



# 1<sup>ST</sup> WORLD CONGRESS FOR SEXUAL HEALTH

# 1<sup>ER</sup> CONGRESO MUNDIAL PARA LA SALUD SEXUAL

The 18<sup>th</sup> Congress of the World Association  
for Sexual Health

**Achieving Health, Pleasure and Respect**

**Sydney** April 15-19, 2007

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# ABSTRACT BOOK

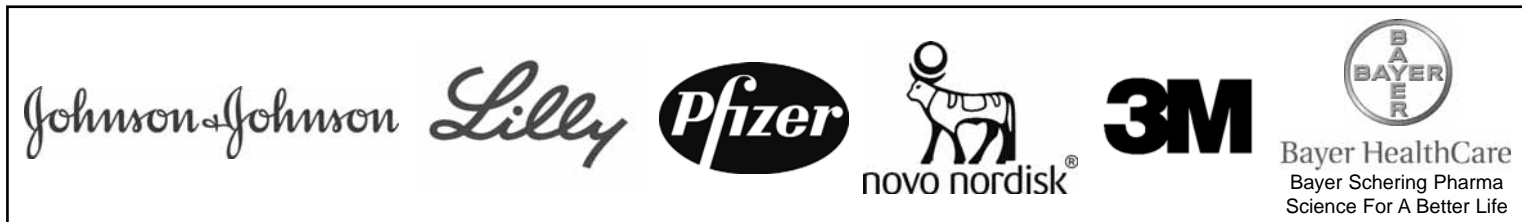
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Sydney - April 15-19, 2007

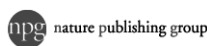
Abstract Book

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### **P1-1** **THE BENEFITS OF SEXUAL EXPRESSION ON PHYSICAL HEALTH**

*Woet Gianotten*

Introduction: In 2003 the Planned Parenthood Federation of America (PPFA), in cooperation with the Society for the Scientific Study of Sexuality, published a white paper on the Health Benefits of Sexual Expression. Although most reports focus on potential negative outcomes of sexual expression, this presentation based on PPFA paper and more recent research, will focus on the positive benefits of sexual expression on physical health. Methods and Results: An analysis of published data demonstrate a positive effect of sexual expression on decreased mortality, lower frequency of fatal coronary events, and decreased risk of breast cancer in men and women. The effects of sexual expression on general well-being, pain management, and quality of life will also be addressed. Conclusion: This discussion will address the health benefits of sensual and sexual expressions not just benefits of sexual intercourse. There is a need for more research in the area of the positive health benefits of pleasure, sensual, and sexual expression. Sexual expression, health benefits, sexual health.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **P1-2** **THE BENEFITS OF SEXUAL EXPRESSION ON REPRODUCTIVE HEALTH AND ON SEXUALITY ITSELF**

*Beverly Whipple*

On the one hand the reproductive health literature is thickly studied with information on the dangers of sexual expression. On the other hand the health benefits of sexual behaviour are addressed nearly never in the literature of gynaecology, fertility & obstetrics, nor in that of sexology. Meticulously searching the literature we come across an increasing amount of data on how various facets of sexual behaviour can positively influence conception, pregnancy and other aspects of reproductive health. In some way the same goes for sexology. However, even our profession usually doesn't actively address the benefits of sexual expression. Regarding fertility, we know that various elements of good sex can enhance conception. Regarding pregnancy, a period with regular oral or vaginal exposure to the future father's sperm diminishes the risk for pre-eclampsia. Both regular intercourse and orgasm are associated with a reduced risk of preterm delivery. Mutual sexual pleasure during pregnancy is three years after delivery associated with a more stable relationship. Regarding gynaecological health, sexual activity and orgasm during menstruation have a potentially protective effect against endometriosis and orgasm is a good way to reduce the pain of menstrual cramps. Regarding sexology, there is an element of truth in the old adage "Use it or lose it!". Sexual activity is both preceded and followed by an increase in the testosterone level. Instead of focussing on sexual dangers and dysfunctions, the apparent association between sexual expression on the one hand and physical, sexual and relational benefits on the other hand should be a strong reason for health politicians and sexologists to actively address the positive aspects of sexual behaviour.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **P1-3** **THE BENEFITS OF SEXUALITY ON SOCIAL, EMOTIONAL AND SPIRITUAL HEALTH**

*Terry Hull*

Pleasure may be the key to the successful working of the reproductive systems of humans, but for all the enjoyment sexual relationships can provide, there are countervailing forces of guilt and disappointment at work on the individual psyche. Religious and social norms enforce limits on sexual expressiveness. These controls are defended as means to protect individuals and their partners from unhappiness due to infidelity. The contrasting balance of potential pleasure on the one hand and deeply felt self controls on the other gives rise to many problems of sexual health. Couples with discordant expectations about sexual pleasures can find their relationships crumbling. Deeply planted understandings about inappropriate behavior can cause individuals to feel shame or fear when faced with choices about their sexuality and particularly their desires. People unable to achieve desired pleasures due to physical handicaps experience a loss of wellbeing that can be extremely distressing. Simultaneously society struggles to control the individual expression of harmful sexual behavior such as pederasty while protecting the rights of individuals to enjoy personal satisfaction. The recognition and promotion of sexual pleasure as an integral part of wellbeing is one of the most challenging elements of the sexual health agenda. Progress in this area requires extraordinary efforts by professional groups and political leaders to forge a forthright understanding of the meaning of pleasure in people's lives, and the priority of promoting healthy sexuality as a part of a global health agenda.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **P2-1** **NEUROBIOLOGY OF SEXUAL DESIRE**

*Jim Pfau*

All organisms that engage in sexual behavior share a common set of principles and end-points that define the behavior, along with particular neural mechanisms that make it successful. First, we must be able to respond to hormonal and neurochemical changes that signal our own sexual arousal and desire. We must be able to identify external stimuli that predict where potential sex partners can be found, and seek out, solicit, court, or otherwise work to obtain sex partners and copulate with them. Neural mechanisms exist that allow the stimulation received during sexual contact to be perceived as rewarding. Such reward alters subsequent behavior by contributing to the formation of preferences for salient stimuli associated with positive sexual reinforcement. These aspects of sexual responding go well beyond the traditional focus on copulation and genital reflexes. Although some appetitive and preparatory responses made by animals prior to copulation are not specific to sexual behavior, they can be considered "sexual" if they are conditioned using sexual reward as the positive reinforcer. Sexual desire is expressed in the vigor with which animals will work to obtain these



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sexual rewards. Accordingly, this lecture will first discuss the type of responses and behaviors from which sexual desire may be inferred in humans and animals. A major focus will be on the relationship of different neuroendocrine (e.g., steroid hormone) and neurochemical (e.g., monoamine and neuropeptide) systems in the brain and periphery that underlie these behaviors, and how they are they bring reward systems into alignment with the reproductive needs of the animal. Finally, the ways that conditioned stimuli associated with sexual reward activate these pathways will be discussed. Although objective measures of sexual desire remains elusive in humans, animal models of desire may well help to establish neurophysiological and behavioral processes that will have predictive validity to humans.

Conflict of Interest: None disclosed

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### P2-2

#### THE EROTIC HOUSEWIFE: RECONSTRUCTING SEXUAL PLEASURE IN THE 1930S TO 1950S

*Gail Hawkes*

In 21st century post-industrial social settings, sex and pleasure are synonymous. Heterosexual pleasures are rated at the pinnacle of all forms of sexual expression, and the responsibility of maximizing sexual pleasure both for self and partner is a cultural obligation. The primacy given to erotic proficiency in Western cultures has a chequered history (see Hawkes:2004). Across the centuries, the “uses of pleasure” have helped to identify sexuality as at least potentially socially problematic. This has been the case whether pleasure was valued or demeaned. In the nineteenth century pleasurable sex for women was conflated with mental disorders and physical enervation in the same way as early Christianity equated sex with sin. The legacy was a high level of ignorance and fear about their sexual bodies among women that was brought into sharp relief as they approached marriage. In this presentation I want to illustrate the transition from what might be called a sex-negative to a sex-positive discourse in the first half of the twentieth century. I will be using library-based research of professionally authored texts from 1930s to 1960s that were directed towards reversing the ignorance and fear among a generation of women born in the Edwardian period. I will be offering an account of the re-pleasuring of sex at an historical juncture where women were required for the first time to perform as efficiently in the bedroom as they did in the kitchen. By examining this historical snapshot I hope to illustrate the role that sexual pleasure played and still plays in the wider social order.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### P2-3

#### THE MEANINGS OF THE WORD LOVE

*Steve Levine*

Love is often invoked in therapy, is presumed to be the overarching ideal context for sexual function, and is vital to our psychology at every stage in life. Yet the subject is generally avoided by mental health professionals, sexual therapists, and sex researchers. This presentation provides nine overlapping meanings of love. The work is a personal synthesis based on decades of clinical immersion as therapist, extensive reading including the scientific literature, and personal experience. This presentation is intended to help clinicians to understand what they and their patients mean when we invoke the term love. The presentation will focus on the nouns of love, but each of the nine separate meanings of love implies a psychological process of love. Thus, the nouns of love are actually a shorthand introduction to the verbs of love. Love is an idealized ambition, an arrangement or a deal, an attachment, a moral commitment, a management process, a force of nature, a transient emotional state, an illusion, and a stop sign. The nouns of love and the verbs of love rest on their ability to disguise themselves from us. This keeps love somewhat mysterious and out of the comfort zone of therapists.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### P3-1

#### SEXUAL RIGHTS AND THE LAW

*David Buchanan*

The contemporary, metropolitan approach to the law and sexual rights is that every human has the right to sexual satisfaction to the extent that it does not harm another person. But this merely begs the question of what harm is. It avoids the issue of morality and the significance to most of us of a moral framework for our view of a “good world”. If the role of law is to provide the rules by which we live and interact with one another – and if those rules are to be enforceable and enforced – we cannot avoid the hard questions of the extent to which the law will provide the rules framework for the morality of our society – or at least the morality of those who make and influence the making of our laws. There are a number of hard questions. There are categories of individuals – for example, under-age same-sex attracted youth, commercial sex workers, old people and disabled people. There are particular sexual activities – sex in public places by gay men, voyeurism, sado-masochism, sex with animals, etc. The law imposes heavy punishment upon pedophile activities. But like many other forms taken by sexual attraction, pedophilia is generally innate to the individual. The law takes little account when any activity it deems criminal has a psychological impetus or is integral to the identity of an individual. A similar discordance between sexual identity and the law is demonstrated by the difficulty in aligning legal acknowledgement of gender identity with the fact of gender dysphoria irrespective of re-assignment surgery. The law does not have a good track record when it comes to dealing with matters of sex and gender. The sciences of sexual health and sexology have a critical role to play in informing development of a moral legal framework and jurisprudence.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### **P3-3** **TASMANIA TRANSFORMED: A CASE STUDY IN CHANGING LAWS AND ATTITUDES TO SEXUAL MINORITIES**

*Rodney Croome*

Island societies appear to have a poor reputation for upholding sexuality rights. Islands are disproportionately represented amongst those jurisdictions which have been indicted for gay human rights abuses before international tribunals. At various times, the names Jamaica, Cuba, Fiji, Ireland, Sicily and Tasmania have been synonyms for homophobia. But island attitudes to sexual minorities can also transform themselves rapidly and profoundly, and many islands have taken the global lead in recognising LGBT equality, including those once considered backward. Is there a relationship between insularity and sexuality, and what lessons to open and inclusive islands hold for those still struggling with sexual diversity?

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **P4-1** **EFFECT OF CHRONOLOGICAL AND REPRODUCTIVE AGING ON FEMALE SEXUAL FUNCTION**

*Lorraine Dennerstein*

Objectives: To determine effects of chronological and reproductive aging in relationship to other physical, psychosocial and lifestyle factors on female sexual function. Sample: WISHeS: Cross-sectional: 4517 women aged 20-70: USA, UK, Germany, France, and Italy. MWMHP: Longitudinal : 336 women followed annually for up to 13 years through menopausal transition. Measures: WISHeS: Self report questionnaire including general health information, symptom checklist and validated rating scale of female sexual function (PFSF). MWMHP: validated rating scales including SPEQ and annual hormone measures. Statistical analysis: WISHeS: Stepwise regression was used to determine for each symptom how prevalence varied with age, indicators of menopausal hormonal changes, and the effects of other explanatory variables including BMI, morbidity, and country. Hierarchical clustering was used to group symptoms. Clinically derived cut-off scores were used to identify women with low sexual desire and distress about this (HSDD) and to determine the prevalence of HSDD by reproductive staging and age. MWMHP: Structural equation modeling and non linear hormone modeling. Results: WISHeS: All parameters of sexual function on PFSF declined with age. From symptom check list, two sexual symptoms were related to markers of menopausal hormonal change: (vaginal dryness and difficulty with sexual arousal). Physical and mental morbidity affected estimates of the prevalence of all symptoms. US and UK women reported more problems with sexual arousal. Vaginal dryness and other hormone related symptoms did not vary by country. Young surgical menopause women were more likely to report low sexual desire and to have HSDD. MWMHP: all parameters of sexual function decline with each year of aging. Sexual desire, arousal, orgas-

mic capacity, enjoyment, vaginal dryness and dyspareunia were directly affected by declining estradiol levels. Prior level of sexual function was the most important factor affecting these sexual parameters. Relationship factors were more important than were estradiol levels for desire, arousal, orgasm and enjoyment.

Conflict of Interest: None disclosed  
Financial Support/Funding: The University Of Melbourne

### **P4-2** **PERSISTENT GENITAL AROUSAL: PROBLEM, PATHOLOGY OR NORMATIVE RESPONSE?**

*Sandra Leiblum*

Objective: To determine whether there are women who report persistent genital arousal as a normative aspect of their sexual response rather than as a pathological condition. Materials and Methods: A comparison between all of the respondents to an on-line questionnaire survey on persistent genital arousal was conducted. Of the original sample of 388 women, 206 women endorsed all five criteria for diagnosis of persistent genital arousal disorder (PGAD group) and 176 met some but not all criteria (non-PGAD group). The two groups were compared on all aspects of the condition, including onset, duration and severity of symptoms, feelings about the condition and overall sexual and relationship satisfaction. Additionally, a comparison of FSFI scores was made. Results: The two groups were similar in terms of age, relationship status and education. More PGAD than non-PGAD women reported current symptoms and greater symptom severity. Ratings of overall distress was significantly greater for the PGAD than the non-PGAD women (a rating of 7.9 vs. 4.7 on a ten point distress scale). 48% of PGAD vs. 27% of non-PGAD women reported continuous (as opposed to intermittent) feelings of genital arousal. Significantly more PGAD women than non-PGAD women endorsed negative feelings about their genital arousal and significantly more non-PGAD women reported positive feelings. PGAD women differ significantly from non-PGAD women on 4 of the 6 FSFI domains: desire, satisfaction, pain and overall function. Conclusions: There is a cohort of women who regularly, if intermittently, experience genital arousal and find it mildly pleasurable and not particularly distressing or worrisome. Their genital arousal differs in many respects from that of women who meet all five criteria for a diagnosis of PGAD. Possible explanations and etiologies for these differing reactions are discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **P4-3** **ANDROGENS AND FEMALE SEXUAL DYSFUNCTION**

*Susan Davis*

Sexual problems experienced by women include: i) Low interest or motivation to engage in sexual activity (libido), ii) Diminished capacity for vaginal lubrication and arousal, iii) Difficulty achieving /or absent orgasm, and/or iv) Dyspareunia Usually in the con-



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text of a sexual relationship these problems are associated with a decrease in the frequency and pleasure of sexual activity and can become a source of tension and distress for the individual and her partner. Androgens have widespread actions in women through the androgen receptor and as an obligatory precursors for ovarian and extra-gonadal oestrogen production. Circulating levels of testosterone decline significantly with age from the mid reproductive years. This has stimulated interest in the physiological consequences of this decline and in defining a clinical syndrome of female androgen insufficiency. However, the complex extra-gonadal tissue metabolism of testosterone has limited the interpretation of the relationships between circulating blood levels of testosterone and specific clinical endpoints, as blood may not necessarily reflect tissue levels. There is now substantial evidence from randomized controlled trials that premenopausal and postmenopausal non oral testosterone therapy improves sexual desire, arousal, responsiveness and sexual satisfaction in postmenopausal women either on concurrent estrogen or not receiving estrogen therapy. The efficacy of transdermal testosterone appears to be greatest in women either not using estrogen or using non oral estrogen therapy. Concurrent use of conjugated equine estrogen appears to impair any therapeutic benefit of testosterone. The safety data for testosterone use in women are limited to studies of less than or equal to 12 months duration. Therefore although there is no evidence that the use of testosterone is unsafe, that long term safety data for testosterone in women are lacking ongoing use should be carefully considered and closely monitored .

Conflict of Interest: Consultant For Procter & Gamble, Acrux And Organon

Financial Support/Funding: NHMRC, Procter & Gamble, Acrux And Organon

### ML1

#### DEVELOPMENT OF SEXUAL IDENTITY, BARRIERS TO INTIMACY, AND THE PROMOTION OF SEXUAL HEALTH

*Eli Coleman*

There are three basic ingredients of an individual's sexual health: the development of their identity, their capacity for intimacy, and an environment which promotes sexual health. Barriers to identity and intimacy can come from family intimacy dysfunction and unhealthy cultural environments. Self identity and self esteem are essential ingredients for the capacity of intimacy. The self is formed in the context of interpersonal relationships and the cultural milieu. The failure to develop a positive identity and capacity to intimacy leads to identity and intimacy dysfunction. Lack of self esteem, sexual identity confusion and dysphoria, sexual dysfunctions and disorders, interpersonal violence are often symptoms of identity and intimacy dysfunction. This paper will explore the relationships between sexual identity, intimacy and sexual health. There are barriers that preclude sexual health and factors which promote it. Recommendations for the promotion of sexual health will be made in this context.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### ML2

#### “WHATS IN A NAME ...”

*Helen OConnell*

The scientific nomenclature associated with female sexual anatomy is unhelpful. The vagina has been falsely presented as a simple sheath-like structure, with a mucosal surface and smooth muscle wall. Anatomical studies have revealed though that the deep to the vaginal mucosa is the spongy tissue of the clitoral bulbs. There is no intervening smooth muscle layer. The same relationship occurs between the distal urethra and the clitoris. The two structures are directly adjacent without any intervening tissue. Some researchers have referred to a unified structure - or others the “C.U.V.” Magnetic resonance imaging reveals clearly the relationship between the three structures – the clitoris, urethra and vagina a triangular or pyramidal tissue complex. The clitoris is highly vascular, erectile or spongy in nature. The urethra and vagina are also highly vascular relative to surrounding tissues – muscle, fat and supporting structures. Lessons learned from male or penile anatomy may be usefully applied to facilitate communication about female anatomy. The urethra passes through the distal urethra. That part of the urethra is then referred to as the penile urethra. The urethra as it traverses through the clitoris may be referred to as the clitoral urethra and that component of the vaginal wall adherent to the clitoris can be referred to as the clitoral vagina. The clinical corollary of this simplification is to stop the unhelpful distinction between the focus for female genital reflex responses – orgasm in particular. the “ensemble urethro-clitorido-vulvaire”. Unhelpful terminology also applies to the vulval surface anatomy and a simplification will be presented. Implications of accurate but agreed upon anatomy are scientific, clinical, relationship, health and happiness oriented and forensic.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### ML3

#### GENESIS OF THE CONTEMPORARY DISTRACTION - THE ROLE OF SCIENCE IN THE DECLINE OF SUBJECTIVITY

*Robert Porto*

The aim of this lecture is to explain the role of science in the decline of subjectivity in the clinical assessment and approach of sexual disorders. It is well known that in the last 10 years publications and congresses dedicated to sexology and sexual medicine, the accent is put first on the biological and paraclinical explorations. The psychological etiology is only conceivable when these are negative. Another example of that way of thinking is how easily the notion of E.D. as a sign of cardiovascular disease is so widely diffused. Even though this is of some value in ageing patients or in specific pathological populations, it is not true before the age of 50, and all the more in young subjects, for whom E.D. is mostly a sign of couple psycho-relational disorder. Yet, recent works have demonstrated how psychological approach improves the efficacy of pharmacological treatments. We can also mention the significative



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relationship between premature ejaculation and social phobia. How did it happen ? How can we explain the current negation of subjective factors that evidence based medicine implies ? How have we joined to that situation, to this incomprehensible lack of sense ? What is the responsibility of science in considering man as a simple neuro-bio-genic machine ? These are the questions the author will try to answer. References: 1. Ray O.: Itinéraire de légèreté (Le Seuil, Paris), 2. Duval S., Jouvent R.: De la fatigue neuronale à la récurrence dépressive (Editions Pil, Paris), 3. Tignol J. et al.: Social phobia and premature ejaculation : a case control study (Depress Anxiety, 2006 (23) 1:5)

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **ML4** **WOMENS SEXUAL HEALTH TODAY: THE CHALLENGE OF BLENDING SCIENCE, CULTURE AND DREAMS**

*Jole Baldaro Verde*

The concept of “womens sexual health” has only recently appeared both in the medical domain and in womens awareness. In the last thirty years the traditional perception of womens sexuality as being rooted on the archaic dimensions of seductivity and maternity has been enriched by a third dimension: eroticism, to be understood in as a womans “right” to express her desire and to ask her partner for a shared and creative sexual intimacy, sexual identity and sexual relationship. Men have difficulty in adjusting to this radical change, which involves meaning, family dynamics, power, money and roles, within the family and in the society. Other changes include the challenging integration between: a) her biological side and her new sociocultural possibilities (including all the peculiarities and difficulties that being a mother and a worker implies) and, b) her traditional “female” nature with the “male” talents that may be more appropriate in the working world. Contemporary sexology encourages the integrated model: however, the process of blending all these changes in a better sexual health, is difficult, demanding, and challenging. It is also frustrating, when the distress deriving from this lifelong commitment overcomes the results the individual woman can achieve. Perhaps, the challenge cannot be met unless we have a “new” man and a new couple, able to share responsibilities and commitments and to maintain the fun of being lovers. Sometimes the dream comes true: JBV, is here to witness that the dream of an integrated life between the traditional dimension of maternity, with a generous and happy family life, and a rewarding, lifelong professional career in sexual medicine is possible and deserves to be pursued. With the wish to encourage each woman and couple to pursue the possibility of a higher fulfilment: human, emotional, sexual, professional and spiritual.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **ML5** **CLINICAL SEXOLOGY : INDIAN PERSPECTIVE AND REFLECTIONS**

*D Narayana Reddy*

Sexology was not a subject shrouded in taboo in ancient India. Discussions in Vedic times (several thousand years ago) are testimonies to the fact. This enabled the unfolding of legendary treatises like Kamasutra and Anangaranga which opened new avenues of Sexual Health. The British occupation of India saw sex becoming a proscribed subject. This paved way for an unhealthy attitude and adversely affected sexual health. Thanks to pioneers like Dr. A.P. Pillay and Dr.Prakash Kothari, Clinical Sexology is regaining its social status. The speaker established his Sexology practice in the year 1982, at a time when many doubts, assumptions and expectations were still rampant with regard to clinical practice in this field. The course of the next 25 years saw the speaker changing many of his suppositions. The changing trends in the sexual behavior of Indian Population, the challenges faced in the clinical practice have been documented. The sources of referrals, the client’s profiles and the problem outlines observed during the speakers specialty practice have revealed interesting insights and have enhanced his understanding of the subject. In the speakers perspective, the practice of modern sexology is analogous with the principles laid down in ancient Ayurvedic texts. The texts have many topics like interpersonal relationships, communication, woman’s satisfaction, artificial sexual aids etc. Issues that presently plague our times like gender equality, alternative sexual orientation and female sexual dysfunctions have been viewed in accommodating ways and appropriate management strategies were found in them. The objective of this talk is to highlight these in the backdrop of current sexology practice so that the perspectives of aspiring sexologists can be widened. The insights into the changing Indian scenario will foster newer concepts, which will ultimately help in achieving adequate Sexual health.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **LS2-1** **JOHN MONEY: CONTRIBUTIONS TO UNDERSTANDING CROSS-GENDER IDENTITY**

*Richard Green*

John Money was conducting his landmark study on intersex children with the Doctors Hampson in the mid-1950s when a boy was referred to them as intersexed. The 5 year old was thought to be an anatomical hermaphrodite because he was behaviorally very feminine. He was found to be anatomically normal and what John referred to as a psychic hermaphrodite. John allowed me, a medical student, to assess the boy and his parents. Other similar families followed. We published two papers before I graduated from med school, in 1960 and 1961. For John, this was a logical clinical extension from gender identity development in the intersexed. For me, it was a career launch. John introduced me to Harry Benjamin





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in 1964. I interviewed some of Harrys transsexual patients in his New York office. I referred a couple for surgery in Europe as no American medical center had a program of transsexual surgery. When Reed Erickson, a wealthy female-to-male transsexual, funded Harry to set up a Foundation, some of Harrys patients were assessed by a team. Meetings were held in New York attended by a small group of professionals. Along with John and myself, there were Wardell Pomeroy, Henry Guze, Ruth Doorbar, and Robert Sherwin. Patients approved for surgery were shepherded by John to the Johns Hopkins Hospital. They became the pioneers in the Hopkins sex-change program in 1966. The surgeons were those who had operated on Johns intersex patients. Some who attended the New York meetings contributed chapters to the textbook I edited with John, "Transsexualism and Sex Reassignment", published in 1969 by the Johns Hopkins Press. These personal anecdotes reveal that research and treatment of what emerged as Gender Identity Disorder of Childhood began with John Money and recognition by American medical centers of the legitimacy of sex-change surgery began with John Money. Johns introduction of the terms "gender identity" and "gender role" provided the core vocabulary for sexology. His characterization of the trial period of cross-gender living for gender dysphoric patients prior to possible sex-change surgery as the "Real Life Test" captured the essence of clinical management.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### LS2-2

#### LOVEMAPS AND LOVEMAP PATHOLOGY

*Eli Coleman*

One of John Moneys significant contributions was the understanding of lovemaps and lovemap pathology. John Money defined three types of lovemap pathology: paraphilia, hyperphilia, and hypophilia. He devoted much of his career to the understanding of paraphilias. This presentation will review the unique contributions that John Money made to our understanding of paraphilias. Building on the work of John Money, there have been many new developments in understanding the nature, etiology and treatment of paraphilic and non-paraphilic impulsive and compulsive sexual behavior. It appears that there may be many etiologies and a variety of subtypes of these disorders. Controversies still exist about the etiology, nosology and treatment. The author has developed a nosology of nonparaphilic impulsive/compulsive sexual behavior and an approach to treatment involving both pharma- and psychotherapies which provides a more comprehensive approach to the wide variety of individuals who present with paraphilic and non-paraphilic impulsive/compulsive sexual behavior.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### LS2-3

#### INTERSEX THEORY AND MANAGEMENT

*Heino Meyer-Bahlburg*

John Money was a behavioral-science pioneer par excellence, and his work touched diverse areas of clinical behavioral science. Best known, and during his last decade most controversial, was his work on intersexuality. Money was the first to conduct systematic psychological studies of patients with intersexuality - within the methodological limitations of that era - and to focus on the development of "gender" (his term) out of the interaction of biological and social factors. This work led to the replacement of the then prevalent true-sex policy of gender assignment with a socialization-focused optimum-gender policy. In terms of 1950s clinical pediatrics, this policy was revolutionary. In Moneys approach, functional considerations overrode essentialist assumptions. He attached at least as great an importance to psychosexual functioning as to reproductive capacity. He required that parents of newborns participate in educated decision making. Already in preschool age, decisions on gender re-assignment were to be based on psychological examination of the child, and older children and adolescents were accorded the major voice in decisions on the timing of sex hormone treatment and genital surgery, and on gender re-assignment. Money recognized the role of stigma and provided specific recommendations concerning information management and disclosure. Decades later, after profound societal and scientific changes, the optimum-gender policy came under heavy attack, especially from intersex activists, social constructionists, and biological determinists, often more based on ideological considerations and a few selected case reports than on systematic empirical data, using Money as a scapegoat for health system failures. Recent compilations of gender outcomes in intersex patients from the world literature document that Moneys conclusions largely hold for the syndromes he himself studied. Published clinical management guidelines by some of his critics also incorporate much from Moneys own published recommendations. John Moneys stellar legacy will continue to bear fruit.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### S1-1

#### ANDROGEN USE

*Rob McLachlan*

Androgen deficiency (AD) affects 1 in 200 men under 60 years. Symptoms and signs may be subtle or non-specific and many cases remain undiagnosed. When identified by clinical features and confirmatory endocrine testing, AD requires treatment irrespective of age. Primary testicular disease (low testosterone [T], high LH) may present with infertility so that co-existent AD must be considered in that setting. Klinefelters syndrome (47XXY) is the commonest cause of AD yet 70% of cases remain undiagnosed. Secondary AD (low T, low LH) results from hypothalamo-pituitary disorders and be accompanied by other hormone deficiencies. The total T level is the key clinical measure; the timing and number of samples, the assay method and reference interval effect its interpretation.



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Testosterone therapy (TRx) is effective in restoring normal sexual, bone and muscle health, and quality of life (QOL), and potentially in normalising cardiovascular risk. The definition and prevalence of AD in association with ageing per se is contentious. Concomitant illness, particularly obesity, may confound evaluation as it is associated with lower serum T levels and similar symptoms. Placebo-controlled RCTs of TRx in older men show only modest improvement in body composition, inconsistent effects on physical function and QOL, and all lack long term safety data. Transdermal systems, crystalline T implants and injectable T ester formulations acceptable serum profiles. Absolute and relative contraindications are recognised. Age-appropriate health monitoring is required but with attention to polycythemia, sleep disturbance, and monitoring of prevalent diseases in older men such as prostate and cardiovascular disease. Current studies are exploring the utility of TRx in metabolic syndrome, PDE5 refractory erectile dysfunction with low-normal T levels, and as an anabolic agent to improve nutrition, strength & function in chronic wasting diseases. Finally TRx is a core component of male hormonal contraception undergoing clinical trials.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S1-2** **ANDROGEN MISUSE** *David Handelsman*

Androgen misuse is systematic over-prescribing of testosterone or its synthetic analogs for unproven, "off-label" medical indications. Misuse is the grey zone between legitimate androgen use for physiological replacement or pharmacological therapy and outright abuse, the illicit use of androgens for non-medical cosmetic, recreational or occupational (including sports doping) purposes. Inevitably, the boundary between enthusiastic advocacy for novel but unproven use and misuse is necessarily vague although either end of that spectrum is readily recognizable. Distinguishing valid but unproven indications from unjustified and/or unsafe prescribing driven by commercial gain or evidence-light enthusiasm is made difficult by the formidable cost of the necessary clinical trials. As a result many potentially useful – as well as worthless, wasteful and harmful - clinical applications of androgens dwell in the limbo of "off-label" use and prone to misuse. As androgens are already marketed and relatively cheap, bypassing the need for evidence in favor of "off-label" mass marketing is attractive. This often involves suborning Key Opinion Leaders and Regional Influencers, undermining incompatible existing guidelines and/or creating new elastic guidelines catering to ill informed and manipulated consumer demand. Areas of androgen misuse in Australia include male and female ageing, where safety and efficacy of androgens remain unproven, as well as in HIV, where androgen usage far exceeds the limited proven indication of treatment for AIDS wasting. The most prudent approach remains to promote evidence-based use of androgens. This requires both professional and public education as well as timely regulatory responses, notably restrictions on PBS subsidy of testosterone to deter over-prescribing. Pharmaco-epidemiological monitoring of PBS androgen prescribing can help monitor the effectiveness of interventions aiming to minimize androgen misuse.

So far Australia has largely avoided the dramatic escalation in evidence-free testosterone prescribing in the USA over the last 2 decades.

Conflict of Interest: None disclosed  
Financial Support/Funding:

### **S1-3** **ANDROGEN ABUSE** *Marian Pitts*

It is now recognised that the use of androgenic-anabolic steroids (AAS) is not restricted to competitive and elite athletes; body-builders and recreational weight trainers also use these drugs. We conducted a case control comparison of a group of AAS users with a matched group of non-users on a series of measures regarding exercise motivation, body image and health. Participants were recruited from a larger study of 158 male gym users. Findings revealed differences between the two groups indicating social recognition to be a stronger motive for exercising in AAS users; AAS users also indicated a greater drive for muscularity. As with previous studies, the primary motive for AAS use was to improve appearance. These data are complemented by in depth interviews with AAS users concerning their understandings of their initiation into drug use and their experiences with health care professionals. These interviews show that the issues surrounding anabolic steroid use are complex and multifaceted. Initiation into drug use took place either through loose networks formed around the gyms or as a result of being part of a social network that includes users. Access to drugs and information about drug use is also shared through these networks. All respondents had injected anabolic steroids and regarded injecting as functional. Injecting takes place in isolation, rather than being a social activity as with most other illicit drugs and this has the potential to reduce risks of blood borne virus infection. AAS users are subjected to a barrage of information but much is inconsistent or unrelated to local circumstances in Australia, leading to a high degree of contradiction and unreliability. However users appear to be highly motivated to increase their knowledge about the drug and its effects, and should respond well to an even handed, non judgemental health promotion intervention from a reliable source.

Conflict of Interest: None disclosed  
Financial Support/Funding: Grant From Andrology Australia

### **S2-1** **COUNSELLING THE MUSLIM COUPLE - USING RELIGIOUS VALUES RATHER THAN FIGHTING THEM** *Sara Nasserzadeh*

Introduction and objectives There are more than a billion Moslems in the world, living mostly in Asian and African countries. However, the Muslim population in the US, Canada, EU and Australia is between 1% and 6% of the total population. Their religious and cultural differences can create challenges for sex educators, counselors and therapists that work with these clients. The



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purpose of this section of the symposium on sex and Islam is to provide the participants with the background information that can help in providing a better service for Muslim clients. Methods: The presenter will use a varied range of Islamic texts to identify the verses, quotes or recommendations that can be used directly or indirectly in a sex education, counseling or therapy encounter. A demographic account of the Muslims in the Western world will also be explored and presented which can help create a more accurate picture of the Muslims outside their original countries. Case studies from clients with Muslim backgrounds will also be analyzed and presented to provide better insight about the complexities and strategies to plan their therapy and counseling. Results The result will consist of some background information about Muslim families and couples in the Western world plus some key quotations from the Islamic texts (Shi'i and Sunni) that can be used by sex educators, counselors and therapists to understand their clients' values better and to develop strategies and plans that would incorporate these values and help them achieve their goals. The case studies will support these messages by demonstrating how these quotations have changed the cooperation of the clients and helped the therapist in achieving the treatment plan. Conclusions Better understanding of the relevant Islamic texts and values can help the educators, counselors and therapists in dealing with clients with a Muslim background.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S2-2** **ISLAMIC VALUES AND THE FAMILY SYSTEM - ISOLATION VS. INTEGRATION IN A NEW COUNTRY** *Nooria Mehraby*

The core system of many Islamic cultures is characterised by a hierarchical system of intimate relationships within the extended family and Islamic communities. Islamic culture is group oriented and individuals live in a symbiotic relationship. There are certain role expectations, strong family ties, and each individual is expected to obey his/her role. Islam prohibits celibacy as a form of religious practice. Sex is considered a core value, a blessing from God, pleasurable, spiritual and a duty of each Muslim. Sex is only allowed in within marriage with an emphasis on commitment and responsibility towards spouse and children. Women and men have their own sexual rights and obligations. Both parties should fulfil each others need. Contrary to some western ideas that women in the east are passive and subservient, women play an active role in this hierarchical system. Children are considered a blessing and are cherished as a gift from God. Both parents have important role in upbringing their children and are responsible for their wellbeing even if the child is no longer a child. By contrast children are commanded by God to respect and take care of their parents in old age. These cultural values and traditions provide Muslim families security and safety. If this security system has deteriorated for any reason, it is difficult for a family member to departure from this collective identification. In addition some of

these cultural values are interpreted in the west as dependent, uncivilised and rigid which have had significant impact on integration of Muslims in the west. Working with Muslim clients, in the context of a secular Western society, requires a particular knowledge and understanding of the clients religious, cultural and political background. A failure to consider these values might leave Muslim communities isolated effecting their integration in western societies.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S2-3** **MANAGEMENT OF SEXUAL DISORDERS - DOES BEING MUSLIM MAKE ANY DIFFERENCE?** *Mehmet Sungur*

Sex therapists do not practice in an ideal standard world. Societies and religions differ about what behaviours (including sexual ones) will be accepted or tolerated and thus problems, especially sexual ones, and their management are not free from cultural and/or religious norms. Because religion is such a personal aspect of human life, it is bound to play a role in determining sexual values and behaviours. Religious beliefs determine whether sexually dysfunctional people will seek out treatment in the first place. Muslims would be very unlikely to discuss matters of their sexual lives outside home. By keeping sexual issues private, the couple ensures mutual respect. However, this attitude would also prevent couples from seeking necessary help on time. Some religious beliefs may generate resistance to therapy or influence a patients ability to make good use of treatment. When homework instructions such as non-genital or genital sensate focus are given to couples some react with the Islamic belief? that procreation is the sole and only purpose of sex. In fact although procreation is definitely an aim, it is not an exclusive aim in Islam. The Quran does not forbid sex when a woman reaches menopause. Another issue is the use of masturbation as a means of treatment tool. The majority of Islamic scholars consider masturbation forbidden. This creates problems in prescribing masturbation as a powerful treatment method especially for those without partner. Other issues like premarital and extramarital sexual behaviour, shamefulness of sexuality, homosexuality in Islam and their impact will be discussed. Shortly, some difficulties and roadblocks faced during assessment and treatment of sexual problems will be discussed emphasizing that western therapies are not always universally applicable. Most of the information communicated in this presentation is based on experiences with clients living in Turkey, a Muslim but secular society.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### S3-1

#### NON-TRADITIONAL MEDICAL TREATMENT FOR SEXUAL DESIRE DISORDERS IN WOMEN - RESEARCH PERSPECTIVE

*Bev Whipple*

**Introduction:** There are many nontraditional products available and advertised for low sexual desire in women. However, most of these products have not been tested nor the results published in peer reviewed journals. **Methods and Results:** This discussion will focus on and review the double-blind placebo controlled studies that have been conducted and published concerning nontraditional products available for sexual desire disorders in women. Published studies concerning Zestra for Women and ArginMax for women will be detailed. **Conclusions:** The need for more research studies in this area will be emphasized. Caution will be offered concerning recommending products to women that have not been tested in women. Sexual desire, nontraditional Symposium S3-1 Monday, 16 April 2007.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** None disclosed

### S3-2

#### NON-TRADITIONAL MEDICAL TREATMENT FOR DESIRE DISORDERS IN FEMALES-OB/GYN PERSPECTIVE

*Leah Millheiser*

**Introduction:** Approximately 40 million people in the United States are currently taking herbal supplements. Therefore, it is not surprising that many women have chosen to pursue herbal therapies for their low sexual desire, especially given the lack of FDA-approved medications. **Objective:** To review the neurobiology of sexual desire, based on functional MRI (fMRI) research, and apply these findings to the use of herbal therapy for low sexual desire disorder from a gynecologic perspective. **Methods/Results:** Sexual health data, gathered from fMRI studies, reveals activation in areas of the brain responsible for dopamine and norepinephrine production, the hormones most commonly associated with sexual desire and arousal. Several herbal therapies, including ArginMax and Avlimil, have proven effective in the treatment of this disorder in randomized, placebo-controlled trials. **Conclusions:** Based on observations from fMRI research and the efficacy of certain herbal therapies on low sexual desire disorder, it is our hypothesis that herbal therapy targets these neural circuits in the brain. Therefore, herbal treatments are a reasonable therapeutic option and their application to a gynecologic practice will be discussed in this presentation. However, further prospective research is warranted in this area.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** Pfizer

### S3-3

#### TRADITIONAL AND NON-TRADITIONAL MEDICAL TREATMENT FOR DESIRE DISORDERS IN FEMALES - PSYCHOPHARMACOLOGY PERSPECTIVE

*Bonnie Saks*

The objective of this presentation is to appreciate what medication changes and additions help which women with hypoactive sexual desire disorder. The biochemistry of female hypoactive sexual desire disorder must be viewed in context of new understanding of female sexual response and new understanding of female "sex receptors" or biochemistry of sexual desire. Pharmacodynamics of Dopamine, Serotonin, Prolactin, Nitric Oxide, (Testosterone and Estrogen) will be discussed. Antidepressant, antipsychotic and other medications will be reviewed regarding mechanisms of action and resulting chemical influence on libido. Comparison studies between Paroxetine, Escitalapram and Venlafaxine XR will be presented. Pharmacologic treatment: oral and topical, on and off label for women with low libido will be discussed including use of Bupropion XL, Mirtazapine, Buspirone, Modafinil, 5-phosphodiesterase inhibitors, testosterone, Alprostadil cream, and "Natural Enhancers". In conclusion, for sexual desire, women need control and often emotional intimacy as well as enough dopamine, testosterone, estrogen and nitric oxide and not too much prolactin or serotonin 5-HT2 stimulation. This balance can be medically enhanced by choosing medications wisely and deftly, sometimes off-label, as long as benefits outweigh risks.

