual interactions, are, however, still strongly regulated socially and culturally.

### Dating

The age of first dating, like the age of first kisses, has lowered in recent years. In the 1930s, only half of the under-20-year-old people had dating relationships; currently, more than four fifths of the under-20-year-olds are dating. This increase stopped in the 1980s.

In the Finnish-Karelian culture area, "night courting or prowling" was a common way for young people to become acquainted until the early 20th century. In rural areas, it was customary for groups of boys to visit several girls during a single outing, since the girls belonged to the same social group. In going to the girls' sleeping quarters, "night courting" constituted a formal social venture or endeavor, with identifying knocks, introductions, overtures, seductive lines, and poetry. The choice of a conversation partner was made with the help of night proposal rites. The many customary rules and norms in night courting were aimed at the preservation of morality (Sarmela 1967). In their classic study *Die Einleitung der Ehe [The Introduction to Marriage]* (1937), K. Rob and V. Wikman divided night prowling into two main types: organized-group and individual courting. In group prowling, the boys watched, often very strictly, over each other's behavior. The girls could not refuse the visits of such groups. It was, nevertheless, in the power of the girls to decide which boys in the group would be allowed into their sleeping rooms in the storehouse or building where they were spending the summer.

### Sexarche

Sexarche, first sexual intercourse, requires finding an appropriate partner and becoming sexually aroused. What a person defines as "appropriate" is closely associated with the interpretations given by society. "An appropriate partner" may be understood as a partner with whom one has a love relationship and a relationship in which both partners feel "ready" for sexual intercourse. The importance of these social conditions is emphasized by the fact that about 20% of the 15-year-olds with steady partners would have liked to have sexual intercourse, but, for some reason, they had not had that experience. They had had both the chance and the willingness; nevertheless, all the social conditions had not been fulfilled.

At the age of 15, adolescents usually accept the sexual intercourse of their peers on grounds of love. Thus, an important condition for starting a sexual relationship is that two people love each other enough. The importance of love in legitimating sexual relationships of the young people is somewhat greater among farmers and the upper-middle class. This applies to both youths and their parents. This emphasis on love is closely connected with the demand for faithfulness.

Girls tend to value sex less, to masturbate less frequently, and to report considerably less desire for sexual intercourse than boys of their age. Girls who have never had a steady relationship with a boy are less likely to report a strong sexual desire. A female culture that emphasizes love does not attach a high value to sexual enjoyment in the expectations of Finnish girls. The dating institution, however, diminishes the effect of this romantic value that delays sexarche. Among the girls, the importance of sex quickly increases with an increase in experience. Dating clearly brings the expectations of sexual life closer to each other in boys and girls.

Twenty percent of Finns currently experience sexual intercourse before the age of 16, and approximately 50% by age 18. [*Update 2003*: According the latest results (2003), about three quarters of women and over half of men experi-

ence sexual intercourse before the age of 18. The mean age of first intercourse was 17.6 years for women and 18.1 years for men. (End of update by O. Kontula)]

Seventy percent of the women and half of the men reported that they had had their first experience of sexual intercourse with a steady partner. Only 60% of the women and 50% of the men reported being in love with their first sexual partner (see Table 7).

Among the older Finns surveyed, nearly half of the women had their first sexual intercourse after the age of 20. With the men, the corresponding share was about one fifth. Among younger Finns, about 10% have their first intercourse after age 20. Two percent of the over-30-year-olds reported that they had never had sexual intercourse.

The age of first sexual intercourse does not differ significantly in the provinces of Finland. Nor is it related to population density, although people living in the rural areas start having sexual intercourse somewhat later than urban youth, probably because rural living provides fewer opportunities for making social contacts.

A significant change has also occurred in the extent to which sexual intercourse is involved in the first dating experiences. When ages of first dating relationship and first sexual intercourse are compared, it appears that, as late as the 1930s, sexual intercourse was not generally a part of a steady dating relationship. Less than a third of the women who had been dating at a particular age had had sexual intercourse at that age. After the 1930s, there was a continuous even growth in the proportion of the women who experienced sexual intercourse while dating. By the end of the 1970s, the proportion of women dating who had had sexual intercourse grew to nearly 90%. During the 1980s, it dropped a little and is now about 80%.

Women's greater sexual initiative and willingness at the first intercourse has contributed to this change. However, for many women the first experience of sexual intercourse is still painful and a disappointment. Many women go through their first experience expecting it as a necessary routine in order to be able to start really enjoying their sexual life after this "puncturing."

The decreasing gap between the willingness of men and women to initiate sexual relations in the interval between the 1970s and 1990s is statistically very significant. In two decades, the share of the women who were reluctant at their first sexual intercourse fell from 40% to 10%. This increasing equality between women and men has been matched by an increase in equality in other sectors of life, such as education, work, politics, family, and leisure time. Part of this change may be because of the more-honest reporting of both men and women to these questions than before.

### Early Contraceptive Use

The use of contraception at the first intercourse has increased considerably in recent decades (see Table 8). Only a

few percent of the over-55-year-olds had used contraception at the first time, and about 70% had been entirely without contraception. Withdrawal was the most common contraceptive method. The use of the condom as a contraceptive method at the first intercourse increased significantly with the under-55-year-olds, especially among the young after the middle of 1960s. In the 1970s, the use of the condom decreased slightly, according to age-group comparisons, but increased again in the 1980s, obviously because of the condom campaigns against AIDS. In the recent years, 60% of the men and 65% of the women had used the condom at the first intercourse. About 15% used no contraception at all. These proportions correspond well with results of the most recent surveys among adolescents.

## C. Adults

### Single Adults

In 1992, 30% of Finnish men ages 18 to 74 and 34% of women were not married or cohabiting. One third of these had a steady sexual relationship. In the whole population covered by our survey, 11% of both men and women had a steady sex partner with whom they did not live.

The proportion of single adults, i.e., not having any steady sexual relationship, is highest in the youngest and oldest age groups (see Table 9). A large proportion of people under 30 years have not yet started to live together with a partner but will probably do so later. Many of the women over 60 years are single because of widowhood and the shortage of older men. Among men, singlehood does not increase with age because they less often get widowed and have more potential partners available.

Singlehood in Finland does not mean celibacy. A large proportion of single people have a regular sex life: 40% of all single men and 28% of single women had not experienced periods of at least six months without sexual intercourse over the course of the previous five years. On the other hand, 8% of single men and 30% of single women had not engaged in sexual intercourse during the previous five years.

More single adults never had engaged in sexual intercourse, 14%, compared with 3% of the total population. Single women started their sexual activity at a later age than other women, but for men, singlehood was not connected to the age of initiating sexual intercourse.

Single men have a more-varied sex life than single women. Forty-six percent of single men and 20% of single women reported sexual intercourse during the previous month. Thirteen percent of the single men and 3% of the single women had engaged in sexual intercourse at least once a week during the previous month.

Measured by the number of partners, the sexual life of single adults is also livelier than that of married and cohabiting people. Close to half of all single men and more than a

**Table 7**

**Percentages of Men and Women Who Had Their First Sexual Intercourse by the Age of 18, in Different Decades, Based on the Cohort Analysis, 1971 and 1992**

	1933-1942	1943-1952	1953-1962	1963-1972	1973-1982	1983-1989
Men 1971	37	30	40	49		
Men 1992	35	41	36	47	58	50
Women 1992	9	16	28	42	60	55
Women 1971	6	18	21	34		

**Table 8**

**Percentages of Men and Women by Age Who Used No Contraception at the First Sexual Intercourse, 1971 and 1992**

Age	Men 1971	Men 1992	Women 1971	Women 1992
18-24	26	17	24	13
25-34	39	24	46	22
35-44	58	29	60	18
45-54	57	40	60	42
55-64		67		68
65-74		82		70

1971:  $N = 1,919$ , with 669 men and 1,250 women  
1992:  $N = 2,048$ , with 1,002 men and 1,046 women

third of single women had had more than one sex partner during the previous year.

For single adults living without a steady sexual relationship, their last sexual partner was usually a sexually unaffiliated person. Fourteen percent of single women and 9% of the men said that their last partner was a spouse or steady partner of somebody else. Of single men, 2% said that their last partner was a prostitute. One tenth of single men had, during their lifetime, had intercourse with a prostitute. This is the same proportion as for married or cohabiting men. No single women reported contact with a paid sex partner.

Single people do not use as varied sex techniques as cohabiting couples and other people having a steady relationship. The positions used in last intercourse resemble those of married people: the missionary position with the man lying on top and the woman underneath. In the casual sexual relationships of single people, the love play and coital positions are fairly traditional: There is little oral sex and stimulating of a partner's genitals by hand.

For women, the incidence of orgasm in sexual intercourse varies according to having or not having a steady sexual relationship. However, 26% of single women did not recall whether they had an orgasm during their last intercourse, perhaps because this may have been several years ago.

Single adults reported less satisfaction with their last intercourse than other people. Single adults also reported less satisfaction with their sex life as a whole than people having a steady sexual partner. Single people have a lower sexual self-esteem than other people; this may be one reason for their lack of sexual partner. People not having sexual relationships do not receive positive sexual feedback, which might strengthen their self-esteem.

Slightly more single men have had some homosexual experiences during their lifetime than attached males, 7% compared with 4%. Single men also are more likely to have a homosexual identity or identify themselves as bisexuals than other men (see Section 6 on homosexuality and bisexuality). Single women are not more often lesbians than other women.

Masturbation is more common among single adults than other adults. Half of single men and one fourth of single

women reported self-loving during the last month, twice as high as married people. Self-loving is most common among single people living with their parents. Most of these are young people.

In addition to using self-loving to compensate for not having a steady sexual partner, singles watch sex videos. Forty percent of single men had watched sex videos at least a couple of times during the previous year. This is the same frequency as cohabiting men and more than married men. Only 5% of single women had watched sex videos during the year, less than cohabiting or married women had done. Similar differences were found in the use of pornographic books and magazines. Women with steady partners may get invitations from their partners to watch sex videos or read pornographic materials. Single women seem to be too shy to buy or borrow sex materials to use alone.

Sex toys and aids are generally not used as substitutes for sexual relations (see Section 8 on unconventional sexual behaviors). Vibrators are not used more by single than by other women—about 5% of all women had ever used them.

Alcohol is associated with the sexual life of single adults more than it is for affiliated persons. As many as 58% of single men and 26% of single women reported drinking alcoholic beverages before their last intercourse. For single men, this proportion is almost double that of other men, perhaps because the casual relationships of single adults often begin in restaurants and other social situations where alcoholic beverages are served.

Even though single adults suffer from feelings of loneliness more than people living in a couple relationship, not all of them long for a sexual partner. Many deny the importance of having sex or living with somebody.

#### *Cohabiting Adults*

All over the world, families and couple relationships have changed in recent decades. In the developed countries, children move away from the parental home earlier than before, cohabitation has become a common form of starting a marriage, divorces have increased, and the number of children has declined.

Because of the higher standard of living, adult Finns today live less often with their parents than in earlier times and more often alone (see Table 10). The increase in unmarried cohabitation has decreased the proportion of married people in the population. In 1971, 64% of the respondents ages 18 to 54 lived together with their spouse and only a few percent with their fiancées or steady partners. The rapid growth of cohabitation can be seen from the 1992 survey: 16% of the 18- to 54-year-olds were cohabiting and only 53% of the population in this age cohort were married. [In 1999, 15% were cohabiting and 50% were married. Living apart together (LAT) relationships had increased; their proportion was already 13%.]

The increase in cohabitation has not meant that there are more couples living together than earlier. When one adds the percentages of married and cohabiting people together, their proportion only grew from 66% in 1971 to 69% in 1992. The main change is that nowadays more people delay or do not

**Table 9**  
Percentages of Men and Women by Age in the Given Type of Couple Relationship, 1992

Type of Relationship	Age, Years						Total
	18-24	25-34	35-44	45-54	55-64	65-74	
<b>MEN</b>							
No couple relationship	48	17	14	12	15	16	19
Steady sexual relationship without living together	29	12	4	5	7	8	11
Cohabitation	9	27	11	6	2	2	13
Marriage	4	44	71	77	76	74	57
(n)	(159)	(249)	(266)	(203)	(308)	(96)	(1103)
<b>WOMEN</b>							
No couple relationship	32	11	15	13	29	49	23
Steady sexual relationship without living together	32	11	8	9	6	3	11
Cohabitation	28	22	13	7	4	1	13
Marriage	8	56	64	71	61	47	53
(n)	(164)	(233)	(250)	(191)	(157)	(149)	(1114)

enter a formal marriage, and maintain an official status as single. In the past 20 years, the proportion of never-married people among the 15- to 54-year-old Finns rose from 35% to 40% for men and from 27% to 36% for women.

The developmental cycle of the present union greatly varied by age in 1992 (see Table 11). In the older age groups, 55 years and over, a large majority first moved in together after the wedding. In the age category 25-to-44 years, half of the people first lived together and then married. Four fifths of the less-than-35-year-old people living together with someone were cohabiting without marriage. At present, most Finns start their marital life as a cohabiting couple.

In 1992, the age at moving in together was for men aged 15 to 64 years, on average, 0.9 years lower than age at marriage in 1971, and among women 0.6. The increase in cohabitation thus made men, in particular, more inclined to move in together with their partner relatively early. Twenty years ago, the average age at first marriage was 24.6 for men and 22.3 for women—there are no data on when couples moved in together from that era. In 1992, men initiated cohabiting, or married for the first time, on average, at age 23.7 years, women at age 21.8. [The mean age of women at first marriage in 2000 was 28.0 years. This difference is because of the fact that, practically speaking, everybody cohabited before they married.]

Of all the men interviewed in 1992, 79%, and of the women, 83%, had lived in a matrimonial relationship. In the oldest age group, 65 to 74 years, there was a gender gap: 7%

of men and 13% of women never had cohabited or married. This is partly explained by the fact that single men die young and single women live long.

A longer life expectancy and the growing divorce rate have contributed to the fact that people have time to enter several unions during their lives. According to the 1971 study, 5% of the ever-married men and 6% of the women had been married at least twice. In 1992, the proportions were 17% and 22%, respectively, [and in 1999, 26% and 25%].

Cohabitation does not always lead to marriage, particularly among young people. One fourth of the 1992 respondents had been cohabiting without getting married to the partner. Among people under 35 years, the proportion was more than half.

### Marital, Extramarital, and Postmarital Sexual Behaviors

**Sexual Intercourse.** The frequency of sexual intercourse 20 years ago was almost as high as nowadays. Finns have sexual intercourse usually once or twice a week. The share of people who had had sexual intercourse during the last two days among the people ages 35 to 54 was higher in 1992 than in 1971 (see Table 12). Sexual relations seem nowadays to remain consistent and regular later in life than they did 20 years ago. The frequency of sexual intercourse does not decrease significantly until after the age of 55, especially among women. Even this change does not necessarily follow from aging but from generational differences.