**Conflict of Interest:** Advisory Board Of Procter And Gamble, Lilly-Icos National Speaker For The Following Pharmaceutical Companies: Forest, Wyeth, Cephalon

**Financial Support/Funding:** None disclosed

### S3-4

#### TRADITIONAL AND NON-TRADITIONAL MEDICAL TREATMENT FOR DESIRE DISORDERS IN FEMALES - THE UK PERSPECTIVE

*David Goldmeier*

**Introduction and objectives** The UK has for some time had the facility to use tibolone, an HRT agent, in the management of women who complain of low sexual desire. There have been at least 2 pharmaceutical companies who have conducted surveys among health care workers in regard of attitudes to patient management in women with low desire- in those pre and post menopausal. Results Summaries of the above will be presented.

**Conflict of Interest:** Educational Grant For Travel Is Possible-But None Confirmed So Far

**Financial Support/Funding:** None disclosed



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### S4-1

#### **CYBERSEXOLOGY: NEW FRONTIERS IN PARTNER MIXING AND MATCHING**

*Michael Ross*

The Internet has become a major source of sexual expression, including both cybersex and Internet-mediated partner contact. Theoretical approaches to its popularity are described, and data presented on reasons for this popularity. Data suggest that the Internet allows previously isolated populations to access larger numbers of sexual partners, and for greater selectivity of sexual partners, although problems include varying degrees of lack of accuracy in descriptions. The Internet has also become a site for HIV serosorting and data on both HIV and STI transmission via Internet-mediated contacts are described. HIV and STI prevention strategies and evaluation of Internet programs are presented.

Conflict of Interest: None disclosed  
Financial Support/Funding: CDC, Usa

### S4-2

#### **ARE AUSTRALIANS FINDING LOVE ONLINE? THE STYLE AND FREQUENCY OF AUSTRALIAN ADULTS INTERNET RELATIONSHIPS**

*Simone Buzwell*

A telephone survey of a representative sample of 1013 Australian adults revealed that 13% had used the internet to form online social relationships. When this group was broken down into those who formed online friendships and online romantic relationships, examination of the latter revealed an interesting profile. Those who experienced online romance spanned all age, gender, political, employment status, voting and religious groups. When the friendship and the romance groups were compared, it was found that there were few differences, although there was a non-significant trend for the online romance group to be more educated. The two groups also had similar levels of life satisfaction; trust in science and comparable beliefs regarding the benefits of science; while the romantic relationship group reported less comfort in new technologies than those who were searching online for friendship. One potentially surprising finding was that equal proportions of single and partnered individuals admitted that they had experienced online romance, indicating that many cyberdaters may be cybercheaters. When examining the online romances, it was found that they tended to be long lasting and many respondents mentioned that they were highly fulfilling. Thus, it appears that the internet is becoming an accepted method for finding romance and may be a useful tool for individuals to explore.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S4-3

#### **ON-LINE SEX EDUCATION, COUNSELLING AND THERAPY**

*Patricia Weerakoon*

Sexuality education and sexual counselling have traditionally been conducted face to face.

It is however no longer possible for the professions to ignore the technological advances of the cyber century. Global population statistics indicate that 16.7% of the world is connected to the internet (<http://www.internetworldstats.com/stats.htm>). In Asia 10.8% are connected (representing 36.4% of total global users). Cyber-counselling: On-line sex counselling (cyber counselling, e-therapy, Web-counselling) is conducted by email, chat rooms and videoconferencing. A Google search for sex counselling on line resulted in 10,600,000 results. Few of the sites were offered by recognised organisations and few specified the qualifications and affiliations of the counsellors. None of the recognised sexological associations were picked in this initial search. Clearly there is a need for sex therapists to be informed and educated in this area regardless of whether they practice it or not. Cyber-learning: Similarly, a search for online sex education yielded 32,600,000 hits with no reputed courses listed among the first 20. Changing the term to online sexual health made little difference. On-line learning in sexual health has been shown to be feasible and practical and when structured correctly, provides users access to global expertise and information in a safe environment (<http://www.usyd.edu.au/sexualhealth/>). It also provides a forum for adult learning in a flexible format in terms of time, place and content. Online counselling therapy and education is an integral part of the world we live in and we as sexologist need to grasp the opportunity. Our training programs, supervision processes and professional web sites need to reflect this

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S5-1

#### **OPEN SEXUAL COMMUNICATION BETWEEN PRIMARY CARE PHYSICIANS (PCPS) AND THEIR PATIENTS**

*Gila Bronner*

**INTRODUCTION:** The new medications for sexual problems and media exposure increased PCPs awareness and their patients demand for treatment. Research pointed out on ED as an early marker for cardiovascular risk. Physicians participated in trainings focused on diagnosis and treatment of sexual dysfunction. Special training increased their knowledge about ED and its treatment. There was only little impact on their ability to initiate and discuss sexual concerns with their patients, even when current health conditions could cause a dysfunction. **OBJECTIVES:** To help PCPs cope with this task. To develop a special module for initiating of a "Sex Talk" between physicians and patients. To implement the module as a primary step in the treatment of Erectile Dysfunction and other sexual problems in the PCPs office.

**METHODS:** Phase 1: Increase knowledge about male sexual dysfunction, diagnostic procedures, treatment options.  
Phase 2. Identification of communication barriers.



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Phase 3: Assist PCPs overcome barriers and develop communication skills.

Phase 4: Practice the module in small groups. Phase 5: Implementation in clinic staff meetings.

Phase 6: Introduction of female sexual dysfunction (FSD).

Phase 7: Recognizing that sexual dysfunction is "couple problem".

Phase 8: Analysis of cases, follow-up and advanced counseling.

**RESULTS:** Two communication barriers were identified. Tools to bridge the barriers were offered. Evaluation of patients expectations, partners cooperation and previous treatments, followed by patients education encouraged PCPs to continue. 33% of physicians discussed ED with 5 or more patients in last week compared to 8% before training. 89% changed positively their attitude to ED patients. The module was further practiced in staff meetings (including nurses, social workers and pharmacists). **CONCLUSIONS:** Open Sexual Communication Module should serve as primary step in treatment of sexual problems in PCPs clinics, enabling PCPs a choice to intervene according to their skills, time limits and working environment.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### S5-2

#### TRAINING IN SEXOLOGY FOR TERTIARY HEALTH CARE INSTITUTIONS

*Woet Gianotten*

An increasing amount of people stay alive after serious diseases, trauma or cancer. Examples are survivors of spinal cord injury, bone marrow transplantation, stroke, penis amputation, COPD or muscular disease. Scantly the awareness grows that sexuality and intimacy need to be addressed as important quality of life-aspects, since for at least half of the survivors these areas are disrupted. The involved tertiary health care professionals are insufficiently prepared to deal with the touchy topics of sexuality and intimacy. The sexological community is insufficiently prepared to deal with the aftermath of such complex medical problems. So a better approach should be developed in both professional fields. On the one hand training modules have to be developed for the professionals in tertiary health care to change their not asked-no problem-approach into an attitude where sexuality and intimacy are understood as important topics in the recovery process, where sexual function is automatically and respectfully addressed and where necessary referral to sexology is a fluent and obvious action. The sexological community on the other hand has to invest in the development of subspecialties such as oncosexology and rehabilitation sexology. To function well in these areas, sexology professionals should be able to handle loss, mourning and sometimes progressive disease and the prospect of death. Besides, their skills should encompass dealing with complicated organic disturbance with pain, maimed bodies and lacking hormones. For this field sexology has to develop a variety of new technical tricks, new attitudes towards intimacy but also new ways to deal with the meaning of sex and relationship. Gianotten WL, et al. Training in sexology for medical and paramedical professionals. A model for the rehabilitation setting.

Sexual and Relationship Therapy 2006;21:303-317. Krychman ML. Sexual rehabilitation medicine in a female oncology setting. Gynecologic Oncology 2006;101:380-384.

Conflict of Interest: None disclosed

Financial Support/Funding: Zonww, The Netherlands

Organisation For Health Research And Development

### S5-3

#### SEX THERAPY FOR PSYCHIATRISTS

*Pierre Assalian*

Psychiatrists even though they would be considered the ideal and best medical specialty to evaluate and treat sexual dysfunctions due to their knowledge of medicine and psychology, yet not too many psychiatrists are interested in sexual medicine. Psychiatrists who are dealing with sexual dysfunctions including myself felt outside the main stream of psychiatry. It is only when MDs realised that medications specially those prescribed by psychiatrists like antidepressants and antipsychotics cause sexual dysfunctions that our profession got interested in the field of sexology. In Canada, the Canadian Psychiatric Association formed a group of experts psychiatrists including myself to come up with a programme to teach psychiatrists how to evaluate sexual dysfunctions and treat them. The group met about 10 times to establish the educational material, each member was given a chapter to develop. Then the whole team revised each chapter. Testing the material was done by presenting it to small groups, addition was done and when finalised, the programme was presented to the association. The programme has the official approval of the Association and attendees can obtain hours of CME that can be counted for recertification. The whole process will be explained.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### S5-4

#### TRAINING BASIC SEXUAL HISTORY TAKING FOR RESIDENTS IN OBGYN

*Johannes Bitzer*

Introduction: Gynecological conditions are frequently associated with sexual difficulties which are often underdiagnosed. Patients feel that sexual problems are not important enough to be mentioned to their physicians and physicians may feel uncomfortable and sometimes incompetent. To facilitate access for patients and physicians we developed a tool for assessment and discussion of sexual problems for residents in gynecology. Methods: Based on our experience as a liaison-consultation sexological division of the university hospital of Basel we analyzed the sexological diagnostic workup performed with the following group of female patients: Family planning consultation, around menopause, women with benign gynecological conditions, with incontinence; Oncological patients (mammary, genital carcinoma). We extracted the commonly used steps in the workup to construct a tool with easy to remem-



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ber elements which would help the physician to evaluate the patients sexual problems and plan for referral or therapy. We trained 20 residents residents and evaluated their self rated competence before and after the training. Results: We could differentiate seven steps of sexual history taking: Raising the subject of sexuality by indirect or direct invitation to the patient; Active listening to the narrative; Asking for a typical sequence of the sexual encounter; Establishing a 6 field pathogenetic model of the sexual problem: 3 levels (biological, individual psychological, interactional-social) 3 dimension (Predisposing, Precipitating, Maintaining); Round table (Communicating the diagnosis, defining resources and therapeutic objectives) ; Brainstorming about therapeutic options; Shared decision making. Resident training with this structured tool resulted in an increase in self rated competence and efficiency in managing sexual problems. Conclusion: Sexual problems are frequent in gynecology. We have developed a tool to help physicians to evaluate sexual problems of their female patients in order to facilitate access to recognition and possible treatment.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S6-1

#### AN OVERVIEW OF THE LATEST ADVANCES IN SEXUALITY TRAINING AND SUPERVISION

*William Stayton*

For over 30 years I have used sex therapy films both with clients and in training and supervising sexuality therapists. The traditional model of William Masters and Virginia Johnson, "Sexual Response Cycle" and Helen Singer Kaplan, "Desire Disorders" has been the standard model for understanding a treatment format. In this presentation, there will be a presentation of the Erotic Response Cycle, its relationship to desire and physical sexual response, using a patient education model supplemented by a new series of pleasuring exercises using film. There has been a paucity of sex therapy films showing diversity: racial, sexual orientation, and age. In this presentation, excerpts will be presented from a new series of sensate focus films made for heterosexual, lesbian, and gay male couples illustrating how these films can be used with patients, supervisees, and in training programs. The excerpts will include: sexual anatomy, the sexual and erotic response cycles, head caress, non-genital pleasuring, genital exploration and stimulation, vaginal and anal intercourse and outercourse, and strap-on sex.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S6-2

#### SEXUALITY EDUCATION, CERTIFICATION AND IMPROVED SEXUAL HEALTH

*Konstance McCaffree*

Sexual health can be improved if the information provided is accurate and the person is motivated to act on that information. Professionals in sexuality need training in order to acquire the knowledge, and to develop the skills to motivate others to engage

in behaviours that will enhance ones' sexual health. Certification by a professional organization that oversees the training of educators is one method that can be implemented to encourage the needed skills and knowledge. This presentation will include discussion of the criteria established by the American Association of Sexuality Educators, Counselors and Therapists for certification, and how these criteria can enhance increased sexual health of the many persons with whom we interact (as teachers, clients, patients). What would the criteria be? What can be implemented to increase the ability of sexuality education providers? What might be the impact on our people?

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S6-3

#### CERTIFICATION OF SEXUALITY COUNSELORS AND THERAPISTS IS INSTRUMENTAL IN MAINTAINING THE LEGITIMACY AND EFFICACY OF THE PROFESSION

*Ginger Bush*

The certification of sexuality professions is crucial because there is tremendous interest globally in the field of sexual health, increased public awareness of sexual issues, and demands for information and treatment. The American Association of Sex Educators, Counselors, and Therapists, founded in 1967, established standards nationally and internationally for the certification of sexuality educators, counselors, therapists, and supervisors of sex therapy. Their Code of Ethics, Training, and Supervision is essential to not only protect consumers, but also to ensure the efficacy of treatment. This presentation will discuss the rationale for developing standardized minimum qualifications for sexuality professionals, a review of the certification guidelines, the means of obtaining certification nationally and internationally, and specific case examples reflecting the importance of certification in maintaining the legitimacy of the field.

Conflict of Interest: None disclosed  
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### S8-1

#### THE ORGASMIC BRAIN EXPOSED: RESULTS FROM PET-STUDIES IN MEN AND WOMEN

*Janiko Georgiadis*

There is still a lack of knowledge regarding the brain regions involved in human sexual behavior in general, and orgasm in particular. In the last five years, we have performed a series of positron emission tomography (PET) experiments in healthy men and women to investigate the neuronal substrate of the orgasmic phenomenon. Orgasm-related brain perfusion appears to be similar in both sexes: compared to a baseline of sexual genital stimulation (high sexual arousal), orgasm-related activation was found in the medial part of the anterior cerebellum. Interestingly, orgasm-related deactivation was much more prominent, especially in the



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orbitofrontal cortex and the anterior temporal lobes. In women only, we also collected psychometric and physiological data. They were asked to rate their perceived level of sexual arousal (PSA), and, as a measure of pelvic muscle activity, their rectal pressure (RP) was measured. Positive correlations were found between RP-fluctuations and activation of the left deep cerebellar nuclei, and between PSA and activation of the ventral midbrain and right caudate nucleus. In the prefrontal cortex, the activation correlated negatively with RP-fluctuations, whereas PSA correlated negatively with the level of activation in the temporal lobes. Based on these findings in men and women, we propose that deactivation of the orbitofrontal cortex is associated with the behavioural disinhibition during orgasm, and that deactivation of the temporal lobe is directly related to high sexual arousal. The activated deep cerebellar nuclei may be involved in the orgasm-specific muscle contractions. Finally, the positive correlation between sexual arousal and activation of the ventral midbrain and caudate nucleus suggests a role for dopamine in sexual arousal and orgasm. These results expose neuronal mechanisms underlying sexual orgasm, and may help to understand and treat orgasmic disorders like premature ejaculation and anorgasmia.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S8-2** **BRAIN ACTIVATION DURING SEXUAL AROUSAL AND ORGASM IN WOMEN**

*Barry Komisaruk, Beverley Whipple*

Women diagnosed with complete spinal cord injury (SCI) at T10 or higher reported sensations generated by vaginal-cervical mechanical self-stimulation (VCSS). Using functional magnetic resonance imaging (fMRI), we have observed brain responses to sexual arousal and orgasm in these women, and propose that the afferent pathway for this unexpected perception is provided by the Vagus nerves, which bypass the spinal cord. Using fMRI, we ascertained that the region of the medulla oblongata to which the vagus nerves project (the Nucleus of the Solitary Tract-NTS) is activated by VCSS. We also used an objective measure, VCSS-induced analgesia response to experimentally-induced finger pain, to ascertain the functionality of this pathway. During VCSS, several women experienced orgasms. Brain regions activated during orgasm included the hypothalamic paraventricular nucleus, amygdala, accumbens-bed nucleus of the stria terminalis-preoptic area, hippocampus, basal ganglia (especially putamen), cerebellum, and anterior cingulate, insular, parietal and frontal cortices, and lower brainstem (central gray, mesencephalic reticular formation, and NTS). We conclude that the vagus nerves provide a spinal cord-bypass pathway for vaginal-cervical sensibility and that activation of this pathway can produce analgesia and orgasm. The brain regions activated during orgasm elicited by VCSS in able-bodied women were comparable to those in women with complete spinal cord injury.

Conflict of Interest: None disclosed  
Financial Support/Funding: New Jersey Commission On Spinal Cord Research

### **S9-1** **CONCURRENT DETECTION OF SEXUAL DYSFUNCTION AND CARDIOVASCULAR RISK**

*Jacques Buvat*

Since 20 years, the prevalence of vascular risks factors (VRF) has been repeatedly reported to be increased in men consulting for Erectile Dysfunction (ED). VRF are independent risk factors for ED. According to calculations based on Framingham risk algorithms, due to its significant association with VRF ED should be an indicator for increased risk of Coronary Artery Disease (CAD), Myocardial Infarction (MI) and stroke (Relative Risks x 1,4 to 3). While the CAD prevalence assessed with the treadmill test is not clearly increased in ED patients (14%), the ED prevalence is high in CAD patients (57%), suggesting that ED precedes CAD, and could be considered as a "sentinel" which could be used for screening for vascular disease, and taking preventive action against serious cardiovascular events (CVE); Most retrospective epidemiologic studies support this hypothesis by reporting high ED prevalence in men diagnosed with CAD documented by angiography (58%), silent ischemia in diabetic patients (34% vs 4% in diabetics without ischemia), MI (67%, mean interval of 38 months since the first ED symptoms), carotid or popliteal atherosclerosis (50%). However only 2 of the 4 prospective longitudinal studies reported to date (Thompson 2005, Schouten 2006) found that ED was a significant marker of incident cardiovascular disease (CVD) at the level of the general population (RR of CVE about 1,5). In an analysis of the MMAS study Araujo found a predictive value only for stroke in smokers (RR 2.95). Lastly the Frantzen data suggest that while ED could be seen as a marker for CVD before 1998 it was clearly not afterwards. The discrepancy in the prospective studies conclusions could result from the variable proportion of non vascular ED in the overall populations. Some pilot studies found that in ED patients a normal pharmaco-Doppler investigation of penile arteries has a negative predictive value of 98% for CAD.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S9-2** **MECHANISMS LINKING CARDIOVASCULAR DISEASE AND SEXUAL DYSFUNCTION**

*Serge Carrier*

The perception of ED has evolved. For centuries, erectile dysfunction has been viewed as an unfortunate consequence of a divine influence. In the seventies, ED was believed to be mainly psychologically induced. Two decades later, with increase basic knowledge, EDs etiology became mainly organic. Despite these emergent concepts, many were still consider ED as trivial despite numerous studies showing its tremendous negative effect on the quality of life. From a complication of cardiovascular disease, with which it shares many risk factors, ED has now become one of its early markers. The penis could be seen as a reflection of the health status of an individual, in particular of his vascular health. The erection is a vascular process. The penile arterial tree is however smaller than the heart





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vessels and as such is very sensitive to structural and functional changes. The endothelium, the inner lining of all blood vessels including the penis and the heart, may be the first affected by functional changes. Endothelial dysfunction, which impairs arterial vasodilatation, is an important pathophysiologic factor of both ED and cardiovascular disease. Furthermore, ED may be the first sign of atherosclerosis. This new information has led to the emergence of a new concept: preventive vascular medicine based on the penile health. The appearance of ED should trigger changes in life style and modify any risk factors to avoid later further cardiovascular events. These illustrate the changing perception of ED: From divine intervention to marker of cardiovascular risk.

Conflict of Interest: Member of Advisory Board Of Pfizer Canada, Bayer Canada And Eli Lilly Canada  
Financial Support/Funding: None disclosed

### **S9-3** **INNOVATIVE TREATMENTS TO TARGET BOTH ED AND CVD**

*Hartmut Porst*

It is meanwhile well established that both entities ED and CVD are quite often manifested in the same patient because of their common ground namely endothelial dysfunction. The pro-erectile NO-cGMP pathway and its counterpart the anti-erectile RhoA/Rho-kinase calcium sensitizing pathway are the two major players in the regulation of cavernosal smooth muscle tone and thus of erectile function. Just recently was shown that PDE 5 inhibitors (here sildenafil) show a potent relaxant effect in penile resistance arteries due to cGMP accumulation and enhanced effects of basal released endothelial NO which acts through protein kinase G activation. There is a body of evidence in the recent literature that PDE 5 inhibition, either with the established PDE 5 inhibitors sildenafil and tadalafil or with the new PDE 5 inhibitor udenafil results in improvement of endothelial function and may also have cardioprotective properties. Recent clinical studies were able to show that with low-dose chronic application of the long acting PDE 5 inhibitor tadalafil the same effects in terms of improvement of erectile dysfunction were reached as it was shown with higher doses in as needed dose regimens. Moreover chronic PDE 5 inhibition through tadalafil was able to convert non-responders to pr regimens to responders after daily dosing for 3 months in the majority of the population under investigation. These clinical experiences along with the basic research data mentioned above are nourishing the speculations that chronic PDE 5 inhibition improves endothelial function on a long-term and thus presumably our cardiovascular system too, including cavernosal function. In addition, just recently was published that oral Rho-kinase inhibitors are able to prevent vasculogenic ED in rats. This observations justify the speculation that in the future this very novel class of compounds may add to the medicinal management of ED and perhaps of other cardiovascular diseases.

Conflict of Interest: Speaker, Study Investigator And Consultant For The Following Companies: Bayer Healthcare, Pfizer Corp., Lilly/Icos, Johnson&Johnson  
Financial Support/Funding: None disclosed

### **S9-4** **ED TREATMENT FAILURE IN MEN WITH CARDIOVASCULAR DISEASE**

*Eric Wespes*

There is a high prevalence of cardiovascular disease among patients seeking treatment for sexual dysfunction and the potential cardiac risks associated with sexual activity are well established; the latter comes well before with a mean time interval of almost 3 yr. The proposed management recommendations are adapted by the Princeton consensus conference on sexual dysfunction and cardiac risks. Real non-responders to PDE5 inhibitors have a severe end-organ failure with an important reduction of its functional smooth muscle musculature. They show severe veno-occlusive dysfunction, with many of them also non-responding to intracavernosal injection of vasoactive drugs. This veno-occlusive dysfunction is often associated with penile arterial blood alterations. The following measures can be used in convincing salvage rates for PDE5 non-responders: 1. Potential benefits of lifestyle changes may be of special relevance in patients with ED and specified co-morbid cardiovascular or metabolic diseases. 2. Education and re-counselling of the patient/couples in the proper use of oral therapy. 3. Treatment of concomitant hypogonadism. Recent studies show the relationship between sex, steroids and cardiovascular disease and it is proven that testosterone regulates the responsiveness to PDE5 inhibitors in the corpus cavernosum. 4. daily dosing with PDE5 inhibitors for several months is able to change endothelial function and therefore to improve ED and cardiovascular function. 5. Beside oral therapy, vacuum device intracavernous injection and/or penile implant can also be used.

Conflict of Interest: Speaker, Study Investigator And Consultant For The Following Companies: Bayer Healthcare, Pfizer Corp., Lilly/Icos, Johnson&Johnson  
Financial Support/Funding: None disclosed

### **S10-1** **PDE5 INHIBITION IN MEN WITH HIV: BIOMEDICAL, BEHAVIORAL AND SOCIETAL PERSPECTIVES**

*Hossein Sadeghi-Nejad*

Introduction and Objectives: Phosphodiesterase type-5 inhibitors (PDE-5s) are highly potent erectogenic agents that have been available since the late 1990s for treatment of erectile dysfunction (ED) in men. Three agents in this class (sildenafil, tadalafil, vardenafil) are available worldwide and are used by approximately 20-25 million men. Recent reports of the growing use of these agents as "recreational drugs" by gay/bisexual men has raised concern about a variety of health risks: primarily, the association of these drugs with sexual risk behavior, but also their potentially dangerous pharmacological interactions when used with inhalant nitrites or with antiretrovirals. The convergence of these factors has led to increased concerns about potential health risks associated with PDE-5 inhibitor use in HIV+ or at-risk men. Methods: Based on these considerations, a "state-of-the-science" conference was sponsored by the NIMH to evaluate the evidence of risks associated with PDE-5



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inhibitor use in HIV+ or HIV- men and women, and to develop recommendations for future research, policy and practice in this area. Specific issues addressed by the conference were: · Increased use of PDE-5s among high risk individuals, and their potential contribution to high-risk sexual behavior in HIV+ or HIV- men. · The potential role of PDE-5 inhibitors in directly or indirectly increasing high risk sexual behavior in specific individuals and population groups. · The use of PDE-5s, obtained either through a physicians care or other means, in combination with a variety of illicit drugs, and the impact on sexual behavior and potential health risks. · Treatment of sexual dysfunction in men with HIV/AIDS, and the potential therapeutic risks and benefits of PDE-5 use in this group. Results and Conclusion: New guidelines were developed for the use of PDE-5 inhibitors in HIV+ or high-risk individuals. These guidelines are reviewed and discussed.

Conflict of Interest: None disclosed

Financial Support/Funding: National Institute Of Mental Health

### S10-2

#### HIV AND SEXUAL RELATIONSHIPS

*Jeffrey Grierson*

**Introduction** The sexual lives of people living with HIV (PLWHA) have come under intense public scrutiny, most often in relation to transmission of HIV. Little attention has been paid to the broader aspects of the sexual lives of PLWHA such as sexual pleasure, the establishment of relationships and the consequences of community stigma for both sexual lives and other intimate relationships. This is particularly true of larger scale survey work in this area. **Methods** The HIV Futures 5 survey is an Australian cross-sectional nationwide study of multiple aspects of the lives of PLWHA. The study was conducted in 2005 and achieved a sample of 973 PLWHA. The survey included a section of 40 items on relationships and sexual practice. **Results** When asked about their current sexual practice, 30% said that they had no sex at present and 46 % said they were currently in a regular relationship. 62% believed that few people would want a relationship with someone who has HIV, and 55% said that they were hesitant to tell potential partners of their HIV status for fear of rejection. 66% said that HIV has had a negative effect on their sexual pleasure and 62% of participants said that HIV had negatively affected their libido. 51% said they find sex more pleasurable with a HIV positive partner. The data on sexual activity continues to indicate that most PLWHA engage in a range of protective practices that minimise risk of transmission and that these practices are mediated by partners HIV status. **Conclusions** While it has generally been acknowledged that HIV has an impact on sexual activity, this is broader than condom use or partner selection. HIV and the stigma associated with it may limit or negatively affect PLWHAs ability to lead satisfying sexual lives.

Conflict of Interest: None disclosed

Financial Support/Funding: Australian Government Department Of Health And Ageing

### S10-3

#### SAFE SEX POLICE - PUBLIC HEALTH RESPONSES TO SEX WORK

*Janelle Fawkes*

Sexual health and workplace safety are intrinsically linked for sex workers – both are negatively impacted by recent public health policy. Sex workers in Australia have consistently good sexual health. Funded peer education organisations, provision of prophylactics, free and anonymous testing services, uptake of condom use by individual sex workers, self regulation of sexual health and implementation of safer sex practices into the workplace by sex workers are all contributing factors. Yet, recent policy includes: the introduction of Police into sex worker workplaces - the safe sex police, covertly soliciting unprotected sexual practices; pseudo mandatory testing; and the criminalisation of specific sexual behaviours. A divide clearly exists between risks perceived to be prevented by policy in Australia and current sex work practice. This inconsistency centres on lack of acknowledgement of key aspects of sex in a sex work setting. The sex that happens as part of sex work occurs in the context of work. Most often within a work place or temporary work space, whether it be a private home, a hotel room, brothel, massage parlour, safe house, car, street or other setting. Sex workers understand and consider the sex that happens as part of their job to be work. The workplace or space impacts directly on occupational health and safety of female, male or transgender sex workers. Policy initiatives fail to address issues of: access to clean and safe work space; lighting and disposal options in the work environment; access to condoms, lubricants and other prophylactics; legal status (whether sex work is legal and the sex worker can openly describe and negotiate in regard to the services provided, or if it is illegal and the sex worker must disguise the services provided, speak in jargon, focus on avoiding detection rather than their own safety, health etc... and instead increase stigma.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### S11-1

#### INTERNET CHILD PORNOGRAPHY: AN EMERGING PROBLEM

*Olav Nielssen*

The internet has proved to be an effective medium for disseminating child pornography and linking people interested in child pornography. The possession of child pornography, unlike its production and distribution, is a relatively recent offence and little was known about the people who sought this material. However, operation Auxin, using a child pornography website set up by the Australian Federal Police has led to charges against nearly 200 men in Australia for possession of various forms of indecent material involving children. Many of those charged were referred for psychiatric assessment and the findings from some of those assessments are presented in this paper. A review of twenty one cases of men charged with possession of child pornography found a spectrum of interests and sexual behaviour. Based on the material they



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collected, there were both homosexual and heterosexual paedophiles and others with versatile sexual interests, in that they had adult material and reported relationships with adults. We found both solitary collectors and some in contact with others with similar interests. We present the demographic features, psychiatric findings, sexual histories and criminal behaviour of the twenty one subjects seen by the authors for treatment or for reports. We rated the subjects according to their history of convictions and other available information (eg travel patterns, evidence of communication with children) into definite, probable and unlikely to have committed offences against children. A striking feature of this group was that many had very large collections of material, suggesting a compulsive quality to finding and storing images.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S11-2 LEARNING IMPAIRMENT AND BRAIN DYSFUNCTION AMONG SEX OFFENDERS**

*Ron Langevin*

The incidence of brain damage and dysfunction and associated learning impairment are examined in a forensic database of over 2500 sex offenders. Results show that grade failures in public school, high school dropouts, placement in special education classes for children with learning and emotional problems are significantly and substantially higher than seen in the general population. Intelligence test and Halstead Reitan Neuropsychological Test Battery scores indicate that learning disordered and cognitively impaired individuals are over-represented among sex offenders. Implications for assessment and treatment are discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S11-3 TREATMENT EFFECTIVENESS FOR SEX OFFENDERS: THE CURRENT EVIDENCE AND ITS IMPLICATIONS**

*Jeremy ODea*

Religious, legal and other social sanctions, in addition to physical interventions such as surgical castration, have been implemented for thousands of years in an attempt to contain sexual behaviour. During the second half of the last century specific pharmacotherapies and psychotherapies were introduced in the treatment of sexual disorders and the management of sex offenders, with varying degrees of success. Testosterone lowering medications and selective serotonin reuptake inhibitors have largely replaced surgical castration and are now successfully used to suppress sexual drive, thereby assisting patients in controlling deviant sexual behaviours. At the same time, several different types of psychotherapy have been utilised, with a form of Cognitive Behavioural Therapy based on Relapse Prevention (developed initially to treat addictive disorders) now being the predominant psychological treatment for sex

offenders within criminal justice systems with at best limited evidence to date supporting its effectiveness. With the recent introduction of preventative detention legislation for sex offenders in several jurisdictions including Australia, the various treatment options available for sex offenders and the impact of these treatments on issues of risk assessment and risk management must inevitably come under greater scrutiny. This paper critically evaluates the current evidence for the effectiveness of the pharmacotherapies and specific psychotherapies used alone and in combination for sex offenders and patients diagnosed with a paraphilia. Implications of this evidence on policy, including the funding and structure of treatment programs for sex offenders, will be discussed. Ethical issues in the delivery of these treatments within the criminal justice system will be considered. Future directions of much needed but ethically challenging research in this area will be proposed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S12-1 DEALING WITH PREMATURE EJACULATION**

*Donald Strassberg*

Rapid (premature) ejaculation is generally agreed to be the most common male sexual complaint. Yet, there is relatively little agreement among researchers and clinicians regarding its etiology, treatment, how best to define the condition, or even if it truly represents a "disorder." This presentation will review these issues with a focus on their relevance for current and future approaches to the treatment of rapid ejaculation.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S12-2 BIOPSYCHOSOCIAL MODEL OF ED: THE NEED FOR A MULTIDISCIPLINARY APPROACH TO TREATMENT**

*Marita McCabe*

There have been significant medical advances in the last ten years for the treatment of Erectile Dysfunction (ED). This paper examines the data that relate to the biological, psychological and socio-cultural determinants of ED. The relative benefits of using a medical only, psychological only, and combined treatment approach for ED are discussed. Issues to be considered in determining the efficacy of the different approaches include level of ED, sexual satisfaction, as well as the impact of ED (and its treatment) on the relationship. Even if psychological factors do not lead to ED, they are likely to result from the development of ED. It is therefore important that professionals work together in a multi-disciplinary team to address this problem. The best way to achieve successful outcomes for this disorder are discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### S12-3

#### MINORITY STRESS AND IT RELATIONSHIP TO SEXUAL PROBLEMS

Brian Zamboni

Minority stress, such as racism and gay bashing, may be associated with sexual problems, but this notion has not been examined in the literature. African-American gay/bisexual men face a unique challenge in managing a double minority status, putting them at high risk for stress and sexual problems. This investigation examined ten predictors of sexual problems among 174 African-American gay/bisexual men. Covarying for age, a forward multiple regression analysis showed that the measures of self-esteem, male gender role stress, HIV prevention self-efficacy, and lifetime experiences with racial discrimination significantly added to the prediction of sexual problems. Gay bashing, psychiatric symptoms, low life satisfaction, and low social support were significantly correlated with sexual problems, but did not add to the prediction of sexual problems in the regression analysis. Mediation analyses showed that stress predicted psychiatric symptoms, which then predicted sexual problems. Sexual problems were not significantly related to HIV status, racial/ethnic identity, or gay identity. The findings from this study showed a relationship between experiences with racial and sexual discrimination and sexual problems while also providing support for mediation to illustrate how stress might cause sexual problems. Addressing minority stress in therapy may help minimize and treat sexual difficulties among minority gay/bisexual men.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### S13-1

#### CAN POTENCY FOLLOWING TREATMENT OF PROSTATE CANCER REALLY BE RESTORED?

John Mulhall

The three major definitive treatments for prostate cancer, radical prostatectomy (RP), pelvic radiation (RT) and androgen deprivation (AD) in animal and human models have been shown to impair erectile function. The consequences of erectile dysfunction (ED) include spiraling sexual confidence with subsequent loss of self-esteem and potentially relationship discord. The major mechanisms at play in radical pelvic surgery and pelvic radiation induced ED are the same although the three major mechanisms are weighted differently and they include neural injury, artery injury (endothelial dysfunction) and cavernosal smooth muscle damage). Neural injury, likely the major factor for the surgical patient occurs at the time of neurovascular bundle dissection and even in the most experienced surgical hands translates into significant impairment of erectile function in at least the early stages after surgery. The impact of radiation on neural function has not been well measured. We know from clinical practice that most men respond to PDE5 inhibitors (PDE5i) at least within the first 2 years after radi-

ation completion, thus whatever effect radiation has on the cavernous nerves is either minimal or delayed. The consequences of neural injury include structural changes in the cavernosal smooth muscle (apoptosis, upregulation of fibrogenic cytokines, collagenization) and endothelium. Thus, even neuropraxia may lead to erectile tissue damage with a long-term negative impact on erectile function recovery. It is well appreciated that cavernosal smooth muscle damage is associated with the development of venous leak, which portends a poor prognosis for the recovery of either spontaneous or PDE5i-induced erections. The impact of RT on arterial integrity is well known as the endarteritis obliterans that is occurs leads to significant cavernosal artery insufficiency but this effect may take years to manifest. It is becoming increasingly appreciated that RP is associated with accessory pudendal artery (APA) injury. APAs in some men are the major if not sole source of arterial inflow into the corpora cavernosa. Thus, injury to them may significantly negatively impact upon long-term erectile function. Most authorities now accept APA injury as being a predictor of erectile function recovery. Finally, as mentioned above nerve injury may lead to structural damage to erectile tissue, but so too can the chronic absence of erections with the subsequent absence of cavernosal oxygenation as occurs during erection. It is postulated that the cavernosal smooth muscle requires exposure to arterial levels of oxygen to maintain its integrity. Thus, chronic lack of erectile activity irrespective of the treatment modality, may lead to further erectile tissue damage. Recent interest has focused on strategies that can minimize nerve injury (systemic neuro-modulatory drugs, perineural therapeutics) as well as protect the endothelium and cavernosal smooth muscle. Neuromodulatory drugs include families of agents that may be neuroprotective and/or neuroregenerative. The agents being explored in at least animal models, include immunophilin ligands (including cyclosporine, tacrolimus and rapamycin), erythropoietin, PARP inhibitors and PDE5i. Animal data are supportive of the potent neuromodulation that immunophilin ligands and erythropoietin can effect but evidence supporting the use of the other classes is currently lacking. Given the robust animal and human evidence that shows that PDE5i are associated with improvement in endothelial health (reduced myocardial infarction rates in drug trials, improved flow-mediated dilation in diabetics) there is a rationale for the use of these agents in the prostate cancer patient managed with one of the above primary treatments. Furthermore, there is robust animal and a small amount of human evidence that all 3 currently available PDE5i can protect cavernosal smooth muscle from the nerve injury associated damage that occurs. This presentation will elucidate the pathophysiology of RP, RT and AD associated ED, as well as present the human and animal evidence supporting the concept of erectile function rehabilitation and preservation.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



### S13-2

#### **ARE PDE5 INHIBITORS THE SEXUAL PANACEA? HOW MUCH DO THEY REALLY IMPROVE SEXUAL AND RELATIONSHIP SATISFACTION?**

*Ira Sharlip*

It is widely recognized and accepted that erectile dysfunction may be associated with loss of self-esteem and self-confidence, depression, anxiety, relationship strain and other forms of interpersonal intrapersonal distress. Consequently, when phosphodiesterase type 5 inhibitors are successful in restoring or improving sexual function, the psychological and relationship problems associated with erectile dysfunction often improve as well. These drugs are effective in significantly improving erectile function and producing satisfactory sexual performance in about two-thirds of men who try them. There is now ample evidence that PDE5 inhibitors improve not only erectile function but sexual and relationship satisfaction as well. For example, recent double-blind placebo-controlled (DBPC) studies 1,2 have shown statistically highly significant differences favoring sildenafil over placebo as measured by the Self-Esteem and Relationship (SEAR) questionnaire and the erectile function domain of the International Index of Erectile Function (IIEF). In these studies, mean overall SEAR scores increased from 40 at baseline to 76 on sildenafil but only to 47 on placebo. IIEF erectile domain scores improved from 13 at baseline to 25 on sildenafil but only to 16 on placebo in these studies. Many other studies confirm these findings, including a pooled analysis of 26 DBPC studies. 3 Moreover, other studies reflect similar improvements in relationship satisfaction and satisfaction with treatment among the partners of men who have been treated for erectile dysfunction with PDE5 inhibitors.4 Despite these excellent results, PDE5 inhibitors cannot be considered a panacea for sexual dysfunction because about one-third of men are non-responders to these drugs. 1 Althof SE, OLeary MP, Cappelleri JC, et al. *J Urol* 176: 2132, 2006 2 OLeary MP, Althof SE, Cappelleri JC, et al. *J Urol* 176: 1058, 2006 3. Levinson IP. *J Sex Med* 2 (Suppl) : 59, 2005 4. Muller MJ, Ruof J, Graf-Morganstern M, et al. *Pharmacopsychiatry* 34 : 91, 2001.

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### S13-3

#### **DOES THE ADDITION OF PSYCHOSEXUAL COUNSELLING TO MEDICAL TREATMENT OF ED REALLY IMPROVE LONG TERM TREATMENT OUTCOMES?**

*Eusebio Rubio-Aurioles*

The realization and agreement in that erectile dysfunction (ED) usually involves both biogenic and psychogenic factors in its causation has prompted the discussion on the need/advantage/feasibility of combining treatments modalities for some men with ED. The rationale for combining both medical and psychosexual treatments is clearly seen in clinical practice: many failures to ED treatment with PDE5 inhibitors can be explained by psychosexual factors such as deficient sexual technique, extreme anxiety and conflict with the partner that prevents the development of the appropriate

conditions for the treatment to work. Another reason for adding psychosexual counselling is seen with relative frequency in the young patient with no clear risk factors identified but there are psychological determinants of the dysfunction which can be removed with psychotherapy. However, the evidence for this possible advantage in the addition of Psychosexual Counselling for ED has not yet been produced. There is already some evidence of the advantages that the addition of psychosexual counselling/therapy or/ the addition of drugs to the traditional psychotherapeutic treatment, for the case of premature ejaculation, hypoactive sexual desire in females, and vaginismus. The lack of available evidence does not translate automatically into the conclusion that the combination approach is worthless. The need for further evaluating the combined psychosexual and medical treatment of ED will be assessed in the presentation. The identification of patients characteristics that will predict benefit from the combination of treatments is perhaps one of the most urgent pending tasks among clinical sexologists.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### S13-4

#### **HOW SUCCESSFUL IS THE TREATMENT OF INHIBITED EJACULATION-FROM AUTHORITY TO EVIDENCE BASED MEDICINE?**

*Michael Perelman*

This presentation will explore the definition, prevalence, etiology, diagnosis and treatment of inhibited or retarded ejaculation (RE) from both an evidence-based and authority-based perspective. RE has a relatively low prevalence (<3%), yet this condition results in considerable distress, anxiety, and lack of sexual confidence for those suffering from it. Furthermore, men with partners often experience impairment of both the sexual and nonsexual aspects of their relationships, with such negative effects compounded when procreation is a consideration. The definition of RE is ambiguous, due to the variability and paucity of data regarding normal coital ejaculatory latency. RE is influenced by both biogenic and psychogenic components, which may vary over time both between and within individuals. While specific pathophysiology can often be identified, further elucidation of the biogenic components of this dysfunction will require greater understanding of the physiological mechanisms underlying ejaculation. Yet, the most useful strategies for understanding RE will integrate rather than isolate the various biogenic and psychogenic aspects of this dysfunction. Evidence based evaluation and treatment protocols for this disorder are less available, than for other sexual dysfunctions. However, in general reports suggest better treatment efficacy when the etiology is predominantly psychogenic. Treatment protocols using psychological/sex therapy approaches are in greater abundance than pharmaceutical approaches. Yet the level of evidence remains low, for both medical and psychosocial approaches, even among those that are reportedly highly effective. As with erectile dysfunction (ED) and premature ejaculation (PE), if safe and efficacious oral pharmaceuticals are eventually developed specifically for this condition, the treatment algorithm is likely to undergo significant alteration. Even then, however, there is a growing belief among eminent authorities,



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which is supported by emerging evidence, that the most effective approaches are likely to result from a combination treatment paradigm that integrates sex coaching with pharmacotherapy.

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Financial Support/Funding: None disclosed

### **S15-1 PHILOSOPHY, PRINCIPLES AND PROCESSES OF SEXUALITY EDUCATION**

*Rosemary Coates*

Within general education circles there are a number of approaches to educational philosophy, the ones arousing the greatest debates are those articulated by the outstanding educators of their respective eras, such as Dewey, Friere, and Montessori. It is rare to find clearly articulated sexuality education philosophies in peer reviewed literature. One can find statements in locally produced, special interest group literature. These include religious groups with a tendency to extreme positions and libertarian groups who attempt to counter religious arguments. These statements might be viewed as philosophies; however, they are not clearly articulated and may be easily deconstructed through rational argument. A more temperate, and therefore a more generally appealing, approach must be promoted. This imperative is justified for several reasons. Sexuality education is a fundamental human right; education is empowering and enriching; it is an investment for the individual and society; it is a part of human existential growth. As the topic is almost universally seen as a difficult one and in some societies a taboo, a clearly articulated philosophy, supporting sound educational principles provides a defensible justification for formal sexuality education throughout the life-span. The philosophy, principles and pedagogical approach utilized in one university setting is presented. This approach has been implemented and tested over a number of years and with a variety of postgraduate students from diverse backgrounds and disciplines. The philosophy and methods will be presented with illustrations from shared educational experiences with postgraduate students who are medical practitioners, psychologists, social workers, specialist nurses, womens health physiotherapists, teachers and religious leaders, all of whom have completed one or more degree awarding programmes in sexology at Curtin University, Perth, Western Australia.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S15-2 SEXUALITY EDUCATION IN UNIVERSITIES: A SOUTH AFRICAN CASE STUDY**

*Jane Bennett*

This paper reviews research conducted on the pedagogies of sexualities education in contemporary South African universities. The research forms a part of an international project on the pedagogies of sexualities and gender, run by the Colegio de Mexico, and com-

promising a focus on five countries: Mexico, Argentina, Chile, China and South Africa. The South African research, which aims to both map the terrain of what is available to students and to analyse the dominant paradigms through which sexualities are integrated into diverse disciplines and curricula, is introductory. It proposes, nonetheless, that there is a radical split between curricula which approach sexualities through a bio-medical model and those which locate the construction of sexualities within contextual discourses and changing materialities. The overarching influence on sexuality education is the HIV and AIDs pandemic, but even this has not - except in exceptional cases-stimulated university-based teachers to attempt to bridge the paradigmatic chasms between "teaching the medical body" and "teaching the discursive, social, and symbolic body". The paper makes specific proposals on how to address this.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S15-3 NATIONAL GUIDELINES FOR SEXUALITY EDUCATION IN NIGERIA**

*Uwemedimo Esiet*

Access to age appropriate, gender-sensitive sexuality education in a socio-culturally diverse country is very challenging especially where the culture of silence on sexuality issues is the norm. Thus when Action Health Incorporated (AHI) a youth serving non-governmental organization in Nigeria led advocacy for access to sexuality education in Nigeria, the catalytic document for this initiative was the development, endorsement of, and public release of the National Guidelines for Sexuality Education in Nigeria. This publication was adapted from the Guidelines for Sexuality Education produced by the Sexuality Information and Education Council of the United States (SIECUS). Several factors aided the success of this initiative including: · Establishment of a broad based task force for Sexuality Education in Nigeria by Action Health Incorporated · Broad based support for sexuality education by over 200 organisations including National NGOs, International NGOs and Governmental Agencies · Media partnership to promote the need for sexuality education · The increasing HIV/AIDS prevalence rate in Nigeria, especially with young people accounting for over fifty percent of new infections · Young people accounting for majority of the complications of unsafe abortion in Nigeria · Partnership between SIECUS and AHI with funding support from the John D. and Catherine T. MacArthur Foundation. This initiative has led to the accomplishment of: 1. A Nationally approved curriculum which is being used in schools at all levels in Nigeria, called the National Family Life HIV/AIDS Education (FLHE) Curriculum 2. The implementation of the FLHE curriculum by most states of the Federation with funding support from governments and donors

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### **S16-1** **PREVALENCE AND FACTORS AFFECTING SEXUAL DISTRESS IN MID-AGED AUSTRALIAN WOMEN**

*Lorraine Dennerstein*

**Introduction:** The criterion of distress is a required criterion for diagnosis of sexual dysfunction. There is a significant decline in sexual function as women age and experience the menopausal transition. It is not known whether these women are distressed about low sexual functioning or what factors predict sexual distress. **Objectives:** To determine (i) prevalence of sexual distress (and sexual dysfunction) in a population-based sample of mid-aged women. (ii) factors associated with sexual distress. **Methods:** 11-year prospective study of Australian-born women, aged 45-55 years and menstruating at baseline. Validated measure of sexual function (the Personal Experiences Questionnaire [SPEQ]) was completed in years 1 to 8 of follow-up and then in the 11th follow-up year with the Female Sexual Distress Scale (FSDS). A Total Sex Score of <7 from the SPEQ is indicative of sexual dysfunction and a score of >15 on the FSDS represents significant sexual distress. **Results:** 165 women completed both the FSDS and SPEQ questionnaires. 129 (78%) women had an SPEQ score of <7 of whom 29 (18% of the 165 women) had an FSDS score of >15 and were classified as having female sexual dysfunction. Logistic regression analysis found that female sexual dysfunction was concurrently associated with higher depression scores (OR 1.27, 95%CI 1.04, 1.56) and lower feelings for partner (OR 0.44, 95% CI 0.25, 0.78). Multiple regression analysis found that a high FSDS score was associated with current low feelings for partner (P<0.001) and a high depression score (P<0.001). High FSDS scores in year 11 were predicted by prior depressed mood (P<0.005) and poor feelings for partner (0.005). **Conclusions:** Only a minority of mid-aged postmenopausal women are distressed about low sexual function. Sexual distress is predicted by depression and relationship factors.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** The University Of Melbourne

### **S16-2** **THE IMPACT OF STUDY DESIGN ON PREVALENCE ESTIMATES OF FEMALE SEXUAL DYSFUNCTION**

*Richard Hayes*

**Introduction, objectives** Despite increasing research, the true prevalence of Female Sexual Dysfunction (FSD) remains a contentious issue. Previous research suggests that aspects of study design affect the reported prevalence of FSD. We compare commonly used instruments for assessing FSD. **Methods** A random sample of 240 Australian women aged 20-70 participated in this population based, cross-sectional study. A questionnaire mailed to women across Australia included four instruments for assessing FSD. The Sexual Function Questionnaire combined with the Female Sexual Distress Scale (SFQ-FSDS) was employed as a standard, validated instrument. Alternative instruments were the SFQ alone and two modified versions of a set of questions originally developed by Laumann et al. **Results** When assessed by the SFQ-FSDS, prevalence estimates

(and 95% confidence intervals) of Hypoactive Sexual Desire Disorder, Female Sexual Arousal Disorder (genital subtype), Female Orgasmic Disorder, and Dysparunia were 16%(11-20%), 8%(4-11%), 9%(6-13%), 2%(0.1-3%) respectively. The prevalence estimates of these same disorders obtained using alternative instruments were 32-55%, 17-35%, 17-33% and 3-25% respectively. The sensitivity of alternative instruments varied widely (0 to 1.0). Specificities ranged from 0.51 to 0.99. Positive predictive values ranged from 0 to 0.57. Negative predictive values were all above 0.90. Changing the time span for recalling sexual experiences in an instrument altered the prevalence estimates, sensitivity and specificity. 32% of women with low desire, 31% with low genital arousal, 36% with orgasm difficulty and 57% with sexual pain were sexually distressed. **Conclusion** Over a third of women who were classified as suffering FSD by alternative instruments did not have FSD when assessed by SFQ-FSDS. Alternative instruments produced substantially higher prevalence estimates of FSD and identified different groups of women. Consequently, the instruments researchers choose to assess FSD may affect both the prevalence estimates and risk factors they report.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** VIC health, Alfred Hospital, Melbourne.

### **S16-3** **SELECTING OUTCOME MEASURES**

*Cindy Meston*

A number of factors complicate researchers ability to provide comprehensive and meaningful assessment of treatment outcomes for female sexual dysfunction. These include: a lack of an agreed upon model or paradigm for delineating womens sexual response cycle, a lack of consensus regarding diagnostic definitions and classification of sub-types of sexual dysfunction, the known complexity of contextual factors contributing to womens sexual functioning, the high coexistence of sexual desire and arousal disorders in women, and the relative independence of subjective and physiological measures of sexual response in women. Consequently, the type of outcome measure selected can, to some extent, impact outcome results, and the use of multiple outcome measures may yield discrepant or inconsistent outcome results. Currently available techniques for assessing women's sexual function may be divided into four broad categories: (1) physiological measures of sexual arousal, including vaginal photoplethysmography and pelvic magnetic resonance imaging; (2) self-administered questionnaires; (3) event logs and daily diaries, and (4) clinical interviews. In this presentation I will review the advantages and disadvantages of each of these assessment techniques as they pertain to women's sexual function, briefly summarize the reliability and validity of such measures, and provide preliminary evidence as to which of these measurement techniques may be the most sensitive for detecting treatment-induced changes in womens sexual functioning.

**Conflict of Interest:** None disclosed  
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## Abstract Book

### **S17-1** **DIAGNOSIS, PREVALENCE AND MANAGEMENT OF** **LATE ONSET HYPOGONADISM**

*Bruno Lunenfeld*

The change of endocrine profiles over lifespan and the decline of peripheral testosterone affecting a significant percentage of the aging male population is a recognized reality. Age-related androgen deficiency in men, also termed late-onset hypogonadism (LOH), has been found to be associated with a variety of pathological conditions in the elderly population. However, the condition is largely underdiagnosed and undertreated. LOH is a clinical and biochemical syndrome associated with advancing age and characterized by typical symptoms and a deficiency in serum testosterone levels. It may significantly reduce the quality of life and adversely affect the function of multiple organ systems. It may pose important risk factors for frailty, changes in body composition, cardiovascular disease, sexual dysfunction and osteoporosis. It is increasingly realized that androgens and their metabolites (Estrogens and DHT) have a large number of non-reproductive effects; they are important anabolic factors in the maintenance of muscle mass and bone mass and in both sexual and non-sexual psychological functioning. Testosterone supplementation has the potential to counteract the signs, symptoms and health risks of LOH thereby promoting successful male aging. Indiscriminate administration of testosterone poses a risk and has to be deprecated. Its rational use by well-informed physicians, conversely, entails the chance to maintain and improve the health status of elderly men. However it is strongly advised to start testosterone therapy only when both, biochemical evidence of testosterone deficiency and the clinical picture, indicate the presence of LOH and risk factors for such therapy have been eliminated. The physician must emphasize to the patient the need for periodic evaluations and the patients must agree to comply with these requirements. The physicians evaluation should include an assessment of the clinical response and monitoring, and certainly requires tailoring dosage and preparation to the indications and the individual needs of the patient.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S17-2** **LATE ONSET HYPOGONADISM AND SEXUAL HEALTH**

*Jacques Buvat*

It is well established that there is an age-related decline in testosterone production of men, which might play a role in the age-related decline in sexual desire and erections. Such a causal relationship is still debated since few studies found significant relationships between serum testosterone and sexual parameters of aging men that persist after adjustment of the data for age. In addition although 2 meta-analyses of randomized controlled trials confirmed a significant effect of testosterone therapy on sexual desire and erections of men of any age when baseline testosterone is below 12 nmol/l, the effect of this therapy is rather disappointing when it is used in the specific and prevalent population of the men presenting with erectile dysfunction (ED), and who are subsequent-

ly diagnosed with LOH. Several causes may account for this lower success rate: the threshold level of the testosterone activity on sexual desire and erections may be as low as 7 nmol/l in some men. In addition, in men with ED and LOH vascular comorbidities are prevalent and may prevent the effect of testosterone therapy on erections. Lastly the hypogonadism associated with ED may be in some cases a consequence rather than the cause of ED. Even if testosterone therapy may fail to improve erectile function of some hypogonadal ED patients, routine testosterone determination remains mandatory in aging men consulting for ED. Achieving physiologic levels of testosterone is indeed one of the rare opportunities to restore spontaneous erections and save the patient from having to plan sexual activity. In addition restoring testosterone, which is generally low in such patients, is the only way of restoring sexual desire. Replacing testosterone may also improve other symptoms associated with LOH. Lastly a threshold testosterone level appears to be required to achieve full efficacy with PDE5 inhibitors in certain men, although this hypothesis has still to be confirmed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S17-3** **TESTOSTERONE: ITS ROLE IN DEPRESSION IN THE** **AGING MALE**

*Jerald Bain*

Testosterone (T) is not only a sex hormone; its physiological functions can be found in multiple bodily systems such as: hematopoiesis, the cardiovascular system, muscle, bone and brain metabolism. In the brain it is a potent stimulus of the centres responsible for libido and sexual arousal but T has other actions in the brain, perhaps even more important for emotional and cognitive function than its role in sexual responsiveness. The brain has androgen receptors; androgens support neuronal cell growth and survival; many studies demonstrate the increased sense of physical, sexual and emotional well-being during treatment with T. T causes increased vascular perfusion in regions of the brain that are responsible for strategic planning, emotional and cognitive behaviour, memory. The possible role of T in depression has been suggested by studies demonstrating lower levels of T in depressed men and an improvement in mood during T administration suggesting that T may have an antidepressant effect. T may be important in facilitating cross-talk between areas of the brain mediating depression. Depression scores in the male usually rise with age, exactly at the same time that T levels fall as a consequence of testicular insufficiency, hypothalamic-pituitary disturbances and a rise in sex hormone binding globulin resulting in reduced levels of bio-available T. Depression inventory scales often decline in depressed hypogonadal aging men treated with T. Reduced T levels in the aging male results in the earlier onset of depressive illnesses. Testosterone is important for sexual function but its mode of action in this sphere may operate through its influence on mood as well as its direct effect on libido centres in the brain.

Conflict of Interest: Member of Advisory Boards for Organon Canada And Solvay Pharma  
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## Abstract Book

### S18-1

#### EPIDEMIOLOGY AND PATHOPHYSIOLOGY OF PE

*Marcel Waldinger*

Epidemiologic research of premature ejaculation (PE) is dependent on a proper definition of PE. The current DSM-IV-TR definition of PE has a low positive predictive value meaning that the use of this definition has a high risk for false positive diagnoses of PE [1]. Therefore the DSM-IV-TR definition of PE is inadequate for epidemiological and drug treatment research. Recently, Waldinger and Schweitzer proposed a new classification of PE [2,3] in which four well-defined PE syndromes are distinguished: Lifelong PE (LPE), Acquired PE (APE), Normal Variable PE (NVPE) and Premature-like Ejaculatory Dysfunction (PLED). Men who report to suffer from PE only occasionally are likely to have "Natural Variable PE". In Lifelong PE, early ejaculations are consistently present from the first sexual encounters and occur within seconds after penetration. However, men who report to suffer from PE but ejaculate after 5-10 minutes, should be diagnosed as "Premature-like Ejaculatory Dysfunction" [3]. As psychological and/or relationship problems may underlie these complaints, these men should better not be treated with medication but with counselling, psycho-education or sometimes psychotherapy [3]. On the other hand, men with Lifelong PE ought to be treated with medication. Although the prevalence of PE is about 30-40%, this doesn't mean that all of these men suffer from the "disorder" PE. For example, the prevalence of lifelong PE is probably much lower (1-5%). However, epidemiological studies investigating the prevalence of the various PE syndromes have not yet been performed. References: 1. Waldinger MD, Schweitzer DH. *J Sex Med* 2006; 3: 682-692 2. Waldinger MD, Schweitzer DH. *J Sex Med* 2006; 3: 693-705 3. Waldinger MD. *J Mens Health and Gender* 2006 (in press)

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S18-2

#### WHAT IS THE PLACE OF SEX THERAPY IN THE MANAGEMENT OF PREMATURE EJACULATION?

*Stanley Althof*

Since the early 1970s, an array of individual, conjoint, and group therapy approaches employing dynamic, systems and cognitive therapy as well as behavioral strategies have been used to treat premature ejaculation (PE). Unfortunately, psychotherapy for PE is commonly equated with behavioral techniques such as the stop-start or squeeze techniques. This is a vast over-simplification of a complex process. Psychotherapy for rapid ejaculation attempts to harness the power of the mind to teach men a set of skills that include: 1) learning techniques to control and delay ejaculation; 2) (re)gaining confidence in their sexual performance; 3) lessening performance anxiety; 4) modifying rigid sexual repertoires; 5) surmounting barriers to intimacy; 6) resolving interpersonal issues (that cause/maintain PE); 7) coming to terms with interfering feelings and thoughts; 8) increasing communication; 9) turning conflict

and useless friction into intimacy, fantasy and stimulation and; 10) minimizing or preventing relapse. This presentation will discuss these sex therapy psychotherapy techniques and also focus on the emerging area of combining pharmacotherapy with psychological interventions. It is likely that in the future we will see more combined treatments that offer men and couples the best of both interventions.

Conflict of Interest: Auxillium Boehringer Ingelheim Johnson & Johnson King/Palitan Lilly/Icos Pfizer, Inc. Sanofi-Aventis Shering-Plough  
Financial Support/Funding: None disclosed

### S18-3

#### PHARMACOTHERAPY FOR PREMATURE EJACULATION

*Chris G McMahon*

Pharmacological modulation of the ejaculatory threshold represents a novel approach to the treatment of premature ejaculation and a radical departure from the psychosexual model of treatment, previously regarded as the cornerstone of treatment. The introduction of the selective serotonin reuptake inhibitors (SSRIs) has revolutionized the approach to and treatment of premature ejaculation. Selective serotonin reuptake inhibitors encompass five compounds (citalopram, fluoxetine, fluvoxamine, paroxetine and sertraline) with a similar pharmacological mechanism of action. Treatment of PE with daily or on-demand selective serotonin reuptake inhibitors offers patients a high likelihood of achieving improved ejaculatory control within a few days of initiating treatment, consequential improvements in sexual desire and other sexual domains and is well tolerated. Although the methodology of the initial drug treatment studies was rather poor, later double blind and placebo-controlled studies replicated the genuine effect of clomipramine and SSRIs to delay ejaculation. Daily treatment can be performed with paroxetine 20-40 mg, clomipramine 10-50 mg, sertraline 50-100 mg and fluoxetine 20-40 mg. Paroxetine appears to exert the strongest ejaculation delay, increasing IELT approximately 8.8 fold over baseline. Ejaculation delay usually occurs within 5-10 days but may occur earlier. Adverse effects are usually minor, start in the first week of treatment, gradually disappear within 2-3 weeks and include fatigue, yawning, mild nausea, loose stools or perspiration. Daily administration of an SSRI is associated with superior fold increases in IELT compared to on-demand administration due to greatly enhanced 5-HT neurotransmission resulting from several adaptive processes which may include presynaptic 5-HT<sub>1a</sub> and 5-HT<sub>1b/1d</sub> receptor desensitisation. A number of rapid acting short half-life SSRIs (Dapoxetine) are under investigation as on-demand treatments for PE. Preliminary data suggest that dapoxetine administered 1-2 hours prior to planned intercourse, is effective and well tolerated, superior to placebo and increases IELT 2-3 fold over baseline in a dose-dependent fashion.

Conflict of Interest: Paid Consultant, Investigator And Member Of Speaker'S Panel For Johnson & Johnson And Pfizer  
Financial Support/Funding: None disclosed



## Abstract Book

### S19-1

#### YOU'RE AS YOUNG AS THE ONE YOU FEEL - SEXUAL AROUSAL IN THE ELDERLY WOMAN

*Alessandra Grazziotin*

Sexual arousal encompasses three major aspects: a) central (mental) arousal, with a massive neurobiological activation of the sensory cortex, the amygdala and the cingulate gyrus which correlates with the feeling of being aroused; b) peripheral–non genital arousal; c) genital arousal. The biological basis of sexual arousal is gradually impaired by age. Menopause has a further detrimental effect, the earlier its onset, the stronger its impact, unless a well tailored hormonal therapy is initiated. Central arousal disorders are comorbid with loss of sexual desire and are difficult to be separated from it. Genital arousal disorders, with their main subjective symptom, vaginal dryness, are increasingly reported with age. Arousal disorders are complained of by 19–20% of women in epidemiological surveys. This figure may increase to 39–45% in postmenopausal sexually active patients. Mental arousal may be triggered through different pathways: biologically by androgens and estrogens, psychologically by motivational forces like intimacy needs such as love, tenderness, attention, bonding and commitment. Leading biological etiologies of arousal disorders in the elderly woman include: 1) loss of sexual hormones, primarily estrogen and androgens, 2) depression; 3) pelvic floor disorders; 4) vulvar dystrophy/atrophy; 5) vascular damages, more likely in smokers, diabetic, hypertensive, and/or hypercholesterolemic women.; 6) neurological diseases. However, the quality of sexual aging is powerfully modulated by individual, life-styles related, psychosexual and relational factors: healthy elderly women with a positive self-image and body image, who practice healthy life styles, who use hormonal treatment (at least with topical estrogen and testosterone), and have a satisfying affective life may fully enjoy their sexual life.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S19-2

#### LOVE AND LUST AMONG THE RUSTY

*Bonnie Saks*

Introduction: The objectives are to present solutions to achieving sexual pleasure after “a dry spell”. Methods: Discuss concerns of being rusty, testy, tired, and terrified after some time of sexual abstinence. Physiologic changes of menopause, e.g. reduction in estrogen and serotonin, testosterone, lubrication, etc, which may affect libido, arousal and orgasm, will be reviewed. Medical and sex therapy techniques are discussed to re-introduce sexual pleasure in a relationship after a long hiatus. Conclusions: Love and lust can be found in the sixties and beyond.

Conflict of Interest: Advisory Board: Lilly-Icos, Procter And Gamble Speaker For Wyeth, Cephalon, And Forest Pharmaceuticals  
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### S19-3

#### FEMALE SEXUALITY UNDER STRESS - THE EFFECT OF CHRONIC ILLNESS, DISEASE, DISABILITY AND IN THE NURSING HOME

*Lesley A Yee*

The older woman will face the impact of ageing in physical ways that influence her sexuality. The onset in later years of significant illnesses and their treatments will affect the way she is able to physically engage in sexual activity and her ability to maintain physical comfort in sexual activity. This in turn reflects on the psychological aspects of her continuing sensuality and sexuality. The resultant disabilities will often involve care from others, both at home and in institutions. It is a challenge to maintain an active sexual life for women in these situations. This presentation will look at the effect of common medical conditions in older age on a woman's sexuality. It will also discuss the psychosocial issues raised for the woman, her partner and her carers. The place of the health professional in providing an encouraging and facilitating environment for continued expressions of sexuality in older women faced with illness, disease or disability will be explored. A case presentation will be used to outline these issues

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S20-1

#### CANCER TREATMENT AND SEXUAL DYSFUNCTION: AN OVERVIEW

*Luca Incrocci*

Sexual dysfunction is one of the more common consequences of cancer treatment. Men are less likely than women to seek professional help for mental and physical health problems. Sexual dysfunction in cancer patients may result from biological, psychological and social factors, just as they do in healthy men. Biological factors such as anatomic alterations (rectum or penile amputation), physiological changes (hormonal status) and secondary effect of medical intervention may preclude normal sexual functioning even when sex desire is intact. Side effects of the treatment such as nausea, vomiting, fatigue, hair loss can result in adverse effects on sexuality together with disfiguring surgery. Negative emotional states such as anxiety, depression, anger may disrupt sexual activity. Disturbances of body image can contribute to the development of sexual dysfunction: orchiectomy is such an example. Radiotherapy and surgery are the most effective treatments for prostate cancer. Erectile dysfunction (ED) is reported in 6-80% after external-beam radiotherapy and 2-61% after brachytherapy. ED after surgery is reported in 40-100%. Ejaculation problems and a decrease in libido occur in up to 80%. Testicular cancer affects mostly young men in their fertile and sexually active life. ED, loss of libido, decreased orgasm have been reported in 20% of these patients. Surgery and radiation therapy for gynaecological cancer can alter vaginal sensation and may cause stenosis leading to painful penetration. Cytotoxic and hormonal therapy in men can result in loss of libido



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and ED. In women these treatments lead to ovarian suppression, with vaginal discharge, dryness, dyspareunia and a loss of sexual interest. Evaluating sexual functioning in an oncology population is different from evaluating it in a healthy population because of its specific medical, psychological and social factors. A large number of instruments already exist to assess sexuality. It is important to standardize procedures and to use validated questionnaires.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S20-2** **HOW TO TREAT SEXUAL DYSFUNCTION IN CANCER CARE: THE SEXOLOGISTS APPROACH**

*Daniela Hahn*

Cancer has become a manageable chronic disease. Comprehensive oncological care increasingly also focuses on survivorship issues. Sexuality is an important area of quality of life. Sexual dysfunction is now known as one of the more common, enduring consequences of cancer treatment. Unfortunately, sexual assessment and/or sexual counseling is not routinely provided in the oncology outpatient clinical setting. Time constraints, physicians discomfort to discuss sexual issues and a lack of sexuality training to deal with sexual problems after cancer may be crucial in not addressing sexual health concerns. Most sexual problems in the oncology setting do not require extensive medical or psychological treatment, but rather a brief counseling program. This includes education on the impact of cancer treatment on sexual functioning, suggestions for resuming sex comfortably, ways of improving sexual communication, advice to mitigate side-effects of physical handicaps and promote self-help strategies. Brief sexual counseling can be best provided by a specialist nurse as a key professional in a multidisciplinary team for sexual medicine. However, to effectively treat complex sexual problems after cancer, a specialist sexologist is needed, trained in more complex psychotherapeutic skills to provide sex therapy, e.g. skills to screen for major cognitive impairments and psychiatric disorders; skills in dyadic communications; ability to combine sex-therapy with behavioral marital therapy strategies, systematic desensitization or cognitive-behavioral treatment for depression and phobic anxiety (Schover en Jensen, 1988). In the Netherlands Cancer Institute a special outpatient clinic for sexuality and cancer has been established to address cancer patient's unique sexual needs. The multidisciplinary sexual health care team consists of a sexual medicine gynecologist and urologist, certified specialist nurse, a social worker and a certified sexologist-psychologist. The sexologist's role and approach in a three step-managed care model and treatment strategies to overcome major sexual problems after cancer will be highlighted.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S20-3** **HOW TO DEAL WITH SEXUAL DYSFUNCTION IN CANCER CARE: THE NURSES APPROACH**

*Isabel White*

In exploring how cancer nurses address the sexual concerns of those affected by cancer it is important to look beyond the optimal skills and knowledge of individual practitioners to consider the organizational and service delivery contexts that shape professional practice. The cancer nurse is often key to assessment of sexual health needs, supporting referral to or liaison with medical specialists, sexologists or psychosexual therapists depending on the professional and service delivery models operating in that country / region. In acute oncology, nurses can play a central role in the prevention or reduction of sexual difficulties associated with cancer therapy through provision of information and support regarding treatment impact on sexual function and relationships. Prophylaxis of female sexual difficulties arising from pelvic radiotherapy may be achieved through provision of vaginal lubricants and dilators while many specialist nurses offer biomedical management of erectile dysfunction resulting from pelvic cancer treatment. Cancer nurses operate in a variety of care settings, employing diverse skills and knowledge related to their different roles and levels of professional intervention. The P-LI-SS-IT model is a conceptual framework that can be used to analyse levels of sexual health management offered by nurses within cancer services. Cancer nurses commonly intervene from the level of "Permission" to that of "Specific Suggestions", with sexologists and psychosexual therapists working more at the level of "Intensive Therapy" as outlined by Annon (1976). However in many countries, cancer survivorship, rehabilitation and psychosocial aspects of recovery remain marginal areas of research and service development when compared to cancer diagnostics and treatment delivery. The practice of onco-sexology takes place within these inter-disciplinary and cross-speciality margins. Nurses must work collaboratively with medical and therapy colleagues in oncology and sexology to ensure the sexual health needs of those affected by cancer are addressed as a legitimate aspect of post-treatment recovery.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S20-4** **HOW TO DEAL WITH FEMALE CANCER IN A SOCIETY WHERE EMOTIONS ARE NOT EASILY DISCUSSED- A JAPANESE EXPERIENCE**

*Miyako Takahashi*

A cancer diagnosis and subsequent treatments have a deep psychosocial and physical impact on cancer patients and their partners. This presentation will discuss strategies to support the sexual health needs of women with cancer in clinical settings where sexual issues, sexual pleasure in particular, are not readily discussed. First, the results of several studies with Japanese women with breast cancer will be presented. Patient studies revealed that, despite the fact that sexual problems were prevalent and sometimes raised at cancer self-



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help groups and survivors mailing lists, only a minority consulted healthcare providers about these issues. Surveys with Japanese surgeons and nurses showed that, although the majority recognized the importance of addressing patients sexuality related issues, they did not know where to start, and reported various concerns such as fear of upsetting patients by raising sexual issues and lack of confidence because they are not “a sexual counseling specialist”. Based on the results of these studies, we started two practical interventions for patients and healthcare providers in Japan. One is the one-day “Female Cancer and Sexuality” workshop for healthcare providers. The education program includes lectures on the female sexual response, treatment induced sexual complications, a step by step intervention model for healthcare professionals (based on the PLIS-SIT model), role playing exercises, and a group discussion on how to prepare a safe environment to talk about sexual issues in clinical settings and to promote awareness among hospital staff. The other example is the publication of a free brochure for women with breast cancer regarding sexuality and partnership issues. This brochure was created based on a needs assessment survey with patients. The clinical importance of improving healthcare providers awareness on patients sexual issues will be discussed based on the feedback of workshop participants and brochure users.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S21-1** **INTRODUCTION, RELATIONSHIP AND SEXUALITY** **EDUCATION** *Yuri Ohlrichs*

Introduction and objectives: Despite all the materials and manuals available, education on relationships and sexuality appears to be mainly focused on biological, reproductive information along with prevention of unsafe sex and unwanted pregnancies. Discussion on communication skills, diversity and social, religious, cultural or other societal aspects of sexuality is seldomly encouraged. Overall, the pleasures of dating and sex seem to be ignored. Furthermore, when developing and implementing a programme on sex education several professionals are confronted with one or several of the following obstacles: 1. A lack of information on new programmes and materials, books and videos relevant to sexuality education. 2. A lack of time to explore programmes and materials. 3. Insufficient budget to purchase new materials or to hire external professionals for consultancies on or training in sexuality education. 4. Insufficient knowledge of sexual development to determine the appropriate themes and topics to be taught to different age groups. 5. Insufficient knowledge of cultural and religious views on sexuality and related topics. 6. Insufficient knowledge or skills to create an atmosphere in which pupils can discuss sexuality in a (multi-ethnic or –religious) classroom, while respecting and safeguarding personal boundaries of both teacher and students. Results: The Dutch booklet *Zwijgen is zonde* (“Shameful silence”) - published by the Rutgers Nisso Group - and [www.seksuelevorming.nl](http://www.seksuelevorming.nl) are developed to tackle these obstacles to delivering education on relationships and sexuality from a positive starting point. The website is a result of co-operation between the Rutgers Nisso

Group and CPS, one of the largest educational consultancies in the Netherlands. The Dutch Ministries of Health & Welfare and Education sponsored this project. This symposium announces the establishment of the International Platform of Sexuality and Relationship Education for people interested in sex and relationship education to share their views. Educators and international bodies will be invited to endorse or sponsor this association.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S21-2** **KNOWLEDGE, SKILLS AND ATTRIBUTES: SEXUALITY** **EDUCATION FROM BIRTH TO DEATH** *Maryanne Doherty*

This symposium will feature an international platform of presenters on sexuality education. The objective of the knowledge, skills, and attributes from birth to death session is to provide this information for participants from a north American perspective, especially from a Canadian view. The information has been collected by completing a content analysis of sexual health education materials. The preliminary results showed that the knowledge component is the most prevalent throughout the materials. There is a paucity of affective and skill learning outcomes identified. However, the research literature did draw attention to the importance of knowledge and the impact of positive attitudes on developing and/or maintaining healthy sexual activity. Thus, in conclusion, sexual health education that included an appropriate balance of knowledge acquisition, positive dispositions, and development and/or maintenance of healthy sexuality-related skills had the potential to be the most meaningful and effective.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S21-3** **EDUCATOR SKILLS** *Sara Nasserzadeh*

Teenage pregnancy and sexually transmitted infections (STIs) are two reasons why Sex and Relationship Education (SRE) in schools are becoming increasingly important part of pupils’ Personal, Social and Health Education (PSHE). SRE aims to build an understanding of human sexuality, and to provide young people with the confidence, knowledge and skills to make informed and responsible choices. There are two main settings where SRE is delivered: at schools (mainly by teachers and school nurses) and through outreach services (youth workers, social workers, sexual health advisors, etc.). Sex educators at schools have the advantage of having children as captive listeners and the students already know and trust them. The educators have also some authority and the parents trust them more. However, children may not like to share all their concerns and questions with their educators and the educators might not be comfortable or competent in delivering sexual health messages, as they might come from a variety of non-relevant backgrounds. The outreach workers, on the other hand are mostly from a youth work background so they often are good in communicating with young



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people and gaining their trust. They are mostly young and enthusiastic, and often have had personal experiences of this kind. Their challenge is that they might not feel competent about their knowledge and handling troubled kids might become very difficult. Also, the staff turn over is relatively high and most of the outreach workers look at their jobs as a bridge to other careers. This presentation will focus on the essential educator skills based on the literature, expert views and the findings of a qualitative study conducted by the presenter. The competencies will be categorized into core competencies and helpful-to-have skills and a hypothetical curriculum for sex educators training and development will be proposed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S22-1 FAMILY VIOLENCE AND SEXUAL ASSAULT IN INDIGENOUS COMMUNITIES**

*Daryl Higgins*

The Australian Institute of Family Studies has been involved in reviewing literature and conducting research related to issues of family violence and sexual assault in Indigenous communities in Australia. In particular, the focus of two studies has been to evaluate community development initiatives directed at supporting communities and addressing some of the risk factors associated with violence in Indigenous communities, as well as improving the response to children who are removed from their care of their parents due to abuse and neglect. The presentation draws on a broad range of Institute materials and national data. Indigenous communities are over-represented in national statistics of family violence and sexual assaults, including child abuse and neglect. For example, the rate of children removed from the care of their parents is more than five-times that of non-Indigenous Australians. Researchers and commentators have identified factors that contribute to rates of violence in Indigenous communities, including the ongoing impact of colonisation (the "stolen generation" and its impact on loss of cultural knowledge, parenting skills and community support), economic and social disadvantage, poor educational and vocational opportunities, and the precipitating factors of alcohol and substance misuse. A number of major reports have appeared documenting the extent of the problem, as well as the difficulties faced in Indigenous communities, including the problems in way that family violence and sexual assault is dealt with by child protection, law enforcement and criminal justice systems. It is important to listen to the voices of Indigenous communities, and hear not only the pain, but also the hope that exists. Examples of culturally appropriate practices in preventing and responding to violence and abuse are discussed as the cornerstone of building community capacity in order to prevent violence and improve health and wellbeing of Indigenous children, families and communities.

Conflict of Interest: None disclosed  
Financial Support/Funding: Australian Government Department Of Families, Community Services And Indigenous Affairs - Through The Australian Council For Children And Parenting

### **S22-2 CHILD SEXUAL ABUSE AND JUSTICE**

*Frida Briggs*

This paper will examine the inadequacy of responses to cases of child sexual abuse by both the criminal justice system and the Family Court of Australia. It will focus on the Family Court's acceptance and mis-use of Richard Gardners discredited American Parent Alienation Syndrome (PAS) to transfer abused children from the care of their protective parent to the control of the parent accused of abusing them. The presenter will argue that child sex abuse victims are re-abused by Australia's legal systems.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **S22-3 THE LONG-TERM AFTERMATH OF MEN SEXUALLY ABUSED BY CLERGY VS. MEN SEXUALLY ABUSED BY NON-CLERGY PERPETRATORS**

*Sandra Leiblum*

Introduction: Although the sexual abuse of children and adolescents has received considerable attention in recent years, it is unknown whether the identity of the perpetrator (clergy vs. non-clergy) has a significant effect on the type and/or duration of the abuse of male victims. Method: An internet survey was conducted with 342 men who self-identified as having had at least one unwanted sexual experience while under the age of 19. Men were asked whether they had experienced sexual contact with a clergy-person, a family member or stranger, or both. Results: Significant differences were found regarding the age at initial abuse (12.3 years for clergy, 8.5 for non-clergy), duration of abuse (4.4 years for clergy, 5.1 years for non-clergy), and type of abuse. Significantly more adolescent victims of non-clergy abusers were penetrated (55% vs. 34%), and more child victims of non-clergy abusers reported being exposed to, fondled, or experiencing (non-penetrative) contact with the perpetrators genitals. Grounded theory was used to analyze the qualitative responses to a series of open-ended questions about disclosure of abuse. Analysis revealed that 34% of all respondents felt that the person to whom they disclosed their abuse was unsupportive, and only 7% of respondents felt that any positive action to provide protection or limit contact with the perpetrator. Conclusions: There are significant long-term negative effects of sexual abuse on male victims in both psychological and physical well-being. The identity of the perpetrator impacts both the type and duration of abuse.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### S23-1

#### **FROM FREAK TO FASHION: TRANSSEXUALISMS 40 YEAR TRANSITION**

*Richard Green*

With Harry Benjamin, I interviewed transsexual patients in 1965-1966. I contributed a chapter to his landmark *Transsexual Phenomenon*. With John Money, I co-edited the first multidisciplinary text in 1969, *Transsexualism and Sex Reassignment*. With Robert Stoller, I surveyed physicians attitudes toward transsexualism in the 1960s. The majority would not endorse sex change even if it meant that the patient would otherwise suicide. I do not know how many transsexuals I have clinically assessed during 40 years. But, I do know there has been an unpredictable evolution engaging transsexualism. Academy Award films portray transsexuals, television serials and talk shows regularly feature them, and transsexuals are prominent physicians, entertainers, religious leaders, writers, and scholars. Transgenderism has become increasingly prominent, as have persons identified as a third sex or with none at all. This presentation charts the metamorphosis of Harry Benjamins transsexual phenomenon from my initial perspective in his 1960s New York office to my twelve years at the worlds largest gender identity program—Londons Charing Cross Hospital.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S23-2

#### **CHANGING GENDER CULTURES AND THE PROLIFERATION OF TRANSGENDERISM IN MODERN THAILAND**

*Peter Jackson*

Much historical and anthropological research posits Southeast Asia, along with the Polynesian societies of the Pacific, as a cultural zone marked by the prevalence of publicly acknowledged male-to-female transgender roles. Modern Thailand appears to conform to this model, being a society with a highly visible, and apparently expanding, community of male-to-female transgenders and transsexuals, called “kathoey” in Thai. However, unlike the situation in nearby countries such as Indonesia, the Thai historical record is amazingly silent on kathoey before the 20th century. I argue that the historical record suggests a dramatic increase in the cultural prominence, and perhaps also in the actual prevalence, of transgenderism in Thailand across the twentieth century related to broader changes in Thai gender culture.