[Update 2003: In the 1990s, the frequency of sexual intercourse had not changed significantly. In 1999, the number of intercourses per month in the age group 18-to-54 years was 6.3 for men and 5.9 for women; the annual totals for men was 75.9 and for women 70.3. (End of update by O. Kontula)]

Sexual intercourse has become more varied. While in 1971, as much as 68% of the most recent occurrences of sexual intercourse among 18- to 54-year-old people were the missionary position, in 1992, the proportion was 43%. The proportion of those who had used many different positions during their most recent sexual intercourse had increased in a very significant way, from 16% to 32%. [In 1999, this proportion was even higher: 44% of men and 36% of women.]

Twenty years ago, it was usual that the man was the sole initiator of sexual intercourse in 49% of the incidents. In 1992, only 37% of the most recent experiences of sexual intercourse were initiated solely by the man.

Fifteen percent of the male respondents said that the woman was the initiator of the last sexual intercourse, but this figure was only 10% according to the women's responses. Women were slightly more likely than men to report that both partners took an equal role in initiating intercourse, 51% compared with 45%. Women may find it more difficult to admit that they have taken an active role in coitus.

Alcohol consumption before the last sexual intercourse became slightly more frequent in the past 20 years. In 1971, alcohol had been used by 21% of the men and 11% of the women; in 1992, this figure was 25% and 16%, respectively, [and in 1999, 34% and 23%, respectively]. This reflects an increased consumption of alcohol among Finns in general.

**Sex Styles.** Sexual satisfaction can be attained in many ways. Following a factor analysis of the 1992 data to measure vari-

**Table 10**

#### Changes in Household Structure of People Aged 15 to 54 from 1971 to 1992 (in Percentages)

Living Companions	Men	Men	Women	Women
	1971	1992	1971	1992
Parents or other kin	26	17	18	15
Wife or husband	62	52	66	51
Cohabiting partner	3	17	2	18
Same sex companion	3	1	3	1
Other and no information	2	0	4	0
Lives alone	4	13	7	15
(n)	(744)	(877)	(1408)	(838)

**Table 11**

#### Developmental Cycle of the Present Union by Gender and Age (in Percentages, 1992)

Cycle of the Union	Age, Years						Kaikki
	18-24	25-34	35-44	45-54	55-64	65-74	
<b>MEN</b>							
From marriage to living together	6	10	36	80	87	93	50
From cohabitation to marriage	11	51	51	12	10	4	31
Cohabiting	83	39	13	8	3	3	19
(n)	(36)	(176)	(218)	(169)	(101)	(73)	(773)
<b>WOMEN</b>							
From marriage to living together	5	17	43	78	85	94	51
From cohabitation to marriage	15	52	39	13	8	3	28
Cohabiting	80	31	18	9	7	3	21
(n)	(59)	(182)	(193)	(150)	(101)	(72)	(757)

ables associated with different sexual habits and partners, three sex styles were identified:

1. Sex in a sexual-intercourse-centered steady relationship (frequent sexual intercourse with a steady partner);
2. sex in casual relationships (many sexual partners, including relationships with foreigners and prostitutes); and
3. alternative sexual habits (anal and oral sex, manually stimulated satisfaction, acquaintance with sexual aids, the use of different sex facilities, and masturbation).

The connection of the social background with these sex styles was examined by regression analyses. As explanatory variables in the simple linear regression model, there were gender, age, place of residence, type of marital relationship, years of education, income, days on working trips, religiosity, and two variables about alcohol consumption: the frequency of alcohol use and of getting intoxicated.

Sex in a steady relationship, meaning frequency of sexual intercourse and familiarity of the last sexual partner, relate naturally to living in a steady relationship, but also to youth and high income with a lower level of education. This sex style is typical of ambitious couples. The regression model explained 41% of the variation in the steady-relationship sex.

Those who practice casual sexual relationships, or people who have numerous sexual partners and/or sex with foreigners and paid partners are men, city residents, well-paid, who travel a lot for their work. They are indifferent to religion and often consume alcohol. The people cohabiting or in a steady noncohabiting relationship more often than other people had transient sexual relationships. The typical male practitioners of casual sexual relationships may well be called "rich good-time boys" for their social background, even if they can be found in all age and gender groups. The regression model explained 18% of the variation in the casual sexual relationships.

Alternative sex was related to male gender, youth, frequency of alcohol consumption, and frequency of intoxication. The married and the single people did not engage in alternative sexual habits as much as the people living in cohabitation or in steady sexual relationships. Alternative sexual habits are related to the lifestyle of young go-ahead men. As much as 43% of the variation in alternative sex was explained by these social factors.

*Sexual Partners.* For Finns ages 18 to 54, the average number of sexual partners during their lifetime has risen from 7 to 10 during the last 20 years. In 1971, women of all ages had about 3, men about 11 partners, and in 1992, correspondingly, 6 and 14. In 1992, the male respondents between ages 25 and 44 years had the most partners, between 40% and 50% had at least 10 partners; of the women in the same age cohorts, about 18% had at least 10 partners (see Table 13).

[*Update 2003:* The number of sexual partners had somewhat increased in the 1990s. In 1999, the mean number of sexual partners was 16 for men and 7 for women; 43% of men and 25% of women had had more than 10 sexual partners in their lifetime. (*End of update by O. Kontula*)]

In both surveys, the large number of sexual partners is related not only to gender and age, but also to marital status, according to a Multiple Classification (multivariate) analysis: The married people had fewer partners than the un-

married, widowed, and the divorced. Those alienated from religion, as well as the frequent consumers of alcohol, had more sexual partners than the religious and temperate people. Those who had passed the matriculation examination had fewer partners than the less educated; this difference, however, was no longer statistically significant in 1992.

Worldwide, in all the sex surveys, men claim to have had more sexual partners than women. This survey refined this general data by separating out data on Finnish men and women who had foreigners, homosexuals, or prostitutes as partners. When those who had, at some time in their life, at least one foreigner, one homosexual, and one prostitute as a sexual partner, were separated from the data on under-56-year-old men and women, the men still had at least 10 sexual partners—about twice as many as the women. One explanation of this might be that the Finnish men subconsciously overestimate the number of their partners, while the women underestimate their contacts. Another possibility is that many of the men with multiple sexual partners who responded to the survey have as sexual partners a small group of women who, for the main part, were left outside the survey and were among the nonrespondents of the questionnaire.

Finns report a somewhat higher number of sexual partners than Americans (Laumann et al. 1994). This may partly be explained by the fact that in the United States, a greater proportion of survey respondents left the question concerning the number of partners during their lifetime unanswered.

In addition, during the prior 12 months, the Finns more often than the Americans had more than one partner. During the previous year, 21% of the Finnish men and 11% of the women had had two or more partners; the corresponding figure for Americans was 17% and 7%, respectively. Only 4% of the Finnish men and 7% of the women reported that they had had no partners at all during the prior year; in the United States, the proportions were 13% and 24% (see Tables 14, 15, 16, and 17).

These results suggest that the sexual life of the Finns is at least as active as that of the Americans. Indeed, fear of AIDS and traditional sexual attitudes may restrict the number of sexual partners in the United States more than in Finland.

*Extra or Concurrent Sexual Relationships.* The partners in the most recent sexual intercourse have mostly been steady

**Table 12**

**Percentages of Men and Women by Age Reporting That They Had Sexual Intercourse Within the Past 48 Hours at the Most, 1971 and 1992**

	18-24	25-34	35-44	45-54	55-64	65-74
Women 1971	43	42	34	23		
Women 1992	37	46	46	38	14	3
Men 1992	36	50	54	46	33	17
Men 1971	34	53	36	31		

**Table 13**

**Percentages of Men and Women by Age Reporting at Least 10 Sexual Partners During Their Lifetime, 1971 and 1992**

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Men 1992	22	47	52	46	50	40	35	33	33	16	13
Men 1971	21	32	28	16	21	28	29				
Women 1992	15	24	23	16	20	6	5	6	2	3	3
Women 1971	3	4	5	3	1	2	4				

partners or spouses in marriage or cohabitation. In 1992, only 6% of the men and 4% of the women in a steady sexual relationship had had someone other than the steady partner as the last partner. However, a greater and greater share of people have experiences of sexual relationships alongside their steady sexual relationships. Sexual relationships of this kind, including extramarital relationships, are called extra or parallel sexual relationships in the study.

The number of extra sexual relationships has approximately doubled during the 20 years among the Finns between 18 and 54 years old. In 1971, 24% of the men and 9% of the women who were married at the time of the survey stated that they had had sexual intercourse with some persons other than their spouses during their marriage. In 1992, 44% of the men and 19% of the women who were living in cohabitation or marriage had experiences of parallel sexual relationships during their cohabitation or marriage (see

**Table 14**

**Number of Sexual Partners for Men During Their Lifetime in Three Countries in the Early 1990s in Percentage Share**

	None	1	2-4	5+
Finland	3	13	25	60
USA	6	18	25	51
Great Britain	7	21	29	44

(Kontula 1993)

**Table 15**

**Number of Sexual Partners for Women During Their Lifetime in Three Countries in the Early 1990s in Percentage Share**

	None	1	2-4	5+
Finland	4	28	35	34
USA	5	39	34	23
Great Britain	6	39	35	20

(Kontula 1993)

**Table 16**

**Number of Sexual Partners for Men During the Past Year in Four Countries in the Early 1990s in Percentage Share**

	None	1	2-4
Finland	5	71	24
USA	15	66	20
Great Britain	13	73	14
France	11	78	11

(Kontula 1993)

**Table 17**

**Number of Sexual Partners for Women During the Past Year in Four Countries in the Early 1990s in Percentage Share**

	None	1	2-4
Finland	8	79	13
USA	27	64	8
Great Britain	14	79	6
France	17	78	5

(Kontula 1993)

Table 18). [In 1999, these proportions had somewhat decreased among men, but increased among women.]

In 1992, the respondents were also asked how many parallel sexual relationships they had had while in their steady relationship with their then or earlier partner. Of all the people aged 18 to 74 years who had sometimes lived in a steady relationship, 52% of the men and 29% of the women admitted having experienced at least one relationship of this kind. Even if the incidence of parallel sexual relationships has increased, attitudes to parallel sexual relationships have become stricter during the past 20 years. This discrepancy between liberated actual behavior and tightening attitudes may be related to the fear of AIDS and the growing conservatism in the society in general (Haavio-Mannila et al., 1997). [Comment 2003: It may also imply higher expectations for permanent couple relationships and a renaissance of romanticism in the 1990s. (End of comment by O. Kontula)]

*Incidence of Oral and Anal Sex.* In the 1992 data, stimulation of the partner's genitals (e.g., fondling and stimulating by hand) in order to give him or her satisfaction without sexual intercourse is a common form of petting and love play. It may or may not be linked to vaginal intercourse. A large majority, 86% of men and 76% of women, had at least sometimes during their lifetime stimulated a partner's genitals. [In 1999, these proportions were 84% and 81%.] During the past month, this had been done by half of men and more than a third of women. More than one year had gone by since the last incidence of stimulation by hand for 26% of men and 42% of women. Women thus have been less active than men in giving satisfaction to a partner without sexual intercourse. Maybe some men offer fondling and stimulation by hand to their partners who otherwise do not have an orgasm in intercourse.

Young people stimulate their partner's genitals by fondling much more commonly than do older people. Of women and men over 55, half of the women and 30 to 40% of the men have never done it, whereas the proportion among 25- to 34-year-olds is only 5%. This huge age gap indicates that fondling the genitals was not considered a part of a "normal" sex life to satisfy one's partner when today's older generation was in their youth. Vaginal intercourse was then the main sex technique.

Anal sex (sodomy) has been practiced throughout history for pleasure, birth control, and to avoid breaking a virgin's hymen. Including the anus in sexual activity is taboo in some cultures.

Clinically there is no difference between stimulation of the mouth, ears, nipples, feet, or anus in the production of pleasure sensations to the brain. None of these activities have a direct role in reproduction so it seems inconsistent for people to accept some and not all points of arousal in sexual activity. (Love 1992, 10)

In Finland, anal intercourse is not illegal. Nevertheless, it seems not to have been an acceptable sex technique in earlier generations, as older people rarely admit having prac-

**Table 18**

**Percentages of Men and Women Reporting More Than One Sexual Partner During the Past Year by Duration of the Relationship, 1992**

	0-1 Year	1-4 Years	4-9 Years	9-19 Years	19+ Years
Women	69	5	11	9	4
Men	68	15	15	21	16

ticed it. According to the 1992 survey, only 20% of men and 17% of women reported having ever practiced anal intercourse. Eight percent of men and 6% of women had done it several times. It had most often been practiced by 25- to 34-year-old persons, 31% of the men and 29% of the women. In this age group, one in ten had had anal sex several times. Only 2% of the women over 55, and 5% of the older men, had ever tried this sex technique.

[Anal sex had become much more prevalent in the 1990s. In 1999, 28% of men and women reported having ever practiced anal intercourse. In the age group 18-to-34, one third has practiced anal intercourse several times.]

Cunnilingus and fellatio are very common sexual practices throughout cultures and history. In the Finnish questionnaire, experiences of oral sex were inquired by the following question: "In the last five years, how often have you had oral sex in your sexual relations, that is, fondling a man's penis or a woman's genitals by mouth?" Men reported to have done cunnilingus to their partner more often, 78%, than women had done fellatio, 67% (see Table 19). More than half of the men and 42% of the women had done it often or sometimes. Men also had received oral sex more often, 73%, than women, 64%.

Oral sex was much more common among younger than older Finns. In the age group 18 to 34 years, almost all had done and received oral sex, whereas in the age group 55 to 74, only 35% of men had received it from and 46% had done it to the partner. Only one in five women admitted it either

way. The discrepancy in older men's and women's reports of oral sex may be because of the more common experiences of extra sexual relations with prostitutes and perhaps a less-inhibited extra partner.

The wide age differences in the practice of oral sex are connected to the varied sex practices of young people in general. Young people use more-varied positions in sexual intercourse, satisfy each other more often by hand and mouth, and have more often experimented with anal sex than older people. The liberated sexual behavior of younger people may be one explanation for their greater sexual satisfaction.

*Sexual Satisfaction.* Perhaps the most positive result of the Finnish sex survey is the observation that young Finns are more satisfied with their sexual lives than their elders are. Sexual intercourse was more generally regarded as pleasant in 1992 than it was in 1971. The amount of love play was considered more adequate, the steady relationship was experienced as happier, discussing sexual matters with the partner was more open and easier, and sexual life as a whole was estimated to be more satisfying than in 1971. Women had experienced orgasm somewhat more often in their last sexual intercourse, and men had had less problems with getting erections during the prior year.

From the viewpoint of sexual equality, it was remarkable that women considered their experiences of sexual intercourse clearly more pleasant than 20 years ago and nearly as pleasant as men. The gender gap in experiencing sexual intercourse as pleasant or as unpleasant decreased significantly. Men enjoyed their sexual life as a whole more than women, but in the pleasantness of the last sexual intercourse, there was no difference between the genders.

Women are now able to enjoy sex partly because there is practically no fear of an unwanted pregnancy. Only a quarter of the women reported that they had been pregnant when entering into marriage or cohabitation; 20 years ago the share had been 45%. The number of marriages-of-necessity has decreased as sexual education and contraception became more common.

[Update 2003: Respondents were less satisfied in their sexual life as a whole in 1999 compared to that in 1992. This was evident, although sexual intercourse was considered more pleasant than before, and sexual self-esteem had improved. This finding was explained by strongly increased desire to experience more sexual intercourse. As the frequency of sexual intercourse did not increase in the 1990s, satisfaction in one's sexual life also diminished, on the average of 5 to 10 percentage points. (End of update by O. Kontula)]

Sexual satisfaction as a whole is a combination of emotional and physical satisfaction. According to our 1992 survey results, the two aspects are equally important. Among women, the correlation between general sexual satisfaction and finding intercourse pleasant—measured by the sum of finding them in general pleasant and considering the last intercourse as pleasant—was 0.47 and 0.40 for men. Happiness in the present steady relationship, meaning emotional satisfaction, correlated with sexual satisfaction as a whole for women at 0.44 and for men at 0.36.

Happiness with life was more strongly connected to emotional sexual satisfaction—for men 0.52 and women 0.59—than to physical satisfaction—0.23 and 0.20, respectively. Emotional satisfaction prevents feelings of loneliness—for men 0.27 and women 0.30—more than physical satisfaction—0.16 and 0.15, respectively.

Sexual satisfaction is a socially constructed phenomenon. It is related to emotions, sexual practices, and relation-

**Table 19**

**Percentages of Men and Women by Age Reporting Experiences with Oral Sex, 1992**

Partner has done oral sex to me	Age, Years			Total
	18-34	35-54	55-74	
<b>MEN</b>				
Mostly	20	9	2	12
Sometimes	43	34	12	34
Seldom	22	34	21	26
Not at all	15	23	65	27
(n)	(371)	(395)	(163)	(929)
<b>WOMEN</b>				
Mostly	22	9	—	12
Sometimes	45	28	7	29
Seldom	20	32	12	23
Not at all	14	31	81	36
(n)	(377)	(408)	(241)	(1026)
<b>I have done oral sex to partner</b>				
<b>MEN</b>				
Mostly	23	12	5	15
Sometimes	46	41	14	39
Seldom	18	28	27	24
Not at all	3	18	54	22
(n)	(370)	(395)	(136)	(901)
<b>WOMEN</b>				
Mostly	18	6	1	10
Sometimes	45	30	5	32
Seldom	23	32	12	25
Not at all	15	31	81	33
(n)	(378)	(368)	(159)	(905)

ships. In Table 20, correlation coefficients between emotional, physical, and overall sexual satisfaction, and a number of variables related to sexual feelings, practices, and partners are presented. Perhaps this analysis gives hints as to how to improve sexual life so that it will be more happy and enjoyable.

Loving and being loved is important for emotional, physical, and overall satisfaction in sexual life. Women in particular need love in order to be happy in their steady relationship. A loving relationship greatly increases satisfaction with sexual life as a whole. The quality of the present

steady sexual relationship also has an impact on sexual satisfaction. People for whom talking about sex with their partner is not difficult at all, but open and easy, are emotionally, physically, and generally satisfied with their sexual life.

The number of persons one has really fallen in love with only correlates with the unhappiness of men's, but not women's steady relationships; that is, men who have fallen in love often are not very happy in their present relationship. Perhaps they have known too many women with whom they can compare their present partner in order to feel totally happy with her. Or maybe falling in love very

**Table 20**  
**Correlations Between Sexual Satisfaction and Sexual Feelings, Practices, and Partners (*r*) for Men and Women, 1992**

Sexual Feelings and Behavior	Sexual Satisfaction					
	Emotional		Physical		General	
	Men	Women	Men	Women	Men	Women
(Correlation Coefficients)						
<b>FEELINGS</b>						
<b>Love:</b>						
Loves somebody right now	0.26	0.38	0.23	0.26	0.32	0.38
Receives love	0.24	0.36	0.22	0.26	0.31	0.36
Talking about sex with one's partner is easy	0.16	0.22	0.23	0.23	0.23	0.28
Number of objects of love during lifetime	-0.10	ns	ns	ns	ns	ns
<b>Sexual self esteem:</b>						
I have great sexual skills	ns	0.16	0.26	0.30	0.26	0.31
I am sexually active	ns	0.28	0.21	0.35	0.27	0.35
I am sexually attractive	ns	0.18	0.16	0.24	0.19	0.21
<b>Role of sex in life:</b>						
Considers sexual life to be an important part of life	0.17	0.19	0.25	0.37	0.23	0.28
Sexual desire has increased in the last five years	ns	0.24	0.17	0.35	0.11	0.20
<b>Happiness:</b>						
Considers one's life happy	0.52	0.59	0.23	0.20	0.31	0.38
Is not lonely	0.27	0.30	0.16	0.15	0.30	0.29
<b>PRACTICES</b>						
<b>Intercourse:</b>						
Frequency of intercourse (in general and during the last month)	0.10	0.23	0.28	0.29	0.39	0.37
Both took initiative to last intercourse	0.12	0.12	0.11	0.25	0.13	0.16
Considers the amount of foreplay in intercourse suitable	0.11	0.24	0.11	0.29	0.18	0.33
Several positions in last intercourse	ns	0.14	ns	0.22	ns	ns
<b>Other sex practices:</b>						
Stimulated recently partner's genitals without intercourse	ns	0.19	0.13	0.26	0.18	0.21
Partner gives oral sex	ns	0.20	0.16	0.25	0.16	0.19
Gives oral sex to partner	ns	0.18	0.19	0.25	0.18	0.18
Has had anal intercourse	ns	ns	ns	ns	ns	ns
Masturbates often	ns	ns	ns	ns	-0.20	-0.12
Has used sex materials (videos, movies, magazines etc.) during last year	ns	ns	ns	0.11	ns	ns
Has ever used sex facilities (vibrators, lubricants, erection rings, sexy underwear etc.)	ns	ns	ns	ns	ns	ns
<b>PHYSIOLOGICAL REACTIONS</b>						
Orgasm in intercourse in general	0.07	0.20	0.62	0.79	0.14	0.41
Orgasm in last intercourse	0.07	0.15	0.74	0.87	0.21	0.29
Experienced own or partner's impotence during last year	ns	-0.22	-0.22	-0.28	-0.15	-0.27
<b>PARTNERS</b>						
Number of sexual partners	ns	ns	ns	ns	ns	-0.10
Number of extra sexual relations during present or previous steady relations	-0.20	-0.16	ns	ns	ns	ns



many times in life is an indicator of problems in getting really attached to anyone.

Sexual self-esteem is also more important for women's than men's sexual satisfaction. Women who consider themselves as sexually active, having great sexual skills, and being sexually attractive are happy in their steady relationships, and especially satisfied with sexual intercourse and sex life as a whole. Men can consider their steady relationship quite happy irrespective of their own opinion of their sexual capacity. But for men's physical and overall sexual satisfaction, it is important to have a high sexual self-esteem.

The role of sexuality in life is connected more to women's than to men's sexual satisfaction. Considering sexual life as an important part of life is associated with emotional sexual satisfaction to the same extent for both sexes. Valuing sexuality counts more for women's than men's satisfaction with intercourse and, to some extent, their sex life in general. Denial of sexuality in life may prevent women from enjoying sexual intercourse, or vice versa; women who do not like physical sex, may undervalue sexual life as part of their whole life. The subjective experience of an increase in sexual desire in the last five years is more closely correlated with women's than men's sexual satisfaction.

Happy people enjoy their steady relations and also sexual intercourse. The relationship between happiness and sexual satisfaction is probably reciprocal: satisfactory sexual life contributes to feelings of happiness, and happy people are likely to find joy also in sexuality. Sexual partners are often good social companions. Thus, it is understandable that sexual satisfaction diminishes feelings of loneliness.

Sexual habits or practices have a stronger effect on physical than emotional sexual satisfaction. Most of them correlate more with women's than men's satisfaction. From the point of view of sexual satisfaction, the following sexual habits have a positive outcome: frequent sexual intercourse, equal activeness in initiating it, a suitable amount of kissing, petting, or other love play in connection with coitus, and use several positions in intercourse (applies to men only).

In addition to practices related to sexual intercourse, the study also investigated other techniques aiming at sexual satisfaction. Stimulation by hand and oral sex clearly increase women's emotional, physical, and overall sexual satisfaction, and also to some degree, men's physical and general, but not emotional satisfaction. Anal sex, masturbation, and use of sex materials and aids are only to a small degree related to sexual satisfaction. People, particularly men, who masturbate often, are not satisfied with their sexual life as a whole. Women who use sex materials—sex movies and programs on TV, videos, magazines, and wall calendars with naked pictures—are somewhat more satisfied with intercourse than women who do not use them. Perhaps sex materials help women to adopt new, more-rewarding sex techniques.

Orgasm during sexual intercourse is very strongly connected to finding sexual intercourse pleasant. The correlations are higher for women than for men. Also, general sexual satisfaction, and to some degree, happiness of the steady relationship, correlate with experiencing an orgasm during intercourse.

It is not uncommon that a man cannot enter into sexual intercourse because he cannot get an erection or his penis becomes flaccid when sexual intercourse is started. One's own or one's partner's erectile problem decreases physical sexual satisfaction for both sexes. It is also connected to the emotional dissatisfaction of women in their steady relationships.

The number of sexual partners during a lifetime does not correlate with sexual satisfaction except at one point: Women who have had many sexual partners report more dis-

satisfaction with their sexual lives as a whole than other women. Traditional gender roles may make women uncomfortable with a life in which sexual partners change frequently. This lifestyle probably includes a lot of brief casual relationships that women do not take as lightheartedly as men have been socialized to take them.

The number of extra sexual relations during present or previous steady relations is connected to unhappiness of the present steady relationship, but not to physical nor overall sexual satisfaction. Parallel relations indicate a wish to escape the unhappiness of the steady relationship, or they may cause jealousy on the part of the steady partner that might deteriorate the relationship.

Determinants of physical sexual satisfaction have earlier been analyzed by using path analysis (Haavio-Mannila 1993). In the path models developed for explaining satisfaction with intercourse for men and women, some more-general social factors than those presented in Table 20 were included. Some of them only had an indirect influence on sexual satisfaction, but some also had direct effects on it. The social factors studied contributing to physical sexual satisfaction were: irreligious and sexually open childhood home, early age at starting sexual life, liberal attitudes toward sexual issues, short duration of the present steady relationship, and young age. These social background factors correlated with the sexual variables increasing sexual satisfaction: the value of sexuality in life, sexual assertiveness, love, use of sex materials, frequency and variety of intercourse, and orgasm.

#### *Divorce and Remarriage*

In 1986-1989, there were 11.6 officially recorded divorces per 1,000 mean population of married women, compared with 5.3 in 1966-1970. In 1989, 47% of marriages ended in divorce. The increase in divorces can also be seen in the survey data. In 1971, only 3% of the respondents were divorced or separated from their spouse at the time of the survey; 20 years later, the figure was 8%. [Altogether, 30% of both genders had experienced divorce, based on the results of the 1999 survey.] Even changes in the structure of families with children reflect the increased incidence of divorces. In 1971, 90% of the respondents reported that their parents had lived together throughout their childhood; 20 years later, the figure was 88%.

Cohabitation does not always lead to marriage; separation of cohabiting partners is relatively common, especially in the younger age groups. One in four respondents interviewed for the 1992 study had had a cohabitation relationship that had not continued as a marriage. This share was more than one in two in the age groups 35 or younger.

The increased lifespan and increasing occurrence of divorce allows people time to marry several times. According to the 1971 study, 5% of married men and women had been married at least twice. Two decades later, 17% of presently or formerly married or cohabiting men and 22% of the corresponding women had had at least two such relationships. [In 1999, these proportions were 26% and 25%.] Women had had a higher number of such relationships before age 54. In older age groups, men had been married more times than women.

#### *Sexuality, Disability, and Aging*

There are no serious obstacles concerning values and attitudes in dealing with the sexual needs and activities. In 1992, only 5% of the respondents believed that elderly people should not establish sexual relationships. Most Finns, 75%, held that people in residential facilities ought to have a privacy room for intimate meetings. Although the majority

also approve of sexual relationships for physically and mentally challenged persons, no actual studies have been carried out on sexual issues and the disabled.

There is currently some kind of generation gap between elderly and young Finns on sexual issues. Elderly people, especially women, are more conservative in their attitudes toward adolescents' sexual relationships, casual relationships, relationships without love, and women's right to take sexual initiatives. Elderly people have lived their childhood in a world where restrictions against free sexual pleasure were enormous. They have learned that sexual issues are not really important and that they have to be careful in order to avoid the problems and risks associated with fulfilling their sexual images and fantasies. They never had any knowledge and education, for instance, on how to satisfy the needs of their partners, such as young Finns have nowadays. They initiated their dating and sex life much older than the younger generations because sexual activities were interpreted to be as a part of marriage only. Many of them were, in practice, forced to abstain while married because there were almost no contraceptives available.

The frequency of sexual intercourse is increasing among older Finns. Most retired men have had intercourse during the past month, and they report their experiences to be as pleasurable as the younger ones. Elderly people are still not as actively engaging in sexual relationships as the younger people. More than half of retired women abstain from sexual intercourse because they are widowed and are not able or willing to engage to some new relationship—there is also a lack of older men. Old women are many times sexually quite inactive, because they have learned that sexual initiatives are men's duty.

The coital positions of elderly people do not vary very much and they quite seldom engage in oral sex, anal sex, or manual stimulation. They even abstain quite often from masturbation and pornographic products. Only 18% of men and 11% of women over 65 years have masturbated during the past year. [In 1999, these proportions were already 28% and 20%, respectively.] The sexual inactivity is explained only partly by aging and illness; the education and generation gap is the more-important reason for this finding. This can be seen, for example, in the data on the number of sexual partners during a lifetime that are much lower among elderly people. Elderly Finns have had much more time to engage in sexual relationships than younger Finns, but they seldom have experienced multiple relationships.

Because of their health status, elderly people have more sexual dysfunctions—lack of desire, and problems with having vaginal lubrication, erections, and orgasms—than younger generations. These problems will be discussed later in this chapter.

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

Finnish homosexuals were studied by the snowball method in 1982 (Grönfors et al. 1984). More than 1,000 homosexuals answered a relatively extensive questionnaire. Two thirds of the respondents were men and one third were women. About 60% of the respondents reported that they were exclusively homosexual in their feelings and about 70% in their behavior. Finnish homosexuals were quite similarly distributed into Kinsey's categories (Kinsey et al. 1948, 1953). Feelings and behavior were in most cases consistent. However, it is not always possible to combine feelings with practice in real life. There were people who identified themselves as only or mostly homosexual, but behaved only or mostly heterosexually.

In the Finnish sex survey of 1992, there were ten questions about sex with same-sex persons. They refer to sexual identity, sexual experiences with persons of one's own sex, age at first homosexual experience, type and frequency of these experiences, number of same-sex partners, and orgasm in homosexual intercourse.