Conflict of Interest: None disclosed  
Financial Support/Funding: Australian Research Council  
Discovery Grant

### S23-3

#### **SEXUAL RIGHTS OF TRANSGENDERS IN JAPAN**

*Yuko Higashi*

In 1995, a group of Japanese medical professionals raised the issue of whether sex reassignment surgery (SRS) could officially be considered an ethical medical procedure. In the ten years since then, the situation surrounding trans-people in Japan has changed dra-

matically. In particular, the Japanese version of Standards of Care was established in 1997 and led to the first publicly announced SRS being performed in 1998. Also, a new law allowing transsexuals who meet certain criteria to change the gender on their koseki (family registration) was enacted in 2004. All of these major changes were assumed to represent a humanistic point of view and be important steps forward for trans-people in Japan. Yet, there has been an underlying emphasis on transgenders as people with a disorder who deserve compassion for their condition. In this presentation, the developments over the past ten years will be reviewed with a focus on several issues that have been raised by the trans-communities and must be addressed in order to eliminate the discrepancies between the intentions of the medicalization of Gender Identity Disorder and the reality experienced by trans-people.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S24-1

#### **DO WE NEED THE IDENTITY CONCEPT ANY MORE?: LESBIAN AND GAY IDENTITY FORMATION IN THE TWENTY-FIRST CENTURY.**

*Viv Cass*

The concept of sexual orientation identity first began to emerge in the scientific literature during the late nineteenth century. By the 1970s, as part of the strengthening perception of homosexuals as a minority group, increasing numbers of individuals began to openly identify themselves as a homosexual and to adopt a self-identity of homosexual. Identity formation was seen to be either part of, or identical to, coming out, a narrative which focused on the juxtaposition between minority and majority status, and between public and private expressions of self-identity. In the 1970s, the popular literature became replete with coming out exposes, followed in time within the scientific literature by theories of homosexual identity formation. While there have been voices critical of the concept of identity, it has largely received acceptance as a useful tool in understanding human experience. Numerous studies of gay and lesbian identity have been carried out, frequently using one or other of the theoretical models of identity formation as their base, and counsellors/clinicians have been guided by the models as they worked with clients struggling with so-called identity issues. However, as the world changes in significant ways, bringing more positive attitudes towards gay and lesbian people and the breaking down of social and cultural boundaries, we need to review the place of the identity concept in the twenty-first century. Do these changes, for example, herald a shift in the way sexual orientation identities are experienced, expressed or conceived? Are the models of gay and lesbian identity formation still relevant or useful? Do we, in fact, need the notion of sexual orientation identities in order to understand individuals in todays world? This paper will address these issues.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### S24-2

#### RESEARCHING SEX BETWEEN WOMEN

*Juliet Richters*

Sex between women does not get the attention in public health that goes to sex between men or heterosexual sex (especially commercial sex and sex among the young). HIV is almost never transmitted between women, and No deaths = no dollars. With so little research material available, how then do we understand sex between women? How does the lesbian community understand itself sexually? As well as being less researched than the gay community, it lacks the vigorous industry of filmed pornography, phone sex, sex venues, internet sites, and sex contact publications that helps shape gay male sexual communities. In Sydney since 1996 a convenience survey of women in contact with the gay and lesbian community has been carried out every two years using respondent-completed written questionnaires. Topics have reflected the changing health anxieties of the times, from a focus on sex with gay men and injecting drug use in 1996 to Pap smears, domestic violence and binge drinking in 2006. Results have also been anchored by national representative-sample surveys done in 2001–02 and 2005–06. Summary results and trends will be presented, focusing on what women do when they have sex with each other. Does anyone really use dental dams? Is lesbian bed death a widespread phenomenon? Do lesbians sneak off for a good rogering every now and then? Why does a woman have a better chance of an orgasm if she has sex with a woman rather than a man?

Conflict of Interest: None disclosed

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### S24-3

#### SEXUAL ORIENTATION, MARGINALIZATION AND YOUTH SUICIDE

*Gerard Sullivan*

Introduction: Recent reports suggest nearly 30% of same-sex attracted youths attempt suicide. This paper focuses on the cultural context of suicide, asking how it comes to be constructed as an option for young people experiencing harassment due to sexual orientation. Methods: Semi-structured interviews were conducted with 41 young people, teachers, youth counsellors, parents and community leaders in “Subcity” a group of suburbs on the fringe of an Australian city, about the issue of youth and suicide. Scenarios were designed to focus and stimulate discussion related to topical or key issues in the literature on youth suicide in Australia. One scenario described Chris, a same-sex attracted youth who confides in a teacher that s/he is considering suicide due to the marginalization s/he feels as a result of a gay identity. Data were analysed thematically. Results: Chris was assumed to be male. Female interviewees made more suggestions about interventions than males. There was an overriding sense of acceptance of the sce-

nario as “the way things are.” Several informants believed that Chris should change schools. One-third of interviewees thought parents could offer emotional and practical support. Many informants believed that the teacher should help Chris, either personally, or by referral, either to parents or professionals, disregarding confidentiality issues. Young people were less likely to suggest interventions as they thought these would be detrimental due to lack of support from most quarters. Chris was assumed to have no close friends. Most interviewees thought it was Chris responsibility to arrange support or resolve the situation. Many accepted that most people would react badly and be unhelpful. Staying “in the closet” was mentioned as the most expedient response. Conclusions: All schools should have diversity, health, and anti-bullying programs which include sexual orientation issues. Teachers and youth workers should have basic training about suicide prevention.

Conflict of Interest: None disclosed

Financial Support/Funding: Australian Research Council

### S25-1

#### PDE5 INHIBITORS: DO THEY HAVE A ROLE IN TREATING FEMALE SEXUAL DYSFUNCTION?

*Rosie King*

Until recent years therapeutic approaches to female sexual dysfunction (FSD) have relied mainly on cognitive behavioural sex therapy, couple counselling and psychotherapy. The success of the phosphodiesterase type 5 (PDE5) inhibitors in the treatment of erectile dysfunction in men prompted the notion that there may be a similar role for these drugs in the treatment of female sexual dysfunction. Triggers of sexual dysfunction in women can be biological, psychological and interpersonal. To be optimally effective, drug therapy should ideally be combined with education and appropriate counselling. During the arousal phase in women blood flow into the genitals increases under the influence of vasoactive chemicals and their second messengers including cyclic guanosine monophosphate. In women this leads to vasocongestion and engorgement of the clitoris and vagina, the production of a lubricating transudate from the vaginal epithelium and relaxation of vaginal smooth muscle. It was hypothesized that PDE5 inhibitors may have a role in treating FSD and studies assessed a range of parameters such as desire, arousal, lubrication, orgasms and pain in response to treatment. It is not surprising that trial results did not live up to expectations. While PDE5 inhibitor-increased blood flow creates improved erections for men, it does not contribute to male sexual desire, orgasm or pleasure. In women these peripherally-acting drugs might be expected to increase lubrication and swelling but not to effect the subjective experience of arousal, or of pleasure nor levels of sexual desire which all are central nervous system processes. While the power and quality of some trials in this area were less than adequate, the consensus of opinion at this stage is that there is not enough evidence to recommend PDE5 inhibitors as a standard treatment option in FSD.

Conflict of Interest: Paid Consultant, Investigator And Member Of Speakers Panel For Pfizer

Financial Support/Funding: None disclosed



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### S25-2

#### **HYPOACTIVE SEXUAL DESIRE DISORDER: PREVALENCE AND DIFFERENTIAL DIAGNOSIS**

Anita Clayton

Hypoactive sexual desire disorder (HSDD) is defined as a persistent or recurring deficiency of sexual fantasies, thoughts, and/or receptivity to sexual activity, which causes personal distress. Review of 10 studies conducted between 1978 and 1999 of women in the general population, ages 18 – 75 years suggests the estimated prevalence of HSDD to be 11 – 20% increasing by 2-3% per decade. This prevalence rate is supported in a large general population representative sample (>30,000 responders to 50,000 surveys) using a validated questionnaire to assess low libido (the Changes in Sexual Functioning Questionnaire), and distress (the Female Sexual Distress Scale). Confounding factors in the diagnosis of HSDD include concurrent major depressive disorder (MDD) with related features of onset with hormonal changes associated with reproductive-life events, financial dependency, greater number of children, history of sexual harassment, and co-morbid diabetes mellitus. The greatest dilemma in differentiating between HSDD and MDD appears to be related to women responsive to antidepressant therapy with a serotonin reuptake inhibitor, but with associated sexual dysfunction/diminished desire. Surveys of primary care physicians and specialists reveal low comfort and knowledge about diagnosis and treatment of HSDD. As a result, providers rarely initiate discussions with patients about sexual functioning, and sexual disorders go undiagnosed. Evaluation should include assessment of all phases of the sexual response cycle with emphasis on nature, duration, and intensity of the change in sexual desire, level of personal distress, quality of the relationship, sexual history, and notation of medical and psychiatric diagnoses and treatments with targeted physical examination and laboratory studies. Current treatment options are limited; further research is needed.

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### S25-3

#### **THE VAGINAL BYPASS PROCEDURE-SHOULD APAREUNIA DUE TO VAGINISMUS BE TREATED WITH IVF?**

Jules Black

The word “bypass” has been adopted in the medical profession by the surgeons. It is defined as a means of circumvention, or creating a new flow from one structure to another through a diversionary channel. Used initially in reference to blood vessels, the heart or various intestinal tract organs, I make a case here for extending the term to infertility and sexuality. Over the past two decades we have experienced a worldwide trend towards much higher caesarean section rates in developed nations. This process has been driven by increased litigation in an environment of more frequent fatal mon-

itoring in pregnancy and labour, by increasing requests from women for elective Caesareans and by the convenience of the obstetrician. Certain individual practitioners are renowned for their high section rates, often >30%. That is when we cheekily coined the term “vaginal bypass”, the vagina was becoming obsolete for birth. Babies were still being conceived via the vaginal route but exited from the mothers abdomen. However, there is a new trend I have observed over the past 2-3 years which I consider disturbing. Women with apareunia, [unconsummated marriages-almost all such women are married], due to vaginismus are being referred or present to IVF practitioners to achieve pregnancy with assisted reproductive technologies thus bypassing the “vias naturales” and short-circuiting the need for sex therapy to overcome the vaginismus in the first place. I learned about this practice when I started being referred such women with failed IVF. They had gone through three or four treatment cycles and failed. Since the cost of each cycle varies between **5,000 and** 10,000 Australian, the doctors concerned have accepted these cases for reasons of financial attractiveness without initial referral for sex therapy to correct the underlying problem. I believe this to be an unethical practice.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### S26-1

#### **THE INTEGRATIVE APPROACH OF THE WPA MODEL**

Chiara Simonelli, Antonio Palha

Under the scientific guide of professors Juan Mezzich and Ruben Serrano a specific Educational Program on Sexual Health was established “keeping in mind the broadness of the field of sexuality”. Between the evidence-based research, the clinical wisdom and long experience in the field a new manual on “Psychiatry and sexual health” has been written by an international workgroup of 15 scientists and clinicians with the precious help of many other advisors. This modern approach is based on a contextualized and updated vision both for diagnosis and treatment of sexual dysfunctions, never forgetting the quality of life and all the other aspects concerning the single one or the couple. A special attention is paid to the relationship with a client that in any case has to be non-judgemental and empathetic where the focus of the dialogue has to be considered in an integrative manner and comprehensive of: 1. Medical aspects. 2. Psychological (intrapsychic and relational) aspects, 3. Social, cultural and ethnic variables particularly important in those countries where sexuality can have a negative connotation. Physicians and psychologists should be able to talk about sex with their patients but there is often a lack of good professional training regarding the specific field of sexology. “Sexual disorders are multifactorial in their origin”(Sadock,2000) and we need not only a nosological or a differential diagnosis of the problem but to really understand the person we meet both in the body and in the mind. A team of specialists working together can provide information for treatment planning and contemporary select a combination of strategies from the extensive array of techniques tailoring them on the individual or couple presenting a sexual dysfunction.

Conflict of Interest: None disclosed

Financial Support/Funding:





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### S26-2

#### INTEGRATIVE APPROACH TO GENDER DYSPHORIA

*Audrey Gorin, Mirielle Bonierballe, Christophe Lançon*

The evaluation of psycho-social aspects of the caring of the Gender Identity Disorders (GID) with the evaluation of Quality of Life and with satisfaction criteria after the surgery for sex reassignment shows a high rate of satisfaction, which seems to justify this kind of treatment (in the current knowledges). However, the analysis of literature points out the importance of factors such as risk of depression, of social phobia, and lost of self-confidence. We could suppose that harmonising the psychological and physical dissociation should make the disorder disappear, but psychiatrists still experience other problems towards the population suffering from GID, therefore our caring should rely not only on the diagnosis of this dissociation, but also on other aspects. Indeed, from our point of view, some other psycho-social aspects must be codified in the follow-up of these patients. During this follow-up, the assessment of patients abilities to adaptation for a successful transformation, and a new way of life, should be considered as a psycho-social factor enabling to predict their future. Sex reassignment leads to a change of fundamental references, and the adaptation mechanisms are highly involved, which requires that the factors of individual vulnerabilities be slightly involved. This change process may also affect near relations who should be considered with care, because their own balance is necessary for the various interactions of the social and affective environment and their supporting role for the person experiencing sex reassignment. This relational factor should be taken into account. This requires that supportive care and attention be made and combined with the caring towards: - Family - Partner - Eventual children - Professional position - Self body image - Law procedures for changing sex gender The concept of psychotherapy, its objectives and methods be better defined. Consequently, we will propose an integrative caring pattern.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S26-3

#### INTEGRATIVE MODELS IN FEMALE SEXUAL DISORDERS

*Moshe Mock*

The successful pharmacological treatment of erectile dysfunction in males has led to increasing interest in the causes and treatment of female sexual disorders (FSD). Womens sexuality varies over the life cycle and sexual disorders can affect up to 43% of women during their lives. Because of the differences between male and female sexuality, pharmacotherapy treatment only (Estrogen, Testosterone, PDE-5 i) has been found to be very disappointing in the treatment of FSD. From our experience, of 20 years, we have seen a complexity of causes for FSD: biological, anatomical, physiological, as well as psychological (like sexual or emotional abuse), relational, and socio-cultural. Therefore, we saw the need for a multidisciplinary, integrated, holistic approach to treat FSD. Our team of physicians (gynecologist, urologist) and qualified sex ther-

apists (MSW) are successfully treating FSD. The therapeutic setting consists of a male physician who has specialized in sexual medicine together with a female sex and couple therapist using a variety of therapeutic approaches. These approaches include behavioral and cognitive psychotherapy along with hormonal therapy, medication, use of lubricants and vaginal trainers, Kegel and sensate focus exercises, video therapy, sexual education and lifestyle improvements. The importance of the partners participation is significant to the therapeutic process. Discussing such topics as body image and self esteem concerns, fear of being abandoned, anxieties, sexual and non sexual forms of communication adds to the willingness of the partner to be patient and understanding of what lies ahead and to be part of it if need be. It is important to rule out concomitant medical problems such as estrogen and testosterone deficiency, cancer, diabetes and other endocrine diseases, cardiovascular diseases, lower urinary tract symptoms, infertility, medications that effect sexual function, drug abuse and psychiatric and neurological problems. During the symposium I will elaborate on the different treatment models for hypo sexual desire, sexual arousal, orgasmic and sexual pain disorders.

Conflict of Interest: None disclosed  
Financial Support/Funding:

### S27-1

#### DYSMORPHOPHOBIA AND PENILE COSMETIC SURGERY

*Kevan Wylie*

The penis, a symbol of huge importance around masculinity since ancient times has become the hidden anxiety of modern man. Few men will admit to having a fear of, or even the actual presence of a small penis for fear of ridicule and loss of face. Some men may celebrate their small size. Other men whilst acknowledging a perfectly normal sized penis want to vary the appearance and the use of genital piercing, skin tattoos and body art may be seen as a normal extension to self expression. In some circumstances representations of the genitals may become disturbed through a number of mental mechanisms. By internalising the concerns onto the outward representation of the penis the man can bring about a number of requests for clinical assistance. As it is important to acknowledge that the man with small penis syndrome typically has a normal sized penis, clinicians need to be aware that requests for intervention must proceed with caution. Cosmetic surgery is argued as a right which can be purchased if funds allow. For many, these operations to lengthen the penis or increase the girth are beyond financial affordability. This in turn may lead the man to take more practical steps himself in order to achieve the desired increase in size. Modification of the penis and genitals whether by a body art worker, surgeon or by the patient is seen by many as mutilation and the consequences are often much less favourable than anticipated or initially desired. The pitfalls of surgery and the range of modification of the male genitals will be explored further during the symposium.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



## Abstract Book

### S27-2

#### MALE CIRCUMCISION - CULTURAL, RELIGIOUS, SOCIAL AND MEDICAL ASPECTS

*Gary Dowsett*

Male circumcision is currently being heralded as the new “fix” to the ongoing HIV/AIDS pandemic—termed a prevention technology. Randomised clinical trials are taking place in the developing world, which are touted to support this practice becoming a new population health intervention to be rolled out as soon as possible. Observational studies suggest a more mixed effect. The science supporting such research is narrowly conceived and ignores the profoundly cultural and deeply symbolic nature of this practice and its great variability from culture to culture and place to place. Anthropological and sociological perspectives have had little voice in the HIV/AIDS investigation of male circumcision, and this has resulted in a neglect of the cultural, ethical and moral issues surrounding the practice, including the understanding of informed consent. More recent critical sexuality theory, new research on masculinity, and the growing agenda of mens health have yet to engage the circumcision and HIV/AIDS debate also. The result is a quarantined technology that ignores the social, cultural, political and religious contexts of the practice and its consequences over time and in specific places. This paper considers some of these issues and outlines an agenda for further discussion, debate and research that must occur before male circumcision is deployed as an HIV prevention strategy.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S27-3

#### FEMALE GENITAL MUTILATION/CUTTING AS A DEVELOPMENT ISSUE, LOOKING AT POWER DYNAMICS AMONG WOMEN AND MEN

*Daniela Colombo*

Demographic and Health Surveys in 16 African countries have shown that the prevalence rate of female genital mutilation and cutting (FGM/C) is still very high, despite more than 20 years of awareness raising campaigns. This is the result of a combination of causes. AIDOS has build on this critical assessment, leading to an understanding of the practice in terms of power dynamics among women and men, first and before being a practice that violates women’s human rights and has serious health consequences. The same power dynamics that influence other areas of development, and that contribute to the subordinate role of women. According to AIDOS’ analysis, FGM/C is perceived as a power gaining tool by practicing women, as well as an essential social act by communities under treat of modernisation and identity lost, who therefore continue to submit to the ritual their daughters and girls. In order to brake this spiral, AIDOS is proposing to address FGM/C in terms of women’s empowerment, through interventions in other development areas that are at the hearth of the basic and strategic needs of women and of the communities they live in:

from healthcare and services to access to education, from agriculture to women’s business incubators, from legal reform to institutional capacity, from HIV/AIDS to gender based violence prevention. This will contribute to build an enabling environment for behavioral change, involving all actors that play a role in keeping the practice alive: husbands, fathers, grandmothers, traditional and religious leaders, peers, and allowing the practice to become a thing of the past.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S28-1

#### ADOLESCENT SEXUALITY: CONTEMPORARY CHALLENGES

*Anthony Smith*

Introduction and Objectives Straight talk is a sexual reproductive health project of the Kenya Association of Professional Counsellors, for the youth and by the youth. The straight talk program has been running for ten years since 1995. Straight talk reaches out to young people with messages on sexual reproductive health. Given the risks adolescents run, straight talk equips them with information and life skills to protect themselves from high risk situations, make informed choices and remain in control of their own behaviors and lives. Straight talk addresses adolescent problems like teenage pregnancies, abortions, drug use and abuse, sexually transmitted diseases and HIV/AIDS. Increasing teenage sexual practice, and lack of proper and appropriate reproductive health and counseling services for the young people contribute to the spread of HIV/AIDS. Straight talk helps in providing an opportunity for young people, that will help them lead healthy sexual life. Methods Media is an effective platform for broadly disseminating information. Straight talk employs both the print and electronic media as strategies for reaching young people. Straight Talk uses newspaper, radio, Internet, clubs and teacher trainings, which complement each other. Results With Emergency Plan Support, the Kenya Association of Professional Counsellors (KAPC) produces 360,000 monthly copies of Straight Talk Newspaper. A 2003 survey commissioned by KAPC found that of 800 youths in 7 provinces, 74% claimed to have been strongly influenced on reproductive and HIV/Aids by Straight Talk. Research Solutions evaluation shows that over 80% of Kenyan Youths have ever listened to the Straight Talk Radio shows. Those who are regular listeners have better knowledge on sexuality and HIV/AIDS issues. Conclusion Media is an effective mode of communication on issues of sexuality among young people. 3 Key Words describing the abstract Adolescent-Sexuality-Kenya.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### S28-2

#### **THE WRITING THEMSELVES IN REPORTS, 1998 AND 2005: WHAT THE RESEARCH TELLS US ABOUT THE SEXUALITY HEALTH AND WELLBEING OF SAME SEX ATTRACTED YOUNG PEOPLE.**

*Lynn Hillier*

The last ten years have witnessed a great deal of change in the ways sexual diversity and, in particular, same sex attraction, are constructed in Australia. In the visual media positive and affirming depictions of gay and lesbian life are now common and in some cases entire television series have been devoted to queer lifestyles. Relationships bills have been enacted in most states and territories, removing much of the discriminatory legislation against same sex couples and there are more high profile openly non-heterosexual people in public life. Within this changing social context same sex attracted young people, approximately 10% of the youth population, are negotiating adolescence, attending school, developing relationships, constructing an identity, claiming independence and working towards making sense of their sexual difference. In this presentation, the findings of two national surveys on the sexual health and well being of same sex attracted young people in Australia will be compared. The first survey with 749 young people was carried out in 1998. The second survey, carried out in 2004 and released in 2005, had over double the participants of the 1998 survey. In both studies young people could fill out the survey on the web or in hard copy. The self-report items included quantitative and qualitative data with young people writing stories about their lives at the end. Over the 6 years, differences between young people experiences of homophobia and their reactions to it, their feelings about their sexuality, their relationships with family, teachers and peers and the ways they construct their lives, currently and in the future will be discussed. The findings, some surprising, will be explored in light of current policies in education with recommendations for future directions.

Conflict of Interest: None disclosed

Financial Support/Funding: Commonwealth Dept Of Health And Aging

### S28-3

#### **WHAT DO WE KNOW? WHAT CAN WE DO? PUTTING RESEARCH INTO PRACTICE IN ADOLESCENT SEXUALITY**

*Anne Mitchell*

This paper looks at the challenges and rewards of putting research about adolescent sexuality, beliefs and behaviours into practice in schools and suggests some ways forward in the current challenging climate. Since its inception nearly 15 years ago the Australian Research Centre In Sex, Health and Society has had a dedicated Unit for putting research into practice. Adolescent research, both five-yearly national studies of young people in secondary school and two research studies on same sex attracted young people, have provided an ongoing evidence base for a number of practical initiatives which relate to sexual health promotion for young people and to developing programs for secondary schools. This area has

proven to be one of the most challenging for having research evidence and "practice wisdom" sit side by side, both bringing positives to any program. The paper looks at the current state of play of sexuality education in Australian schools and at what has been learnt from undertaking research into practice initiatives using this body of research. It looks primarily at the consultative process for the development of the Talking Sexual Health materials which provide a national policy framework, parents resource and classroom materials for sexuality and their implementation throughout Australia. It uses the lessons gained from these processes to make suggestions about the role of evidence in creating change in the classroom and the value of partnership approaches. Finally looks at the way forward with a practical focus on the "how to" - what should we do?

Conflict of Interest: None disclosed

Financial Support/Funding: The Project I Will Focus On Was Funded By The Commonwealth Department Of Health And Ageing In Australia

### S29-1

#### **MALAYSIAN CULTURAL DIFFERENCES IN KNOWLEDGE, ATTITUDES AND PRACTICES RELATED TO ERECTILE DYSFUNCTION**

*W Y Low*

In a multi-cultural society like Malaysia, which consists of Malays, Chinese and Indian communities, the perception of health and illness is heavily influenced by cultural beliefs and practices. A man's perception of erectile dysfunction also affects his help-seeking behavior. Several local qualitative studies were carried out to examine social and cultural aspects of erectile dysfunction in the general population as well as men who are having erectile dysfunction. In one study among the general population, different ethnic groups have different terminologies used to describe erectile dysfunction. Health beliefs such as black magic and overuse of penis are cited as causes of erectile dysfunction. The Indians attributed the problem to fate, probably linked to their religious beliefs of karma where one's previous life determines the present, thus, would readily accept whatever comes. Erectile dysfunction is perceived as a serious problem associated with a loss of manhood and has an impact on one's relationship and marriage. Men with erectile dysfunction are perceived negatively. The Malay (herbs, tongkat ali, majun and massage), Chinese traditional medicines (herbal treatment, self-prescribed medicine or tonic) and the Indian (yoga or traditional massage) remedies for treating erectile dysfunction. Aphrodisiacs are also consumed by the various ethnic groups to increase sexual vigor. The embarrassment and reluctance of men, as well as on the part of physicians and other healthcare providers prevent men from seeking effective treatment. It can be summarized that variation in perception and attitudes towards erectile dysfunction is presumably linked to cultural, ethnicity and other social factors. Further studies are thus warranted to examine how these cultural and social factors play a role in help-seeking behavior of men with erectile dysfunction. There is a need for physicians to consider cultural factors in their consultation, to better understand their patients and better manage.

Conflict of Interest: None disclosed

Financial Support/Funding: Asia Pacific Society For Sexual Medicine (Apsm)



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### S29-2

#### SEX AND MARITAL THERAPY FOR THE CHINESE IN MODERN DAY HONG KONG & CHINA

*Man-Lun Ng*

The current state and practice of Sex and Marital Therapy in China and Hong Kong will be reviewed. The following dogmas or beliefs in affecting sex and marital therapy in the Chinese culture will be discussed or challenged. Ways of adapting to the challenges will be presented and suggested basing on the authors clinical experience and research findings. a. There are more males than female presenters. b. Problems from traditional sexual and marital beliefs: i. Semen conservation theory ii. Marital system iii. Male dominance and patriarchy iv. Social harmony versus individualism v. Chinese traditional therapies vi. Nuclear versus extended families vii. The oral and somatization tendency viii. Authority dependency and shame orientation ix. Penile and fertility worship.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S29-3

#### KAMASUTRA -ANCIENT YET MODERN!

*Prakash Kothari*

Who was the writer of Kamasutra? Which place did he origin from? And when did he write Kamasutra? Is not precise till date. It has been proved through epigraphic, literary, historical, numismatics and archaeological evidences, that Vatsyayana, the author of Kamasutra belonged to a place called "Nagarak" from South Gujarat and wrote Kamasutra between 351 and 375 A.D. The book emphasizes a preventive art to be studied by all in contrast to a modern sexology a curative science, which directs efforts towards therapy of dysfunction, after it has occurred! Vatsyayanans view on why, when and whom to of Sex education, Foreplay, play and Afterplay, Artificial penis, Oral sex, Orgasm and multi orgasms are at par with modern research of today. The details of which will be discussed. This comparative essay of science versus verses suggests a dynamic equilibrium between the present and the past. It appears that we continue to prescribe what has been pre-scribed centuries ago and one wonders whether the modern research is really research or re-research!

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S30-2

#### SEXUAL RIGHTS OF LESBIAN, GAY, BISEXUAL AND TRANSGENDER PERSONS IN AFRICA

*Jane Bennett*

The paper presents the facts of legal orientations towards lesbian, gay and transgendered people in a range of African countries. These legal orientations differ, but are overwhelmingly linked by cultural, political, and social homophobias that are modern in their

roots. Such homophobias operate to effectively deny the possibility of open access to resources, organizing, same-sex relationships, and/or engagement with trans-gendering options, to those who want to live beyond cultural norms of (hetero)sexuality. The paper notes, however, that despite the intransigence of opposition to the notion of rights for lesbian, gay, and transgendered Africans, there are many activist groups on the continent, often working in extremely difficult conditions, but full of courage, ingenious strategy, and creativity. Without claiming panoramic knowledge of such work, the paper introduces the work of two particular recent interventions, and asks questions about the appropriate routes for advocacy on sexual rights for lesbian, gay, and transgendered people in contexts where globalized identities for sexual minorities may well function more as challenges than as opportunities.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### S30-3

#### IS ENOUGH BEING DONE TO CONTROL HIV IN AFRICA?

*Mohamed Cassimjee*

Introduction: As more and more people in African countries become ill with HIV, the extent of the epidemic is becoming clearer. An estimated 24.5 million people were living with HIV at the end of 2005 and approximately 2.7 million new infections occurred during that year. In the past year the epidemic has claimed the lives of an estimated 2 million people. More than twelve million children have been orphaned by AIDS. Method: A review of the status of HIV in Africa, prevention, treatment and successes and failures are presented. Finally a discussion ensues on whether enough is being done to control HIV. Results: HIV prevalence rates vary greatly between African countries. In Somalia and Senegal the prevalence is under 1% of the adult population, whereas in South Africa and Zambia around 15-20% of adults are infected. Sub-Saharan Africa is more heavily affected by HIV and AIDS than any other region of the world. The strategies employed by countries in Africa to deal with the epidemic include: condom use, abstinence, voluntary counselling and testing, mother to child transmission, behaviour change, follow-up counselling, protection from stigma and discrimination, treatment of other sexually transmitted infections, and the prevention and treatment of opportunistic infections, and Antiretroviral drug treatments. There is a varied view about the success and failures of these programmes. While it appears that a lot is being done in reality the situation is bleak. The, paper finally focuses on what needs to be done to improve Africas predicament. These include commitment by domestic governments, international support, reduction of stigma as influenced by culture. A balance approach between prevention and treatment is needed. Conclusion: The prevention of new infections, provision of treatment and care to those living with HIV in Africa is a major dilemma for our world.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### **S33-1** **DEFINING PREMATURE EJACULATION - AN OVERVIEW**

*Vijay Ramanathan*

**Introduction:** A review of the literature reveals a lack of a consensus definition for Premature Ejaculation (PE) ever since it was first termed as Rapid Ejaculation by Gross in 1887. This lack of clear and consensus definition results in difficulties when reviewing and comparing epidemiological data and research. There is therefore an urgent need for evidence-based diagnostic criteria and a uniform definition. **Objectives:** To critically audit the definitions and/or diagnostic criteria used in individual studies on PE and highlight issues that need to be addressed in the development of an universally applicable consensus definition. **Method:** Quality Assurance was obtained from Area Health Service, Human Research Ethics Committee, NSW, Australia. A literature review was conducted on published research articles in peer reviewed Journals accessed through the University of Sydney library, open databases and experts resources. **Findings:** The predominant theory of etiology of PE has moved a long way from Psychological (1917 -1950) to Biological (1950 – 1990) and lately to Neurological. Globally, discrepancy exists on the paradigm of definitions currently used by different organizations/authors. PE is mostly recognised as a heterosexual problem while ignoring or underestimating the burden among homosexual and/or self-masturbating men. Factors such as frequency of sexual intercourse, duration of foreplay, past masturbatory habits, biophysics (position of penis during ejaculation) and their influence on PE need to be further investigated. While it is postulated that PE is very common among Asian and Islamic men, not many detailed studies have been done on them. Multi-center studies [exclusively involving Asian, Islamic and Gay men] are likely to be needed for a better understanding of PE. Although many investigator-initiated hypothetico-deductive studies had been done, it may be of use to study patient-led inductive hypothesis.

Conflict of Interest: None disclosed

Financial Support/Funding:

### **S33-2** **PROPOSAL FOR REVISED DEFINITION OF PREMATURE EJACULATION**

*Marcel Waldinger*

Recently, it has been proposed to distinguish PE as a “complaint” versus PE as a “syndrome” PE as a complaint may belong to the normal variation of ejaculatory performance in men, but may also be the manifestation of medically or psychologically determined pathological ejaculatory performance. In 2006, Waldinger and Schweitzer proposed a new PE classification and PE definitions for the pending DSM-V and ICD-11. In contrast to the current DSM edition, it has been proposed that PE should be classified according to a “syndromal” approach incorporating well-controlled clinical and epidemiological stopwatch studies. PE has for the first time been classified by Bernard Schapiro in 1943. He distinguished Types B and A that in 1989 were termed “lifelong PE (LPE)” and

“acquired PE (APE)” by Godpodinoff. Recently, Waldinger proposed also the existence of two other PE syndromes, which have been called “Natural Variable PE (NVPE)” and “Premature-like Ejaculatory Dysfunction (PLED)”. The key characteristics of the four PE syndromes show remarkable functional differences which may be represented by a continuum with LPE and PLED at the two extreme ends. For example, the IELT in men with Lifelong PE is consistently very short, i.e. less than 1-1.5 minutes, the cause is mainly neurobiologically and genetically determined, its prevalence is estimated to be rather low (2-5%), and treatment consists of medication alone or with additional counselling in case of serious coping problems. On the other hand, men with Premature-like Ejaculatory Dysfunction complain of early ejaculations while their IELTs are consistently in the normal range (i.e., between 3-7 minutes) or even of long duration (i.e. longer than 10 minutes). The cause is mainly psychologically determined, and its prevalence is estimated to be rather high (i.e., 15-20%). Treatment should consist of psychotherapy or counselling and not of medication. The IELT in Acquired PE is (in)consistently short or very short (i.e., less than 2 minutes), and is either due to organic disorders like thyroid dysfunction, prostatitis and erectile dysfunction, or due to psychological problems as for example relationship problems. The prevalence is unknown but may well be in the rather lower range. Natural Variable PE is actually not a real syndrome. These men may inconsistently and irregularly have early ejaculations, the IELT is objectively short or may be perceived as short. Its prevalence is as yet unknown. NVPE is most likely a manifestation of normal variation of ejaculatory performance. Treatment consists of reassurance and psycho-education in explaining that irregular early ejaculation is part of normal ejaculatory performance.

Conflict of Interest: None disclosed

Financial Support/Funding:

### **S33-3** **INTRA VAGINAL LATENCY TIME IS NOT THE ONLY ASSESSMENT TOOL IN PREMATURE EJACULATION!**

*Chris G McMahon*

Medical literature contains several univariate and multivariate operational definitions of premature ejaculation (PE). The lack of agreement as to what constitutes premature ejaculation has hampered basic and clinical research into the etiology and management of this condition. Diagnosis of PE in clinical practice is not difficult and is based on patient self-report, clinical history and examination findings alone. However, patient self-report of PE must be interpreted with some caution as both PE and non-PE men tend to overestimate their intravaginal ejaculatory latency time (IELT) compared to stopwatch-recorded IELT. In epidemiological and drug treatment research studies, objective measurement of IELT by stopwatch and subjective validated, reliable and consistent patient reported outcome measures (PROs) of ejaculatory control, sexual satisfaction and bother/distress are essential. Each of these PROs has been operationalized, although not always with consistency. Measurement of IELT by stopwatch is the best method to diagnose PE and assess treatment response and should be used as a primary



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efficacy endpoint. Recent normative IELT data demonstrates a median IELT of 5.4 minutes (range 0.55-44.1 minutes) and supports an IELT of less than 1 minute as representing "definite" PE. Various authors have proposed the extent of voluntary control over ejaculation as an appropriate measure, suggesting minimal or absent control as defining PE. Ejaculatory control is a subjective measure and difficult to translate in quantifiable terms. However, the dimension of voluntary control over ejaculation does appear to differentiate men with PE with men from men without PE, but is not exclusive to men suffering from PE. Men with PE report lower levels of sexual satisfaction compared to men with normal ejaculatory latency. A recent observational study reported sexual satisfaction ratings of "very poor" or "poor" in 31% of men with premature ejaculation, compared with 1% in a group of normal controls. Existing definitions of PE include "distress" or "bother" as an important dimension of PE. The extent of bother defines the severity of PE. Although partner distress is perhaps the most common reason for men with PE to seek treatment, there is limited information regarding the effect of PE on the partner. Subjective patient reported outcomes (PROs) of ejaculatory control, sexual satisfaction and bother/distress can be evaluated using several validated patient reported outcome instruments. However, a meta-analysis of 35 drug treatment studies has confirmed that the variability of answers of spontaneous reports and questionnaire studies on the IELT are significantly higher than stopwatch assessments. This possibly relates to the observation that PROs are not equally weighted and their importance appears to vary between individual patients. Research into the development of validated, reliable and consistent patient reported outcome measures is ongoing.