Homosexual identity was measured by a five-point scale ranging from exclusive homosexuality to exclusive heterosexuality (cf. Kinsey et al. 1948). The question was phrased as follows: "Besides being sexually interested in the opposite sex, people are sometimes also interested in their own sex. Are you at the moment sexually interested in only the male sex, mainly the male sex, both sexes equally, mainly the female sex, or only the female sex?"

In the population aged 18 to 54 years, the proportion of persons interested only or mainly in people of the same sex was 0.8% in 1971, in 1992 only 0.6%, [and in 1999, 1.1%]. When one takes into consideration all people who have at least some interest in people of the same sex, the proportions were 7.6% and 6.5%, respectively. When all people aged 55 to 74 years who were studied in 1992 are included, the proportion of the exclusively or mainly homosexually oriented persons was 0.7%, and that of at least partly bisexually oriented 6.4%. Men more often than women identified themselves as homosexuals, whereas there was no gender gap in the proportion of bisexually oriented people. Same-gendered experiences are more common than homosexual identity. According to the 1992 survey, 4.0% of the Finnish men and 3.8% of the women had had same-sex partners during their life. [In 1999, these proportions were 6.5% and 5.3%, respectively.] In the United States, in 1991, the proportions were 5.0% for men and 2.7% for women (Laumann et al. 1994). The gender difference is thus larger in the United States than in Finland where there is hardly any gender gap. American women may be shyer than Finnish women in admitting their lesbian behavior, or they may avoid lesbian practices deliberately in order to avoid the social stigma attached to them. In Finland, the liberalization of attitudes toward homosexuality in the last 20 years may have helped lesbians acknowledge and report on their homosexual experiences.

The number of homosexual partners during one's lifetime was on the average of 7.4 for men and 1.6 for women. Compared with the number of sexual partners in the whole population (10.6), these figures are small. This is because of the fact that most homosexual encounters only have taken place with one person: 53% of men and 72% of women had had only one same-sex partner. [These proportions were almost equal in 1999.] Many homosexual contacts took place a long time ago. Only 29% of the same-sex contacts of people ever having had one had happened during the last 12 months. During the last year, 1.3% of the Finns and 1.6% of the Americans had had a homosexual relationship. [In 1999, 2.6% of men and 1.3% of women had had a homosexual relationship.] This question had been left unanswered by a significantly greater proportion (23%) of the Americans than of the Finns (8%). This again suggests that there are more social taboos regarding homosexuality in the United States than in Finland.

The first homosexual experiences took place at the same age as first sexual intercourse—that is, on the average at the age of 18.3 years. Men started somewhat earlier than women. Eight percent of these experiences were probably sexual play as children, since they took place when the respondent was less than 10 years old.

The most common type of homosexual experiences were arousing fondling without touching genitals (54% of people having had homosexual experiences), stimulation of

genitals by hand or rubbing genitals against partner's genitals (also 54%), and oral stimulation of the genitals (29%). Only 19% of men with homosexual relations had been engaged in anal intercourse.

Thirty-eight percent of men and 26% of women had had orgasm in homosexual intercourse. This is less than the proportion of orgasm in heterosexual intercourse (see Table 28 in Section 11, Sexual Dysfunctions, Counseling, and Therapies). Homosexually oriented and/or experienced men considered their sexual life as a whole somewhat less often very or quite satisfying (75%) than bisexually or mostly heterosexually oriented men without homosexual experiences (87%) and exclusively heterosexual men (85%). For women, the percentages were 77%, 61%, and 83%, respectively.

The lower sexual satisfaction of homosexuals may be related to the prevailing conceptions about the superiority of heterosexual love and sex (Jeffreys 1990). It may be more difficult to enjoy homosexual experiences as freely as heterosexual experiences because of their ambivalent status in sexual culture. This can be concluded on the basis of the fact that 28% of men and 38% of women interested in their own sex have sometimes been bothered personally by or fearful and worried about their own sexual deviation. This is three times as common as in the population on the average. Of men with homosexual experiences, 38%, and of women, 19% have felt that kind of fear. This fear still prevails, even though the attitudes toward homosexuality have liberalized during the last 20 years (see Table 3 in Section 2B, Religious, Ethnic, and Gender Factors Affecting Sexuality, Cultural Factors).

[Update 2000/2002: In December 2000, the government of Finland proposed legalizing gay partnerships, but with some limitations. In Parliament, the five government parties holding a majority were expected to approve the proposal. The Finnish Evangelical Lutheran Church, to which 85% of Finland's population of 5.2 million people belongs, opposed giving gay partners the same rights as married couples. However, Archbishop Jukka Paarma admitted that "the legal position of homosexual and lesbian couples should be improved."

[In April of 2002, gay partnerships were legalized, but without allowing them to adopt children or share a surname. Finland joined the four other Nordic countries, Sweden, Norway, Denmark, and Iceland, in legally recognizing gay partnerships. Denmark, Sweden, and Iceland also allow gay couples to adopt children under certain circumstances. Same-sex couples 18 years or older are able to make their union official in a civil ceremony, comparable to matrimony but nevertheless "a separate legal institution." Registered gay couples have the same rights as heterosexual couples who are married when it comes to inheritance and divorce. (End of update by R. T. Francoeur and O. Kontula)]

## 7. Gender Diversity and Transgender Issues

### A. Sociological Status, Behaviors, and Treatment

In Finland, the most conspicuous gender minority group has been the transsexuals, because their situation requires both therapeutic and juridical measures to be resolved. Society has indeed taken concrete measures to draft legislation and to develop a functioning healthcare system to meet this need. The Ministry of Social Affairs and Health has been preparing the legislation since 1991.

The National Research and Development Center for Welfare and Health (STAKES) gave the first report on the matter in 1992 and the second at the beginning of 1994. The second report had been drafted by a working committee that

had been set up to develop a support and care system for the transsexuals in Finland. The aim is to create legislation to secure healthcare services for transsexuals, create a special expert healthcare system, and provide juridical protection for their gender reassignment and privacy. The legislation will also define the criteria for gender reassignment.

In Finland, there are an estimated 300 people who would benefit from sex-reassignment surgery. So far, the treatment of transsexuals has been quite haphazard. The information about the possibilities and places of treatment varies. The transsexuals get this information through their associations. As of early 1994, sex-reassignment operations were being postponed until the law comes into force. Male-to-female transsexuals have their operations abroad, mainly in London. Of necessity, female-to-male operations may be performed in the homeland, because Finns cannot obtain these operations abroad.

So far, the cost of the surgery has been paid by the patient, but it is the aim of the proposed new law to extend public healthcare to cover the cost of these operations. Those who have sought this corrective gender surgery have had to apply for a castration permit before having plastic surgery on their genitals. A psychiatrist's and an endocrinologist's certificate must be attached to the application. Because the castration law was not designed for use with transsexuals, attempts have been made to have it removed from their procedure.

Various sexual organizations have become active in support of sexual minorities. In Finland, SETA or Sexual Equality, a registered association, was originally a national organization for homosexuals and lesbians, but during recent years, it has also worked actively on behalf of other sexual minorities. SETA arranges group evenings for transsexuals and transvestites, where other sexual minorities have been welcomed. In addition, SETA has vigorously promoted some juridical matters for the sexual minorities, such as allowing a change of one's name and identity number as part of gender reassignment.

TRASEK, the transsexuals' own association, offers advice on the medical process in gender reassignment and surgery. It also provides a support person for those who need one and gives practical help in writing applications. Providing information by transsexuals who have been through the procedure is a major service of TRASEK.

[Update 2003: The Transgender Support Center (TSC) was established by SETA in 1994 with the financial help from the Finnish government. By close networking with the authorities and other relevant organizations, the expertise of the TSC has been an important part of the ongoing process of creating the new professional practices and consensus in medical, juridical, and psychosocial services.

[TSC gives psychosocial support services for people with transgender experiences. The clients are transsexuals, transvestites, and people between genders, as well as their partners and families.

[Psychosocial support has been arranged, both on a professional basis and by organizing volunteer individual and group self-help support. The TSC has played a significant role in strengthening the networking of the transgender community.

[In 2000, STM (the Ministry of Social Affairs and Health) started to give instructions for treatment and recommendations for legislation on transsexuals' legal status. Internationally, in 2002, a very progressive law and instructions for treatments were confirmed. They were then implemented at the beginning of 2003.

[The medical and juridical sex-reassignment process in the public services includes:

- psychiatric evaluation and diagnosis in Helsinki or Tampere (at least 6 months)
- hormone treatment
- psychiatric follow-up (2 to 5 years)
- treatment plan
- juridical change of name and social security number, together with a psychiatric follow-up (people can choose the right moment for the change of juridical name and social security number, but usually it is required for the Real Life test)
- possible treatments: epilation therapy, speech therapy or phoniatic surgery, breast mastectomy, and supportive psychotherapy
- consultation on the surgery and a place in the queue for surgery (1.5 to 3.5 years)
- castration and corrective genital surgery (2 to 6 operations) and surgery for silicone implants if needed (1 to 2 years)

The total period of treatment varies from 5.5 years to 11 years. In the future, the period of treatment is expected to be shortened to a maximum of 5 years. (*End of update by O. Kontula*)]

## B. Specially Gendered Persons

There are actually no *hijra* or *berdache* communities in Finland, but a so-called gender community that includes people from different gender groups, such as transsexuals, transvestites, transgenderists, and gender-blending people, does exist. There are so few people of each of the groups that they have not formed any subgroups of their own.

## 8. Significant Unconventional Sexual Behaviors

### A. Coercive Sex

#### *Sexual Abuse, Incest, and Pedophilia*

Finnish women have been sexually abused as children more often than men: Under the age of 18, 17% of women and 8% of men had been sexually harassed by peers, other boys or girls, parents, or other adults. There was no clear age difference in the incidence of child abuse. Women most often were harassed by male peers and men, and men by female peers and women. Two percent of women had been sexually abused by their fathers. No reports of sexual abuse by a mother have been made.

#### *Sexual Harassment and Rape*

Incidence of sexual harassment was studied by using the following question: "In the last five years, has anyone laid hands on you or touched you in an offensive way (with a sexual purpose) either in your apartment or elsewhere, e.g., in a restaurant, workplace or at school?" Affirmative answers were given by 3% of men and 9% of women. Younger women reported more sexual harassment than older women. For men, age made no difference. Sexual harassment in most cases was described as approaches (men 88% and women 69%), but 0.4% of all women described the incident as rape, and 1.1% of all women defined it as attempted rape. Of all men, 0.2% described the harassment as attempted rape; no men reported actual rape. Regression analysis showed that becoming an object of sexual harassment was connected with being sexually abused as a child, young age, and female gender. Persons who were sexually harassed were more likely than other persons not to have steady sexual relationships and to have had extra sexual relations and homosexual experiences. Drinking to intoxication and having many sexual partners was also related to having been sexually harassed.

The harassers were mostly men. About half of the respondents knew the harasser before the incidence. Very few of the harassed—6% of the harassed men and 7% of women—had informed the police about the incident. The most common reason for not reporting sexual harassment to the police was that it was considered to be of minor importance. The second reason was that the respondent personally resolved the matter.

Becoming an object of sexual harassment increased sexual fears and worries. Other social factors influencing sexual fears were female gender, young age, lack of steady relationship, stress symptoms, casual and extra sexual relations, and sexual practices alternative to intercourse. One third of the variation of sexual fears was explained by these factors. In order to diminish sexual anxiety, it is worthwhile to discuss and control sexual harassment publicly.

### *Prostitution*

Prostitution itself is not illegal in Finland, but it is against the law to organize prostitutes' services, for example, by maintaining a brothel. Until the beginning of the 1990s, prostitution was scarce (Järvinen 1990). One of the consequences of the fall of the Soviet Union was that many Estonian and Russian women came to Finland to earn money as prostitutes.

Attitudes toward prostitution differ greatly by gender. In 1992, men more often (51%) than women (21%) had nothing against people earning money by selling sexual services in Finland. This activity was opposed by 34% of men and 65% of women. People over 50 years were most negative toward prostitution. [In 1999, 64% of men and 24% of women had nothing against people earning money by selling sexual services. Men had more favorable attitudes towards prostitution than before.]

There has been recurrent public discussion about establishing brothels under the control of the state as there were in the beginning of the 20th century in Finland. Brothels might be a means to fight problems connected with prostitution: i.e., liability of clients and prostitutes to venereal diseases and connections to criminality, particularly drug dealing. Approval of state-controlled brothels was greater among men than women: 42% of men, but only 17% of women approved public brothels, while 41% and 67%, respectively, opposed them. Middle-aged people were most favorable to brothels. Support for public brothels has clearly increased since a 1972 survey. At that time, only 20% approved establishing state-controlled brothels (Markkula 1981). [In 1999, 60% of men and 26% of women approved of establishing brothels under the control of the state. The proportions were higher than before.]

There is a certain amount of demand for paid sexual services in Finland. Twenty percent of women and 8% of men had during their lifetime been persuaded to intercourse by being offered money or similar economic advantages. [In 1999, the corresponding proportions were 17% of women and 11% of men.] Women under 35 years of age most often reported having received these kinds of offers. This indicates that they have increased with time. Only 0.2% of Finnish women and 1.5% of men admitted that they had complied with the request.

Men use paid sexual services more than women. Eleven percent of Finnish men and 0.3% of women had offered money or similar economic advantages for intercourse. One percent of all men and women said that their initiatives had not led to sexual activity. [In 1999, 15% of men had offered money for intercourse in their lifetime.] For Finnish men, traditionally, buying sexual services starts at about age 40 when men begin to have the economic resources for it. Having sex with prostitutes was connected with having many sexual

partners, extra relationships, sex with foreigners, high sexual self-esteem, and few homosexual experiences. Using paid sexual services was not related to sexual satisfaction nor sexual fears.

[*Update 2003*: A quarter of the men who had bought sexual services in their lifetime, had done so during the last year. This means that: 4% of men had visited prostitutes during that year, 72% of men had visited foreign prostitutes abroad, 11% foreign prostitutes in Finland, and 14% Finnish prostitutes in Finland. Altogether, 4% of men had paid for sex in Finland, and 71% of men reported that they used a condom in the latest sexual intercourse with a prostitute.

[In 2002, there was a lively public discussion on the human rights problems related to the pimping of Russian prostitutes in Finland. This has led to proposals of criminalizing buying prostitute services in a similar way to what was done in Sweden some years ago. It is assumed that the government will give this amendment to Parliament in 2003. (*End of update by O. Kontula*)]

### *Pornography and Erotica*

In Finland, between 1971 and 1992, women's attitudes toward pornography became somewhat more negative, whereas men's attitudes have remained unchanged. This may be related to the contents of pornography becoming "harder" and less satisfying to women's expectations than before. The consumption of pornographic products has remained almost the same among men, but has decreased among women. Even when sex videos are included with the printed publications, fewer women, on the average, used pornographic materials during the year in 1992 than in 1971.

Interest in pornographic publications was exceptionally great in 1971 because open nudity had only recently become available in pictures in sex magazines. The charm of novelty and the taste of the forbidden fruit made people anxious to have and use them. Since this initial interest, the greatest excitement and attraction have settled. Besides, the so-called soft pornography has come within everyone's reach—for example, in the pictures of the afternoon tabloids. Such material, however, is no longer referred to as pornography. There are legal restrictions against hard pornography in Finland, but soft pornography and erotica are shown even on public television.

[*Update 2003*: Consumption of pornographic products increased in the 1990s. Use of sex magazines and sex videos was 5% to 10% more common in 1999 than in 1992. Pornography was also more valued than before. Four fifths of men and two thirds of women judged pornography sexually very stimulating. This proportion was even 25% higher among young women in 1999 than what it was in 1992.

[In 1999, phone sex was also studied. Of the men who were younger than 35 years, 15% reported using phone sex during their lifetime and 8% during the last year. Among young women, these proportions were 4% and 1%. (*End of update by O. Kontula*)]

Sex magazines published in Finland are forbidden by the Ministry of Justice to present pictures of anal and oral sex, sexual violence, sadomasochism, sex with children, sperm, paraphilias with sex models, and close-up pictures of genitals. All movies and video films are inspected by state authorities, and hard-core pornography, as listed above, is not allowed to be presented in cinemas or to be rented in video markets. However, in practice, hard-core videos can be bought or leased from specific sex shops. Films presented on TV are not under any legal regulations.

[*Update 2003*: In 2001, new legislation was implemented in Finland. Practically speaking, it gave legal status to pornography. The only exceptions are pictures that are

related to pedophilia, sexual violence, and sex with animals. These forms of sexually explicit material are now defined as illegal. (*End of update by O. Kontula*)]

### *Paraphilias*

In Finland, the use of sexual aids and toys, such as a vibrator or vibrating penis, lubricants, pills or substances increasing potency, erection rings, a penis enlarger with a pump, ropes or gags, an artificial vagina, sexy underwear, sex dolls, and whips or handcuffs or fetters in masturbation or in sexual intercourse by the respondent or his or her partner is fairly rare.

Sexy underwear was the most commonly used aid: One fifth of people told about using it. In the younger age groups under 35 years, the proportion was about one third, and in the oldest age groups only a few percent. Lubricant was the next most popular aid: 17% of men and 15% of women had used it. Lubricant use increases with age, because it lessens problems connected with vaginal lubrication during intercourse.

Vibrators or vibrating dildos were used by the respondent or a partner according to the replies of 7% of men and 6% of women. These were most popular among those around 30 years old (10%). The interest of young people in vibrators indicates that their use will increase in the future. The other sexual aids listed above were each used by less than 2% of the respondents.

Use of sex aids did not correlate with sexual satisfaction except in one case: use of a pump penis enlarger and sex dolls was related to women's unhappiness in steady relationships. These devices are meant for fighting impotency or for compensating for lack of a human sexual partner. As mentioned in the section on sexual satisfaction, impotency and lack of partner indicate an unhappy steady relationship.

[*Update 2003*: In 1999, 8% of men and 7% of women reported that they had practiced bondage plays in their lifetime. Among young persons, this proportion was around 15%. Sadomasochistic experiences had been experienced by 3% of men and 1.5% of women. (*End of update by O. Kontula*)]

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

### **A. Contraception**

A decline in birthrate has been a common phenomenon in most West European countries and in all the Nordic countries during the past several decades. In Finland, the birthrate was at its highest after World War II; for instance, in 1947, as many as 108,000 children were born. After this, there was an even decline, so that, after 1968, the birthrate has been lower than the replacement birthrate, which would be about 70,000 births per year. At its lowest, in 1973, the birthrate was 56,787 births. In the 1990s, it has been about 65,000 children per year. Unless immigration increased, the population had been estimated to grow until 1999, after which it would begin to decrease. [*Update 2003*: In the latest prognosis, the population is estimated to increase until 2013, after which it will slowly decrease. (*End of update by O. Kontula*)]

Contraception has been well taken care of in Finland. Young people may obtain contraceptives from their school healthcare services. The law or other regulations require that those who have given birth or had an abortion be given counseling in contraception. Generally, counseling and even the contraceptive methods themselves are easily available. There is also a variety to choose from, thanks to the development in the research and production of contraceptive methods. From an international viewpoint, Finland is considered a model country in organizing contraception.

In 1988, contraceptive use among 13- to 17-year-olds was surveyed (Kontula & Rimpelä 1988). No contraception

had been used at the first intercourse by 27% of the 15-year-olds. Most of them, 66% of boys and 71% of the girls, had used a condom during the first intercourse. A few percent had used the pill. At the most recent intercourse, use of the pill was reported by 17% of the girls and 7% of the boys. At the same time, the proportion of those who used the condom had diminished to 59% with the girls. The share of those with no contraception had remained almost the same as at the first intercourse, about one in four.

Use of the contraceptive pill quickly becomes more common among the young as they settle into a relationship. As many as 44% of the 17-year-old girls in Helsinki had used the pill at their most recent sexual intercourse; the proportion using condoms remained at 45%. Nationwide, the proportion of 17-year-old boys relying on the pill was 25%; for girls, 56%. The differences in these responses stems from the fact that the girls usually have intercourse with boys some years older than themselves.

[Update 2003: In 2002, 61% of 15-year-old boys and 51% of girls had used a condom during the last sexual intercourse. Twelve percent of boys and 26% of girls had used contraceptive pills, while 18% of boys and 16% of girls used no contraception. Among 17-year-olds, these proportions were 27% and 43%, and 11% and 8%, respectively. (End of update by O. Kontula)]

According to the 1971 sex survey, only about 3% of those who needed contraception did not use any method. According to a study conducted in 1977, one in ten women who needed contraception did not use any method (Riihinen et al. 1980).

In 1992, 29% of the men and 18% of the women did not need contraception at their last intercourse (Erkkola & Kontula 1993). About one fifth of the middle-aged people reported that they did not need contraception. A very important reason is that about 12% of the 35- to 54-year-old women had undergone hysterectomy, which becomes more common with age.

The prevalence of contraceptive methods was surveyed by a question about the method used at last intercourse. Slightly over 3% of the men who had thought they needed contraception in their steady relationship had not used any method at their last sexual intercourse. No method had been used at the last intercourse by 5% of the 18- to 54-year-old women who thought they needed contraception.

The condom and contraceptive pill are popular with young people (see Tables 21 and 22). After the age of 30, the

pill loses most of its users, although about one tenth of the women still use it after that age. This is in part because of the health officers' recommendations. The condom, however, holds its popularity fairly steady among users of all ages. This may be because of the protection the condom affords against diseases.

Use of the intrauterine device (IUD) increases considerably around the age of 30, at the same time as the popularity of the pill wanes. The IUD maintains its popularity until the age of menopause, after which it is naturally no longer needed. The IUD is used by about one third of women. The use of sterilization as a contraceptive method increases a little later than the use of the IUD. Sterilization is mostly used around age 40 years, with about 25% of middle-aged women using this method. Based on generation comparisons, it seems likely that the use of sterilization will clearly increase in the coming years.

The pill, IUD, and sterilization had been used by 59% of women; 27% had used the condom. Only slightly over 3% had used withdrawal or the rhythm method ("safe period"); the latter had been used by only a few women. About 4% of the female respondents had used two methods at their last intercourse, mostly the condom with some other method.

[Update 2003: The use of condoms decreased somewhat in the 1990s among the adult population: 27% of men and 28% of women had used a condom in their last intercourse. Also in temporary relationships, condoms were less popular than before. About half of the men and women used a condom with their last temporary partner. (End of update by O. Kontula)]

Laws relating to sterilization were enacted in 1970 and 1985. The spirit of the latter law is quite liberal, for, in practice, any person over age 30 may be sterilized if he or she so wishes. This law caused sterilization to rise threefold compared to previous years.

Regional differences in contraceptive methods used are fairly insignificant. There are hardly any regional differences in the use of the pill and the IUD, but the condom has been more used in the big towns than in the smaller localities, according to the women's responses.

Finns who had their last intercourse with a steady cohabitation partner or spouse and needed contraception had used the condom less frequently than others, 32% of the men and 27% of the women, compared with 46% and 28%, respectively, for those who had had their last intercourse with

some other steady partner, and 68% and 45% of those with someone other than a steady partner. The condom was most often used at the most recent intercourse by men, 71%, and women, 39%, who had no steady partners. No contraception had been used by 5% of men and 10% of the women with the latest not-steady partner, although they reported that they needed contraception. The pill had been used by 28% and the IUD by 10% of the women with their latest not-steady partners. Slightly over 40% of those men and women who had had their last intercourse with somebody else's spouse or steady partner had then used the condom.

**Table 21**

**The Contraceptive Method Used During the Most Recent Intercourse Among Men Who Need Contraception and Have Had Intercourse, 1992**

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Condom	53	42	45	38	24	30	36	50	50	56	38
Pill	44	45	28	13	8	15	7	4	7	6	0
IUD	1	10	19	33	33	32	32	23	14	0	13
Sterilization	0	1	4	7	23	16	13	12	14	6	0

**Table 22**

**The Contraceptive Method Used During the Most Recent Intercourse Among Women Who Need Contraception and Have Had Intercourse, 1992**

	18-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
Pill	60	57	24	14	11	0	7	14	9	0	0
Condom	38	25	30	25	26	29	43	32	14	20	31
IUD	1	10	31	31	32	33	29	11	0	0	8
Sterilization	0	0	7	19	28	25	18	14	18	10	0

Having children changes quite decisively the type of contraceptive method used. This is most apparent in the shift away from the pill, the most common contraceptive method before having children. In many cases, the pill is replaced by the IUD, which is almost solely used by women who have given birth to a child. As the number of children rises, the percentage of those who have undergone sterilization considerably increases, and the share of the condom users decreases.

## B. Teenage Unmarried Pregnancies

Women under age 20 account for about 2,000 pregnancies each year, about 3% of the total number of 65,000 pregnancies. Teenage pregnancy and live births have been relatively one of the lowest of the whole world. The number of live births to unmarried women has been growing fast and is nowadays about 20,000 a year. The proportion of unmarried women giving birth is about 30%, a share that has doubled during last 20 years. There are no separate statistics of unmarried, noncohabiting couples. The estimated figure has been, according to surveys, about 5% of annual live births.

[*Update 2003*: The teenage fertility rate declined throughout the 1990s, slower in the second than in the first half of the decade. For 19-year-olds, the pregnancy rate continued to decrease until 1996, while among younger girls (aged under 18 years), the decrease leveled off two years earlier. Starting from 1997, the pregnancy rate has increased every single year in every age group among teenagers. In 2000, the mean age of women at the birth of their first child was as high as 27.4 years. (*End of update by O. Kontula*)]

## C. Abortion

In the earlier decades when prevention of pregnancies was poor and abortions illegal, the women in their despair resorted to infanticide in Finland. Nowadays, the situation is considerably better in this respect, but there is still discussion of the justification of abortions. In Finland, the situation is exceptionally good, for abortions had clearly decreased because of the improved contraception during the last 20 years, and abortions are exceptionally few by international comparison.

The current law regarding termination of pregnancies, which was preceded by a fierce debate, was enacted in 1970. As a result of this liberal law, abortion became practically free, and illegal abortions were believed to have almost entirely ceased. With the new Primary Health Care Act instituted in 1972, the cost of abortions was essentially paid by the municipalities.

A 1978 amendment to the abortion law required permission of the Central Administrative Board for termination of a pregnancy after 12 weeks. The latest law concerning abortions came into force in 1985, making it possible to terminate pregnancy prior to the 24th week of pregnancy on the grounds of the illness of the fetus, instead of the earlier 20th week. If the mother's life or health is at stake, termination of pregnancy is permitted at any stage of pregnancy, even after the 24th week. In practice, termination of pregnancy has been without restriction, at least prior to the 12th week of pregnancy, for the past over 20 years.

In the 1992 FINSEX survey, 57% of the men and 53% of the women supported free abortion, disagreeing with the statement, "I do not approve of free abortion (termination of pregnancy)." [In 1999, these proportions were 62% and 59%, respectively.] Agreement with this statement was expressed in 1992 by 28% of the men and 34% of the women [and in 1999 by 22% of the men and 29% of the women.]. Most abortion opponents were in the older age groups.

Opinions on abortion did not vary much in the other age groups, or between men and women.

There are hardly any opponents of abortion in Finland when the pregnancy would seriously endanger the woman's health or the child would probably be born abnormal. Mostly, people understand free abortion as the right of the married people or sexual partners to decide about having the child when the pregnancy is unwanted.

Men's attitudes on abortion mainly reflect their religious views and their general sexual liberality. With women, the acceptance of abortion relates to the modern urban lifestyle, which emphasizes women's right to self-determination in sexual matters. Free abortion is generally accepted by women with a long education and a white-collar background who live in big population centers. Again, free abortion is opposed by religious and conservative women who have had only one sexual partner in their lifetime. These women connect sexual intercourse with a faithful marital relationship that they had entered young; they do not regard women's sexual initiative as proper and they often use unsafe contraception. Becoming pregnant is generally not experienced as a problem when it happens in a steady marital relationship (Kontula 1993).

In 1992, 18% of the women of fertile age thought that they would terminate their pregnancy if they just then found out that they were pregnant. One in two woman thought that they would not want to terminate their pregnancy. If a pregnancy had been a current problem, 16% of the men would have supported their partner's abortion and 69% would have opposed it. Women want to have abortions clearly more often than men, especially after the age of 35. Women's desire to have children is clearly concentrated within narrower age limits than with men—around the early 30s. With women, wanting to have an abortion is most centrally related to their age. Almost half of the young women under 25 and women over 40 years of age want to have their pregnancy terminated.

As a result of the 1970 law, the number of abortions rose quickly, reaching its peak of over 23,300 abortions, about 41% of the births, in 1973. After that, the number of abortions declined evenly to 11,200 abortions, about 17% of the births, in 1992. Since the early 1980s, the relative number of abortions has been about 30% lower in Finland than in the other Nordic countries (Ritamies 1994). With young people under 20, abortions have also decreased after the early 1970s. Abortion is more than twice as common among young women in the United States than it is in Finland, 44 per 1,000 compared with 9 per 1,000.

[*Update 2003*: In 1995, the number of abortions fell below 10,000, varying thereafter between 10,000 and 11,000. In 2001, the number amounted to 10,696 or 8.8 abortions per 1,000 women aged 15-to-49 years. The most common reason for performing an induced abortion has been social (about 85%), meaning that the birth of the child would cause considerable strain to the mother in view of her living conditions. About 94% of induced abortions are performed before the end of the 12th week of gestation.

[Since 1994, the relative number of abortions among those under 20 has increased by 43% and the corresponding proportion under age 17 by 23%. The rise in both pregnancy and abortion rates from 1997 to 1999 strongly suggests that unplanned teenage pregnancies are increasing. (*End of update by O. Kontula*)]

Twenty percent of the women who had at some time been pregnant reported having had an abortion, 80% of these women having had only one. Thirteen percent had had two abortions; 4% three abortions; and 2% four abortions. Twelve percent of the men reported that a pregnancy resulting from their sexual relationship had been terminated. Six-

teen percent of these men reported two or four abortions. The data suggests that in nearly half of the cases, the woman had an abortion without the man's knowledge.