Conflict of Interest: Investigator, consultant and advisory board member for Johnson & Johnson, Pfizer, Lilly and Bayer  
Financial Support/Funding: None disclosed

### **S34-1** **CHANGES IN SEXUAL BEHAVIORS OF ADOLESCENT AND SEXUALITY EDUCATION IN JAPAN**

*Chie Nakazawa*

Introduction and objectives: The purpose of this study is threefold: firstly to understand the reality of adolescent sexual life; secondly to analyze the factors that accelerate or decelerate sexual behaviors of Japanese adolescents; lastly, through these findings to discuss what information the adolescents lack and need, such as those on contraceptives, STI, reproductive health and gender issues. Goals of presentation: 1) To provide an overview of changes in sexual behaviors of Japanese adolescents between 1999 and 2005 concerning the rates of experience of kissing and sexual intercourse. 2) To examine the effect and issues in Japanese sexuality education in terms of resources on sexual information and knowledge on reproductive health. Method: A nationwide questionnaire survey conducted every six years since 1974. Results: (1) The rates of experience of kissing and sexual intercourse among senior high school and university students have risen since the 1980s for both boys and girls. Because of the rapid pace of increase in the girls rate of experiencing sexual intercourse which overrides that of the boys,

gender difference on sexual intercourse rates has disappeared in 2005. (2) It was found that in general, the senior high school students relied on mass media and intimate human relations (e.g. friends) concerning sexual information, although sexuality education at schools was effective to a certain extent in providing knowledge on contraceptives. As for affinity to mass media, gender difference still exists, that is, while boys access more to pornography, girls access more to "manga" comics and magazines for teenage girls. Conclusion: While Japanese adolescents have become more sexually active, their knowledge on reproductive health is unestablished. We should promote an active and open discussion on sexuality education at schools and elsewhere, as well as on utilization of mass media in connection to media literacy.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Japanese Association For Sex Education

### **S34-2** **THE SEXUAL BEHAVIOR AND CONSCIOUSNESS OF JAPANESE YOUTH: AN ORIENTATION OF "PURE LOVE"** *Yukari Ishikawa*

Introduction and objectives: This report examines the results of the 6th The National Survey of Sexual Behavior of Youth. This survey has been conducted at six years intervals since 1974 in Japan. Goals of presentation: Analyzing the data on contemporary Japanese youths sexual behavior and consciousness from the perspective of gender. Methods: The survey was conducted by the collective questionnaire method in the classroom. The subjects of this survey were 5000 students of approximately 80 junior and senior high schools and universities selected from nine areas in Japan with various populations. Results: (1) What makes an impression is the low sexual concern of high school students, and their increasingly conservative norms of sexuality. In particular, girls sexual images are very low, indicating that compared to boys, Japanese girls are still sexually oppressed. (2) Generally, boys are earlier concerned with sexual activities than girls, because they arent curbed about their sexual behaviors in comparison with girls. (3) While the rate of girls sexual experiences is high, it doesnt mean that their sexuality is uninhibited. It can be seen that girls have a negative opinion of sexual behavior outside the norm, and that they attach deep emotional significance to their sexual activities: "pure love". For them, "pure love" is not platonic relation. "Pure love" is a faith that sexual experiences should be neither too close to nor too remote from love. In addition, Japanese girls dream and search the man of her destiny, who accepts the girls in their in her entirety, in return for her agreeing to his desire. Conclusion: Japanese youths trace the course of sexual experiences following not girls sexual interests but boys ones. Consequently the double standard of sexual behavior between genders perpetuates.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Japanese Association For Sex Education



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### **S34-3** **MOBILE PHONES AS ACCELERATORS OF SEXUAL BEHAVIOR**

*Masahito Takahashi*

**Introduction and objectives:** The information revolution is said to have activated sexual behavior of Japanese youth. However, there has been very little academic research on the relationship between new media and sexual behavior. The National Survey of Sexual Behavior of Japanese Youth (NSSB 1974 - 2005) has concerned media influences on sexual behavior. Based on this survey, we will explore the historical, social, and interpersonal processes that the new media have come to affect sexual behavior. **Methods:** Our quantitative analysis falls into three phases. 1) The historical changes in communication media and sexual behavior are described. 2) A cross-sectional analysis shows that the usage of mobile phones constructs a social boundary between the active and passive groups in sexual behavior. 3) The interpersonal influences of mobile phones are divided into two stages, firstly to enhance opportunities to find partners, and next to accelerate the steps of intimacy. **Results:** From a historical point of view, neither mobile phones nor the Internet caused a sexual revolution in Japan. But now, most young people use mobile phones before starting sexual behavior, and the frequency of text-messaging is closely related to the experience of sexual intercourse. While 29% of senior high school students experience intercourse, the rate is 58% among heavy users (who send over 20 messages a day). In contrast, the experience of intercourse among heavy users of personal computers is limited (15%). These media influences persisted even after the social backgrounds of the subjects were statistically controlled. **Conclusions:** It is not the Internet but mobile phones that accelerate sexual behavior of Japanese youth. Text-messaging not only expands opportunities for finding partners, but also hastens the steps of intimacy. These findings suggest that portability and flexibility of messaging via mobile phones play an important role in building intimacy.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** The Japanese Association For Sex Education

### **S34-4** **ATTITUDES TO MARRIAGE AND SEXUAL BEHAVIOR AMONG JAPANESE YOUTH**

*Natsuki Nagata*

**Introduction and objectives:** The aim of this study is to consider the relationship between attitudes toward marriage and contraception. The number of unmarried person in Japan has increased drastically in recent years, at the same time, the ratio of an alternative style of marriage which the realization of pregnancy leads up an opportunity increases among young people. **Goals of presentation:** [a]To take a general view of the historical change of the contraception among the youth. [b]To give an analysis of the element that influences contraception. [c]To discuss the relationship between general attitudes toward marriage and contraception in young people. **Method:** A nationwide questionnaire survey conducted every six years since 1974. **Results:** [a]The ratio of sexual intercourse accompanied with contraception has been leveled off since 1980's. Though the ratio of

male contraception had exceeded than that of female's between 1970's and 1980's, noticeable difference has not been seen between male and female since 1990's. [b] Both male and female chooses "May not become pregnant" at high rate. The percentage of those who chooses "Will give birth when become pregnant" is over 20%. [c] More than half of male and female make the positive assessment of the marriage which the realization of pregnancy leads up an opportunity. More than 70% of male and female think that getting married does not have to be rushed even if she or he has someone to love with at that moment. **Conclusions;** The couple without proper legal process having a cis an exceptional situation since the marriage system in Japan is a uniform. However, the young people are not trying to connect the marriage and the birth in the short-circuit. After locating sexual intercourse as a symbol of the romance, they identify the pregnancy as the evidence of fate of marriage.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** The Japanese Association For Sex Education

### **S34-5** **THE VICTIMS OF SEXUAL CRIMES AND DATING VIOLENCE AMONG JAPANESE YOUTH**

*Yoko Tsuchida*

**Introduction and objectives;** The purpose of my report is to outline the victims of sexual crimes, sexual harassment and dating violence among Japanese youth by analyzing the 6th survey(2005) of "The National Survey of Sexual Behavior of Japanese Youth". **Goals of presentation ;** As regards the victims of sexual crimes, we have conducted surveys since 4th (1993). The surveys show that these crimes have been committed by someone except boy/girl friends. Therefore, in the 6th survey, to the past questions, we added a new question about dating violence which include emotional abuse, physical abuse and sexual abuse in a dating relationship. We will examine the changes in the victims of sexual crimes and sexual harassment from 1993 to 2005 and provide the reality of dating violence in 2005. **Methods:** The nationwide questionnaire survey has been conducted every six years since 1974. The data was collected from 5000 students. **Results:** 1. As for sexual crimes, the percentage of victims are lower than that of the previous surveys. Nevertheless, in case of university students, about 40% of girls suffer from act of molestation and about 10% of girls suffer from unwanted sexual activity or rape. 2. Both boys and girls are victims of dating violence, but they abuse their partner in different ways. Girls are more likely to control the companionship of their partner. On the other hand, boys are more likely to force their partner to participate in unwanted sexual activity or rape. Both tend to be abused after they have experienced sexual intercourse. Dating violence undermines the self-confidence, especially of high school girls suffering sexual abuse in romantic relationships. **Conclusions ;** There still remains a tendency that girls are apt to be victims. It is necessary that more Japanese people get the knowledge about sexual crimes, sexual harassment and dating violence.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** The Japanese Association For Sex Education



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### **WS1 CONFRONTATION, CONFUSION AND CHALLENGES IN ONCOSEXOLOGY - A PRACTICAL WORKSHOP FOR CLINICIANS AND SEX THERAPISTS**

*Woet L Gianotten, Michael Quinn, Alessandra Graziottin,  
Amanda Hordern, Doreen Akkerman*

This interactive workshop will define the interface between sexuality and cancer. Both cancer and its treatment have an extensive influence on sexuality, intimacy and fertility. Sexology health care professionals are often hesitant to discuss sexuality with their patients. As a result, many patients fail to receive the care and attention they deserve. In this workshop we will elaborate on the relationships between sexuality and cancer. Information of the various aspects of biology, psychology, fertility, relationship and intimacy will be supplemented by information on treatment and patient care.

Conflict of Interest: None disclosed  
Financial Support/Funding: Supported by ISSC (International Society for Sexuality and Cancer)

### **WS1-1 THE INTERACTION BETWEEN BIOLOGICAL, PSYCHOLOGICAL & PARTNER ASPECTS OF CANCER & ITS TREATMENT**

*Doreen Akkerman*

Experiencing a cancer diagnosis significantly affect ones self perception and often changes relationships, especially concerning the effect of cancer treatment on biological and psychological aspects. This may progress to affecting intimate and sexual areas in the life of not only the person affected by cancer, but their sexual partners. We aim to provide an overview of the impact of all dimensions and suggested strategies, with interactive exercises, for improving communication and sensual experiences in diverse situations throughout the cancer trajectory.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS1-2 DEALING WITH THE VARIOUS SEXUAL CONSEQUENCES OF BREAST CANCER**

*Alessandra Graziottin*

Breast cancer (BC) may variably affect womens sexuality in its different dimensions: sexual identity, sexual function and sexual relationship. Several biological factors modulate the final outcome: her age at diagnosis, recurrences, pregnancy-related problems during or after breast cancer and infertility, the potential appearance of lymphedema, and side-effects of surgery (conservative vs radical, radio or chemotherapy and hormonotherapy (tamoxifen and aromatase inhibitors). Iatrogenic premature menopause, with its cohort of damages secondary to the chronic loss of estrogens on the brain, on the sensory organs, on the pathophysiology of sexual response and on the function of the pelvic floor, may add a further burden to the recovery process, from the physical, emotional and relational point of view, and should be competently addressed.

Women carriers of BCRA1 and BCRA2 mutations who might consider bilateral prophylactic mastectomy may have a specific iatrogenic impact of surgery on their self-image and femininity. Health care providers should diagnose and recommend clinical help for the most common sexual symptoms in BC survivors: loss of desire, arousal disorders, dyspareunia, anorgasmia and loss of satisfaction. Best results will be obtained in sharing a "twin competence" with a good psychosexologist or a psychiatrist with an interest in this field, to whom patients with clear psychodynamic or relational problems should be referred for specific help. This should be done after having excluded or cured the potential biological roots of the symptoms. Attention to the anatomy and function of the pelvic floor should become a mandatory part of a thorough clinical gynecological and sexological examination, to give BC survivors the right to a full diagnosis and competent help [1]. This presentation will focus on the biological factors that should be addressed in the daily practice of health care providers, to offer the best quality of life to breast cancer survivors.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS1-3 SEXUAL IMPACT OF FEMALE CANCER**

*Michael Quinn*

Female cancers and sexuality are inextricably linked, with the compounding issue of HPV being causally associated with cervix cancer development. Most research has been focussed on women with breast cancer with an abysmal lack of study of gynaecological malignancies and especially bowel malignancy. The impact of prophylactic surgery including bilateral mastectomy and oophorectomy in mutation carriers deserves special attention. Most surgeons concentrate on functional aspects of the diagnosis and treatment whereas it is clear that the psychodynamics of sexual relationships needs addressing as part of the overall care of women with cancer. Identification of at risk couples is critical and an algorithm of care will be described. The impact of HPV Vaccination and the need for public education will be addressed, together with the likely impact on peripubertal sexual education. Simple solutions to the hormonal downside of adjuvant therapy for breast cancer will be suggested.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS1-4 THE VARIOUS SEXUAL CONSEQUENCES OF MALE CANCER**

*Woet L Gianotten*

Male cancer means on the one hand any cancer in males and on the other hand cancer in the region of the mans genital area, directly involving his sexual function. In various degrees any cancer can influence sexuality due to the changes the disease or treatment will bring about. These changes can be biological (cachexia, tiredness, low testosterone, pain, etcetera), psychological (fear, performance fear, disfigurement, etcetera) or social (changed relationship, loss





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of social importance, etcetera). When cancer happens in the genitals themselves or in the genital surrounding the burden is heightened since disease and treatment now directly hamper the sexual response. In prostate cancer, surveillance ("Wait and see") is the only strategy without sexual damage. Operation (even nerve sparing), external beam radiotherapy and brachytherapy are all accompanied by a high percentage of erectile loss, whereas there will be a complete loss of sexual desire after androgen deprivation therapy (applied now in a quarter of all prostate cancer cases). In patients treated for cancer of the bladder or rectum, over 80% develop a sexual dysfunction. Penile cancer usually is treated by amputation, easily causing serious damage to sexuality and intimacy. Testicular cancer has a reasonable good prognosis as long as only one testicle is removed. When accompanied by retroperitoneal lymph node dissection, this frequently results in retrograde ejaculation. Whatever cancer is at stake, unfortunately, both patient and medical professional frequently fail to address sexuality out of shame, discomfort or downright incompetence. This non-addressing by the professional is a major additional reason for the patient's or couple's loss of sexuality and intimacy. The positive part of the message is that the good oncosexologist can deal with nearly all these sexual problems.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS1-5** **TALKING SEX: THE GREAT TABOO** *Amanda Hordern*

**Introduction** Patients enter today's health system with increased expectations about the level of psychosocial support they receive from health professionals. To date very little research has explored the complex interplay at work when health professionals attempt to embark on these discussions with patients. This paper will focus on why this topic remains taboo at the clinical practice level, from the health professional perspective. **Method** A three stage reflexive inquiry involved a systematic and critical analysis of qualitative data from semi-structured, tape-recorded participant interviews (n=82), textual analysis of national and international cancer and palliative care clinical practice guidelines (n=33) and participant feedback at 15 cancer patient and health professional educational forums. **Participants** This purposeful sample included 52 patients who had experienced a diagnosis of cancer and 30 health professionals, practicing in cancer and or palliative care for a minimum of 12 months. A total of 13 Registered Nurses, 10 doctors, 4 social workers, 2 physiotherapists, 1 occupational therapist, 1 pastoral care worker and 1 cancer and palliative care volunteer were interviewed. **Results** Health professional responses ranged in degree of reflexivity, where less reflexive responses were conceptualised as "It is not life or death and I manage to avoid the topic clusters, and more reflexive responses were "I can't expose my vulnerability, it's a risky business and Patient centred communication clusters. **Conclusion** Patient sexuality and intimacy was largely medicalised so that health professional discussions remained at the level of

patient fertility, contraception, erectile or menopausal status. Many unchecked assumptions about patient sexuality were made by health professionals, based on the patient's age, diagnosis, culture, partnership and disease status. It was personally confronting and a risky business to communicate about issues of patient intimacy and sexuality after cancer, particularly when the clinical setting emphasised medicalised, health professional driven and problem-based communication.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS1-6** **DEALING WITH TALKING SEX IN THE CASE OF CANCER** *Amanda Hordern*

Throughout the past decade, cancer and palliative care health professionals have been increasingly implored to facilitate open and honest discussions with patients about intimate and sexual issues that emerge in the face of cancer. The development of national Psychosocial Clinical Practice Guidelines are a world first in providing key indicators and health promoting strategies for adults experiencing alteration in sexual function after a cancer diagnosis. Little focus has been directed at why health professionals struggle with this level of communication, and how they can become more aware of personal attitudes, assumptions and beliefs which have the potential to impede patient centred styles of communication within the clinical practice setting. Drawing on data from a study conducted by the author that explored issues of intimacy and sexuality in cancer and palliative care from the patient and health professional perspectives, this paper proposes a reflexive approach to patient centred and negotiated forms of communication. A reflexive communication framework emphasises the importance of health professionals engaging in an exploration of their own definitions of intimacy and sexuality, in order to understand the clear relationship between personal attitudes, assumptions and beliefs and how they impact on their professional interactions with patients. A range of practical approaches to negotiating reflexive, patient centred styles of communication about sexual and intimate changes after cancer will be offered in an attempt to move health professionals beyond more traditional and well worn medicalised approaches to patient communication and to accommodate the individualised, information, emotional support and practical strategies patients are often searching for.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### WS1-7

#### DEALING WITH THE PATIENT AND PARTNER SEXUAL ASPECTS OF FEAR, MOURNING, DESPAIR AND EMOTIONAL SEPARATION

*Doreen Akkerman*

A cancer diagnosis often brings with it anticipatory grief and loss which results in anxiety, despair and emotional chaos. Brief periods of respite during the treatment phase may exacerbate the impact of emotional separation on the relationship. When the sick partner is fragile, difficulties often arise if the well partner has sexual needs, often for comfort and reassurance and the sick partner is unable to adapt their sexual activities to meet this need without increasing their discomfort. After a patient has died, often the result of deep grief is that the remaining partner experiences a greatly increased need for sex and comfort, resulting in sexual thoughts, masturbation and fantasies about people they meet during their daily activities.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### WS1-8

#### THE ROLE OF ONCOSEXOLOGY IN THE ONCOLOGY UNIT

*Woet L Gianotten*

Cancer and its treatment can negatively influence sexuality and intimacy. Between 35-50% of cancer patients and couples suffer for an extended period or even permanently. Australia has 240.000-340.000 suffering survivors; Indonesia 2.9-4.200.000; Japan 1.5-2.200.000; USA 3.4-4.900.000 and EC 5.2-7.500.000. The birth of oncosexology started with the awareness of 3 additional facts. 1. The average patient is scared to bring up those problems. 2. The average oncologist is afraid of talking sex. 3. The average sexologist is scared of dealing with cancer. It is paramount that oncologists and patients receive education towards more openness regarding sexuality and intimacy. That is one of the tasks of oncosexology and of ISSC. Towards sexology the task is different. Oncosexology is a cancer-related subdivision of sexology, dealing with sexual rehabilitation and sometimes sexual care only. This specialisation needs additional knowledge, additional skills and a different attitude. Extra knowledge should include awareness of the sexual consequences of cancer and its interventions; knowledge of emotional and intimacy consequences; and knowledge of the typical sexological treatment modalities. Extra skills are needed to deal with mourning, pain and fear; to work with couples under severe stress; to deal with fertility- and hormonal problems; to handle the medical and paramedical surrounding of tertiary care; to creatively deal with the physical, emotional and couple impairments; and to adapt to new tricks and aids. The adapted, different attitude for oncosexology involves: not being afraid for cancer, pain and death; accepting that sexuality can continue till the very end; being able to deal with progressive problems and accordingly change from cure to care. Cancer survivors with sexual impairment

deserve good care. Since neither oncology nor common sexology is sufficiently competent to offer this care new arrangements must be developed. Oncology institutions should generate permanent appointments for oncosexology. And sexology should prepare itself for this challenge!

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### WS2

#### SEEING BENEATH THE SEXUAL DESIRE DISORDERS BY UNDERSTANDING THE NATURE OF SEXUAL DESIRE AND PSYCHOLOGICAL INTIMACY

*Stephen Levine*

The concept of disorders of sexual desire appeared in psychiatric nomenclature only in the early 1980's. After 25 years of trying to determine their origin and treatment, we have learned that they arise in a diverse set of circumstances and that they do not yield to any one specific biological, psychological, or interpersonal therapy. In the rush to effectively treat people with these problems with behavioral treatments or pharmacological therapy, the field often overlooks the fundamental nature of sexual desire and its relationship to psychological intimacy. This three-hour workshop will begin by defining sexual desire; describe in detail its three elements-drive, motivation, and values; characterize male and female differences; and discuss the ordinary, normal fluctuation of its intensities as it relates to age, health, and relationship status. The second hour of the workshop will define the speaker and listener roles that need to be fulfilled in order to attain this transient simultaneous pleasure of connection. This is vital because the most reliable aphrodisiac has proven to be psychological intimacy. Understanding the basic aspects of desire and psychological intimacy helps therapists to understand what has gone wrong in the lives of many couples with sexual desire disorders and creates clarity about what role the therapist has to play in the lives of individuals and couples in order to allow the natural processes of desire to return to peoples lives. The last portion of the workshop will employ a discussion period to integrate the concepts of desire and intimacy with therapy interventions. Sexual Desire Disorders as a diagnostic entity is 30 years old. As pharmaceutical companies now search for a medication for the problem in women, clinicians continue to try to understand, decode, and assist men, women, and couples with this common complaint. Clinicians do understand much about these problems. Our ability to help often rests on our understanding of the forces that combine to create sexual desire and our facility with helping individual patients and couples to reestablish psychological intimacy in their lives. This presentation will explore the nature of ordinary sexual desire. It will define drive, motivation, and explain how the cultural component of desire-values create or dampen motivation through the the person's hidden questioning of sexual behaviors normality and morality. The effects of social circumstances, health, age, and gender will be delineated. The workshop will describe the characteristics of good speakers and good listeners on the way to defining what psychological intimacy is and how it is gained and lost repeatedly in the context of



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long term relationships. Psychological intimacy is the best known aphrodisiac—that is, it stimulates sexual desire in both sexes. The disorders of sexual desire quickly lose much of their mystery when the fundamental nature of sexual desire and psychological intimacy are revealed. Clinicians who understand the relationship between intimacy and desire and how these evolve during relationships can benefit patients, remain realistically resilient from psychotherapeutic nihilism, and not lose their balance when, and if, a medication is found that enhances sexual drive in men or women.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS3** **WORKING WITH DIVERSITY; WITH A FOCUS ON MIDDLE-EASTERN / MUSLIM CLIENTS**

*Nasserzadeh Sara*

In the last decade, there has been a considerable wave of immigration from Middle Eastern countries to Western Europe and Northern American countries. The differences which exist in social norms and politico-legal systems of the Middle Eastern countries and the destination countries have resulted in major controversies, which in turn create substantial challenges for sexual health professionals. Among them, we can name resistance to new social norms related to sexuality, different attitudes towards sex and relationship education and therapy. On the other hand, sexual health professionals tend to have assumptions about Middle-eastern clients, the dynamic of their relationship and their presenting sexual problems; which might cause them difficulty in addressing certain issues and offering an effective treatment plan that can also add to the complexity of the situation. This is mostly due to a biased representation of Middle-eastern countries in the media. This interactive workshop will focus on two aspects: -Sexual health professionals stance when working with people from Middle-east (self development): This part will cover topics such as knowing where we are, stigmas attached to this group of clients, myths, role of supervision, most common sexual problems among this group. Practical issues in working with individuals and couples from this group (practical tips for therapy): possible physical differences, myths, therapeutic alliance, importance of sex education and learning methods with this group, bigger picture. The workshop will conclude with some practical tips to overcome blocks, how to discuss controversial topics (e.g. masturbation, same sex relationship) and will present important points that might come to help from Islamic literature and laws.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS4** **SEX COACHING FOR PRIMARY CARE PHYSICIANS: PRINCIPLES AND PRACTICAL TOOLS FOR TURNING YOU INTO A PROFESSIONAL TRAINER OF PCPS IN YOUR COUNTRY**

*Gila Bronner*

Primary care physicians (PCPs) need tools for an efficient sexual communication to enable them integrate short-term intervention in sex therapy and pharmacotherapy into their routine office practice. This workshop utilizes the experience gained by a sex therapist working with approximately 1850 primary care physicians in the promotion of sexual health of their patients. Based on this experience, a multi phase training module was developed and used to train the physicians. Objectives: The workshop aims to: 1. Present the training module. 2. Demonstrate some of the common barriers to open communication between the physician and the patient. 3. Offer practical solutions to bridge the gap between the paradigm of good sex therapy and the limitation of the clinical encounter. 4. Understand the process of working with PCPs. Session outline and Methodology: The facilitator will present the development of the module and its rationale, including description of the training experience. The participants in this workshop will have an experiential component in which they will be asked to analyze cases of male and female sexual dysfunction and issues representing dilemmas from the physician office. Some participants will be asked to play the role of physician and patients discussion. The workshop will end with a debriefing component in which participants will be asked to reflect on the possible utilization of the module, recommend adaptive changes to their cultural needs and evaluate the workshop. Relevance of this issue: Many PCPs lack formal education in the diagnosis and management of sexual problems, yet patients with concerns about sex visit PCPs regularly. Since the entry of PDE5- inhibitors to the market, the demand for sex counseling increased. Lectures on pharmacotherapy and sex therapy resulted in increased knowledge, but left the physician distressed due to lack of appropriate skills and openness needed to facilitate a discussion on sexual problems. The distress augments due to time constraints. The module offered in this workshop will demonstrate how to cope with these problems.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **WS5** **ASSESSING, TREATING AND RESEARCHING SEX OFFENDERS AND PARAPHILICS**

*Ron Langevin*

The aim of this workshop is to provide up-to-date findings on sex offenders and paraphilics and to present directions, issues, and problems in conducting assessments, treatment, and research in the area, and for testifying in court. Sexological, psychological, and biological factors that are significant in the etiology and maintenance of sexual behavior are discussed. Specific topics include sexual history and preferences, substance abuse, personality and mental illness, criminal history and violence, brain damage and cogni-



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tive impairment, hormonal abnormalities, and risk assessment. Commonly used measures such as phallometric testing, sex history questionnaires, among others, are examined with recommendations for tests to include in assessment, treatment, or research batteries. Among the findings that will be examined are: 1. Sexual disorders are typically multifaceted in nature, but there is order among them; there are significant clinical and criminologic differences between child pornography users and producers, 2. Alcoholism is a very common and significant factor in maintaining sexually deviant behavior and it may play a role in the genesis of this behavior, 3. ADHD is over-represented among sex offenders and may be more common among men labeled dangerous sex offenders; learning disabilities are far more common among sex offenders than is discussed in the literature and major brain damage and dysfunction occur in at least one-in-five sex offenders, 4. Endocrine disorders, such as diabetes and sex hormone abnormalities, apparently play a minor role in sexual disorders in general, but may be important in aggressive and impulsive behavior, 5. New strategies are needed for treating sex offenders who, for the most part, avoid treatment; and actuarial risk assessments should be used in conjunction with clinical judgment, not in place of it.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### SS2-1

#### **THE IMPACT OF DECRIMINALIZATION OF THE SEX INDUSTRY ON NEW ZEALAND SEX WORKERS: SOME EARLY OBSERVATIONS ON HEALTH AND SAFETY WITHIN WORK ENVIRONMENTS.**

*Gillian Abel*

In June 2003, New Zealand decriminalised sex work through the Prostitution Reform Act (PRA). This legislation, while not endorsing or morally sanctioning prostitution or its use, enables sex workers to operate in a work place where they have rights including occupational health and safety rights. In many countries, including New Zealand, harm minimisation is the predominant philosophy underpinning HIV/AIDS and STI control and informs public health policy. The priority has been to reduce disease transmission through advice on safer sexual practices and to help in the implementation of such practices. Public health workers have recently been challenged to take a more holistic approach to health promotion for sex workers. As well as HIV and other STIs, occupational health and safety issues, which include sexual and physical violence and coercion, are major health and safety concerns for sex workers and thus the protection of sex workers human rights needs to also be addressed for successful harm minimisation. There is a paucity of research on decriminalisation and the relationship between laws and the social setting in which these laws emerge, are interpreted and take form, and the effects of the New Zealand reforms on the working lives of sex workers remains to be seen. New Zealand is now in a unique position to assess whether decriminalisation is indeed an effective harm minimisation strategy. This presentation will provide some early observations of the impact of law reform on the health and safety of sex workers in their work-

places. A community-based participatory study is being carried out by researchers at the University of Otago, in partnership with the New Zealand Prostitutes Collective. This involves a survey of up to 1,000 sex workers in New Zealand and in-depth interviews with 60 sex workers. The findings of the study will inform a formal evaluation of the Act.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### SS2-2

#### **HAS DECRIMINALIZATION IMPACTED ON THE NON-WORK CONTEXTS OF SEX WORKERS LIVES? A PRELIMINARY ANALYSIS OF IN-DEPTH INTERVIEWS WITH NEW ZEALAND SEX WORKERS**

*Lisa Fitzgerald*

Public health professionals have long advocated for the decriminalization of the sex industry for the protection and promotion of sex workers health and well-being. In June 2003, the sex industry in New Zealand was decriminalized through the enactment of the Prostitution Reform Act. The Prostitution Reform Act repealed all laws associated with prostitution and recognised that sex workers were entitled to the same rights and privileges accorded to any other occupational group. But what has been the impact of decriminalization on sex workers' everyday lives? Has decriminalization promoted sex workers health and wellbeing both in their work and non-work contexts? This paper draws on preliminary findings from the qualitative phase of a three year, multi-site project that is examining the impact of the Prostitution Reform Act on the health and safety practices of sex workers. The qualitative phase of this project has involved in-depth interviews with 60 sex workers across sex work sectors and different regions of New Zealand. This paper examines sex workers talk about decriminalization and the non-work contexts of their lives. Questions considered include: has decriminalization made any difference to sex workers out-of-work lives? What factors and strategies do sex workers draw on in the non-work contexts of their lives to maintain their health and well-being? This paper will highlight the diversity and complexities of sex workers lives. Sex work researchers are challenged to consider this complexity in both sex workers work and non-work contexts.

Conflict of Interest: None disclosed  
Financial Support/Funding: Health Research Council Of New Zealand

### SS2-4

#### **SEX INDUSTRY LEGISLATION AND ITS IMPACT ON SEX INDUSTRY CULTURE AND THE PRACTICES OF SEX WORKERS.**

*Janelle Fawkes*

Sex Industry legislation impacts directly on the culture of the sex industry and the work practices of sex workers. Poor policy results in individual sex workers forced to make decisions based on avoid-



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ing detection rather than placing their health and safety as first priorities. Equally taking steps to avoid stigma, discrimination, and the protection of the individual sex worker, their family and friends, outweighs a sex workers ability to report crime or discrimination. Legislation that enshrines Police as the regulators of the industry creates unnecessary and unacceptable opportunities for corruption. In the development of sex industry legislation the impacts referred to are more often ignored, overlooked or misinterpreted in the haste to ensure protection of sex workers or more often the general community. This paternalistic approach both singles out sex workers as separate/different to the general community, endorsing discrimination and creating new, policy determined impacts on sex workers lives and work. Sex workers own safer working strategies and mechanisms for self protection (and increased earning capacity) are often directly reduced by poorly informed laws. This may be seen by some as a secondary outcome however for sex workers these impacts are immediate and direct. Whilst acknowledging that these, often unintended outcomes, may not have been considered by policy makers, or may have been written into law as a political compromise in order to see other aspects of sex industry law adopted, this paper will cover direct sex work examples and question whether sex industry legislation developed without effective involvement of sex workers can meet expected outcomes. Consideration is given to how policy can provide incentive to participation by sex workers and reduce the likelihood of negatively effecting important sex work cultural and historic safer working practices.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **SS2-5** **NARRATIVES OF SELF, IDENTITY AND SEXUALITY: LESSONS FROM THE MARGINS**

*Michelle Bass*

Introduction: Taking the view that sexuality is “a connecting point between body, social identity and norms” (Giddens 1992: 15), we examine the narratives of people who work in the sex industry (PWSI) in one region of Canada to unpack how they position themselves vis-a-vis dominant discourses about them. This study has two objectives: 1) Critically examine the tensions between culture, identity construction, sexuality and power-relations; 2) Examine how PWSI subjective experiences have been shaped and constrained by dominant cultural scripts and to explore how they construct their agency and negotiate their way around them. We locate the sex industry in the shadow economy and embedded within a context of social exclusion, discrimination, and ambiguous legal status. We analyze the implicit and explicit messages underlying their narratives to gain an understanding of how notions of self, identity, sexuality and intimate relationships are linguistically and culturally structured (Crossley 2000:527). Methodology: This study is part of a larger longitudinal mix-methods study funded by the Canadian Institutes of Health Research. This paper draws upon the qualitative interview data of 120 participants (PWSI). We ana-

lyze the transcribed interview data to focusing on questions related to their biographical histories, motivations for entering the sex industry and impact of their work-relations on their lives. Using techniques of narrative analysis (content and structural analysis of linguistic forms) we unpack these narratives to gain an understanding of their identity work and strategies they employ to counter dominant ideas about gender, sexuality and intimacy. Results: Preliminary results reveal that PWSI critically assess the benefits and costs of working in the sex industry and engage in a number of strategies to counter their outsider status. However, cultural scripts run deep and constructing a progressive narrative is problematic.

Conflict of Interest: None disclosed  
Financial Support/Funding: Canadian Institute Of Health Research

### **SS2-6** **WHAT PREDICTS JOB SATISFACTION AMONG FEMALE SEX WORKERS? A STUDY FROM QUEENSLAND, AUSTRALIA.**

*Charlotte Woodward*

Objectives: For many occupations, much has been learned about the effects of work and the workplace on job satisfaction and employment-related stress. However, there is an absence of research exploring the determinants of job satisfaction among sex workers. This paper examines predictors of job satisfaction among female sex workers engaged in brothels, private situations or street-based work. Methods: A convenience sample included 247 female sex workers (aged 18 to 57 years) working throughout Queensland, Australia. This included workers from legal brothels (n=102), private sole-operators (n=103) and illegal street-based sex workers (n=42). Results: The average age was 32 years, with most participants born either in Australia or New Zealand. One in five women had completed a bachelor degree or higher. Overall, the sex workers reported roughly equivalent job satisfaction to Australian women (Baxter et al. 1996). A desire to leave the sex industry was most strongly correlated with reduced job satisfaction ( $p < 0.01$ ). Satisfaction was also relatively low among those whose family was not aware of their sex work ( $p < 0.01$ ). Average job satisfaction scores for private sex workers were 64 (95% CI 60, 68), compared with 59 (95% CI 55, 63) for legal brothel workers, and 55 (95% CI 49, 62) for those working illegally ( $p = 0.03$ ). Conclusions: Analysis suggests a complex interaction between variables contributing to job satisfaction. In general, it appears that the majority of sex workers enjoyed at least as much job satisfaction as women working in other occupations. Varying levels of job satisfaction in different sectors of the sex industry will be discussed in relation to characteristics of the workplace and the associated hazards, especially risk of violence.

Conflict of Interest: None disclosed  
Financial Support/Funding: Prostitution Licensing Authority



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### SS2-7

#### THE IMPACT OF STIGMA ON HEALTH AND SOCIAL CARE CONTEXTS: CLIENT AND PROVIDER PERSPECTIVES

*Rachel Phillips, Leah Shumka*

**Introduction:** It is widely acknowledged that stigma affects both the health and health care access of persons working in the sex industry (PWSI). However, in his highly influential work on stigma, Goffman (1963) also suggested that stigma affects those who are in close contact with stigmatized populations, a lesser discussed phenomenon referred to in the literature as “courtesy stigma” or “stigma by association”. **Method and Objective:** This paper draws on ethnographic data to examine the extent and impact of courtesy stigma experienced by frontline service providers working in a community-based organization serving PWSI. **Results and Conclusions:** The data demonstrate that courtesy stigma operates through both structural and psychosocial means to impact the peer-based service environment, day-to-day work practices, and mental health of service providers. However, much like primary stigma, courtesy stigma is not universally felt by service providers but rather varies depending on their educational attainment, social support and other assets. The implications of these findings are considered with regards to the broader issue of health care delivery to vulnerable populations such as persons working in the sex industry.

Conflict of Interest: None disclosed

Financial Support/Funding: Prostitution Licensing Authority

### SS3-3

#### ESTIMATIONS SUBJECTIVES DE LA TAILLE DU PÉNIS : DIFFÉRENCES ENTRE LES GENRES

*Alain Giami*

Le Rapport sur le Comportement Sexuel des Français réalisé en 1970 en France sous la direction du Dr. Pierre Simon avait inclus une question, posée aux hommes et aux femmes, concernant la taille du pénis. Or de façon intéressante, les résultats de l'enquête font apparaître une très forte proportion de femmes qui n'ont pas répondu à cette question ou ont répondu, “je ne sais pas”. Ces résultats contrastent très fortement avec les réponses des hommes qui ont été en majorité très précises. La possibilité de répondre “je ne sais pas” à cette question a permis aux femmes d'exprimer un message qui mérite d'être interprété avec prudence. La question de la taille du pénis ne concernerait-elle pas les femmes ? La communication vise à présenter les principaux résultats de cette enquête à les comparer avec d'autres enquêtes sur ce thème et à en proposer une interprétation cohérente.

Conflict of Interest: None disclosed

Financial Support/Funding: Prostitution Licensing Authority

### SS3-5

#### QUE SAIT ON AUJOURD'HUI DES DYSMORPHOPHOBIES DU PETIT PÉNIS ?

*Assalian, Pierre*

Le “trouble : peur d'une dysmorphie corporelle” fait partie des troubles somatoformes : plaintes somatique qui ne peut être expliquée par une maladie physique ou un mécanisme physiopathologique connu. La classification américaine abandonnera le terme pour Body Dysmorphic Disorder. Toutes les parties du corps peuvent être impliquées incluant le Pénis. Le malade passe des heures à se préoccuper de son défaut. Le patient peut souffrir aussi de dépression, TOC, phobie sociale et trouble de l'identité sexuelle. La cause peut être une faible estime de soi. La structure familiale est composée d'un père ayant une place médiocre et dévalorisée. La mère développe des craintes exagérées surtout vis-à-vis de la virilité du garçon. Possible hypothèse biologique : rare dérégulation serotoninergique. Le traitement constitue à améliorer le fonctionnement global, l'estime de soi et réduire l'anxiété. Une thérapie cognitive-comportementale associée à un ISRS est recommandée.

Conflict of Interest: None disclosed

Financial Support/Funding: Prostitution Licensing Authority

### SS3-6

#### DÉBAT : LA TAILLE DU PÉNIS EST ELLE IMPORTANTE POUR LA FEMME ? (OUI)

*Nicole Arnaud-Beauchamp, Michelle Pujos*

In a 2005 UCLA study, 85% of women said they were very satisfied with their romantic partners size, but 45% of men responded they would prefer their penis size increased and 84% of respondents rated their penis size as average to above average. Penis size is of great concern to many people: some consider having a large penis a mark of masculinity; others are concerned that their penis is too small to satisfy their sexual partner(s). Relying on self-reporting of penis size is problematic, since some patients exaggerate or are unable or unwilling to measure the penis correctly. **Importance for women:** No: the most sensitive area of the vagina is the section closest to the outside of a woman's body, which is roughly 10 centimeters in length. Given that the average penis size is above this length, most men should be able to easily reach and stimulate these erotic nerve endings. In an other hand, for many women the efficacy of preliminary period is more important than the penis size itself. **Yes:** some women have reported enjoying stimulation of the cervix, although this may be confused with the anterior fornix or posterior fornix. Sexual pleasure for women is more a question of pressure than a question of movement. Finally: no matter the size of a man's penis it takes a level of skill to stimulate the anterior fornix. The man with a shorter penis may also be able to stimulate the anterior fornix using some advantageous positions which shorten the distance to the uterus. Women have confirmed in surveys the primary focus of the clitoris in sexual stimulation. Nevertheless, considerable percentage of women attached substantial importance to the size of male sexual organ, independently of actual physiological sexual response.

Conflict of Interest: None disclosed

Financial Support/Funding: Prostitution Licensing Authority



### SS3-7

#### BILAN 2007 DES CHIRURGIES DAUGMENTATION DU PÉNIS

Faix, Antoine

De nombreuses études épidémiologiques le montrent depuis plusieurs années, les hommes et particulièrement les adolescents trouvent leur verge trop...petite dans 65,7 %(1), et les demandes de plasties de la verge augmentent, alimentées par les médias avec une surestimation de la taille normale. Dans une grande étude italienne (2) sur 3300 patients, la taille moyenne de la verge était de 9 cm au repos et 12,5 cm en traction maximale.

Mais où en est-on en 2007 dans la prise en charge ? Sur le plan de l'évaluation psychologique, toujours pas de grille d'évaluation validée (3) ; sur le plan de l'indication anatomique, Wessels et Lue en 1996 (4) avaient posé comme indication potentielle de la chirurgie une longueur inférieure à 4 cm au repos et 7,5 cm en érection, critères qui peuvent paraître restrictifs mais toujours non rediscutés à l'heure actuelle. Quant aux techniques utilisées, la plastie d'allongement de la verge consiste toujours dans la section du ligament suspenseur mais avec éventuellement un artifice technique de lambeau pour éviter la perte du résultat (5) ; la plastie d'élargissement suscite par contre toujours beaucoup d'innovation avec un lambeau circonflexe iliaque interne sous le peau du dartos (6), ou alors un lambeau entre la peau du dartos et le fascia de Buck utilisant une culture cellulaire autologue (7), ou une matrice acellulaire dermique (8). Quant à l'évaluation des résultats, tant sur le plan anatomique que psychologique, les études de satisfaction sont toujours rares et la plus grande prudence s'impose car les résultats peuvent être discordants (9,10). La chirurgie de la verge en 2007 reste donc, encore et toujours, un challenge pour le chirurgien mais aussi pour le sexologue.