In the big towns, about one third of the pregnant women had undergone an abortion. In smaller localities, only one in five pregnant women had an abortion.

Concerning the possible effect of abortions on the degree of gratification gained in sexual life, women who had had an abortion experienced orgasm at their last intercourse more often than women who had not had an abortion. Age was not a factor in this. The sexual life of the women who have experienced abortion is quite satisfying, according to these results.

#### D. Population Control Efforts

Because of the low birthrate, Finnish population policies are directed to support families with children, not to limit the number of children. Child allowances, paid parental leaves, parents' right to stay at home for childcare without losing their job or pension benefits, high-quality municipal daycare service for children, and other family policies aim at encouraging childbirth. The birthrate has remained relatively stable, [the total fertility rate being 1.74,] and in the future, the population will decrease if fertility does not grow. There is some discussion about the compensation for the lack of births by loosening the strict immigration laws in order to avoid a population decline.

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

#### A. Sexually Transmitted Diseases

The 1992 FINSEX study shows that 15% of the men and 11.5% of the women surveyed had contracted gonorrhea, syphilis, chlamydia, condyloma, or the HPV, and/or genital herpes during their lifetime. Three percent of the men and 2.8% of the women had experienced at least two of these diseases. During the prior year, 0.7% of the men and 1.5% of the women had an STD infection. Based on the total population, these numbers suggest that 450,000 Finns had a some time suffered from an STD, more than one STD had been contracted by about 100,000 people, and during the year, about 38,000 people had been infected.

For the time being, the STDs have been somewhat more common with men than with women. Based on the under-35-year-old women's responses, women's morbidity is likely to surpass that of men's in the future. This change is because of the considerable spread of chlamydia and condyloma among young women. Among men, those who have had an STD appear rather evenly distributed in the different age groups because of gonorrhea, which has been prevalent among men since World War II. However, other STDs have replaced gonorrhea as the leading infections.

Compared to the corresponding study of the year 1971, morbidity among men only slightly rose; with women, the rise was fivefold. This can be explained by the fact that in 1971, only gonorrhea and syphilis were surveyed and diagnosed. In 1992, reports of chlamydia and condyloma greatly enlarged the share of the women who had experienced an STD.

One in ten middle-aged and older men has had gonorrhea. In the younger age groups, especially the under-25-year-olds, gonorrhea is significantly decreasing; none of these men had contracted gonorrhea during the prior year, and only 0.2% of the women. Earlier, gonorrhea had been relatively infrequent among women, but it has become more common in the younger age groups with the spread of other STDs. Genital herpes remains less frequent

than gonorrhea. The responses to the survey suggest that only a few thousand Finns had suffered from herpes during the prior year (see Table 23).

While data on chlamydia are not available for older Finns, one in ten of the under-35-year-olds has had this infection. During 1991, 1.3% of both men and women had been infected by chlamydia. This share very well corresponds to the statistical observation of about 12,000 chlamydia infections per year.

Condyloma is also mainly a problem for young adults. It is more common among women than among men. Only a few of the older Finns have had it during their life. Among the under-35-year-old women, one in ten has suffered from condyloma. During the prior year, condyloma has centered on men around 30 years of age and on women under 40. Of all the women, almost 1% had been infected by HPV during the prior year, and 0.5% of the men. This means about 25,000 infections for the year in the total population.

Of those who had at some time suffered from an STD, 8.3% had had an infection during the year prior to the survey. All men who had been infected by an STD, excepting herpes, during the prior year were under age 35. With women, there were infected women in all age groups under the age of 55, with the highest incidence among 18- to 24-year-olds and 35- to 44-year-olds. Condyloma and chlamydia were clearly the most frequently contracted diseases.

Those men who had had at least ten sexual partners during their lifetime had had 81% of the men's infections. The women of the corresponding group had 43% of the STDs. The women's lower number comes from the fact that only 15% of all the women had had more than ten partners, while 44% of the men had had that many partners. About 2% of the people had contracted an STD, although they had had only one partner during their lifetime. Keeping to one sexual relationship only does not always guarantee safety against the STDs.

Of the men who had had sexual intercourse with at least ten partners during their life, 29% had at some time had an STD and 7% had had more than one STD. With women who had more than five sexual partners, the corresponding figures are 35% and 14%. Half of those who had had 20 or more partners had been infected with an STD. Thus, in reality, most Finns have been spared an infection in spite of multiple partners.

Still, the number of sexual partners is directly linked with the risk of contracting an STD. The probability of the men's being infected by chlamydia or condyloma clearly increases after five partners; after ten partners for gonorrhea; and after as many as over 50 partners for herpes (see Table 24). In the group with over 50 partners, one half had had gonorrhea. Yet, even in this group, most of the people had escaped the other STDs.

With women, the risk of contracting chlamydia, condyloma, or gonorrhea grew significantly already with those who had had more than five partners (see Table 25). Almost one fifth of those who had had more than ten partners had had all the above-mentioned STDs.

**Table 23**

**The Percentages of Those Men and Women of Two Age Groups Who Had at Some Time in Their Life Been Infected with Different STDs**

Age	Gonorrhea		Chlamydia		Condyloma		Herpes	
	Men	Women	Men	Women	Men	Women	Men	Women
18-34	2.8	4.1	9.6	10.3	6.9	7.7	0.8	2.8
35-plus	11.5	2.0	2.3	1.5	1.9	3.1	11.9	1.0



About 40% of those who contracted an STD during the last year had had only one partner during this time. Only one in ten had had more than five partners. This suggests that a great part of the STD infections still come from the steady partner and only a small share from people who continuously have many sexual relationships.

The reports of the men and the women on the sources of infection differ from each other greatly. The women suspect, more often than the men, that they had gotten the infection from the steady partner. The men estimate, more often than the women, that they got the infection from a casual partner or a prostitute. It seems obvious that a significant share of the infections the women got from their partners came from prostitutes. The number of prostitutes is not very great, but they often have infections. The large number of their partners offers them many occasions for spreading infections.

With women's sexual liberation and willingness to initiate, the sources of infection have been "equalized." More and more women are infected by casual partners or friends/acquaintances, and men by their steady partners. Almost half of the under-30-year-old women have been infected by casual partners. One third of the under-30-year-old men, again, have been infected by their steady partners. This reflects a change, particularly, in women's sexual behavior.

In earlier times, a significant part of the men's infections were contracted from foreign women. During the past few years, these infections have increased also with women. Twenty-nine percent of men and 27% of women who had at some time had sexual intercourse with a foreigner while in another country had had an STD. Seven percent of these men and 11% of these women had contracted more than one disease.

Fourteen percent of middle-aged men who reported an STD said they had been infected by a foreign woman, either by an acquaintance on a vacation or a prostitute. A foreign prostitute was the source of infection for 29% of the men who had had sexual intercourse with more than 50 partners during their life and had at some time undergone an STD.

The anxiety about AIDS had caused about one tenth of all the people to decrease the number of sexual partners, and a little more than one tenth reported that they would find out more about the people they were going to have sexual intercourse with. This opinion was supported by 34% of the men and by 39% of the women who had had several partners dur-

ing the year. The risk of HIV influences people's sexual life even if they did not restrict the number of their partners. One tenth of the people had felt fear of AIDS during the last year. Even the people who have no actual risk of becoming infected are often afraid of AIDS.

One fifth of the people reported that they had kept to only one partner more strictly than before. These people were, however, not always those with only one sexual relationship. One third of these men and women had had several partners during the year. Certain sex practices, obviously most often anal intercourse, was avoided by 8% of all the men and 5% of the women.

The use of the condom had, as reported, increased with 20% of men and 12% of women. An increase in condom use was reported by 30% of those under age 25 years. Among those who increased their use of the condom because of AIDS, not all use it regularly. Only 46% of the men and 40% of the women who reported they had increased their condom use actually used a condom in their last intercourse.

About 30% of men and women under age 35 who had experienced an STD reported having decreased the number of their partners for the fear of HIV infection. Every other man and one third of the women reported increasing their use of the condom for the same reason. The condom had been used as the contraceptive method in the most recent sexual intercourse by 25% of the men and 20% of the women who had at some time undergone an STD. With the other men and women, the corresponding shares were 32% and 24%.

Of the men who had never been infected with an STD and whose sexual partner in the most recent intercourse had not been a steady partner, 67% had used a condom on this occasion. The corresponding share was 57% with the men who had at some time had an STD. Of the corresponding groups of women, 45% and 38% reported using a condom. Those who had at some time had an STD did not much deviate from others in their habits of condom use in casual relationships. A previous infection did not seem to "teach" anyone the use of the condom.

About half the men and women who had experienced an STD reported that a physician had advised them in connection with the treatment on how to avoid STD infection. One third had been left completely without counseling. About one tenth had been given a brochure, and about 5% had received counseling from a public-health nurse or a nurse. So, there is still much to improve within the public healthcare system on STD prevention.

[Update 2003: In the 1990s, the prevalence of STDs in a lifetime had increased by 2% to 3%. This increase was attributed to both chlamydia and condyloma. The proportions of gonorrhea and syphilis remained the same as before. Looking at the annual numbers of new infections in the 1990s, chlamydia was the most prevalent STD. After the mid-1990s, there was a slight increase in chlamydia infections. Similar increases have been found in syphilis and HIV, although the numbers are rather low. Gonorrhea decreased fast until the mid-1990s; in the second part of 1990s, these numbers have been stable (see Table 26). (End of update by O. Kontula)]

## B. HIV/AIDS

The first public statements about AIDS in Finland were issued in 1983, with a general discussion following in 1985 and 1986. Health officials were immediately involved, concentrating their efforts on general information about AIDS and its transmission and about other sexually transmitted diseases, strongly recommending the use of condoms in casual sexual

**Table 24**

**The Percentages of Men Who Had Been Subjected to Different STDs During Their Lifetime According to the Numbers of Sexual Partners During Lifetime**

Partners during lifetime	Gonorrhea	Chlamydia	Herpes	Condyloma	(n)
1-3	1.6	0.3	0.3	1.0	(307)
4-9	2.3	3.3	0.5	3.3	(214)
10 or more	17.4	10.9	2.7	6.7	(403)

**Table 25**

**The Percentages of Women Who Had Been Subjected to Different STDs During Their Lifetime According to the Numbers of Sexual Partners During Lifetime**

Partners during lifetime	Gonorrhea	Chlamydia	Herpes	Condyloma	(n)
1-3	—	1.1	0.4	1.8	(541)
4-9	2.7	8.1	2.4	7.5	(295)
10 or more	14.1	16.2	5.6	20.4	(142)

contacts. At the same time, together with communal health organizations, health officials also directed an effective information and support campaign for groups at special risk of AIDS. In schools, the AIDS issue was—and continues to be—associated with general sex education and the prevention of sexually transmitted diseases.

Public discussion and education concerning AIDS was at its strongest from 1986 to 1988, but the tone was considerably calmer than, for example, in the United States or the United Kingdom. By September 1990, the cumulative AIDS incidence rate per million of population was 14.3, compared with 66.3 in the United Kingdom.

By 1994, about 600 HIV infections had been diagnosed, and about 100 people had died of AIDS. The proportion of the HIV-infected in Finland has remained fairly small by international comparison. This is partly because of the scarcity of prostitution and intravenous drug use in Finland. [Update 2003: At the end of the 1990s, IV-drug use had become more popular in the Capital area. This caused some increase in HIV infections. In 2001 and 2002, this epidemic was already rather well controlled by the health authorities. (End of update by O. Kontula)]

In the FINSEX study, 6.4% of the men and 7% of the women reported having taken the HIV test on their own initiative by the beginning of 1992. [In 1999, these proportions had already about doubled to 12%.] Multiple tests were reported by 30% of these men (1.9% of all men) and by 16% of the women tested (1.1% of all women). At the beginning of 1992, about 250,000 Finns had been tested for HIV, and about 50,000 of those had had themselves tested several times. Multiple tests were most common among 30-year-old women. The young age groups had had themselves tested more frequently than older Finns. One tenth of young adults had taken the test.

Some of the HIV-tested had not had very many partners during their lives. One fifth of the men and one fourth of the women tested had had three partners at the most. About half of all the males tested had had at least 20 partners. Of the women tested, 40% had had at least 10 partners. Eleven percent of the men and 17% of the women with more than one partner were tested during the prior year. This shows that, with the risk of infection rising, women were quicker to have themselves tested.

Seven percent of current or past intravenous drug users and 16% of men and 19% of women with a previous STD infection had taken the HIV test on their own initiative. Of the other men and women, the test had been taken by 6%. Of those who had reduced the number of sexual partners or increased their use of the condom because of anxiety experi-

enced because of AIDS or HIV, from 16% to 18% had taken the HIV test. Of the people who had sometimes used drugs intravenously, 7% had themselves tested for HIV.

[Update 2002: UNAIDS Epidemiological Assessment: As of the end of 2001, Finland had reported a cumulative total of 1,301 cases of HIV infection. Of 222 HIV cases reported in 1998 to 1999, 100 were injection drug users, which suggests a recent outbreak among this population. HIV testing is mandatory for blood donors but otherwise voluntary. Diagnosed HIV infections are recorded in a national HIV case-reporting system, using an identification code. Other data come from screening programs. An UAT survey in all pregnant women has been conducted nationally since 1993. Of five positive women identified through unlinked anonymous testing, three were already identified through voluntary testing. UAT surveys have been done also among injection drug users. The incidence of syphilis decreased from 2 to 1 case per 100,000 between 1985 and 1987, and remained stable until 1995. In 1996 to 1998, an epidemic of syphilis had occurred, and most cases identified were imported cases from neighboring countries.

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

Adults ages 15-49:	1,200 (rate: 0.1%)
Women ages 15-49:	330
Children ages 0-15:	< 100

[An estimated less than 100 adults and children died of AIDS during 2001.

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

## 11. Sexual Dysfunctions, Counseling, and Therapies

In Finland, sexual dysfunction can be treated—depending on its causes—using sexual counseling, sexual short-term therapy, intensive therapy, medicines, and/or surgery. Sexual advice is given both in communal healthcare centers and in medical and therapeutic service centers specializing in counseling. It is possible to get sex therapy all over the country.

In the FINSEX study, the prevalence of different kinds of sexual problems was surveyed, as well as the help sought to resolve these problems. Half of the men and 26% of the women in a steady relationship reported no lack of sexual desire during the prior year. Fifteen to 55% of women in a steady relationship in different age groups experienced a lack of sexual desire fairly often. The women had succeeded in concealing this lack of desire in many cases, since clearly fewer men than this, when asked about their partners' lack of desire, had experienced their partners' lack of desire as a problem in each of the age groups. The men's reports on their own lack of desire and the women's opinions about their partners' lack of desire fit well together. Five to 20% of the men had experienced a lack of sexual desire at least fairly often. [In 1999, this variation in different age groups ranged from 7% to 19% of men. Among women, it ranged from 27% to 56%. Lack of one's own sexual desire increased especially among middle-aged women.]