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Conflict of Interest: None disclosed

Financial Support/Funding: Prostitution Licensing Authority

### SS5-1

#### SEXOLOGISTS FACING THE SEXUAL COMPLAINTS OF PATIENTS LIVING WITH HIV

Thierry Troussier, Catherine Tourette-Turgis

Recent epidemiological data and behavioural data from the VESPA/ANRS survey and the "sex-drive" conducted by the Psychosocial Research Institute (IPSR) shows the urgent need for care for the emotional and sexual quality of life, and from a public health point of view, how important it is to reduce the amount of sexual transmission of the virus. Indeed, 60% of HIV-positive people report that they continue to have sexual intercourse. Amongst

HIV-positive women, 42% state that they have unprotected sex with their regular partner and 29% have unprotected sex with occasional partners. Forty percent of men having sexual relations with other men report unprotected sex with a regular partner and 23% report unprotected sex with casual partners. In other words, all sexual relations, whether they be with regular partners or not, are potentially at risk, depending on the context. Being HIV-positive is experienced as a limitation on sexuality that the people concerned never fully overcome. As we can see in the data on the subject of sexology consultations for people living with HIV, HIV infection has a detrimental effect on one's erotic and emotional potential. A sexual complaint or repeated breakdowns in preventive behaviour can in some cases require the intervention of a sexologist to support and guide an analysis of the individual's intimate feelings and modesty in the face of HIV infection; an analysis that should include aspects of pleasure, desire and eroticism. Promoting less risky behaviour for all HIV-infected patients who have sexual intercourse with new partners, and for their partners requires the sexologist not only to carefully listen to what the patient has to say and try to understand his needs, but also to compare his own practice of sexology with the image that the patient has of HIV and AIDS and its impact on his sexuality. Many people who have to live with HIV (40% of them) need support in order to recover a meaningful emotional and sex life. The sexologist can be the one to carry the lantern showing the way from a world where HIV is a heavy burden in terms of the symbols it represents in the patient's intimate life, into a world where erotic behaviour can combine pleasure, desire, self-esteem and love for others.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### SS5-2

#### IMPACT OF DEPRESSION ON SEXUAL ACTIVITY AND RISK TAKING AMONG FRENCH GAY MEN SEEKING SEX ON INTERNET

John B F De Wit, Adam C.G. Philippe, Céline Paolucci, Thierry Troussier

Objectives: The objective of this study was to analyse how depression influences sexual desires and activities of gay men to understand the co-occurrence of depressed mood, high sex drive and unprotected anal intercourse with casual partners (UAIC) among some individuals. Methods: In 2004, French gay men visiting a major gay Internet site participated in an online survey assessing serological status, numbers of casual partners, sex drive and control over sex drive, UAIC, depression and its impact on sexual desire. Results: 1932 men who had casual partners in the previous year were included in the analysis. HIV-negative men on average had 22 casual partners per annum, and 28% reported UAIC. Insertive UAIC was practised with 4.5 partners, and receptive UAIC with 4 partners. Sexual activity and risk-taking were substantially higher for HIV-positive men (M=46 partners, 58% UAIC), and HIV+ men had UAIC with more partners (insertive M=20, receptive M=22). Whereas depression lowered sexual desire among most gay men, a minority of men (22%) experienced the reverse effect. HIV+ men more often reported that depression strongly increased their sexual



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desires. These depressive sexual urges were found to increase sexual activity and reduce mens control over their sex drive. The combined effects of depressed sexual urges, high level of sex-drive, and low control over sex-drive, explained 34% of the variance in risk behaviour in HIV-negative men and 56% of the variance in risk behaviour in HIV-positive men. Discussion: In some gay men, especially those who are HIV-positive, sexual activity seems to be seems to be used to cope with depressive moods. Sexual coping however significantly increases exposures to risk because it may result in sexual compulsivity and reduces the amount of control individuals have over their sex-drive. Tackling the issue of mental health amongst gay men is therefore an important challenge for the prevention of HIV.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### SS5-3

#### PROFESSIONAL STRAIN OF GENERAL PRACTITIONERS TOWARDS SEXUALITY

*Alain Giami*

**INTRODUCTION & OBJECTIVES** The project aimed at describing and analyzing General Practitioners representations and professional practices regarding sexual and reproductive health problems including, contraception, abortion, HIV infection, STI's and sexual dysfunction, which are usually considered as major dimensions of sexual health. **METHODS** A qualitative study among GP's working in the Paris region, Angers, and Normandy was conducted in 2004. Thirty-five in depth interviews were collected in GP's consultories (20 men and 15 women). Each interview lasted about one hour. Interviews were transcribed and systematic content analysis was performed on the narrative. **RESULTS** The majority of the GP's who were interviewed consider that sexual health is an important issue per se, but occupies little time in relation to other general health problems. Sexuality problems appear sometimes when the client expresses a general distress and symptoms of depression (females). Sexual health is mainly treated when the GPs deal with reproductive issues (contraception and gynecologic issues) or HIV and STI. GP's are confronted to different problems: on one side they have no received the technical training that would help respond efficiently to these medical issues, and on the other side they feel rather uncomfortable communicating on sexual issues. Male and female GP's appeared reluctant to deal sexual issues and problems, when the patient is of the opposite gender. **CONCLUSION** A gender dimension underlying primary care medical practice in sexual health was clearly identified. Male GP's feel uncomfortable with the potential risk of the erotisation of the doctor-patient relationship and the risk of being accused of sexual abuse, whereas female GP's fear to be the victims of potential sexual harassment. Training of GP's in sexual health should focus much more on communication issues in order to help GP's to manage interpersonal difficulties arising from the physician-patient relationship.

Conflict of Interest: None disclosed  
Financial Support/Funding: Anrs : Agence Nationale De Recherche Sur Le Sida (French National Institute Of Hiv-Aids).  
Inserm : Institut National De La Santé Et De La Recherche Médicale (National Institute Of Health And Medical Research).

### SPECIAL SCREENING

#### THE MAKING OF A SEX ICONOGRAPHY: XAVIERA HOLLANDER

*Patti Britton, Robert E Dunlap*

This 90-minute presentation shows the new documentary: "Xaveria Hollander: The Happy Hooker"-the life story of the worlds most famous madam, her influence on sexual/social trends since the 1970s, her evolution as a sexual icon, and her present contributions to the arts. This is a rare opportunity to view footage of an award-winning, internationally acclaimed documentary, by two seminal producers of cutting-edge media in the broad field of sexology. From her beginnings, as a Dutch girl raised in horrid conditions in a concentration camp, she rose to become a notorious prostitute and author of one of the best-selling books of all times, whose fame lasts even to this day. This documentary not only touches on the elements that produced such a sexual icon as the "Happy Hooker", but illustrates the sexual/sociological forces that were counterbalances against the rise in public recognition of her massive influence. You will learn how this movie is constructed, the reasons for her transformation into a world renowned sex worker, her role a sexual revolutionary, as a prolific author, and her contribution to our greater understanding about what sex-and she herself-are really all about. There will be a question/answer period at the conclusion of the producers remarks and the showing of this documentary.

Conflict of Interest: None disclosed  
Financial Support/Funding: Anrs : Agence Nationale De Recherche Sur Le Sida (French National Institute Of Hiv-Aids).  
Inserm : Institut National De La Santé Et De La Recherche Médicale (National Institute Of Health And Medical Research).

### O1-1

#### A RANDOMIZED, DOUBLE-BLIND, PLACEBO-CONTROLLED, CROSS-OVER STUDY TO ASSESS THE EFFICACY OF TADALAFIL (CIALIS®) IN THE TREATMENT OF ERECTILE DYSFUNCTION AFTER EXTERNAL-BEAM RADIOTHERAPY FOR PROSTATIC CANCER

*Luca Incrocci, Cleo Slagter, A Koos Slob, Wim CJ Hop*

**Introduction and Objectives:** Erectile dysfunction after external-beam radiotherapy (EBRT) for prostatic cancer is reported in up to 64%. The purpose of this study was to determine the efficacy of tadalafil in patients with erectile dysfunction after EBRT. **Methods:** 358 patients who completed radiotherapy at least 12 months prior to the study were approached by mail. Sixty patients were included and entered a double-blind, placebo-controlled, cross-over study lasting 12 weeks. They received 20 mg of tadalafil or placebo for 6 weeks. Drug or placebo was taken on demand at patients discretion, with no restrictions regarding the consumption of alcohol or food, at least once a week and no more than once daily. At 6 weeks patients crossed over to the alternative treatment. Data were collected using the Sexual Encounter Profile and the International Index of Erectile Function (IIEF) questionnaires. Side-effects were also recorded. Comparison between tadalafil scores and placebo





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scores was done using Wilcoxon's matched pairs test. For within- and between-group comparison of percentages, McNemar's test and Fisher's exact test were used, respectively. Results: Mean age at study entry was 69 years. All patients completed the study. There was a significant increase in mean scores from baseline with tadalafil, but not with placebo. For all the IIEF domains there was a statistically significant difference between tadalafil and placebo. Sixty-seven percent of the patients reported an improvement of erectile function with tadalafil (placebo: 20%) and 48% reported successful intercourse with tadalafil (placebo: 9%). Side effects were mild or moderate. Except for headache, flushing and dyspepsia, all other reported adverse events did not differ significantly between the two treatments. Conclusions: Tadalafil is an effective treatment for erectile dysfunction after EBRT for prostatic cancer with successful intercourse reported in almost 50% of the patients, and is well tolerated.

Conflict of Interest: None disclosed

Financial Support/Funding: Eli Lilly Provided Drug And Placebo

### O1-2

#### **EFFECT OF 6 MONTHS TADALAFIL TREATMENT FOR ERECTILE DYSFUNCTION ON COUPLE RELATIONSHIPS: RESULTS FROM THE DETECT STUDY**

*Benny Verheyden, Thierry Roumeguère, A. Bitton, M. Belger*

Introduction and objectives: Erectile Dysfunction (ED) affects couple relationships. Effect of tadalafil treatment is investigated. Methods: The DETECT study is a prospective 12 month European multi-centre observational study in patients with erectile dysfunction initiating or changing treatment to tadalafil. 236 sites from 8 countries enrolled 1900 eligible patients. Data were available from 1716 (90%) and 1582 (83%) patients after 1 and 6 months. At 6 months, 1406 patients were still taking tadalafil and 97% had a partner. At each visit patients with a partner were asked if they considered there were problems (unspecified) in their relationship. This analysis considers the response to this question for those who continued tadalafil treatment for 6 months. Results: Of the 19% with relationship problems at baseline, 9% still reported problems after one month and 6% after 6 months. A multivariate analysis was carried out to identify factors statistically associated with improvement in relationships, as baseline ED severity/etiology, number of sexual attempts, age, comorbidities and 6 months outcomes as change in ED severity and sexual attempts, patient satisfaction. Analysis indicated that higher levels of satisfaction with treatment (ED Inventory of Treatment Satisfaction, EDITS score) at 6 months ( $p < 0.0001$ ) and no depression at baseline ( $p = 0.03$ ) were associated with improvement in relationships. 2% of patients developed new problems after one month treatment and 3% at 6 months. Conclusions: In men with ED, therapy with tadalafil improved perceived problems in relationship and this was linked to satisfaction with treatment, suggesting that problems were associated with ED.

Conflict of Interest: None disclosed

Financial Support/Funding: Eli Lilly

### O1-3

#### **A COMPARISON OF VARDENAFIL AND SILDENAFIL: DIARY-RECORDED OUTCOMES IN MEN WITH ERECTILE DYSFUNCTION AND CARDIOVASCULAR RISK FACTORS**

*E. Rubio-Aurioles, Hartmut Porst, Ian Eardley, Irwin Goldstein for for the Vardenafil-Sildenafil comparator study group*

Objective: To compare diary-recorded outcomes with vardenafil versus sildenafil, in men with erectile dysfunction. Design and Methods: This was a prospective pooled analysis of two randomised, double-blind, crossover studies, one performed in the USA and one in Europe and Mexico. Both studies comprised two 4-week periods of treatment with either vardenafil 20 mg or sildenafil 100 mg, separated by a 1-week washout period. Study participants were men aged  $\geq 18$  years with ED for  $> 6$  months according to NIH criteria and risk factors for cardiovascular disease (diabetes mellitus, hypertension and/or hyperlipidaemia). All participants also had to be in a stable, heterosexual relationship ( $> 6$  months). The primary endpoint of the study was treatment preference. Twelve diary questions were also answered during the study, including the Sexual Encounter Profile (SEP) questions 2 and 3. Results: A total of 1,057 men were randomised to treatment. Of 12 diary questions, 9 indicated a better response to vardenafil treatment versus sildenafil (nominal significance,  $p < 0.05$ ). These were: SEP2 (LS mean positive response with vardenafil: 83.9%, compared with 82.3% for sildenafil); SEP3 (74.4% vs 71.6%); satisfied with hardness (55.7% vs 52.7%); satisfied with sexual experience (64.9% vs 61.0%); how hard was erection (LS mean score with vardenafil: 2.18, compared with 2.13 for sildenafil); maintain erection (3.11 vs 3.02); erection stayed hard (3.33 vs 3.24); satisfied with length (3.37 vs 3.27); and satisfied with girth (3.36 vs 3.27). The remaining 3 questions showed a trend in favour of vardenafil (some erection, ejaculate, and satisfied with sensitivity). Conclusion: Diary-recorded outcomes demonstrated that vardenafil was superior to sildenafil (nominal significance) in 9/12 questions, including SEP2 and SEP3, satisfaction with sexual experience, erection hardness and maintenance of erection.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O1-4

#### **A COMPARISON OF VARDENAFIL AND SILDENAFIL: TREATMENT SATISFACTION AMONG MEN WITH ERECTILE DYSFUNCTION AND CARDIOVASCULAR RISK FACTORS, AND THEIR PARTNERS**

*E. Rubio-Aurioles, Hartmut Porst, Ian Eardley, Irwin Goldstein for for the Vardenafil-Sildenafil comparator study group*

Objective: This prospective pooled analysis of two studies (one US and one European/Mexican) was performed to compare treatment satisfaction with vardenafil versus sildenafil, among men with erectile dysfunction (ED) and their partners. Design and Methods: Men aged  $\geq 18$  years with ED for  $> 6$  months according to NIH criteria and risk factors for cardiovascular disease (diabetes mellitus,



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hypertension and/or hyperlipidaemia) were eligible to participate in the two randomised, double-blind crossover studies. All participants had to be in a stable, heterosexual relationship for more than the last 6 months. After screening, patients were randomised to receive vardenafil 20 mg or sildenafil 100 mg for 4 weeks, followed by 1 week of washout, then 4 weeks therapy with the second drug. The Treatment Satisfaction Scale (TSS) was completed by patients and their partners at the end of each treatment period. Results: A total of 1,057 men were randomised to treatment. After 4 weeks treatment, vardenafil was shown by LS mean scores to be superior (nominally significant) to sildenafil in 12/19 patient TSS questions ( $p < 0.05$ ; no questions showed significantly greater improvement with sildenafil). A numerical advantage with vardenafil was observed in 6 questions, while a numerical trend in favour of sildenafil was observed in 1 question. Partners TSS results showed equal LS mean scores for sexual desire, and a trend in favour of vardenafil in 14/18 questions. Vardenafil was superior to sildenafil (nominally significant) in the 3 questions relating to duration of erection, hardness of erection and sex when you felt like it. Conclusion: The TSS demonstrated superior satisfaction (nominally significant) among men treated with vardenafil versus sildenafil in 12/19 questions, and numerically higher satisfaction with vardenafil in all but one question. Among partners, the LS mean score with vardenafil was numerically higher than that with sildenafil in 17/18 questions.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O1-5** **THE REAL-LIFE SAFETY AND EFFICACY OF VARDE- NAFIL (REALISE) STUDY: FINDINGS FROM INDONESIA** *Nl Tobing, Arsyad KM, D Manuputty, H Lande, H Syarif*

Objectives: To determine the safety, efficacy and patient acceptance of vardenafil 5, 10 and 20 mg in real-life use. Design and Methods: A prospective, international post-marketing surveillance study evaluating the use of Levitra® (vardenafil) for erectile dysfunction (ED) in routine clinical practice is ongoing. Patients prescribed vardenafil are followed for a period of 2 months. Safety and efficacy are measured under daily life conditions, with data acquired by interviews. A separate evaluation of data collected by 669 physicians in Indonesia between October 2003 and April 2005 was performed. Results: Data were analyzed from 1,171 patients with a mean (SD) age of 51.9 (9.0) years. Vardenafil 10 mg was the most frequently used dose (73.2%). Overall tolerability was rated very satisfying/satisfying by 96.1% of patients. Erections improved in 96.8% of patients, and improvement occurred after the first (69.6%) or second tablet (88.2% cumulative) in the majority of cases. Among 530 pre-treated patients, 420 (79.2%) preferred vardenafil over their last ED treatment, including 302 out of 389 patients (77.6%) previously treated with sildenafil. Vardenafil was generally well tolerated. There were 32 patients (2.73%) with adverse drug reactions (ADRs). Headache (1.02%), flushing (0.94%) and rhinitis (0.51%) were the most frequently reported ADRs; all are symptoms associated with the pharmacological action of phosphodiesterase-type 5 inhibitors such as vardenafil.

Conclusions: Vardenafil showed very good safety and efficacy in this non-interventional study of 1,171 patients from Indonesia. These findings are consistent with data reported from other open-label studies with vardenafil.

Conflict of Interest: None disclosed  
Financial Support/Funding: Bayer Healthcare

### **O2-1** **HYPNOSIS IN THE TREATMENT OF VAGINISMUS AND VULVODYNIA**

*Janet M Hall*

This paper describes the use of hypnosis in the treatment of five cases of vaginismus and two cases of vulvadynia in a private psychology practice in Melbourne, Australia. The experience of physical pain during sex was noted to be associated with a range of psychological and relationship concerns that both impacted on the onset of the physiological problem and exacerbated its effects. Hypnosis was utilised as an integral component of a multi-faceted treatment program which also included counselling, cognitive-behaviour therapy and the inclusion of the sufferers partner in therapy as appropriate. It is suggested that hypnosis plays an important role in helping these women cope with a history of great distress, often compounded by medical misdiagnosis. In particular, it is used to affirm that pain during sex was never "something that was just in their head". Further, hypnosis can assist in programming a future of positive expectation of progress in overcoming the sexual pain and in eventually being able to enjoy the sexual pleasure that is a woman's birth-right.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O2-2** **VULVAR VIBRATION THERAPY FOR VULVODYNIA AND DYSPAREUNIA**

*Mary Ellen Wechter, Denniz Zolnoun, Sawsan As-Sanie, Georgine Lamvu*

Vulvar Vibration Therapy for Vulvadynia and Dyspareunia Mary Ellen Wechter, MD, MPH, Denniz Zolnoun, MD, MPH, Sawsan As-Sanie, MD, MPH, Georgine Lamvu, MD, MPH, John Steege, MD Objective: Vibration has been shown to reduce pain in certain chronic pain disorders. This study aimed to assess the acceptability and perceived effectiveness of self-administered Vulvar Vibration Therapy (VVT) as a novel treatment for vulvar pain or entry dyspareunia. Methods: This was an observational retrospective study of 49 consecutive women who used VVT for vulvar pain or entry dyspareunia between July 2004 and August 2005 at the University of North Carolina, Pelvic Pain Clinic. Participants completed a mailed questionnaire assessing the acceptability and perceived effectiveness of this novel therapy. Results: The questionnaire was sent to 69 eligible women. Among 52 responders, 49 provided data suitable for analysis. In general, participants were young (median 30 years old, range 19-68), white (86%), married (76%),



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and educated (86% with college degrees). Median duration of vulvodynia and dyspareunia was 2 and 3 years, respectively. Seventy-eight percent had previously failed at least one other treatment. Median treatment duration with VVT was five months (range 1-18) and was introduced after topical therapy, generally consisting of estrogen-containing ointments. Nearly half of our cohort reported pain during VVT and half found this treatment embarrassing. The majority (70%) of participants, however, found VVT useful in alleviating pain during intercourse. Over 80% reported overall satisfaction and willingness to refer patients with similar complaints. Ninety percent rated VVT as affordable and easy. No complications were noted. Conclusions: VVT is a novel treatment for both vulvodynia and entry dyspareunia which has provided subjective relief when other therapies failed. VVT is safe, inexpensive, and appears acceptable to the majority of patients. Further study is needed to better quantify response and investigate the potential mechanism(s) of action of VVT (e.g. anti-nociceptive properties of vibration).

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O2-3** **VULVODYNIA: DEVELOPMENT OF A PSYCHOSEXUAL PROFILE**

*Marek Jantos*

Introduction and objectives: Vulvodynia is the most common cause of female dyspareunia. The condition contributes to notable psychological distress, impairs the quality of personal relationships and impacts on sexual behaviour. The presentation will provide a psychosexual profile of vulvodynia patients focussing on age of onset, age distribution and analysis of the impact of vulvodynia on the emotional, social and sexual wellbeing of sufferers. Method: The psychosexual profile was developed via a retrospective review of 744 patients who provided written consent for their files to be used for research purposes. The study was approved by The University of Adelaide Human Research Ethics Committee. Results: The highest prevalence of vulvodynia in the study sample occurred before the age of 25 years, with 75% of the 744 patients being under the age of 34. A comparison of primary (early onset) and secondary (later onset) vulvodynia patients showed the average age of symptoms onset to be 19.1 years for primary cases and 25.0 years for secondary cases. There were significant differences between the two groups in duration of symptom onset; age of first sexual intercourse; and the number of sexual partners, even when controlling for age. Marriage provided an effective buffer against depression and anxiety. Conclusion: Vulvodynia can affect women in all age groups but appears to have the greatest impact on young women and couples in the formative stages of social and sexual relationships. Given the psychological distress associated with vulvodynia, it is essential for early diagnosis, and treatment needs to focus not only on the medical aspects but also on the psychosexual implications of this pain syndrome.

Conflict of Interest: None disclosed  
Financial Support/Funding: The University of Adelaide (Grant)

### **O2-4** **DYSPAREUNIA IN FEMALE PATIENTS WITH IRRITABLE BOWEL SYNDROME**

*Ramin Ghahramani, Elham Tavanayanfar*

Introduction – irritable bowel syndrome is the most common gastrointestinal disorder in gastrointestinal clinics. Extra gastrointestinal manifestations are common in irritable bowel syndrome. The aim of this study was to evaluate the prevalence of dyspareunia in irritable bowel syndrome patients. Methods - The prevalence of dyspareunia in female patients with irritable bowel syndrome were studied in 289 patients seen at an outpatient gastroenterology center and a matched control group of 276 female community volunteers. All subjects were evaluated with a Rome II irritable bowel syndrome questionnaire and questions about dyspareunia. Results - The prevalence of dyspareunia in patients with irritable bowel syndrome was 28.7%. In the control subjects, the prevalence of dyspareunia was 11.3% ( $p < 0.05$ ). Conclusions- Irritable bowel syndrome should be considered as an underlying disorder in female patients with dyspareunia especially in those with gastrointestinal symptoms.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O2-5** **VULVODYNIA: IDENTIFYING PSYCHOPHYSIOLOGICAL CONTRIBUTORS TO THE MAINTENANCE OF CHRONIC VULVAR PAIN**

*Marek Jantos*

Introduction and objectives: Chronic unexplained vulvar pain, commonly referred to as vulvodynia, affects up to 18% of the female population. Despite its high prevalence and associated distress, it is commonly overlooked, misdiagnosed and poorly managed. The presentation will identify potential mechanisms linking psychological and physiological processes in vulvodynia and propose effective management strategies. Method: The presentation is based on data derived from a retrospective review of 529 patients seen in treatment between the years of 2000-2006, who provided written consent for their files to be used for research purposes. The study was approved by The University of Adelaide Human Research Ethics Committee. Results: The mean age of the 529 patients was 27.7 years; the average age of symptom onset was 22.8 years; and the average duration of symptoms was 5.0 years. Patients scored high on dimensions of anxiety and depression with both scores correlating with severity of pain. Surface electromyography (sEMG) scores confirmed a positive correlation between pelvic muscle dysfunction and chronic vulvar pain, but a negative correlation between pain duration and sEMG. Physiological measures provide evidence of a functional muscle contracture characterised by muscle shortening and progressive electrical quieting. Conclusion: Chronic pain must be viewed from a psychophysiological perspective and therapy to be effective must recognise the intricate interaction of psychological variables on physiological mechanisms mediating chronic vulvar pain. Conservative therapeutic interventions provided in conjunction with specialised medical care can lead to successful outcomes.

Conflict of Interest: None disclosed  
Financial Support/Funding: Grant From The Adelaide University.



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### O3-1

#### **FACTORS INFLUENCING THE TYPES OF CHILD SEXUAL ABUSE WITHIN AND OUTSIDE THE FAMILY**

*Maria Beisert*

**Introduction and objective:** The factors influencing the type of domestic and non-domestic sexual violence towards children were examined in a sample of 100 men perpetrators sentenced and jailed for this crime. The main aims of the research are to look for the correlation between the sets of factors causing the child sexual abuse and classify perpetrators (on the basis of both the kinds of victims and on the method of manipulating them). The author asks the question whether and how the differences between factors causing abuse interfere with the type of abusers and with the differences in their method of acting. **Methods:** Using the integrated theory of the etiology of sexual offending, the assumptions were build and sets of instruments (especially questionnaires) were constructed. Data was collected during the first six month of 2006. The next stage of investigation - including the additional sample of 100 sexual male offenders – will be realized in 2007. **Results:** Several social, psychological and cultural differences were observed between two types of perpetrators. Incest offenders came from more dysfunctional families (the hypothesis about intergenerational cycle of sexual abuse was confirmed), had less social skills and use ineffective coping strategies solving family conflicts and stressful situations. **Conclusions:** On the basis of these outcomes the author is going to create a new treating programm for sexual offenders, taking into account either typical Polish enviromental factors (type of parenting, attachment style) or typical national, sociocultural conditions.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O3-2

#### **DISCLOSURES BY CHILDREN OF CHILD SEXUAL VIOLENCE FOLLOWING SEXUALITY EDUCATION**

*Holly L Brennan, Anthony Walsh*

Family Planning Queensland (FPQ) is a leading provider of sexual and reproductive health services to people in Queensland. In the 2004 –2005 year FPQ provided education services to nearly 45 000 young people and over 11 000 professionals. When evaluating FPQ school sexuality education programs it has been noted that there has not only been an increase in knowledge regarding sexuality, sexual health and sexual activity but also a perceived increased confidence by participants in communicating about experiences of childhood sexual assault. In 2005 FPQ received 68 recorded disclosures by children and young people of alleged sexual assault following a sexuality education program. This paper will discuss the issue of disclosure, outline why children may be prompted to disclose and present the findings of an evaluation of the disclosures made by children regarding child sexual violence following sexuality education in schools. It will also list practical strategies for helping educators who teach sexuality education to young people. **Conclusions:** This paper will · present the findings of the evaluation · investigate the benefits and risks of disclosure for both the student

and educator · ask what guidelines regarding disclosure could look like when conducting sexuality education in schools · explore support strategies for educators. As sexual health professionals providing education to young people questions arise relating to the ethics of potentially prompting disclosures of abuse by children and young people accessing sexuality education. When program goals are stated as increased knowledge, skill development and behavioural change regarding sexual health it is also essential that practitioners make explicit our understanding and goals regarding the issue of disclosure.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O3-3

#### **ACHIEVING HEALTH, PLEASURE, AND RESPECT FOLLOWING EARLY SEXUAL EXPERIENCES: A NARRATIVE INQUIRY**

*Sally V Hunter*

**Introduction and objectives** Many researchers have studied the impact of childhood sexual abuse on clinical samples of survivors. This study examines the early sexual experiences of a non-clinical sample of people, in order to gain a better understanding of how they achieved health, pleasure, and respect in their adult lives. In particular, the aim was to understand how they constructed a sense of self following these experiences. **Methods** This study used narrative inquiry methodology. In-depth interviews were conducted with twenty-two participants, thirteen women and nine men aged twenty-five to seventy, who had had an early sexual experience before the age of sixteen with an adult. Interviews were conducted in New South Wales, Australia. Participants were recruited through advertisements in local newspapers and on radio. Narrative analysis was used to examine the stories they told. **Results** Four main narratives emerged that will be described in detail. Most participants told stories of eventually overcoming the impact of their early sexual experiences, of developing a strong sense of self, and of achieving mental, physical, and sexual health. Some participants refused to be defined by their early sexual experiences and rejected hegemonic beliefs about victimhood and the survivor discourse. Others believed that they had not been negatively affected by their experiences at the time, although they were beginning to question the impact on their intimate lives. **Conclusions** The construction of narratives of achieving health, pleasure, and respect following early sexual experiences is an ongoing process that is influenced by the social context, beliefs about hegemonic masculinity and femininity, and the social construction of victimhood and victimisers. Delegates will be challenged to consider their clinical work from a social constructionist perspective and the importance of co-constructing narratives of hope.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### O3-4

#### AN EXPLORATION OF THE GENESIS AND SUGGESTED TREATMENT APPROACHES TO THE NEGATIVE SELF ATTRIBUTES THAT RESULTS FROM EARLY SEX ABUSE

*Kamal Touma*

Some sufferers from early sexual abuse struggle all their lives from negative attributes: I am dirty, I am guilty.... In this talk, the question asked is whose negative attributes are they, the abused or the abuser? Using contemporary theories on trauma, memory and the concept of reversal, it is suggested that the negative attributes are sequestered memory systems, alien to the sufferer. This provides a new perspective and a different vantage point from which therapy can be approached.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O3-5

#### PROFESSIONAL AND SURVIVOR DISCOURSES: CONNECTIONS AND CONTRADICTIONS OF CHILDHOOD SEXUAL ABUSE AND SEXUAL INTIMACY IN WOMENS LIVES

*Kristina J Birchmore*

A. Introduction Findings from a current PhD research, that is examining the understandings and professional knowledge of sexuality, gender and childhood sexual abuse (csa) that professionals and survivors draw on in their conceptualisations of survivors intimate sexual practices and sexual identity, will be presented. B. Methods Qualitative and quantitative methodologies inform the two phases. Phase one, utilising surveys and semi-structured interviews, examines the theories, ideas, knowledge and experience that informs professional practice. Phase two, utilising semi-structured interviews, seeks to explore the way in which csa survivors understand and explain their sexually intimate relationships. The qualitative and quantitative data complement the examining of connections and contradictions actioned by Discourse analysis. This will support an exploration of the operations of power and critical analysis of the socio-political context of the professional and survivor discourses. C. Discussion/Results As information about sex has been gaining in accessibility there has also been an increasing interest in examining adult sexual functioning and sexual problems. As sexual function, mainly understood in terms of sexual response, factors that influence the capacity to reach orgasm are subject to investigation resulting in a focus drift to the role of csa in sexual function (Loeb et al, 2002). Research examining csa and sexuality present diverse findings; however much of the research is embedded in paradigms that are based in individual pathology with limited attention to theories that examine the social constructions of gender and the inherent power differentials of heterosexual relationships. D. Conclusions Investigation into the potential influence of sexual abuse history to explain adverse sexual functioning has resulted in causal and binary assumptions that ignore the complexity of womens lives. The paper will examine these presumptions by drawing on a feminist analysis of heterosexuality that emphasises the interconnectedness of sexual practices to other aspects of womens marginalisation.

Conflict of Interest: None disclosed  
Financial Support/Funding: University Of South Australia Postgraduate Research Award.

### O4-1

#### FACTORS NEEDING CONSENSUS FOR A UNIVERSAL AND OBJECTIVE DEFINITION FOR PREMATURE EJACULATION

*Vijayasarithi Ramanathan, Brett McCann*

Introduction: Premature Ejaculation (PE) is commonly reported as a common and most prevalent male sexual dysfunction. The prevalence rate is claimed to be between 4% and 30% of all sexually active men. However, there is not enough epidemiological evidence to support the above statements. The review of the articles and reports on PE revealed discrepancy with the definition and/or the diagnostic criteria used by individual researchers. The burden of PE is either underestimated or overestimated due to unavailability of a standard definition. Objectives: To analyse and compare the definitions used in individual studies on PE; to identify the key factors that needs consensus to develop a universal definition for PE. Method: A critical review of all available literature on PE was done after obtaining Quality Assurance from the Human Research Ethics Committee, NSW Australia. Observation: PE is commonly addressed as a male sexual dysfunction. The other terms often used were disorder and problem. The global/national estimates on PE, in the absence of a standard definition appear to be of less validity. The classification of PE differed among researchers. Some used primary and secondary while others used lifelong and acquired. There are no data available in the literature on feelings of control or satisfaction in relation to ejaculatory latency time in the general male population which restricts the use of Intravaginal Ejaculatory Latency Time as a useful diagnostic tool. Distress caused by PE is one other important issue which is supported by few studies and rebuked by others. Conclusion: The consensus on the above mentioned factors is of paramount importance to obtain an objective and universal definition for PE. Having a clear and practical definition may be of immense use for future researches and estimating the actual burden of PE.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O4-2

#### EJACULATION LATENCY TIME

*Augusto R Díaz, Fernando J Eiguez*

Introduction. Ejaculation is a neurological double reflex: The afferent reflex begins by stimulating penis receptors, then those stimulus travel through dorsal to pudendal nerves, sacral cord and finally to the hypothalamus. At the same time stimulation from the uretra goes to the ejaculatory centers located on segments S2-S4. The efferent reflex is a response from the hypothalamus centers to parasympathetic nerves and ganglia. Those actions result in release of neurotransmitters, which depolarize perineal muscles, deferents, seminal vesicles, prostate and uretra muscles, and begin rhythmic contractions and seminal emission. Issues and method.- There are three states of sensitivity and response to sexual stimulation: Normal, hyposensitivity and hypersensitivity. To know the length of time of the whole reflex arc or partial afferent or efferent reflex



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as well as to find the ejaculation latency time we have used several tests: a) Vibratory threshold ejaculation test, which puts penis on a vibratory machine for a maximum of four minutes. It is normal if the patient can get a rigid erection but not an ejaculation. If the patient ejaculates less than 1 minute we can say that it is a high hypersensitivity. b). For skin sensitivity tests we use an electrode, which is located in several skin places. The electrode emits progressive signals. For neurophysiological test (bulbocavernous reflex, evoked genitocerebral potentials, bulbocavernous latency time and evoked potentials, dorsal nerves latency time, sural and tibial nerves latency time, as check test), waves amplitude and morphology are so important as conduction times. Latency time is more important than evoked potentials because indicates pathways involved in the reflex and considers the ability of circuit to transmit signals. Evoked genito-cerebral potential reflects the ability of communication between brain and genital area. Conclusions.- Eventhough there are some factors that can interfere with electromyographic registration, these procedures are the best ones for neuroconduction.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O4-3** **ITS IN THE TOUCH: USING COMBINATION OF TANTRA TOUCH THERAPY AND RATIONAL EMOTIVE BEHAVIOUR THERAPY TO ASSIST AN ANORGASMIC MIDDLE-AGED MALE.**

*Kim Benton, Shauna Cotter*

Introduction: Treatment for anorgasmia, described as failing to obtain sexual climax or orgasm (Money, 1980), utilises masturbation as a sex-therapy exercise (Money, 1999). However, elements of anorgasmia as a psycho-sexual dysfunction may not respond to conventional sex therapy such as masturbation, especially when accompanied by masturbation incompetence. This paper is a case study of a novel two-tiered approach taken to assist a middle-aged man suffering from anorgasmia and masturbation incompetence. The symptoms of anorgasmia reported were as failure to experience the emotional aspects of orgasm in addition to a degree of ejaculatory incompetence, and inability to masturbate. Method: The client sought assistance from a Melbourne sex clinic and a three-month program was devised using two therapists, a psychologist and a Tantra touch therapist. The psychologist utilised conventional Rational Emotive Behavioural Therapy (REBT), which assisted in understanding some of the underlying issues and to rework sexual scripts. The Tantra touch therapist provided hands-on-therapy on a weekly basis for 2-3 hour sessions to awaken the body and to raise awareness of emotional responses to touch, and to reframe the fantasies used to maintain arousal. The touch therapist also encouraged verbalisation of thoughts, reflections and emotional states. Results: At the end of the program it was reported by the client that a felt orgasm had been experienced during intercourse, coupled with increased emotional impact and enhanced sexual enjoyment. He also reported enhanced masturba-

tion competence. Conclusion: Tantra touch therapy in conjunction with conventional talk therapy was a successful therapeutic combination for this male client dealing with anorgasmia and masturbation incompetence. References Money, J. (1980). *Love and Love Sickness: The Science of Sex, Gender Difference and Pair-bonding*. Baltimore: The John Hopkins University Press. Pg. 211. Money, J. (1999). *Principles of Developmental Sexology*. New York: Continuum. Pg. 124.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O4-4** **SEQUENCING OF TREATMENT MODALITIES FOR CLINICAL MANAGEMENT OF PREMATURE EJACULATION: EARLY RESULTS**

*Martin J Steggall, Anthony Pryce, Chris G Fowler, Sally Coals, Frank I Chinegwundoh*

Introduction and objectives Clinical management of premature ejaculation (PE) can be with behavioural therapies or pharmacological intervention. The reported literature indicates low sustainability with behavioural interventions, and cessation of pharmacological intervention often results in return to baseline levels of intravaginal ejaculatory latency time (IELT). We hypothesised that the sequencing of treatment modalities may help to maintain IELT measures post-intervention. Methods Participants were randomised to receive paroxetine 20mg daily or Premjact spray™ for 2 months. All men then received a 6-8 week modified behavioural therapy programme. Subjects were asked to measure their IELT using a stopwatch (at home): at baseline, at regular intervals during the pharmacological intervention, at cessation of pharmacological intervention and following behavioural therapy. Results Currently 35 men have been recruited to the trial (mean age 40.7 years). 10 men have completed the paroxetine arm and 4 men have completed the Premjact spray™ arm. 10 men are in the pharmacological phase of the trial currently and 11 men have been withdrawn from the trial due to protocol violations (6 failed to attend follow-up appointments), or due to intolerable side effects of the medication (5 withdrew from the paroxetine arm due to gastro-intestinal disturbance or dizziness). The mean pre-intervention stopwatch-assessed IELT was 1min. 10 seconds. After either pharmacological intervention the mean IELT improved to 5min. 51 seconds. The mean improvement in IELT delay was similar for both treatment groups (371 seconds in the Premjact spray™ group and 351 seconds in the paroxetine group). To date, 5 men have completed both phases and all maintained post-pharmacology IELT levels (+/- 25 second change) at 2-months post treatment. Conclusions Although too early to comment on the statistical significance of the results, our data illustrates that combining interventions may be useful in maintaining post-pharmacological IELT in men with PE.

Conflict of Interest: None disclosed  
Financial Support/Funding: Rab Charitable Foundation From Barts And The London Nhs Trust



### O4-5

#### **TREATMENT FOR PREMATURE EJACULATION WITH AFFERENT INTERRUPTION**

*Augusto R Díaz, Augusto R Díaz, Ramiro E Montenegro*

**Introduction.** Premature ejaculation may be classified by cause (secondary or acquired) and duration (primary and lifelong). For secondary PE a specific ethiological treatment is employed. Treatments for lifelong PE include SSRI, PDE5, topical anesthesia as well as a variety of psychogenic drugs. Currently, we are offering a new treatment which interrupts the nervous afferent reflex arc. **Material and methods.**-Men with premature ejaculation have abnormal autonomic reflex pathways, due to an abnormal status called hypersensitivity. Hypersensitivity is demonstrated through several neurophysiologic tests. By cutting or interrupting the reflex pathway we can delay the reflex response as well as lengthen the response time. Additionally, this procedure can decrease hypersensitivity and extend the ejaculatory latency time. For the past fifteen years we have treated PE through selective neurotomy and have found evidence that supports PE in men is due hypersensitivity and superficial nervous hyperplasia. Our work was divided in: a) Anatomical studies for normal distribution, sensitive penis nerves, (40 young males dead bodies) b) Clinical studies: vibratory threshold to ejaculation, skin sensitivity and neurophysiologic tests: bulbocavernous reflex, bulbocavernous latency time, bulbocavernous evoked potentials, and evoked genitocerebral potentials and c) Medical, sexual, psychological history and physical examination. If all results are positive for PE we perform a selective neurotomy to verify: a) surgically: Sensitive nervous hyperplasia first. and: interruption of sensitive afferent nervous finally. b) Clinically: symptomatic improvement and permanently cure, first and a very big neurophysiological tests change, finally. **Results.**- Since twelve years ago, we have performed 276 plain selective neurotomies, 36 selective neurotomies plus venous ligation, 42 selective neurotomy plus Nesbit procedure to reach a total of 354 surgical procedures. Results were very satisfactory, changing from 3 to 24 minutes for intravaginal ejaculation latency time, except in four, which nervous hyperplasia was recently confirmed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O4-6

#### **RETARDED EJACULATION: WHEN THE ORGASM JUST BECOMES A TARGET AND NEVER THE DESTINATION OF A PLEASURE JOURNEY**

*Eddie Sandstrom, Kirstin S Fugl-Meyer*

**Introduction and objectives:** In epidemiological surveys the prevalence of manifest retarded ejaculation is 2% among Swedish men, 18-74 years old and 4% among French men 18-69 years old. The causes can be physiological/organic as well as psychological. Few studies about causes and treatment of RE are reported. The aim was to describe personality structure of men with RE. A consecutive sample of 14 men with RE during 20030801 to 20060101 at Center for Andrology and Sexualmedicine were included. Mean

age was 33.6 years (23-46 years). Three men came because the RE were a problem for them self. The others, 11 men, came because their partner did not get pregnant or the partner expired the RE as a problem. **Methods:** RE were diagnosed by DSM-IV out of their anamnesis. Fourteen men were interviewed by the Karolinska Psychodynamic Profile (KAPP). KAPP gives the opportunity to do a psychodynamic investigation on relative stable and slow exchangeable mental behaviour and personal character. Each KAPP-investigation includes 3-4 sessions, one session a week. The instruments validity is good and the reliability is high. **Results:** The men had a high level of alexithymia, problem to coop with aggressive feelings and difficulties with fantasies and to be playful. They had a higher score in their need of control and they were inhibited in their impulsive emotions. They were well adapted in relations to avoid emotional dependency or to be left. **Conclusions:** The ability to sexual pleasure and satisfaction together with a partner presume a capacity to relax and get lost, and for a while, have the courage to be playful, release your control and let the feelings take over. Out of that perspective, RE as a problem can be expressed that the ejaculation is just a target and never the destination of a pleasure journey.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O4-7

#### **LOOSE NERVES, WEAK BLOOD AND COLD CLIMATES CULTURAL MEANINGS AND EXPLANATIONS OF PREMATURE EJACULATION AMONG S.ASIAN MEN IN EAST LONDON**

*Martin J Steggall, Anthony Pyrc*

Medical discourses around premature ejaculation (PE) focus on neuro-biological phenomenon and present reductive, mechanical explanation and treatments that provide little space for cultural contexts and social meaning. As part of a randomised controlled trial in East London comparing treatment modalities for clinical management of PE, we interviewed 40 men to identify their experiences, explanations, meanings and consequences of having premature ejaculation. The majority of men attending for advice about PE were from a predominantly Bangladeshi Muslim background, and were a mixture of 1st and 2nd generation immigrants. Interviews yielded rich data with explanations for premature ejaculation, including "weak blood", "loose nerves", "a cold climate" and "stress", as the possible explanations for the condition. In some instances these causative factors, it is claimed, come from family doctors in their home country. The majority of these explanations were from 1st generation Bangladeshi men, i.e. men who had been in the UK for less than 10 years. Most of these men were fearful of the discrediting social consequences of being diagnosed with PE and were anxious that their condition was managed away from the local community. Furthermore, there was a strong desire for pharmacological intervention, rather than conventional behavioural therapies. We present an analysis of these narratives to provide a textured understanding of PE in these men, and group the analysis



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into 5 themes or frames of discourse, and explore the cultural meanings of each theme using Foucauldian discourse analysis. It is hoped that these narratives and explanations will add to the debate surrounding clinical management of PE, and we contend that cultural meanings should be taken into consideration in treatment programmes. Our data indicates that sole therapy, whether psychological or pharmacological, can fail to capture the nuances that individuals attach to the condition and therefore affect the clinical outcomes and patient satisfaction.

Conflict of Interest: None disclosed  
Financial Support/Funding: Barts And The London Rab Charitable Foundation

### **O5-1** **A PRACTICAL GUIDE TO OVERCOMING DESIRE DISCREPANCY**

*Rosie King*

Desire discrepancy (DD) is normal and inevitable at some time in all long-term relationships. What is not inevitable is the unhappiness and conflict that many couples experience when their sex drives differ. DD damages the relationship by creating misunderstanding and distancing through a toxic relationship cycle called the Pursuer-Distancer Cycle. The first step in overcoming DD is to help couples identify the toxic cycle and interrupt it. Some couples may require counselling at this stage to get their relationship back on track. The key to overcoming DD is empathy, understanding and compromise through sexual negotiation. There are two prerequisites for sexual negotiation: mutual goodwill and pleasurable, satisfying sexual activity. Couples should be given education about sexual function. An arousal enhancement program may be beneficial for the less interested partner. Couples also need to redefine sex beyond the confines of penis-in-vagina intercourse. This attitudinal change helps the couple to expand their sexual repertoire and makes it easier for the less interested partner to say Yes to sex. The next step is to explore strategies that might possibly increase the sexual interest of the less interested partner. This is often possible when the less interested partner has secondary hypoactive desire disorder (inhibited sexual desire). Identifying and addressing factors that are reducing sexual desire can maximize libido. However low levels of sexual interest may persist despite intervention, especially when the less interested partner is female. The couple needs to understand that with chronic low levels of libido sex cannot be desire-driven. However there is the option of decision-driven sexual activity as there are many reasons to engage in sex apart from sexual desire. Finally couples need to learn the skills of sexual negotiation so that they can decide together both the type of erotic activity and the level of participation.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O5-2** **VAGINISMUS : COMMON CAUSES AND TREATMENT METHOD IN INDIA, CLINICAL EXPERIENCE OF TREATING 608 PATIENTS**

*Mahesh R. Nawal*

Introduction and objectives: Since January 1994 to January 2006 i. e. (12 years) of clinical practice, 697 female were diagnosed to be suffering from Vaginismus. Out of 697 women, 608 agreed for the treatment. Age of these women who underwent through the treatment were between 18 to 46 years. All married atleast once. Education varied from 8th class to masters degree and professionals. Surprisingly, no one was illiterate! Few women had allowed the tip of the finger to the doctor who tried to examine them earlier but with severe pain. While many of the women did not allowed the doctor even for the examination in the past. Many couple had developed psychological disorders due to problem. Because of Vaginismus, many men had developed secondary impotence due to failure during attempt for intercourse. In the history of all the patients one thing was almost common that they feel that any thing which will enter in the vagina will damage the vagina from inside and that will cause unbearable pain. Method: The treatment begins with a training in deep muscles relaxation and finally, gradual dilatation of the vagina in the conscious state, without any anaesthesia, to develop a full control over the muscles that have gone into spasm. Results: Finally, all 608 women were got cured of Vaginismus, a 100% success. Conclusions: The good news is that the treatment of Vaginismus has one of the highest success rates of any female sexual dysfunction. But, to treat Vaginismus is not that easy! It not only requires specialised training but also enormous patience, kindness and gentleness too!

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O5-3** **DETERMINANTS OF SEXUAL DYSFUNCTION: THE CONTRIBUTION OF PSYCHOLOGICAL, MEDICAL, RELATIONSHIP AND PSYCHOPATHOLOGICAL FACTORS**

*Pedro J. Nobre*

INTRODUCTION In the last few years there has been a growing consensus among the scientific community about the multi-determined character of human sexual functioning (Bancroft, 1999; Gomes, 2002; Hawton, 1992; Reiss, 1999; Tiefer, 1994; Weis, 1998; Wiederman, 1998). The main challenge of the modern sexology is to improve and implement research methods that allow testing the interactive role of the various dimensions on sexual response. The present study is aimed at investigating the contribution of cognitive and emotional factors on sexual functioning after controlling for the effect of a variety of medical, psychopathological and inter-personal factors. METHODS PARTICIPANTS A convenience sample of 503 participants (253 women and 250 men) from the Portuguese population was recruited by a group of researchers in several regions of the country. MATERIALS Self





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report measures assessing bio-psycho-social dimensions of sexual functioning: Medical factors: (MHF; Wincze & Carey, 2001); Psychopathology: BSI; Derogatis & Spencer (1982), BDI; A. Beck et al. (1961); Interpersonal factors: DAS; Spanier (1976); and Cognitive-emotional factors: QCSASC; Nobre & Pinto-Gouveia (2002); SDBQ; Nobre, Pinto-Gouveia, & Gomes (2003), SMQ; Nobre & Pinto-Gouveia (2003). Sexual Function: FSFI; Rosen et al. (2000) and IIEF; Rosen et al. (1997). RESULTS Results showed the unique contribution of cognitive and emotional factors in determining male and female sexual functioning. After controlling for the effect of medical, psychopathological and relationship factors, cognitive variables still contribute significantly for the variance of female sexual functioning ( $R^2$  Change = .10,  $p < .05$ ) and male sexual functioning ( $R^2$  Change = .14,  $p < .01$ ). In this particular we should emphasize the role of sexual beliefs, negative schemas activated and automatic thoughts and emotions presented during sexual activity. CONCLUSIONS Results contribute for the recognition of the role of psychological variables in determining sexual functioning and suggest the growing use of cognitive and emotional interventions in the treatment of female sexual dysfunction.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O5-4** **DEVELOPMENT OF AN INTEGRATED PSYCHOSEXUAL CLINICAL ASSESSMENT STRATEGY FOR WOMEN RECEIVING PELVIC RADIOTHERAPY**

*Isabel D White*

**Introduction & Objectives** Pelvic radiotherapy creates a number of physical effects and psychological responses that impact negatively on the sexual health of women and their partners. The aim of this study was to develop an assessment methodology to improve the clinical evaluation of sexual morbidity following pelvic radiotherapy in women. **Methods** This focused ethnography used participant observation of gynaecological and colorectal oncology follow-up clinics (50 gynaecological, 24 colorectal consultations) plus in-depth interviews with women ( $n=24$ ), partners ( $n=5$ ) and health professionals ( $n=20$ ) to explore the content and context of sexual morbidity assessment after treatment completion. Women with gynaecological (cervical, endometrial) and non-gynaecological (rectal, anal, bladder) cancer who had completed pelvic radiotherapy 3, 6, 12 and 24 months previously were included. Doctors, nurses and therapy radiographers were interviewed for professional perspectives on assessment. This paper presents an analysis (using NVivo v.2) of data from participant observation and interviews. **Results** Consultations focused on disease surveillance, specific aspects of toxicity monitoring and managing active symptoms. Psychosocial issues were rarely raised by doctors, nurses or patients. Sexual concerns were not routinely assessed in gynaecological clinics unless raised by women. In colorectal clinics sexual morbidity was predominantly assessed via standardised clinical trial toxicity monitoring. Interview data revealed unmet need related to women and couples sexual recovery e.g. failure to manage

radiotherapy induced menopause, lack of knowledge about sources of advice regarding sexual difficulties, distress caused by unresolved difficulties including loss of sexual desire, dyspareunia and reduced sexual satisfaction. **Conclusions** The current approach to medical follow-up may not be an appropriate clinical context for the optimal assessment and management of sexual concerns associated with pelvic radiotherapy. These findings are important for the training of health professionals engaged in post-treatment toxicity assessment, provision of information and support and the development of referral pathways.

Conflict of Interest: None disclosed  
Financial Support/Funding: Cancer Research Uk

### **O5-5** **ON ORGASM, SOME CORRELATES AND SEXUAL SATISFACTION**

*Katarina Oberg, Axel Fugh-Meyer, Kerstin Fugl-Meyer*

**Objectives:** To describe levels of orgasmic function in 18-74 year-old Swedish women, in relation to some life-time sexual techniques, erotic perceptions and sexual satisfaction. **Methods:** Data were gathered from a sample of 1335 nationally representative Swedish women aged 18-74. The women subjectively assessed their orgasmic function/dysfunction per se or distress, into no, mild or manifest. Life-time aspects of sexual techniques and current erotic perceptions were explored together with level of sexual satisfaction. **Results:** Generation differences in age at first orgasm, types and width of sexual practices and erotic perceptions emerged, while no systematic age-dependence was found for either orgasm dysfunction per se or distress. Important correlates of orgasmic function were: a relatively early age at first orgasm, relatively greater repertoire of sexual techniques, attaching importance to sexuality and being relatively easily sexually aroused. When compared to other sexual functions orgasmic function in women was the main indicator for sexual satisfaction. **Conclusion:** Among women's sexual functions, orgasm capacity is the most prominent predictor for sexual satisfaction. Many factors including women's generation, previous sexual practices and their feelings of being sexual should be considered in the clinical response to dysorgasmic women..

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O6-1** **A COMPREHENSIVE SEXUALITY EDUCATIONAL PROGRAMME IN ICELAND: THE LONG-TERM VIEW**

*Sóley Sesselja Bender, Sóley Sesselja Bender*

**Introduction:** In 1991 a new comprehensive sexuality education programme from the United States, Human Sexuality Values and Choices (HSVC), was introduced widely to teachers and school health nurses in the public schools in Iceland. This was the first time that a comprehensive sexuality educational programme for grades eight to ten was introduced to the public schools in Iceland.



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The curriculum consisted of an handbook for teachers, a 120 minute video and a handbook for parents. Now, fifteen years later, the experience of using the HSVC programme and the current situation will be explored. Methods: A pilot test of the HSVC was conducted in 1990 in seven schools in Iceland based on a quasi-experimental design before the programme was introduced. In 1993 a national survey was conducted among 60 sexuality educational teachers and in 1994 three school health nurses were interviewed to explore their attitudes towards sexuality education. In 2005 there were 22 school health nurses surveyed about their knowledge and use of the HSVC. Results: The HSVC programme increased the knowledge of students exposed. Teachers and school health nurses liked the programme and found the guidelines helpful. The parental part was found to be of great importance. Some have found it hard to get enough hours to teach the subject and the video has not been culturally sensitive. The study in 1994 showed that 63% of teachers were using the programme and in 2005 68% nurses knew about the programme and 40% had used it. Conclusions: The HSVC was found to contribute greatly to the improvement of provision of sexuality education in Iceland. However, many teachers and school health nurses experienced a lack of support. More training courses were needed and an Icelandic video would also have made a difference. Changes in policy and limited resources contributed to the situation.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O6-2** **PROMOTION OF SEX EDUCATION IN A CENTRAL AFRICAN REPUBLIC**

*Modeste Hoza*

Promotion of sex education in central african republic As in many countries, sex is tabou it is difficult to admit any commmication tool if it contains genital parts even with the introduction of concepts related to hiv /aids such as family education, codom promotion, A regional meeting was held in Central African Republic but there was not a follow up even after some institutional change. The sex education service has the challenge to admit sex education in the context of hiv, where the population under 15 is important. Methodology. From 1996 to 2005 a multidisciplinary team was set up to explain the benefit of sex education to general public, share insight with associations of parents of students in the capitale, get female technicians of family economics to get organized into association to respond girls questions on sex, to write booklets to have health professionals to respond to youth questions on sexuality, to cooperate with other institutions which are in charge of sex education. Results Parents and educators start to ask for booklets stocked in health school and sex education service, titled "education sexuelle en milieu scolaire". But they still fear wood penis during condom promotion. Lesson learned if you carry out sex education only by focusing only on genitaln parents see this approach as ways of pushing kids to have early sexual intercourse, multiple sex partner, official texts are not enough, you have to persuade parents and

kids with life skills, to accompany them to point by themselves what is wrong in their environement, where lie the solution. Conclusion: Anywhere sex is very sensitive issue with a lot passionate debates, religion culture can be barriers if approach focus on genital, politics can be also barries too. It takes a lot of time to convince through values. Keywords: fear, tabou, passionate.

Conflict of Interest: None disclosed  
Financial Support/Funding: As Professionnal Of Governmental Institution

### **O6-3** **AN HIV/METHAMPHETAMINE INTERVENTION PROGRAM FOR AT-RISK MINORITY YOUTH: THE WHEEL CLUB (WHOLISTIC HEALTH EDUCATION AND EMPOWERMENT FOR LIFE).**

*Andrew S. WaltersAnnabelle Nelson*

The WHEEL Club is a culturally-grounded HIV/Substance use prevention program developed for 12- to 15-year-old minority youth. Within the U.S., HIV incidence rates among ethnic/racial minority populations far exceed rates among Caucasians. Unprotected partnered sexual contact and substance use are independent risk factors for HIV seroconversion. The WHEEL Club is a multi-cultural model of HIV prevention for Latino youth. The WHEEL curriculum uses both Western and non-Western learning modalities. Cultural stories, role plays, skill practice, and art are integrated into a holistic program. The Storytelling for Empowerment program was designed to use both the risk and resiliency models; this was established by using a positive peer group, by teaching a positive cultural identity, and by including storytelling and art for emotional expression. An emphasis on the curriculum was cultural identity using stories to transmit cultural values and identity. The program is delivered by youth workers during school lunches and after school programs. Quasi experimental design analyses have demonstrated the WHEEL program: 1) increases participants knowledge about the biological effects of HIV and substance use (including alcohol, nicotine, methamphetamine, and inhalants), 2) increases perceptions of the range of social contexts which may surround or facilitate unprotected sexual behavior or substance use, 3) increases scores on perceived risk of drug use, and 4) increases perceptions that youth can implement self-protective behavior in their social lives. In this presentation, we outline the WHEEL curriculum, detail the structured activities (based on multiple epistemologies), and provide efficacy data on intervention effectiveness. This project was funded by SAMHSA/CSAP and is listed by the US government in the National Registry of Effective Prevention Programs.

Conflict of Interest: None disclosed  
Financial Support/Funding: Samhsa/Csap (United Stated Federal Government)



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### **O6-4** **BEYOND PORN: EROTICA IN SEXUAL HEALTH EDUCATION AND THERAPY**

*Natasha Feingold*

**Introduction:** The adult industry is often stigmatized as providing services to people on the periphery of mainstream society. This negative stereotype is associated with the fact that the sale of adult products in almost all Australian states is illegal. This paper presents the results of an exploratory study of the educational and therapeutic effects of sexually explicit media and sexual aids. **Methodology:** A focus group was conducted with consumers of the adult industry at a sex expo and individual interviews were conducted with retailers of adult products and sex therapists. **Results and discussions:** Our research indicates that many therapists prescribe sexual aids and erotic media as part of the management of relationship and sexual concerns and dysfunctions. Retail workers report that clients are interested in information on issues of sexual health. There is however no evidence of the therapists and retail workers communicating or collaborating on providing care to the consumer/client. Results were analysed and will be used for an international internet based study on the therapeutic and educational uses of erotica.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** None disclosed

### **O6-5** **POSITIVE AND PROTECTIVE: PUTTING SEXUALITY EDUCATION INTO PREVENTION OF CHILDHOOD SEXUAL ASSAULT PROGRAMS**

*Holly L Brennan, Holly Brennan, Judy Graham*

If we talk about water when we do water safety, fire when we do fire safety, roads when we do road safety, why do we not talk about sexuality when we discuss prevention of sexual abuse? This presentation aims to explore the framework for providing comprehensive sexuality education as part of prevention programs when working with children and their adult support networks. The authors will discuss the research regarding childhood sexual assault prevention programs and outline strategies for implementing sexuality education into programs for children and young people. **Conclusions:** \* Sexuality education remains a contentious and misunderstood area, often subject to sensational and inaccurate media reporting. \* Many childhood sexual assault prevention programs do not provide accurate information to children and young people about body parts, sexual touch or informed consent to sexual activity. \* There is a growing body of evidence that providing young children and their adult support networks with a sound understanding of healthy sexuality and appropriate sexual behaviour may be one of the means of preventing childhood sexual assault. \* Comprehensive sexuality education has many lifelong benefits for children. Family Planning Queensland (FPQ) is a leading provider of sexual and reproductive health services to people in Queensland. FPQ has been providing education, resources, registered training and information services to children, families, educators and other service providers for over thirty years. FPQ also coordinates the Cairns Sexual Assault Service which provides support to women, children and young people in Cairns and surrounding regions.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** None disclosed

### **O6-6** **EFFECT OF ON-LINE SEXUALITY EDUCATION ON HEALTH PROFESSIONAL STUDENTS COMFORT IN PROVISION OF SEXUAL HEALTH CARE**

*Patricia Weerakoon*

**Introduction:** The unit of study "Sexuality for Health Professionals" is offered on-line unit as an elective to all students enrolled in the Health Sciences Faculty of the University of Sydney. The unit utilises the PLISSIT management model to present an interactive learning unit on the Web CT learning platform. This paper presents the analysis of a pre and post learning evaluation of the unit. **Methods** An on-line questionnaire was linked to the Web CT learning site. Students were requested to complete the questionnaire in the first week of the unit (pre-test) and the final week (post-test). The questionnaire consisted of 10 scenarios of client sexual health concerns. Students rated their comfort in dealing with these scenarios. **Results:** There were 106 students enrolled in the unit. Of these 102 responded to the pretest (96%) and 62 to the post-test (58.5%). Students reported a significant improvement ( $F = 5.733$ ;  $df = 1$ ;  $p = 0.018$ ) in their comfort levels when dealing with client questions related to sexuality. Comfort in dealing with specific scenarios varied. The largest improvements in comfort were in asking a client about sexual practice ( $F = 9.646$ ;  $df = 1$ ;  $p = 0.002$ ), talking to a 70 year old widow on sexual practice ( $F = 9.566$ ;  $df = 1$ ;  $p = 0.002$ ) and discussing sexual options with a handicapped client ( $F = 7.899$ ;  $df = 1$ ;  $p = 0.006$ ). There was no improvement in the item comfort with physical examination. **Conclusions:** These results suggest that on-line learning in sexuality education is an effective method of improving health professional students comfort in dealing with sexual health issues. It also demonstrates the need to recognise the weakness of on-line learning in skill development. Future research will explore the effect of individual student characteristics and professional roles in this area.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** None disclosed

### **O6-7** **INSERTION CONTRIBUTION OF EDUCATION AND SEXUALITY DISCIPLINE IN A EMANCIPATING PERSPECTIVE IN AN EDUCATOR FORMATION CURRICULUM AT A BRASILIAN PUBLIC UNIVERSITY.**

*Sonia Maria Martins De Melo*

Experiences, said and unsaid about sexuality pass by every sphere of our everyday life. The sexuality question in the Western countries pass by enormous transformations, together with the capitalist living production relationship re-articulations. The sexual education subject is broadly discussed and announced, but it is not disclosed the fundamental: there is always a sexual education happening among human beings. And the educator formation curriculums do not disclose the basic questions about education and sexuality relationship. In a Christian Western world construction, this relation appears through the deny or repression of educator bodies. The ones who do not educate sexually, why and for what? For 20 years a group of educators, acting in teaching, researching and extension, held a project of facing this issue in a Brazilian public university. This process also



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includes disciplines about Education and Sexuality in Pedagogy graduation curriculums (presence teaching and in distance modality), and post-graduation (Specialization in Sexual Education and Master in Education and Culture) of State University of Santa Catarina – FAED/UNESC/Brasil, worked in an emancipating perspective, in which is included the Sexual Rights Declaration as Universal Human Rights of WAS. The results have been very successful, such as: the thematic inclusion on the pedagogical projects of the schools where our students act as teachers, as well as in monographs and dissertations of post graduation course. Significant changes in life personal projects of the student body also have been registered.

Conflict of Interest: None disclosed  
Financial Support/Funding: UNESC

### O7-1

#### REVIEW OF POTENTIAL ROLE OF BREMELANOTIDE (PT-141) IN TREATING FEMALE SEXUAL DYSFUNCTION

*Michael Perelman*

Introduction. Bremelanotide is a synthetic peptide analog of  $\alpha$ -melanocyte stimulating hormone and is an agonist at melanocortin receptors MC3R and MC4R. This review examines research to date regarding the potential use of bremelanotide for the treatment of female sexual dysfunction (FSD). Results. Six distinct research paths suggest a potential role for bremelanotide in FSD treatment: 1) Clinical trials have demonstrated induction of significant erectile activity in healthy male volunteers and patients with erectile dysfunction, supporting the hypothesis that bremelanotide is a central initiator of sexual arousal in men. Anatomical similarities between genders suggest similar benefits may accrue to women. 2) Preclinical research demonstrated effects of bremelanotide on proceptive sexual behaviors in ovariectomized female rats. Appetitive behavior in female rats may have a human analog in sexual interest, desire, or arousal. 3) Thirty-two healthy women were treated with either placebo or subcutaneous bremelanotide. Bremelanotide was safe and well tolerated. 4) An in-clinic, double-blind, placebo-controlled, crossover study of two concurrent doses of 10 mg intranasal bremelanotide in 18 premenopausal patients with female sexual arousal disorder found that more women reported moderate or high sexual desire after bremelanotide than placebo and there was a correlation between positive desire responses and increased genital arousal. 5) A similar study enrolling postmenopausal women with FSD was recently completed and results comparable to the premenopausal data were suggested. 6) An at-home, multi-site clinical trial enrolling both premenopausal and postmenopausal women with FSD is underway. Conclusions. Collectively, these preclinical and clinical data evoke a cautious optimism and strong recommendation for continued assessment of bremelanotide for the treatment of FSD. Additionally, contextual sensitivity of female sexual response may require combination treatment, where sexual pharmaceuticals and sex coaching is integrated more frequently for women than it has been for men.

Conflict of Interest: Dr. Perelman Has Served As A Consultant For Palatin Technologies, Inc.  
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### O7-2

#### SONOGRAPHY OF THE G POINT DURING SEXUAL AROUSAL

*Foldes Pierre, Buisson Odile*

Purpose : we determined that sonography permits us to study functional anatomy of the clitoris during vaginal penetration and we demonstrated that the G point has a close relationship with the clitoris especially when the clitoris is enlarged by sexual stimulation. Materials and Methods : a series of sonographic examinations of 5 healthy volunteers with no prior surgery was performed. We used an echogenic sex toy to stimulate the G point and a 19MHz vaginal probe put on top of the vulva to visualize the clitoris. Despite the arousal being incomplete due to a technical atmosphere rather than an erotic one, we found interesting changes in the clitoris. Results : the transversal and axial planes revealed that the right and left clitoral bodies join in the middle and form a bridge over the anterior vaginal wall, above the G point. Then they form the raphe and in a caudal location the glans which looks like an hypoechogenic roundish structure. The stimulation of the G point evokes a contraction of the vagino levator and a vagino pubo rectalis reflex, with a resulting levator ani muscle contraction. Then, in a descending movement the clitoral bodies get very close of the G point especially when the clitoris enlarges with arousal. When pressure is applied on the anterior vaginal wall, a doppler color reveals an increasing flow in the clitoral bodies, and when the pressure stops the colored flow decreases significantly after a short period of time. Conclusions: Ultrasonography is an appropriate mean for studying sexual function. It has revealed that the G point is not an anatomical structure but a functional one which depends on the clitoris movement and vascular enlargement.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O7-3

#### DYSPAREUNIA AND ORAL CONTRACEPTIVES. EPIDEMIOLOGICAL ASPECTS

*Kerstin S Fugl-Meyer, Irwin Goldstein, Axel R Fugl-Meyer*

Objective: This report examines, on an epidemiological basis, the extent to which use of oral contraceptives (OC) is correlated with dyspareunia. Methods: Among a nationally representative sample of 1335 Swedish women aged 18-74 who participated in a combined interview/questionnaire investigation focusing on their sex life, all 851 (mean age  $34 \pm 10.0$  yrs) pre-menopausal and sexually active were selected. Besides socio-demographic data, use and type of contraceptive at their last heterosexual intercourse was reported. Prevalence and degree of dyspareunia and of dyspareunic distress were reported along a 6-graded answering scale: Always/Nearly always/Rather often during the last year = Manifest; Rather rarely/Hardly ever = Mild; Never = No dysfunction/distress. Results: Sixty-nine percent had had intercourse during the preceding week, 17% within 4 weeks and the remaining 14% within one year prior to the investigation. Mean recalled number of penetrative episodes during the preceding 30 days was 6 (range 0-50). 94% had not wanted pregnancy at their last intercourse. Of those 5% who



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had manifest dyspareunia 70% had manifest and 23% mild dyspareunic distress. The corresponding proportions of distress for the 36% with mild dyspareunia were 2% and 56%. Among the 497 women who had used contraceptives at their last intercourse, 40% used an OC. This group had significantly greater prevalence of both manifest and mild dyspareunia than had users of other on no contraceptives. Logistic regression demonstrated 2.5 and 1.5 fold greater likelihoods for OC-users vs non-users to be manifestly and mildly dyspareunic. Younger women (≤34 yrs) had used OC more often, had had more penetrative episodes and had higher prevalence of dyspareunia than the >35 yrs old. Conclusion: In Swedish women, in particular relatively younger ones, use of oral contraceptives is linked with dyspareunia. A need for information on the possibility of oral contraceptive-associated dyspareunia seems pertinent.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O7-4

#### **SURGICAL REPAIR OF THE CLITORIS AFTER RITUAL GENITAL MUTILATION : RESULTS ON 453 CASES**

*Pierre Foldes, Christine Louis Silvestre*

Introduction Ritual genital mutilation is responsible for psychosexual sequelae including dyspareunia, and deprivation of feminine identity. Some women seek for rehabilitation through surgical repair of the clitoris. We present the results of the procedure we developed for this repair. Methods: Between 1992 and 2005, patients presenting for repair of the clitoris were included in this study. Preoperative assessment recorded existence of pain and description of clitoral sensations. Under general anesthesia : the clitoral stump was detached from the pubic bone, and restored to its normal position. Post operative visits were scheduled on day 15 and 45, and 6 months after the procedure. Esthetic results were rated by the surgeon in 3 categories : little change, clitoral volume reestablished but covered by skin, visible clitoral glans. As for functional results, patients were evaluated for pain and sexual pleasure during an open discussion with the surgeon Results: 453 patients were included in this study. The procedure always lasted less than 30 minutes. Hospital stay was 24 hours in all cases. A covered clitoral volume could be restored in 30% of the cases and a visible clitoris in 58%. A real improvement in clitoral sexuality was obtained in 75% of the cases. Nine patients had to be re operated for an hematoma, and 8 for disrapture of the sutures. Thirty one patients had local infection requiring oral antibiotherapy. Four patients experienced residual pain 4 months post operatively. Conclusion : this procedure is easy and reliable. With minor early complications it provides satisfying cosmetic and functional results and is a corner stone in our medical attempts to help these women. Key words: clitoris, excision, treatment.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O7-5

#### **SEXUALITY DURING PREGNANCY: WHAT DO PROSPECTIVE PARENTS KNOW AND WHAT DO THEY WANT TO KNOW?**

*Kelly Prandl, Louise Schaper*

Introduction The subject of sexuality of mothers-to-be or mothers themselves rarely rates a mention in the literature available to prospective parents. However, anecdotally as a midwife and antenatal educator, the subject is debated and discussed with great interest and passion by couples expecting a baby and new parents alike. The questions this research posed were: Where do prospective parents find information about sexuality and pregnancy issues? What do they know? What do they want to know? and, What is their experience of sexuality during their pregnancy? The aim of this research project was to develop a resource for parents providing factual information to allay fears and enhance a couples experience of their sexuality during pregnancy. Methods Data collection was via a questionnaire and informal discussion. Participants were 40 members of three antenatal classes. There were 15 males and 25 females. Ages ranged from 18 to 47. Gestation period ranged from 10-34 weeks. Results Frequency of sexual intercourse prior to becoming pregnant varied from infrequent to 9-10 times/week. 77.5% of respondents described a decrease in frequency and desire for sexual intimacy during their pregnancy, however, 17.5% of women reported an increased desire for sexual intercourse. Many participants described fear of hurting the baby, causing pain or pregnancy complications as reasons for decreased sexual intimacy. Only 5 (12.5%) participants were confident that sexual activity during pregnancy would not harm the baby or cause complications. Sources of information were mainly books, magazines and family/friends. Questions asked by participants included whether particular behaviours were safe, dispelling myths about orgasm frequency and validating the importance of a sexual relationship during pregnancy. Conclusions This paper will provide results from the project and highlight areas of need for further research into the study of human sexuality during pregnancy.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O8-1

#### **PERCEPTIONS OF VAGINAL MANIPULATION IN THE CONTEXT OF HIV/AIDS EPIDEMIC IN TETE - MOZAMBIQUE**

*Brigitte M Bagnol*

Author Mariano Esmerlada and Brigitte Bagnol Introduction: Hitherto, studies on vaginal practices in Southern Africa, have shown that women frequently are involved in procedures aiming to the so called "dry sex". This practice has raised important debates around the susceptibility of acquiring ITS and HIV/AIDS. In Mozambique, the ultimate HIV/AIDS prevalence data shows a bleak picture of about 16.5% among sexually active population – with a significantly higher number among women. Coincidentally in some contexts of the country sexually active women are engaged in



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several non therapeutic vaginal practices. Despite research on sexuality and HIV/AIDS have quite often been conducted, an in-depth analysis on sexual practices is extremely limited. The understanding and definition of vaginal practices, its motivations and consequences are still evolving and pose various critical questions of self-perceived notions of sexual pleasure, eroticism and well being. Objectives: This paper is based on ethnographic data about vaginal practices gathered during 2005 in four communities of Tete province – a central region of Mozambique. The research aimed to identify the practices and their prevalence to inform policies for a suitable development of ITS and HIV/AIDS prevention. Methods: The theoretical approach was informed by symbolic perspective and sexual constructivism and the field-work was based on focus-group discussion and in-depth interviews. Results: Vaginal practices, that have multiple aims and meanings, are perceived by women according to various cultural constructions of sexuality. The vaginal products aiming to enhance sexual pleasure are incompatible with condom use, which is perceived in a negative light. Conclusions: The vaginal conditions expressed through one element of the dichotomies open/closed, dry/wet and hot/cold are equally necessary to sexual pleasure and procreation. In this perspective, vaginal manipulation is seldom perceived as a cause of sexual disorders particularly related to ITS and HIV/AIDS.

Conflict of Interest: None disclosed  
Financial Support/Funding: WHO, AUSAID, UNAIDS

### **O8-2** **PLEASURE OR PAIN? WOMENS PERCEPTIONS OF HARM AND SEXUAL RISK: A QUALITATIVE STUDY OF VAGINAL PRACTICES IN KWAZULU-NATAL, SOUTH AFRICA**

*Fiona Scorgie, Busisiwe Kunene, Jennifer Smit, Ntsiki Manzini,*

Introduction and objectives: Research on vaginal practices for dry sex in sub-Saharan Africa has established that many of these practices pose distinct health risks, particularly where HIV infection rates are high. Drawing on a study of vaginal practices in KwaZulu-Natal province conducted in 2005, this paper addresses an under-researched theme, namely, womens own perceptions of the practices potential for harm and the manner in which such risk-assessment is shaped by local sexual politics. Womens views on this subject are also contrasted with those of health workers. Methods: The study was conducted over 9 months in a rural and urban site in KwaZulu-Natal. Qualitative techniques were used, including: focus groups and in-depth-interviews with women and men, and key informant interviews with health workers, gender activists and traditional healers. Additional ethnographic material was gathered in the rural site. Results: Women regard vaginal practices as a way to increase their leverage of control in highly unequal love relationships, where they face uncertainty, betrayal and competition. These perceived social benefits (including the retention of partners sexual fidelity and protection from partner violence) thus tend to outweigh womens assessment of harm associated with the practices, such as coital pain. Women also focus on dangers linked to the use of traditional medicines, drawing on a risk-assessment paradigm

not necessarily shared by health workers, who express concern about long-term physiological damage and increased HIV risk. Since condom use is considered by many women to obstruct the efficacy of some intra-vaginal substances, vaginal practices may reinforce existing patterns of unprotected sex. Conclusions: Local norms of what constitutes “pleasurable sex”, unequal sexual partnerships, gendered poverty and economic disempowerment are key factors shaping womens sense of risk associated with vaginal practices. These factors need to be considered in any development of public health messaging about harm-reduction.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Ford Foundation

### **O8-3** **THE SOCIAL CONSTRUCTIONS OF VAGINAL PRACTICES IN INDONESIA: THE USE OF TRADITIONAL REMEDIES TO DRY AND TIGHTEN THE VAGINA**

*Iwu Dwisetyani Utomo, Terrence Hull, Ninuk Widyantoro, Herna Lestari*

Vaginal drying practices are known to contribute to susceptibility to sexually transmitted infections, and are likely to shape patterns of gendered interactions that may seriously disadvantage women. These practices have not been adequately documented in Southeast Asia. In this paper the gender constructions of vaginal drying practices in Indonesia will be addressed and analysed. Vaginal drying practices are defined as any practices or attempt to make the vagina dry, tighter- peret, and any attempts to make the vagina have a stronger grips. Various ways can be conducted: drinking traditional herbal remedies-Jamu, inserting herbal traditional remedies into the vagina, inserting Tongkat Madura (a rod of calcium carbonate), vagina grooming and treatment, guruh vagina-deep cleansing and rinsing of the vagina and vagina operations. The social-cultural construction and belief is that drying the vagina either by using traditional herbal remedies, various vagina treatments and or by vaginal operations will enhance sexual love making and hence will make the husband/partner very happy. Men are also demanding to have sex with a partner whose vagina is dry, tight and has a strong muscle suction ability. Unfortunately, studies on the psychological motivations and health impacts of such practices are still rare. Thus even though traditional herbals may be widespread; there is very little research available on the efficacy, contraindications or potential ill effects of using such preparations. It is assumed that a number of practices can increase the likelihood of acquiring infections, some of which like HIV are very serious and even fatal. This paper will be based on preliminary findings from the 2005 qualitative research that has been conducted in Indonesia. In-depth interviews as well as focus group discussions were conducted to reveal various practices of dry sex, the psychological motivations of such practices, how do people perceived of such practices, how such practices vary over

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### O8-4

#### WHATS WRONG WITH THE AUSTRALIAN PENIS: WHO CARES?

Laurence Cox

In Australia, MGM (male genital mutilation) has been a prevalent practice since the late 1800s. MGM peaked in the 1950s with an incidence rate in excess of 85%. The "MGM" industry continues unabated in Australia. More than 15,000 (12%) babies are processed each year. In 2007 there are in excess of 5,000,000 males living with MGM. A literature review found the effects of MGM as psychological harm, desensitisation, mechanical trauma, disfigurement, and traumatic stress. A poll (n=546) conducted in USA reported (Hammond, 1999; BJU) psychological harm, emotional harm, physical harm, low self esteem, intimacy problems and addictions. Physical problems included glans insensitivity, scarring and insufficient residual foreskin; emotional problems included feelings of mutilation, resentment, violation, anger, frustration, sexual impairment and betrayal. A research study was conducted in 1994-6 in Sydney, Australia. Advertisements were placed intermittently in a mainstream Sydney newspaper calling for men interested in learning foreskin restoration techniques. Forty two replies were received. A package was sent to participants including instructions referenced from, and encouraging the reading of, Bigelows (1995) "The Joys of Uncircumcising". A questionnaire was sent to participants. Reminders were posted until the completed questionnaire was returned. A return rate of 85% was achieved. A further letter followed, requesting permission to conduct an interview schedule. A number of interview schedules were completed. The data from the schedules were returned to each participant for verification. Analysis of the responses yielded no statistical differences to the findings of the poll of (Hammond, 1999; BJU). Medical, public health, social science and sexual health journals were contacted and sent a copy of the study in 1996. This study has remained unpublished until now because all Editors have likewise responded that "... target readers would not be interested ...". Each Editor referred the researcher to another journal.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O8-5

#### TO SNIP OR NOT TO SNIP: A PARENTS GUIDE

Michelle L Robeson, Lorel Mayberry

The decision to circumcise a newborn son is often a cause of anxiety and uncertainty for parents. This is compounded by the prevalence of myths and misinformation surrounding both sides of this often emotionally-charged issue. An information resource that provides accurate and non-biased information could assist parents in their decision-making, provide reassurance and alleviate some of their concerns. An extensive search of current resources was undertaken within Western Australia to examine the availability and content of information resources for parents. This search revealed limited information pertaining to circumcision. The information that is available is outdated, does not reflect a balanced viewpoint, nor make use of user friendly terminology. Research was undertaken to

determine the most appropriate content and format of a circumcision resource for parents. The research methodology for this work was qualitative in nature, including interviews with health professionals, academic staff and parents of young male children under the age of five. Multiple data sources aimed to capture a holistic view of the aspects considered necessary for inclusion. The outcome of the study is a user friendly DVD and accompanying resource booklet. The content of the DVD and booklet encompasses basic penile anatomy, hygiene and the circumcision procedure. Parental perspectives are included to give voice to some of the differing viewpoints within the community. Relevant and credible websites are also included for further information. The resource produced from this work is available for health care agencies working with parents to undertake production and distribution. The resource will assist parents to make an informed decision regarding their sons genital health. Keywords: Newborn circumcision, parents, education.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O9-1

#### INTERNET-BASED THERAPY FOR MALE ERECTILE DISORDER AND PREMATURE EJACULATION: A RANDOMIZED CONTROLLED TRIAL

Jacques J.D.M. van Lankveld, Luk Gijs, Peter M. Leusink, A. Koos Slob

Introduction: Inspired by the encouraging results of an uncontrolled pilot study (Van Diest, et al., submitted), an RCT comparing 12 weeks of Internet-based individual therapy with waiting list was conducted in The Netherlands, from March 2005 onward. Sexual and marital functioning, and treatment satisfaction were assessed pre-treatment, post-treatment and at 3-and 6-months follow-up. Methods: Applications and further interactions occurred exclusively through a password-protected Internet connection ([www.seks therapie.nl](http://www.seks therapie.nl)). To apply, a pre-treatment Internet-questionnaire was completed, asking informed consent before submission of pre-treatment questionnaire answers. After screening for inclusion and exclusion criteria, eligible applicants paid a 100 Euro fee before randomization was performed. To increase compliance, 55 Euros were reimbursed after completion of all assessments. Inclusion criteria were: heterosexual, male, reporting erectile disorder or premature ejaculation, living in a stable relationship. Excluded were applicants with other DSM-IV diagnoses, major relationship discordance, other sexual problems or major somatic etiology. Treatment included sensate focus therapy, cognitive restructuring, and was delivered by seven experienced certified sex therapists. Pharmacological support, if needed, was prescribed by the participants own GP. Waiting-list participants received identical treatment after posttreatment assessment. Data-analysis and preliminary results: Between-group (treatment vs. waiting list), within-subjects repeated measures analysis was performed to establish treatment efficacy. Repeated-measures analysis, including all participants, was performed to examine outcome stability. Thus far, 248 men applied, 121 were eligible, and 77 (49 with erectile disorder; 28 with premature ejaculation) were enrolled (41 treatment, 36 waiting-list).