Married women clearly suffered from a lack of sexual desire more often than the women in other steady relationships. According to their own responses, 35% of the married women had experienced a lack of sexual desire at least fairly often during the prior year. For women in cohabitation and other steady sexual relationships, the corresponding share was 15%. A similar perception, though slighter, could be found in the men's responses, where 18% of the

**Table 26**

**The Annual Number of STDs and HIV Infections in Finland in 1990-2000**

Year	Chlamydia	Gonorrhea	Syphilis	HIV
1990	12,567	2,326	32	89
1991	11,245	1,426	37	57
1992	11,462	993	33	93
1993	9,883	781	48	62
1994	8,289	493	63	69
1995	9,317	331	122	72
1996	9,438	182	148	69
1997	10,175	218	172	71
1998	10,654	269	187	81
1999	10,660	243	116	143
2000	11,731	287	212	145

husbands, 13% of cohabiters, and 8% of the men in some other steady relationship reported that their partners had had a lack of sexual desire at least fairly often during the past year. Partly, these differences are because of the fact that the married people are older, on the average, than those in other relationships, and a lack of sexual desire is noticeably frequent in over-55-year-old women.

In sexual therapy, it is presumed that love, trust, and security are generally needed as essential elements in the creation of sexual desire. Anxiety has been observed to inhibit sexual arousal from taking place (Kaplan 1987). Why then was there less desire in marriages that would appear more secure than other relationships? Important causes are certainly found in the effects of aging on sexual desire, the facilitation of marital relationships, and, in some cases, a sexual life changing into an obligation. Many speak about marital relationships turning into boring routine. Most passion has been observed in new and, in some respect, insecure relationships. Particularly longstanding marital relationships may be regarded as already too secure, thereby lessening the sexual excitement (Hatfield & Rapson 1987).

During the prior year, 58% of the women and 52% of their male partners reported some problem with vaginal lubrication. In this respect, the women's and the men's responses corresponded very well to each other. On the other hand, 15% of the women reported suffering fairly often, often, or regularly from insufficient vaginal lubrication, while only 5% of the men reported this problem. This suggests that it is sometimes difficult for men to notice the woman's problems with vaginal lubrication. Men notice only what affects the insertion of the penis, but, obviously, they do not actually know how much pain and discomfort insufficient vaginal lubrication may cause the partner during sexual intercourse.

With women, vaginal lubrication problems increased considerably with age. About one tenth of the middle-aged women reported fairly frequent problems with vaginal lubrication; after age 50, this rose to about a third, with hormonal changes a prime factor.

Many of the women who suffer from problems with vaginal lubrication experience intercourse as painful. Intercourse had fairly often been experienced as painful by 29% of the women who had suffered from vaginal dryness at least fairly often during the year. The corresponding proportion is 16% with the middle-aged and 40% with the aging. Of the same women, two out of three had experienced their sexual intercourse as painful at least sometimes during the year.

Almost half of the women who had suffered from problems with vaginal lubrication at least fairly often during the year, had obtained lubricant cream to facilitate intercourse and to remove the possibility of pain, according to both the women's and the men's responses. Lubricants had been of evident help, for a greater number of the women who used lubricants experienced orgasm during the last intercourse than those who did not use lubricants.

On the average, 3% of the under-45-year-old women had consulted a physician for problems of lubrication, and of the older women, more than 10%. About nine out of ten seekers felt they had been helped. The problem is thus quite easily resolved in most cases with the help of a lubricant.

Problems with vaginal lubrication have a strong connection with sexual desire and its possible deficiency. Half of the women who had experienced a lack of sexual desire at least fairly often during the year had also at least fairly often had problems with vaginal lubrication.

For the 1992 survey, 49% of the men who had intercourse during the prior year reported that they themselves

had had at least some problems with having an erection during that year; 47% of the women reported the same about their partners. Six percent by the men and 9% by the women reported this as a fairly frequent problem, a fairly good convergent appraisal, although men obviously tend to conceal their more difficult erectile problems. Comparatively, it seems that men's erectile problems are slightly less frequent than women's problems with vaginal lubrication.

Two clear observations emerge when the results of the years 1971 and 1992 are compared: On the one hand, erectile problems seem to have diminished during the 20 years and, on the other hand, they are very much age-bound. In 1971, 4.3% of the under-55-year-old men reported having experienced erectile problems during the last year, and in 1992, 2.2%. The corresponding figures with women about their partners were 6.2% and 4.4%. Both vaginal lubrication and erectile problems become clearly more common after the age of 50. In the age group of the 70-year-olds, almost one third of the couples had at least fairly often suffered from them.

[Update 2003: In 1999, there was some increase in erection disorders compared to the 1992 survey. Of all men, 7% reported having had erection disorders at least quite often in the last year. Among women, the equal proportion (of their partners) was 12%. In the age group 55-to-74 years, these proportions were 19% of men and 32% of women's partners (of the respondents who had sexual intercourse in the last year). (End of update by O. Kontula)]

According to the 1992 survey, men's erectile ability is strongest around the age of 30, when two men out of three have no problems having erections, as reported by both the men and women. With the 50-year-olds, the corresponding share is about 40%, and with the 70-year-olds, about one fifth. So, a significant number of men live throughout their lives without experiencing any problems with having erections. Here, it may be of great importance what kind of partners men have intercourse with, among other things, and how healthy they themselves are.

Men were also asked about their experience with continuous erectile dysfunction during their life. The continuity was not defined except by options of varying spans of time, the shortest of which was the option of "a few weeks' time." Fifteen percent of the male respondents reported experiencing a continuous erectile dysfunction for a span of at least a few weeks at least once (see Table 27). The incidence of erectile problems increased significantly for those over age 50. Half of the 70-year-olds had experienced continuous erectile dysfunction. While erectile dysfunction remains a very common problem, it did decrease slightly between 1971 and 1992.

Fifty percent of all Finnish men had experienced no erectile problems during the prior year, nor a few weeks' continuous dysfunction prior to that. On the other hand, 5% of the men had fairly often had erectile problems during the past year as well as at least a few weeks' continuous erectile dysfunction during or prior to that time. About 9% of the men had had no erectile problems during the past year,

**Table 27**

**Percentages of Men by Age Who Reported Having at Some Time Experienced Continuous Erectile Dysfunction, 1971 and 1992**

	18-24	25-34	35-44	45-54	55-64	65-74
Men 1971	7	7	16	19		
Men 1992	3	7	7	18	35	53

although they had suffered periods of erectile dysfunction prior to that time.

Slightly under 4% of all men in 1992 had consulted a physician for erectile problems, about one third of the men who had reported having sometimes experienced continuous erectile dysfunction. Nearly half of the men who had suffered from at least half a year's continuous erectile dysfunction had sought a physician for help. In 1971, fewer men than at present, 16%, had talked about the matter with a physician. More than half of the men who sought help in 1992 and about one fifth of the men who sought help in 1971 felt that they had been helped. So, seeking treatment, and the efficiency of this treatment, improved during the 20 years.

Of the men whose partners had had problems with vaginal lubrication at least fairly often during the last year, 31% had themselves had problems with obtaining or maintaining an erection at least fairly often. Twenty-three percent of the women who had had problems with vaginal lubrication reported that their partners had fairly often had problems having an erection during the same time. So, one's partner's sexual problems had obviously had an effect on the other's sexual responses. If the partner does not seem really eager to have intercourse, one's own excitement may easily die halfway.

About 5% of the men who had at least occasionally suffered from erectile dysfunction told that they had sometimes used some substances or pills that increase potency. Rings to maintain erection or penis enlargers with pumps, on the other hand, had not been much used by the men who had erectile problems. Neither had vibrators or vibrating dildos been used by these men with their partners more often than by the others. These devices had not been sought to substitute for deficiency in obtaining an erection.

Experiencing orgasm is a focal matter in view of the gratification of sexual life. This is true even though the FINSEX study shows that many women reported enjoying their sexual life although they had not experienced orgasm or had seldom experienced it during intercourse. However, those who had experienced orgasm more regularly were clearly more satisfied with their sexual life and their partners than the others.

About half of the men and from 6% to 7% of the women reported, irrespective of age, that they always experienced orgasm at sexual intercourse. This shows that only a small share of women experience orgasm very easily and that orgasm is not a self-evident matter even for men, for instance, if—from their point of view—their coitus is interrupted. With women, having no orgasm is often a consequence of the quickness of their partner's "coming," after which the love play ceases.

Most men have orgasm during sexual intercourse, either always, almost always, or, at least, mostly. Less frequently than this, orgasm had been experienced by 8% of the 18- to 24-year-old men and 19% of the 65- to 74-year-old men. In the other age groups, from 1% to 2% of the men obtain orgasm during intercourse less frequently than "mostly." Thus, men remain without orgasm during intercourse mostly at the beginning of their sexual life and at retirement age when their physical condition is declining.

With women, experiencing orgasm is much more occasional than with men. Orgasm is experienced at least mostly during sexual intercourse by slightly over half of the women and by about 60% of the middle-aged women. When the incidences of women's orgasms in the 1971 and the 1992 surveys are compared, the regularity of experiencing orgasm had slightly increased with the over-35-year-olds. With women younger than this, no change had hap-

pened. At least mostly, orgasm had been experienced during intercourse by 53% of the under-55-year-old women in 1971, and in 1992, by 58%.

Comparing orgasm data of 50-year-olds in 1971 with the 70-year-olds 20 years later in 1992, experiencing orgasm had not decreased in spite of aging and the increased morbidity (see Table 28). So, the preconditions for sexual satisfaction seem to have improved in this respect. On the other hand, since a considerable number of women do not experience orgasm during intercourse, it is a clear sign of the many restraints that still are obstructing women on their way to enjoyment. And if the woman does not find real satisfaction in sexual intercourse, the man cannot enjoy himself to the full either.

A third of a percent of the men had not experienced orgasm during intercourse, and of the women, 4.4%. This is a relatively small percentage when one looks at the United States, for instance, where about 10% of women do not have orgasm during intercourse (Darling et al. 1991).

Orgasm during intercourse had been experienced seldom or never by 0.7% of the men and 10% of the women according to the 1992 data on 18- to 74-year-old Finns. In 1972, 12% of the women under 55 years old had experienced orgasm seldom or never. In 1992, 9% of the women under age 55 reported orgasm never or seldom; quite-seldom orgasm had been experienced by 30% of the women between the ages 18 and 74 years. Thus, sexual satisfaction has remained significantly deficient for a large number of women, and little improvement has been observed in this regard between 1971 and 1992.

Achieving orgasm reportedly is decisively important to finding sexual intercourse pleasant. Of the men who report that they always experience orgasm at intercourse, half consider sexual intercourse very pleasant, while only 18% of the men who have orgasm approximately on every other occasion or less frequently regard intercourse as very pleasant. With women, the corresponding shares are 65% and 15%. Some women considered intercourse very pleasant, although they had never experienced orgasm.

Ninety-two percent of the men and 56% of the women reported having experienced orgasm in the latest intercourse

**Table 28**

**Percentages of Women by Age Who Reported Having at Least Mostly or at Most Seldom Experienced Orgasm During Intercourse, 1971 and 1992**

Age	Mostly 1971	Mostly 1992	Seldom 1971	Seldom 1992
18-24	52	50	16	12
25-34	58	59	8	10
35-44	51	64	9	9
45-54	44	56	17	5
55-64		44		8
65-74		45		16

1971: *N* = 1,231; 1992: *N* = 1,031

**Table 29**

**Percentages of Women and Men by Age Who Reported Having an Orgasm at the Most Recent Intercourse, 1971 and 1992**

	18-24	25-34	35-44	45-54	55-64	65-74
Men 1992	92	99	99	98	98	81
Women 1992	62	69	62	57	34	33
Women 1971	58	65	50	41		

(see Table 29). There was a rise in this level of experiencing orgasm for all the women's age groups between 1971 and 1992. In 1971, 56% of the under-55-year-old women had experienced orgasm at their last intercourse, and in 1992, 63%. The possible change concerning men is not known, for in 1971, only the women had been asked questions about experiencing orgasm. With women, the level of experiencing orgasm had stayed at 60% until the age of 50, after which it had fallen to about one third.

[Update 2003: The frequency of orgasms in sexual intercourse had remained almost unchanged in the 1990s. In the last intercourse, orgasm was experienced by 62% of women and 94% of men. Two or more orgasms during that intercourse was experienced by 10% of women and 7% of men. Fifty-seven percent of women usually experienced an orgasm, while 5% of women had never experienced orgasm. Eighty-eight percent of men and 66% of women reported having orgasm via masturbation. (End of update by O. Kontula)]

Fifty-five percent of the married women, 71% of the cohabiting women, 64% of the women in other steady relationships, and 41% of the women with no steady relationship experienced orgasm in their latest intercourse. Perhaps it is surprising that orgasms are experienced less frequently within marriages than in other steady relationships, for it has been presented that having orgasm is in an important connection with the feeling of security experienced in a relationship (Kaplan 1987).

The regularity of the orgasms experienced by women in sexual intercourse is clearly related to their sexual desire and to the quickness of the partner's "coming" (see Table 30). The women who had reported having themselves suffered from a lack of sexual desire during the last year experienced orgasm less frequently than the other women. Also a great number of the women who feel that their partner "comes too fast" are usually left without orgasm.

The orgasm experienced in the most recent intercourse was about as strongly related to a person's own sexual desire as to the quickness of the partner's "coming." An orgasm had been experienced by 24% of the women who had very often felt a lack of sexual desire during the year, and by 73% of the women who had not had any lack of sexual desire at all. If the partner's "coming" was not felt to be too soon, 70% of the women reached orgasm in their most recent intercourse. If the woman herself is desirous and the

partner "considerate" in his speed, the woman mostly achieves orgasm.

The partner's sexual desire is also connected with the woman's orgasm. Only 38% of the women whose partners had at least fairly often suffered from a lack of sexual desire during the last year had experienced orgasm during intercourse at least mostly. That is clearly fewer women than average.

The orgasms experienced by women during their most recent intercourse have a clear connection with the sexual practices applied. The best practice at sexual intercourse, in this respect, had been using two or three positions; the second best had been the "woman-on-top" position. The shares of the women who had experienced orgasm in these cases was 72% and 67%, respectively. In the "man-on-top" position, 49% of the women had experienced orgasm. Practicing varying positions at intercourse and the woman's own activity thus greatly increase the probability of her experiencing orgasm.

A number of people experience their first orgasms before their first sexual intercourse during various kinds of petting experiences. Most of the men, however, have their first intercourse-related orgasm at the same time they have their first sexual intercourse. Less than a third of the women reported achieving an orgasm in their first intercourse. Half of the women and one tenth of the men had not experienced their first orgasm until a few years after their first experience of sexual intercourse. There has not been much change in this timing even in the younger age groups. With one tenth of the women, more than ten years had elapsed between their first intercourse and their first orgasm. Four percent of the women reported no orgasm at all.

With respect to sex therapists, there have been some informal courses for them in order to provide them some professional skills. However, anyone can start working as a sex therapist without any special training, certification, or licensing.

[Update 2003: After several years of educational discussions, the general assembly of the Nordic Association for Clinical Sexology (NACS) in September 1997 appointed a committee of three representatives from each of the countries, Denmark, Norway, Sweden, and Finland, to work on a Nordic educational project. The purposes were: to design and offer qualitatively high-standing educational programs structured into different levels and comparable between the different Nordic countries, and, to provide regulations for sexological authorization [certification] and act for authorization of those who are clinically active within the field of sexology. The Nordic Council ("Nordplus") supported the project financially.

[Between 1997 and 2000, the committee—which *per se* regarded itself as a network—met ten times. Analyses of the current sexological educational situation in the Nordic countries, as well as in other European countries and the United States, were performed. Thereafter, analyses of expected requirements, seen from the viewpoints of the prospective students of each country, the different countries, and the NACS followed. Consensus for Nordic educational programs for clinical sexologists took shape. These programs were, in 1999, approved at the NACS Annual Meeting in Grimstad, Norway. The Nordic training program has three levels: Sexology I: Basic sexology (20 points), Sexology II: Clinical sexology: Sexological counseling (20 points), and Sexology III: Clinical Sexology: Specialist in clinical sexology (40 points). This training has started in Finland.

[In order to secure the (basic) quality of sexological education and the clinical practice of sexologists, the NACS

**Table 30**

**Percentage of Women Reporting Orgasms During Intercourse by Their Sexual Desire and the Quickness of Partner's Coming, 1992**

	Orgasm at least mostly	Orgasm every other time	Orgasm at the most quite seldom	(n)
<b>Lack of sexual desire</b>				
Very often	26	14	60	(62)
Quite often	45	18	37	(161)
Quite seldom	62	17	21	(370)
Never	73	13	14	(205)
<b>Partner "comes too soon"</b>				
Very often	28	11	61	(36)
Quite often	35	23	42	(141)
Quite seldom	62	17	21	(350)
Never	73	12	15	(250)

Annual General Meeting in 2000 (in Helsinki, Finland) approved the authorization [certification] procedure based on the Nordic Association of Clinical Sexology's educational requirements. In 2002, the first specialists in sexual counseling and clinical sexology were authorized in Finland, Sweden, Denmark, and Norway. This gives more official status to these professions. (End of update by O. Kontula)]

## 12. Sex Research and Advanced Professional Education

### A. Institutes and Programs for Sexological Research

In Finland, sexological research is conducted by individual scholars working at universities and research institutes or projects financed mainly by the state. A bibliography of sex literature for the time period 1549-1989 includes over 2,000 authors (Turpeinen 1991). Most of the articles and books listed are written by medical doctors, but some important sociological studies on sexual behavior were also published in the last century. [Update 2003: An updated bibliography covers years 1990-2000 and is available at: [http://www.seksologinenseura.net/Palvelut/body\\_palvelut.htm](http://www.seksologinenseura.net/Palvelut/body_palvelut.htm). (End of update by O. Kontula)]

### B/C. Post-College Sexuality Programs and Sexological Publications

None currently exists in Finland. [Update 2003: A newsletter, *Seksuaaliterveys*, is distributed to the members of the Finnish Association for Sexology and to other persons belonging to the network of sex education and family planning. (End of update by O. Kontula)]

### D. Sexological Organizations

Three sexological organizations are active in Finland: SEXPO Foundation (Säätiö). Address: Malminkatu 22E, 00100 Helsinki, Finland; [www.health.fi/sexpo](http://www.health.fi/sexpo).

Seksuaalinen Tasavertaisuus SETA ry (Sexual Equality Association). Address: Hietalahdenkatu 2 B 16, 00180 Helsinki, Finland; [www.seta.fi](http://www.seta.fi).

[Update 2003: The Finnish Association for Sexology (FIAS) (Suomen Seksologinen Seura ry). The aim of FIAS is to improve qualifications of sexologists and to serve as a network for professionals who have an interest in sexual issues. FIAS is a member organization of the Nordic Association for Clinical Sexology (NACS), the European Federation of Sexology (EFS), and the World Association for Sexology (WAS). Address: Population Research Institute, Family Federation of Finland, P.O. Box 849, FIN 00101 Helsinki, Finland; [www.seksologinenseura.net](http://www.seksologinenseura.net). (End of update by O. Kontula)]

## References and Suggested Reading

- CEDAW Convention. 1993. *Second periodic report by Finland*. Helsinki: Ministry of Foreign Affairs.
- Christensen, H. T., & C. F. Gregg. 1970. Changing sex norms in America and Scandinavia. *Journal of Marriage and Family*, 32:616-27.
- CIA. 2002 (January). *The world factbook 2002*. Washington, DC: Central Intelligence Agency. Available: <http://www.cia.gov/cia/publications/factbook/index.html>.
- Darling, C. Anderson, J. K. Davidson, & R. P. Cox. 1991. Female sexual response and the timing of partner orgasm. *Journal of Sex and Marital Therapy*, 17(1):3-21.
- Erkkola, R., & O. Kontula. 1993. Syntyvyyden säännöstely [Birth control]. In: O. Kontula & E. Haavio-Mannila, eds., *Suomalainen seksi (Finnish sex)*. Helsinki: WSOY, pp. 343-370.
- Fugl-Meyer K. S., E. Almås, E. Benestad, et al. 2001. Nordic sexology education and authorisation. *Scandinavian Journal of Sexology*, 4(1):61-68.
- Gershuny, J. 1990. International comparisons of time budgets—Methods and opportunities. In: R. von Schweitzer, M. Ehling, & D. Schäfer, eds., *Zeitbudgeterhebungen—Ziele, methoden und neue konzepte*. Stuttgart: Metzler Poeschel.
- Grönfors, M., E. Haavio-Mannila, K. Mustola, & O. Ståhlström. 1984. Esitietoja homo- ja biseksuaalisten ihmisten elämäntavasta ja syrjinnästä [Preliminary data on lifestyle and discrimination of homo- and bisexual people]. In: K. Sievers & O. Ståhlström, eds., *Rakkouden monet kasvot*. Espoo: Weilin+Göös.
- Haavio-Mannila, E. 1991. Impact of coworkers on female alcohol use. *Contemporary Drug Problems*, 18(4):597-627.
- Haavio-Mannila, E., T. R. Harris, A. D. Klassen, R. W. Wilsnack, & S. C. Wilsnack. 1996. Alcohol and sexuality among American and Finnish women. *Nordisk Sexologi*, 4(3):129-146.
- Haavio-Mannila, E., & K. Kauppinen-Toropainen. 1992. Women and the welfare state in the Nordic countries. In: H. Kahne & J. Giele, eds., *Women's work and women's lives—The continuing struggle worldwide*. Boulder, CO: Westview Press.
- Haavio-Mannila, E., & O. Kontula. 1997. Correlates of increased sexual satisfaction. *Archives of Sexual Behavior*, 26(4):399-419.
- Haavio-Mannila, E., O. Kontula, & E. Kuusi. 2001. *Trends in sexual life: Measured by national sex surveys in Finland in 1971, 1992 and 1999 and a comparison to a sex survey in St. Petersburg in 1996* (Working Papers E 10/2001). The Population Research Institute. The Family Federation of Finland. Helsinki.
- Haavio-Mannila, E., O. Kontula, & A. Rotkirch. 2002. *Sexual lifestyles in the twentieth century: A research study*. Hampshire & New York: Palgrave.
- Haavio-Mannila, E., J. P. Roos, & O. Kontula. 1997. Repression, revolution and ambivalence: The sexual life of three generations. *Acta Sociologica*, 40(1):2-22 (in press).
- Hatfield, E., & R. L. Rapson. 1987. Passionate love/sexual desire: Can the same paradigm explain both? *Archives of Sexual Behavior*, 16(3):259-78.
- Järvinen, M. 1990. *Prostitution i Helsingfors—En studie i kvinnokontroll (Prostitution in Helsinki—A study on control of women)*. Åbo: Åbo Academy Press.
- Jeffreys, S. 1990. *Anticlimax: A feminist perspective on the sexual revolution*. New York: New York University Press.
- Kaplan, H. S. 1987. *The illustrated manual of sex therapy* (2nd ed.). New York: Brunner/Mazel.
- Kinsey, A. C., W. B. Pomeroy, & C. E. Martin. 1948. *Sexual behavior in the human male*. Philadelphia: Saunders.
- Kinsey, A. C., W. B. Pomeroy, C. E. Martin, & P. H. Gebhard. 1953. *Sexual behavior in the human female*. Philadelphia: Saunders.
- Kontula, O. 1991. Sukupuolielämän aloittamisen yhteiskunnallisista ehdoista [Cultural terms of sexual initiation]. *Sosiaalija Terveystieteiden Tutkimuksia* 14/1991. Valtion Pääntutkimuskeskus, Helsinki.
- Kontula, O. 1993. Ketkä hyväksyvät vapaan abortin? [Who approves a free abortion?] In: *Suomalaisia mielipiteitä raskauden keskeytyksestä*. STAKES. Julkaisusarja Aiheita 34/1993, Helsinki, pp. 23-39.
- Kontula, O. 1996. *Sex education in Finland*. Paper presented in the 39th Annual Meeting of the Society for the Scientific Study of Sexuality (SSSS) held in Houston, November 14-17, 1996.
- Kontula, O. 2001. *Response rate and selection bias in a sex survey: An empirical test*. Paper presented in the IUSSP XXIV General Population Conference held in Salvador, Brazil, August 18-24.
- Kontula, O., R. Cacciatore, D. Apter, K. Bildjuschkin, M. Törhönen, S. Koski, & L. Tiilo. 2001. *Nuorten tiedot seksu-*

- aaliterveydestä [Adolescent knowledge on sexual health]* (Väestöntutkimuslaitoksen katsauksia E 11/2001). Helsinki: The Family Federation of Finland.
- Kontula, O., & E. Haavio-Mannila, eds. 1993. *Suomalainen seksi: Tietoa Suomalaisten sukupuolielämän muutoksesta (Finnish sex: Information of changes in sexual life in Finland)*. Juva: WSOY.
- Kontula, O., & E. Haavio-Mannila. 1994. Sexual behavior changes in Finland in the past 20 years. *Nordisk Sexologi*, 12(3):196-214.
- Kontula, O., & E. Haavio-Mannila. 1995. *Matkalla intohimon: Nuoruuden hurma ja käsimys seksuaalielämäkertojen kuvaamana [Along the way to passion: The joy and suffering of youth revealed in sexual autobiographies]*. Juva: WSOY.
- Kontula, O., & E. Haavio-Mannila. 1995. *Sexual pleasures: Enhancement of sex life in Finland, 1971-1992*. Aldershot, Brookfield, USA, Singapore, and Sidney: Dartmouth.
- Kontula, O., & E. Haavio-Mannila. 1997. *Intohimon hetkiä: Seksuaalisen läheisyyden kaipuu ja täytyminen omaelämäkertojen kuvaamana [Moments of passion: The longing for sexual intimacy and its fulfillment described in autobiographies]*. Juva: WSOY.
- Kontula, O., & E. Haavio-Mannila. 2003a (in press). Renaissance of romanticism in the era of increasing individualism. In: G. Allan, J. Duncombe, K. Harrison, & D. Marsden, eds., *The state of affairs*. London: Erlbaum. London.
- Kontula, O., & E. Haavio-Mannila. 2003b (in press). Masturbation in a generational perspective. *Journal of Psychology & Human Sexuality*, 15(1):2003.
- Kontula, O., & K. Kosonen. 1996. Sexuality changing from privacy to the open—A study of the Finnish press over the years from 1961 to 1991. *Nordisk Sexologi*, 14(1):34-47.
- Kontula, O., & J. Meriläinen. 1988. Nuorten kypsyminen seurusteluun ja seksuaalisuuteen [Adolescents' maturation for social intercourse and sexuality]. Lääkintöhallituksen julkaisuja. *Sarja Tutkimukset 9/1988*. Valtion Painatuskeskus, Helsinki.
- Kontula, O., & M. Rimpelä. 1988. Onko AIDS-valistus vaikuttanut nuorten seksuaalisuuteen 1986-1988? [Has AIDS education influenced the adolescents' sexuality 1986-1988?] *Suomen Lääkärilehti*, 43:3493-3500.
- Kosunen, E. 1993. *Teini-ikäisten raskaudet ja ehkäisy [Teenage pregnancies and contraception]*. STAKES. Helsinki: Raportteja, 99.
- Laumann, E. O., J. Gagnon, R. T. Michael, & S. Michaels. 1994. *The social organization of sexuality*. Chicago: University of Chicago Press.
- Love, B. 1992. *Encyclopedia of unusual sex practices*. Fort Lee, NJ: Barricade Books.
- Markkula, H. 1981. *Maksettu nainen [Paid woman]*. Hämeenlinna: Kustannus-Mäkelä Oy.
- Niemi, I., & H. Pääkkönen. 1989. Ajankäytön muutokset [Changes in the appropriation of time in the 1980s]. *Tutkimuksia [Research Reports]*, 153. Helsinki: Tilastokeskus [Statistics Finland].
- Riihinen O., A. Pulkkinen, & M. Ritamies. 1980. *Suomalaisen perheen lapsiluku [The number of children in the Finnish family]*. Helsinki: Väestöntutkimuslaitos D.7.
- Ritamies, M. 1994. *Finland: A comparative handbook* (pp. 85-99). Westport, CT: Greenwood Press.
- Robinson, J. 1988. Who is doing the housework? *American Demographics*, 10(12):24-28.
- Sarmela, M. 1969. *Reciprocity systems of the rural society in the Finnish-Karelian culture area* (FF Communications No. 207). Helsinki: Academia Scientiarum Fennica.
- Sievers, K., O. Koskelainen, & K. Leppo. 1974. *Suomalaisten sukupuolielämä [Sex life in Finland]*. Porvoo: WSOY.
- Smith, T. W. 1990. The sexual revolution? *Public Opinion Quarterly*, 54:415-435.
- Turpeinen, T. 1991. *Suomalaisen seksuaalikirjallisuuden bibliografia 1549-1989 [Bibliography of the Finnish sexual literature 1549-1989]*. Kellokosken Sairaala, Mariefors Sjukhus and Sexpo ry. Jyväskylä.
- UNAIDS. 2002. *Epidemiological fact sheets by country*. Geneva, Switzerland: Joint United Nations Programme on HIV/AIDS (UNAIDS/WHO). Available: [http://www.unaids.org/hiv/aidsinfo/statistics/fact\\_sheets/index\\_en.htm](http://www.unaids.org/hiv/aidsinfo/statistics/fact_sheets/index_en.htm).
- Wikman, K., & V. Rob. 1937. Die einleitung der ehe. *Åbo: Acta Academiae Åboensis. Humaniora*, XI:1.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**For more review excerpts, go to [www.SexQuest.com/ccies/](http://www.SexQuest.com/ccies/).**