Conflict of Interest: None disclosed  
Financial Support/Funding: Eli Lilly Stichting Amsterdam'98



### **O9-2** **DEVELOPMENT AND INITIAL VALIDATION OF THE FEMALE ASSESSMENT OF MALE ERECTILE DYSFUNCTION DETECTION SCALE (FAME): REPORT OF A PILOT STUDY**

*E. Rubio-Aurioles*

**Objectives:** Erectile dysfunction (ED) is a prevalent condition that can have a significant negative impact on men's quality of life and also that of their female partners. The objective of this study was to develop a scale for the detection of ED, as assessed by the woman partner. **Design and Methods:** Qualitative research was conducted via focus groups involving women whose male partners suffer from ED to identify themes/clues. Item construction based on the sexual health inventory for men (SHIM) and qualitative results was subsequently tested using a panel of experts and a panel of women with partners with ED, to document face validity. Concurrent validity analysis was carried out with Spearman's rho between FAME and clinical diagnosis, SHIM scores, and erectile function domain of the International Index of Erectile Function (IIEF-EF), in a group of 83 couples. Reliability was tested with Cronbach's alpha, and sensitivity and specificity were checked against clinical diagnosis. **Results:** Qualitative analysis yielded 44 clues. Following item construction, 23 items were selected. Of these, 21 items demonstrated statistical significance as the best discriminating items using a t-test for independent samples. A final scale of 6 items was then tested for validity and reliability. FAME correlated significantly with clinical diagnosis (0.743,  $p < 0.001$ ), SHIM score (0.829,  $p < 0.001$ ), and IIEF-EF domain (0.684,  $p < 0.001$ ). Cronbach's alpha was 0.941. Sensitivity was 97.3% and specificity was 68.9%, compared with SHIM's values of 100.0% and 55.6%. **Conclusion:** Accurate detection of ED in males by the woman partner is possible. In this study, FAME (completed by the woman) had higher specificity than the SHIM (completed by the man), and demonstrated validity, reliability and sensitivity in this population. Further research is needed to assess the validity of this tool in other populations.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### **O9-3** **EFFECTIVENESS AND PATIENT SATISFACTION WITH 6 MONTHS TADALAFIL TREATMENT: RESULTS FROM THE DETECT STUDY**

*Benny Verheyden, A. Bitton, Thierry Roumeguère, E. Roos,*

**Objectives:** To determine effectiveness of tadalafil and patient satisfaction after 6 months treatment **Design and Methods:** The DETECT study is a prospective 12 months European multi-centre observational study in patients with erectile dysfunction (ED) initiating or changing treatment to tadalafil. 236 sites from 8 countries enrolled 1900 eligible patients. Data were available from 1716 patients (90%) and 1582 (83%) after 1 and 6 months with similar baseline characteristics as the initial cohort. 1406 (89%) patients at 6 months reported tadalafil use. International Index of Erectile Function (IIEF) EF domain scores (at each visit) and ED Inventory of Treatment Satisfaction (EDITS) scores (after 1 and 6 months)

were analysed for these patients. **Results:** N=1406 Baseline 1 month 6 months Mean IIEF EF domain score (SD) 14,0 (7.3) 24,0 (6.1) 24,9 (6,0) ED severity (IIEF EF domain score) : -Severe (1-10) 36% 5% 5% -Moderate (11-16) 25% 6% 4% -Mild (17-25) 35% 39% 33% -Normal (26-30) 5% 50% 58% Mean number of sexual attempts in last 4 weeks (SD) 5.0 (4.2) 7.1 (4.4) 7.3 (4.5) Total EDITS satisfaction score 81.0 (14.8) 82.9 (16.0) Satisfaction (EDITS: very/somewhat satisfied) with : -Treatment overall 86% 89% -Treatment met expectations 75% 80% -How quickly treatment works 87% 90% -How long treatment lasts 87% 89% -Confidence to engage in sexual activity 91% 91% -How satisfied is your partner 81% 83% -Hardness of erections versus before ED 60% 89% **Conclusions:** 89% of patients reported continued use of tadalafil after 6 months. There was high and sustained improvement in effectiveness and satisfaction in these patients: the percentage with moderate or severe ED decreased from over 60% at baseline to less than 10% at 6 months while the percentage of those in the normal range increased from 5% to nearly 60%.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Eli Lilly

### **O9-4** **PREVALENCE OF ERECTILE DYSFUNCTION IN DIABETES MELLITUS**

*Sanjay Ganesh Deshpande, Archana Sanjay Deshpande, Vrunda S Sahasrabhojane*

**Introduction** The incidence of erectile dysfunction in diabetic patient is found to be 35-75%. Cause of this is multifactorial. It could be neuropathy atherosclerosis of penile blood vessels or psychogenic. Hence, this study was undertaken with the aim of exploring the prevalence of erectile dysfunction in diabetic males. **AIMS & OBJECTIVES** The aim of the present study was to find out the prevalence of erectile dysfunction in diabetic males and to find its association with age, duration of diabetes mellitus, life style, smoking, alcohol glycaemic control and with macro and microvascular complications. **Methods** • 100 type-II diabetic males were screened from June 2004 to December 2004. • In all patients details, clinical history was taken and they were examined for macro, microvascular complications and local examination of penis where needed was also done. **Results** 30 patients had history suggestive of erectile dysfunction and 70 did not have history suggestive of erectile dysfunction. Treatment with  $\beta$ -blockers and thiazide diuretics diuretics [OR=0.65 (0.25-1.69),  $P=0.335$ ]. The difference was found to be significant when both groups were compared for duration of diabetes [OR=3.57 (1.21-11.87),  $P=0.01081$ ], life style [OR=4.085 (1.51-11.35),  $P=0.001$ ], smoking [OR=3.68 (1.3-11.39),  $P=0.0064$ ], alcohol consumption [OR=2.67 (OR=2.67 (1.02-7.07),  $P=0.0259$ ], glycaemic control [OR=2.87 (1.09-7.66),  $P=0.017$ ] and various macro and microvascular complications [95% CI=1.105263 @ 7.59037,  $P=0.030$ ]. When Multiple Logistic Regression analysis was done, smoking and complications of diabetes were found to be significant factors.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed





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### O9-5

#### THE OPPORTUNITY TO TRY THREE PDE-5 INHIBITORS WILL RESULT IN HIGH LONG-TERM COMPLIANCE

*Christina M Ljunggren, Christina M Ljunggren, Hans Hedelin*

**INTRODUCTION:** Presently there are three PDE-5 inhibitors marketed, Sildenafil, Vardenafil and Tadalafil for the treatment of erectile dysfunction. Despite the fact that the treatment is simple and mostly effective around 50 % cease to use the medication within two years after treatment initiation. One recently described way to improve the compliance is to let the patient try all the three PDE-5 inhibitors and prescribe the drug(s) he and his partner desires. **METHODS:** The men who during 2003 were enrolled in a treatment regime where they got the opportunity to test all the three drugs and chose the one(s) they preferred were 2006 interviewed by telephone concerning their ongoing ED-treatment. **RESULTS:** 127(92%) of the men, age 60 years ( 36-79 ), who had been enrolled in the three drug regime could be reached. The mean follow up time was 27 months (23-34 months). 109 (86 %) were still using PDE-5 inhibitors. A few (8 %) used > 2 tablets per week. The majority (44 %) used 1-2 tablets per week or 1-2 per month (43 %) the others (5%) less often. The causes for discontinuation were varying. The most common reason (n=7) was return of a satisfactory non-assisted erection. Three fourth (of the men) used only one drug, mostly tadalafil (41 %), the others switched between a short and long acting drug depending on the situation. In 25 % the preference had changed during the three years of PDE-% inhibitor use. **CONCLUSION:** To let patients with ED test the three available PDE-5 inhibitors results in an extraordinary high compliance even under an extended period of time (>2 years). A significant number want to have access to both a more short acting and a more long acting drug which should be considered when counselling the patient.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O10-1

#### THE IC DIAGNOSES OF FETISHISM AND SADOMASOCHISM

*Odd Reiersøl*

Based on an article by Reiersøl and Skeid, published in the book "Sadomasochism-Powerful Pleasures" (Haworth, 2006), I will talk about the psychiatric diagnoses of sexual deviation as they appear in the International Classification of Diseases (ICD-10), the internationally accepted classification and diagnostic system of the World Health Organization (WHO). Specifically, I will present a critique of the three diagnostic categories: Fetishism (F65.0), Fetishistic Transvestism (F65.1), and Sadomasochism (F65.5). This is a critique of the usefulness of diagnosing these phenomena today. I will argue that Fetishism, Fetishistic Transvestism, and Sadomasochism, also labeled Paraphilia or perversion, should not be considered illnesses. I also want to present the efforts of an initiative known as ReviseF65, which was established in Norway in 1997, to abolish these diagnoses.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O10-2

#### THE POLITICS OF ABSTINENCE-ONLY AND MARRIAGE PROMOTION: THE US AS A CASE STUDY

*William A Smith*

Since 1982, the US government has spent more than 1.3 billion USD domestically to promote abstinence-only-until-marriage programs. Most of these funds have been spent since 1998 and under the Bush Administration, whose right-wing policies around sexual and reproductive health and rights have undermined sexual-health promotion and evidence-based disease prevention more than any other Administration in the country's history. Yet, few outside the United States have an accurate understanding of how these policies have progressed and the types of programs that have come into operation. The presentation will provide a history of the public policy developments that have brought us to the present point, a topically-presented analysis of the program content in these programs, and recommendations to strengthen efforts in countries where the US influences is exporting similar programs. SIECUS has tracked and worked against these programs for more than a quarter century. Participants will gain a fuller understanding of how these types of programs gain favor among politicians using the US as a case study and will receive resources to counter the proliferation of these programs in their own countries.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O10-3

#### DECOLONISING: WORKING WITH ABORIGINAL PEOPLE TO MAKE CHANGE IN COMMUNITIES AFFECTED BY SEXUAL VIOLENCE.

*Judi Stone, Dorinda Cox,*

Sexual violence in Aboriginal Communities in Western Australia (WA) became a topic on many people's agenda after the establishment of the Gordon Inquiry, following the tragic death of 15-year-old Susan Taylor, a young Nyungah woman from the Swan Valley community in the north east of Perth, in 1999. The Gordon Inquiry was established to inquire into the seemingly epidemic problems of sexual and family and domestic violence amongst Aboriginal communities in WA. Like other cultures that have been subject to colonisation and genocide, Indigenous Australians suffer appalling health and social problems. Aboriginal people are more likely to have chronic and debilitating disease and have shorter life spans than their non-Aboriginal counterparts. Atkinson (2002) argues that family and domestic violence, drug and alcohol abuse, mental health problems and sexual violence are linked to the transgenerational effects of trauma and that these effects create further trauma. Sexual violence and other forms of abuse replicate the process of Colonisation on the smaller scale. In finding ways of working with Aboriginal peoples, it is imperative that we begin to de-colonise and re-empower all members of the community in order to make lasting change. This paper seeks to discuss some of the issues relating to sexual violence in Aboriginal communities in Western Australia, and ways in which services can work in partnership with Aboriginal people to heal transgenerational trauma.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### **O10-4 PREVENTING SEXUAL ABUSE AND VIOLENCE IN SCHOOL SETTINGS IN MEXICO. A FIVE-YEAR EXPERIENCE**

*Adriana Corona-Vargas, Esther Corona-Vargas*

Violence in schools has unfortunately become widespread in most countries. In some cases, it is so evident that many new organizations and government bodies have been formed to deal with it. A good part of this violence is gender-related or ostensibly sexual in content. Sexual abuse from teachers, administrative staff and between children and youth is not infrequent in Mexico although only until recently it has begun to be systematically denounced. This paper will present the five-year experience of the Unit for attention of school violence, mistreatment, neglect and sexual abuse of the Mexican Ministry of Education. It will discuss some of the factors that determine school-violence such as social, familial and internal-school factors. The presentation will present some of the strategies including sex education that have been used and/or recommended in the Unit and the results achieved during the five-year period that the Unit has been in existence. Lessons learned will be derived as well as some suggestions for further implementation.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O10-5 EXAMINING THE CHARACTERISTICS OF INCARCERATED AFRICAN AMERICAN MALE SEXUAL ASSAULT VICTIMS & PERPETRATORS: A PILOT STUDY**

*Tawandra L Rowell,*

Traditionally, African American males have been disproportionately incarcerated in the United States. Since the 1960s, African American male inmates have reportedly been disproportionately involved in sexually aggressive behavior while incarcerated as well. However, they are usually underrepresented in prison sexual assault studies, making it difficult to document their experiences as sexual assault victims and perpetrators. Prior literature on male prison sexual assaults insists that there are certain individual characteristics that increase the likelihood of inmates being sexually victimized or sexually aggressive. This study was designed to pilot an instrument that will be used to examine the individual characteristics of incarcerated African American sexual assault victims and perpetrators. Twenty African American male inmates at a large, northeastern maximum-security correctional facility were given self-report questionnaires inquiring about their consensual and nonconsensual sexual behavior since they have been incarcerated. The questionnaire also included questions on their background, childhood sexual abuse, and current level of depression. There was also a feedback section that asked participants to discuss the questionnaire, providing feedback on its contents and their comprehension of the questions asked. The results from the feedback section will assist in the development of a questionnaire designed to study the characteristics of African American male prison sexual assault victims and perpetrators in this environment. The findings from this pilot study will be discussed in detail.

Conflict of Interest: None disclosed  
Financial Support/Funding: Mathematica Policy Research, Inc., Princeton, New Jersey, Usa

### **O10-6 GIRLS WITH GUNS: GENDER-BASED SEXUAL EXPLOITATION OF FEMALE CHILD SOLDIERS**

*Helen Ginger Bush*

According to the World Health Organization, "gender-based inequity is usually exacerbated during situations of extreme violence such as armed conflict." Worldwide, Human Rights Watch estimates that there are over 300,000 child soldiers, a portion of them girls. Girls have been involved in armed conflict in 33 countries and may play various roles: as cooks, messengers, stealing food, kidnapping other children, for sexual purposes, as human mine sweepers, and carrying arms. The presentation will describe the impact on girls sexual health and sexual rights, including enduring the sexual violence of rape and sexual slavery, suffering from sexually transmitted infections, especially HIV/AIDS, pregnancy, infertility, and the stigma of premature or unsanctioned sexual experiences. Narrative video clips from girls will depict their experiences. Addressing the issues of "volunteering" versus being kidnapped, demobilization and reintegration into their societies, and family reunification are important. The paper is based on academic research and research-in-progress, reports from the United Nations and numerous international organizations, news reports, and the media. The female child soldier is a significant group within child soldiers; the combination of sex and violence they experience leads to posttraumatic stress disorder and complicated grief. The status of girls in armed conflict is not adequately discussed, thus making intervention planning less efficacious. In conclusion, programs aimed at demobilization and reintegration of child soldiers must be attentive to the experiences of girls in armed conflict, addressing both physical and psychological needs and breaking the taboo on discussing childrens sexual experiences and concerns. Implementing the ten recommendations from the UN report on the "Impact of Armed Conflict on Children" will play a vital role in promoting childrens rights. Finally, the UN Millennium Development Goals are very relevant to female child soldiers, and would directly impact the sexual exploitation of these children.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O10-7 WORKING WITH VICTIMS OF SEXUAL ABUSE**

*Elsa Mari Almaas, Esben Esther P. Benestad,*

Victims of sexual abuse have been in therapists' focus for several decades. Over the years couples have made countless adjustments to get around feelings of shame and pain caused by sexual trauma. Sexually traumatized persons often experience no ownership to their sexuality. Without adequate treatment, many have difficulties in establishing their sexuality on their own premises, even long time after the traumatic experience has taken place. In the wake of the therapeutic skills that have emerged through the many therapeutic meetings with victims of sexual offences, this challenge has come up: How do we help couples where one or both have been victims of sexual abuse to establish a sexual relationship on their



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own terms, without the interference of the perpetrator? Even though one or both have undergone therapy focusing the individuals' traumatic sexual history, the sexual interactions within the couple are still marked and influenced by the same history of sexual offence. Sexuality can be affected by dissociation on different levels: cognitive, emotional and bodily; and "time sliding" makes it difficult to separate the here-and-now from the there-and-then. This presentation will focus on therapeutic work with such couples and how to interact with them in their efforts to establish satisfying sexual relationships based on sexological experiences modified by understanding of complex traumas.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O11-1 PREDICTORS OF PARENTAL COMFORT IN EDUCATING THEIR CHILDREN ABOUT SEXUALITY**

*Lin S Myers, Tara Lain*

We investigated predictors of parental comfort with young children and adolescent sexual learning. A nonclinical sample of fathers (n=70) and mothers (n=150) was utilized. Predictors of parental comfort were garnered from the Sexual Attitudes Scale (Hudson, et al., 1983), the Sexual Opinions Survey (Fisher, et al., 1988), the Sex Education Inventory (Bennett & Dickenson, 1980), the Questionnaire on Young Childrens Sexual Learning (Brick & Koch, 1996) and the Questionnaire on Adolescents Sexual Learning. Preliminary analysis of the first cohort of fathers (n=28) and mothers (n=74) found that comfort with young childrens sexual learning was significantly related to general rapport with ones own father, sex-related rapport with ones own father, knowledge of young childrens sexual learning, positive attitudes about young childrens sexual learning and more liberal attitudes toward sexuality in general. Comfort with adolescents sexual learning was significantly related to general rapport with ones own father, sex-related rapport with father, and general rapport with ones own mother. Analyses are ongoing with the larger sample, including comparisons of those with young children vs. those with adolescents. Interestingly, knowledge and a more liberal attitude toward sexuality were found to significantly promote comfort with young children, but not with adolescents sexual knowledge. Parents in the initial sample analysis were found to have average knowledge of both young children and adolescent sexuality, but the link of knowledge to comfort for adolescents may be more complex.

Conflict of Interest: None disclosed  
Financial Support/Funding: California State University, Stanislaus

### **O11-2 NEVER TOO EARLY: SUPPORTING PARENTS AND CARERS TO CONFIDENTLY MANAGE HEALTHY COMMUNICATION ABOUT SEXUALITY WITH YOUNG CHILDREN**

*Shona Charters*

Most parents and carers want their children to feel positive about their sexuality as they grow up. They want them as young adults to make informed, responsible decisions about their sexual behaviour. Many parents are unsure about how best to achieve these outcomes. This discussion aims to present a workshop outline which can be used with parents to promote communication about sexuality in early childhood. The author will discuss research regarding the benefits of sexuality education and the impact of social learning. Conclusion: · Parents are the primary educators of their children · It is important that children receive positive messages about sexuality · The media in all forms gives mixed messages about sexuality. Parents need to help young children to gain responsible, healthy information · Comprehensive sexuality education has many life-long benefits for children.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O11-3 INCORPORATION OF LIFE SKILLS EDUCATION FOR ADOLESCENTS IN THE SCHOOL CURRICULUM- RAJASTHAN EXPERIENCE**

*Sunil Thomas Jacob, Hemant Dwivedi*

Introduction and Objectives: Rajasthan, the largest state in India has a population of 56.5 million according to 2001 census, which is about 5.50 percent of the national population. Adolescents (age group 10-19) constitute about 23 % in the state. Investment in adolescent reproductive and sexual health will yield dividends in terms of delaying age at marriage, reducing incidence of teenage pregnancy, meeting unmet contraceptive needs, reducing number of maternal deaths, reducing incidence of STIs and reducing proportion of HIV positive in 10-19 years age group. In order to address the same, this intervention was initiated in 2002 with the Objectives to incorporate the Life Skills education as a separate subject in the curriculum of the 11th class Methods : Under the UNFPA assisted Integrated Population Development Project, one of the major areas of intervention was the Adolescent Reproductive health. Three major steps were followed for the implementation: 1) Advocacy with the Board of Secondary education of Rajasthan and the Department of Education in Government of Rajasthan 2) Development of the Life Skills education subject for the 11th class with focus on Understanding Self ,Health, Reproductive Health and Career 3) Training of the Teachers for imparting the Life Skills Education. Results: Subsequent to the finalization of the modules for the Life skills education subject was pilot tested in two schools and the text books was finally launched by the Department of Education and the Board of Secondary Education of Rajasthan in 2005. Conclusion: Rajasthan state became the first state in the



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country, to have incorporated the life skills education as a separate subject in the curriculum of the 11th (eleven) Standard by 2006. The paper delineates the various process involved in the successful incorporation of the Life skills education in the curriculum of the 11th class.

Conflict of Interest: None disclosed  
Financial Support/Funding: UNFPA

### **O11-4 SYNCHRONIZING SEXUALITY EDUCATION WITH ENTERTAINMENT**

*Manish Kumar*

**Introduction:** Adolescents are full of energy, enthusiasm and new ideas. Hence, the methodologies and the tools being used for creating awareness among adolescents on issues related to sexuality, health and development should be interactive and full of fun. Entertainment Education plays an important role in creating awareness on adolescent issues including sexuality education. Method Entertainment Education tools and techniques being used by the Indian Institute of Young Inspirers for the last many years for creating awareness on health and development issues including sexuality education are: Magic, puzzles, puppetry, ventriloquism, board games, game shows, activity games, mobile exhibitions etc. All these tools and techniques have been developed by us with the active involvement of young people. Result During his feelwship work author have deloped more than 150 Entertainment Education materials. **Conclusions** The author will share his experiences related to: 1. Use of these tools and techniques in imparting sexuality education especially to adolescents; 2. Why and how these tools and techniques are an effective way of initiating a discussion on sexuality and other health issues; 3. Use of these tools and techniques by adolescents themselves to educate their peers.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O11-5 A VIRTUAL ENVIRONMENT ENHANCING SEXUAL HEALTH PROMOTION**

*Sirpa Valkama, Tiina Blek, Katri H Ryttyläinen*

The SexualHealthNet is an online service developed by the Centre of Expertise for Sexual Health, operating at Jyväskylä University of Applied Sciences. The service aims at assembling all the central research-based information related to sexual health promotion and sexology, as well as good practices, recommendations, and expert knowledge of the field. The SexualHealthNet virtual environment facilitates the access of the population, as well as of professionals, to reliable sources of information about the areas of sexology and sexual health promotion, related

research, current events, and training opportunities. Part of the services offered in the environment require registration, and part of them are open to all visitors. Registration is required for such services as booking an appointment for sexual counselling, guidance or therapy. The users of the service can ask questions, which will be answered by students of sexology or by professionals. The questions will be visible to all the visitors of the site once they have been answered, thus benefiting a larger group of users. Experts are offered consultation and mentoring services. The SexualHealthNet provides the opportunity to read, without registration, the online journal *Seksuaaliterveys* (Sexual Health), published by the Centre of Expertise for Sexual Health. The online journal is primarily intended for professionals, and functions as an unofficial creator of a national network for sexual health. All the users have access to the sexual education game *SexualHealthQuiz*, primarily targeted at young people, which can be used to test ones knowledge level.

Conflict of Interest: None disclosed  
Financial Support/Funding: Ministry Of Health And Social Affairs In Finland

### **O11-6 TREND OF RESEARCH WORK ON AT-HOME SEXUAL EDUCATION IN JAPAN AND POINTS REMAIN TO BE SOLVED**

*Shishido Akiyo, Saito Masuko, Kimura Yoshihide*

**Objective.** To study trend of research work on at-home sexual education in Japan and analyze points to be solved. [Materials and Method] Japanese literature search on sexual education published during 5 years from 3/2001 to 3/2006 using key words “home”, “sexual education” and “puberty” from major medical journals and data-base of J-dream and Cinii. Results: 33 publications were abstracted (21 original articles and 12 others). Those are all research work and, in many studies, questionnaires distributed to parents after lecture meetings or through students were analyzed. The researchers were doctors, university academics, midwives, etc. The result showed that parents sexual knowledge is too little to educate children at home. Many reports also pointed out that parents have negative images on sex and a resistance to talking about sex realizing the necessity of sexual education. Many researchers pointed out that, for successful at-home sexual education, it is necessary to change the parents perception on sex and intervene in sexual education for males. [Conclusion] Continuous support to parents, father in particular, is necessary so that they can tell children about sex, based on scientific knowledge, with appropriate words timely according to childs developmental stage. Development of an educational program for parents is also necessary to facilitate research and improvement of these points.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### O11-7

#### I CAN TALK ABOUT SEXUALITY: SEXUALITY EDUCATION FOR CHILDREN AGED 7 - 14

*Shona Charters, Liz Barber*

Effective sexuality education provides opportunities for children to develop knowledge, skills and attitudes that enable them to understand and appreciate their bodies, communicate clearly and practice decision-making. This presentation aims to illustrate some specific outcomes of sexuality education for children along with the evidence indicating that this learning contributes to sexual health in adolescence and adulthood. The authors will present a number of active learning strategies and resources that build upon each other as children progress through primary school. Conclusions: \* Children will benefit most from sexuality education if commenced in early primary school and delivered in a sequential manner. \* Evidence suggests that young people want sexuality education to focus more on communicating and decision-making in relationships and less on anatomy and reproduction. \* Sexuality education can be appropriate, meaningful and fun for both children and educators.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O12-1

#### CONSTRUCTING VIRTUAL SELVES: MEN, RISK AND THE REHEARSAL OF SEXUAL SCRIPTS AND IDENTITIES IN CYBER CHAT ROOMS

*Anthony Pryce*

The organisation of chatroom sexualities requires practical organisation and discretion management. Virtual sex may mirror some aspects of realworld encounter, but appears largely free of social constraints, physiological and health risk. However, where the actor graduates to engaging newly developed sexual desires into their sexual activities there are a number of issues that concern the constructions of health and social risk. This paper will report on research on men's use of internet chat rooms as a means of exploring and testing out erotic desires and fantasies, and whether these rehearsals remain online or begin to be developed in their actual offline sexual repertoire. The research is primarily concerned with men's discretion management of online sexual experiences and embodied activities. It also concerns how social and sexual health risk is constructed in relation to their social roles and sexual identities. The study draws on the increasing literature on cyber-research, particularly ethnographies, and focuses on chatroom users who identify as married men. Using real-time electronic or telephone interviews, the paper will explore how these men learnt and developed their use of the chatroom and the management of their social roles within this public/private sexual arena. Analyses suggest that despite offline social and sexual identities as straight, men utilise chatroom for a variety of purposes. This, admitting to hitherto secret transgressive fantasy, exploring habitual desires in a newly discovered "safe" territory or may be strategic. The chat-

room users engage with a pedagogy of the cybersexual, a process of learning how to create their virtual biographies and the script of the sexually charged arena. The paper explores whether it is merely a means of confirming orientation through developing social networks, the management of discreditable identities or the means of meeting others to leap from cybererotica to realworld sex

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O12-2

#### BUMPS AND LUMPS ON THE INTERNET ROAD TO SEX

*Nuno Nodin, Isabel Leal, Alex Carballo-Dieguez*

The experience of using the internet to meet sexual partners may have its positive sides, as well as its pitfalls. Using a sample of men who have sex with men (MSM) recruited online, we investigated how they assessed their experience of using the internet for sex. Thirty Portuguese MSM (age:  $m=34$ ;  $sd=8.5$ ) most of which had an university level education were interviewed face-to-face about their use of the internet to meet sexual partners and asked what they considered to be the positive as well as the negative aspects of their experience. Interviews were audio recorded with the participants agreement and later transcribed. Transcripts were analyzed using content analysis software. Results show that participants generally consider existing both positive and negative aspects in their internet experience. On the positive side, many mention that the internet provided them the possibility to meet people and to have experiences they otherwise would not have; on the negative side, many criticize the deception that they consider to often find online from other users. Other positive as well as negative aspects of their experience are discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: Fundacao Para A Ciencia E Tecnologia, Portugal

### O12-3

#### MY CYBERSELF: IDENTITY AND SELF PRESENTATION ON INTERNET PERSONAL PROFILES AMONG MSM

*Nuno Nodin, Alex Carballo-Dieguez, Isabel Leal*

The internet has become a major venue for many people to find sex and relationships, especially among gay men and other men who have sex with men (MSM). For many, creating a profile on specialized internet websites is the first step in this process. Using a qualitative approach, this paper focuses on the profiles MSM create to describe themselves online and meet sexual and relationship partners, analyzing their reasons to choose specific nicknames, images, and text. Results were drawn from two separate studies on MSM who use the internet for sexual purposes, conducted in Lisbon, Portugal, and New York, USA, using similar methodology of online recruitment followed by face-to-face interviews. All participants



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were 18 or older and had been using the internet ranging from a few months to several years to meet sexual partners. Data was collected from face-to-face in-depth interviews that were recorded with the participants agreement and later transcribed for content analysis. Results show that participants consider their profiles to be generally accurate depictions of themselves. Nevertheless, particular physical or psychological features are usually underlined by them in order to either enhance their chances of meeting other men or to look for particular types of sexual partners or activities. Similarities and differences between both samples will be reported.

Conflict of Interest: None disclosed

Financial Support/Funding: Fundacao Para A Ciencia E Tecnologia, Portugal

### O12-4

#### CAN LUST LAST?

*Berta Davis*

Desire disorders remain the most baffling problem facing sex therapists today. Originally identified by Helen Singer Kaplan in her groundbreaking book, *Disorders of Sexual Desire* (1979) the understanding of this problem remains challenging. Early research in sex therapy focused on performance and anxiety factors and treatment modalities have been most effective in treatment of erectile and orgasmic difficulties. However, problems of passion do not have their etiology in anxiety but rest within the couple relationship. The early field of sexual therapy, driven by excellent physiological research largely ignored the rich body of marital research and understanding. Multiple factors contribute to variability in sexual desire throughout ones life time. We understand that the mystery of passion is far more complex and multiple factors in addition to anxiety affect changes in passion throughout ones lifetime. Early in a relationship passion is robust but frequently lessens with time and maturity. The marriage of sex and couple research is crucial to unraveling the mystery of changes in sexual passion throughout a lifetime. Throughout one's lifetime the ebb and flow of erotic feelings are connected to hormonal, intrapsychic, interpersonal, physiological, chemical, developmental and sociological factors. Helen Fisher in *The First Sex*, (2000) differentiates lust, romantic attraction and attachment. Her research indicates that the physiological components of these stages differ considerably and therefore lust changes as the relationship matures. Passion, which is partially hormonal, drives the engine with testosterone and estrogen interacting differently in men and women. In women, behavioral concomitants of lustful feelings are stirred by talking, touching and telling, whereas for men visual components are salient. In addition, there is a marked contribution to sexual changes effected by couple disturbance. Works of Schnarch, (2001) Brackelmans (2006) and Deida (2003) will be considered in providing a framework for treatment of desire disorders.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O12-5

#### ATTACHMENT STYLE, ATTUNEMENT, AND ADULT SEXUALITY: CLINICAL APPLICATIONS OF ATTACHMENT RESEARCH TO SEX THERAPY

*Stella Resnick*

Cutting edge research on the neuroscience of infant and child development shows that early parent-child interactions of emotional attunement or misattunement can result in chronic stress patterns, internal working models of relationship, and attachment styles that directly impact an individuals capacity for intimacy and sexual pleasure as an adult. The objectives of this presentation are to provide a therapeutic model that synthesizes the relevant research from developmental psychoneurobiology and sexology and to offer a bodymind approach to sex therapy. Issues addressed include: How secure, insecure-anxious, and insecure-avoidant attachment styles are related to romantic love and eroticism; how attachment style determines ability to deal effectively with stress in a relationship; how mutually attuned non-verbal communication with a partner nourishes empathy and intersubjectivity and fosters emotionally gratifying sexual experience; and how therapists can orient couples to a more implicit level of relating, utilizing breath and body awareness to enhance emotional attunement, sexual desire, and satisfaction. Concluding remarks show that the sexual self, sexual health, and sexual satisfaction cannot be separated from issues of personal growth, authenticity, and ability to take pleasure in the emotional, physical, and sexual intimacies of a relationship.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O12-6

#### DIMENSIONALIZING ADULTERY: THE POROUS NATURE OF (IN)FIDELITY

*Andrew S. Walters, Desiree I. Sharpe, Brea D. Burger*

A fundamental assumption in many Western societies is that relationships characterized by strong relational fidelity are also sexually monogamous. Each member of a relationship remains the spouses exclusive partner, emotionally and sexually. Although straying from the marital bed has never been as uncommon as political and religious orthodoxies purport, opportunities for extra-dyadic relationships allow for co-existing infidelities. At present within industrialized societies, however, sexual normativity includes more than one life-time sexual partner. The current study examined attitudinal differences in relational infidelity (as displayed either in couples who were dating or who were legally married) and assessed the extent to which gradations of extra-dyadic activity constituted what in the United States is referred to as cheating. Extra-dyadic behavior was not reported as uniformly uncommon or unacceptable, consistent with predictions that current dimensions of sexual relationships are seen as more porous than cultural discourses suggest. Participants reported that sexual infidelity is seen at least by some as a rite of relationship passage. Terms used to characterize sexual exclusivity or non-monogamous behavior (e.g., "cheating," "being monogamous," "hooking up") are themselves ambiguous and are used to evade self-perceptions of true sexual infidelity. Participants



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own sexual infidelities are largely unrelated to the acceptability or unacceptability of others behavior. In a time of late capitalism, the boundaries that once clearly defined adultery are more fluid, and young adults appear to recognize that multiple definitions of cheating – and of monogamy – can co-exist.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O12-7

#### THE SEX TO EXPECT WHEN YOU'RE EXPECTING

*Louise Schaper, Kelly Prandl*

This study examines the impact of pregnancy and early parenthood on sexuality, mental health and relationship satisfaction of mothers and fathers. The focus of the research is on psychological health and healthy relationships and how these are impacted on by sexuality issues for couples during pregnancy and early parenthood. A review of the academic and consumer literature available on this topic reveals a strong need for an increased understanding of the impact of pregnancy and early parenthood on sexuality, psychological health and relationship satisfaction; as well as a need for a source of comprehensive advice and information for couples. A three-phase study design is being conducted. Data collection involves focus groups, surveys and interviews to collect substantial qualitative and quantitative data. Participants include heterosexual women and men who are in a committed relationship, are over the age of 18 and who are either pregnant at the time of the research or have a child who is less than 18 months old. The paper will present the preliminary findings from this study. Results will be used to inform the development of a resource for new parents and parents-to-be. An accompanying resource will also be developed that is targeted to health professionals and counsellors who work with couples. The aim of developing these resources is so this information is made available and can be used by couples and health professionals to improve the psychological health and relationship health outcomes for parents during and following this period. It is anticipated that this study will lead to a larger, national study to significantly fill the gap in knowledge and to develop a best practice intervention and education program for couples during pregnancy and early parenthood.

Conflict of Interest: None disclosed  
Financial Support/Funding: Healthways Wa Research Starter Grant

### O13-1

#### THE MARRIED MEN WHO HAVE SEX WITH MEN STUDY (M2M STUDY), RECRUITMENT STRATEGIES USED TO UNDERSTAND ISSUES, OPTIMIZE HEALTH-CARE AND INFORM THE COMMUNITY

*Jeff H Hudson, Garrett Prestage, Patricia Weerakoon, Gary Lee*

**Introduction** The study of married men who have sex with men (MMSM) aims to understand the social, sexual and demographical aspects of MMSM, to guide a better understanding of this group, promote education initiatives, support and explore the risk environ-

ments to prevent the spread of sexually transmitted infections including HIV. **Methods** A descriptive method of publicly available data on the internet was used to formulate proxy markers to indicate where the populations of MMSM are located. Using the search engine of highly popular adult web sites with a personal ads section for men to contact each other, observations are based on profiles who choose to identify as gay, bisexual, bi-curious, curious, or open-minded but also married, attached or de-facto. Postcodes or suburbs were recorded to target specific areas in NSW for successful diverse sampling and enable appropriate recruitment. **Results** The proxy maker search resulted in 730 men who met the criteria with an age range from 18 – 77 years old and mean age being 38 years. The most frequent postcodes used were Sydney city (2000) then the Western suburbs of Sydney which tend to be more working class and family orientated suburbs with MMSM. A cross-tabulation of the 730 profiles showed 7.0% of men indicated their sexual ID as “gay” but 45.8 % chose to identify as “bi-curious” and 33.7 % identified as “bisexual”. Whereas 13.6% remain “straight” even though they were seeking men for sex. 40.1 % of men were married, 25.6 % attached and 19.7% in an open relationship. **Conclusions** The use of specific strategic recruitment methods targeting key groups and areas prove to yield a greater response rate for surveys. Proxy markers are a valuable recruitment tool and can also be used for concentrated HIV/STI prevention campaigns in the areas of greater risk.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O13-2

#### RELATIONSHIP BETWEEN GENDER IDENTITY AND PHYSICAL TREATMENT AMONG TRANSGENDER PEOPLE IN JAPAN

*Shoko Sasaki*

**Objectives** The purpose of this study was to investigate the relationship between gender identity and physical treatment among transgender people in Japan. Many previous studies have argued that the gender identity of transgender people was supported by physical treatment. In fact, do transgender people who have had hormone and surgical treatments exhibit a stronger gender identity than non physical treatment transgender? In this study, gender identity about groups by treatments was analyzed. **Methods** The participants numbered 275 transgender people (MTF were 120, FTM were 155). According to the psychiatrist, all transgendered in this study had been diagnosed with gender identity disorder. Participants answered concerning some types of their physical treatments. And they also responded to the “gender identity scale (Sasaki, in print)”. **Results** The analysis was oneway, and the independent variable was the type of physical treatment, and the dependent variable was gender identity. There were six categories for FTM (non-responsive group, psychotherapy only group, mastectomy group, hormone therapy group, hormone therapy and mastectomy group, and genital surgery group) and four categories for MTF (non-responsive group, psychotherapy only group, hormone therapy group, and



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genital surgery group). The results showed that the main effects on “persistent gender identity ( $F(5,149) = 5.70^{***}, p < .001$ )”, “perceived gender identity ( $F(5,149) = 14.38^{***}, p < .001$ )”, and “socially adapted gender identity ( $F(5,149) = 2.60^*, p < .05$ )”. Multiple comparisons (Tukey) revealed that there were significantly higher scores for the “hormone therapy and mastectomy group” and “genital surgery group” than for the “non-responsive group” and “psychotherapy only group” for FTM. But for MTF, there were no significant differences by treatment groups. Conclusion It was found that FTM with physical treatments had higher gender identity than FTM without physical treatment, but not for MTF. Perhaps, this may infer a contribution from the ease of appearance change for FTM, and a lower social acceptance for MTF.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O13-3

#### MEDICO/LEGAL ISSUES IN THE TREATMENT OF YOUNG PEOPLE WITH TRANSEXUALISM

*Rachael Denise Wallbank*

The medico/legal issues associated with the treatment of children and adolescents with transsexualism differ across the range of affected stakeholders; including the young people themselves, their parents, their treating practitioners, health authorities, interest groups and the State. Related issues include human rights and ethics as well as the often ignored impact of cultural prejudice on the presumed objectivity of both medicine and the law. The emergence of claims of biological legitimacy for transsexualism as an intersexual condition, rather than a form of disorder, and the legitimacy of difference generally and associated human, medical and legal rights are engaged here hand in hand with moral and/or religious concerns. This lively mix of issues has effectively isolated young people with transsexualism from the kind of public health funding and professional medical interest enjoyed by other intersexual phenomena. Treatment models, while sharing much symmetry, significantly differ on the issue of the administration of pubertal “blockers” as a part of a first diagnostic phase of treatment at Tanner Stage 2 with the onset of puberty. Some expert practitioners refuse such treatment on both medical and ethical grounds and limit treatment prior to 16 years of age to psychiatric practices and counselling; notwithstanding the evidence of the long term loss of quality of life associated with the acquisition of secondary sexual characteristics at puberty at odds with the individual’s affirmed sex and the associated evidence of risk of self-harm. The presentation will discuss the issues raised for both law and medicine in reconciling the competition between individual, State, religious, interest group, medical and human rights and obligations in respect of the medical treatment of young people with transsexualism; including in the practical context of legal proceedings dealing with both child welfare/parents patriae and Gillick’s case principles.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O13-4

#### AUTOGYNOPHELIA AND AUTOANDROPHELIA IN NON-SEX AND GENDER DYSPHORIC PERSONS

*Tracie Frances O’Keefe*

This paper qualitatively reviews 10 cases of people who presented to the author, over a period of 30 years, with autogynophilia (males who superimpose psycho-imaginary female body images upon themselves during sexual fantasy) and autoandrophelia (females who superimpose psycho-imaginary male body images upon themselves during sexual fantasy) without showing any signs of sex or gender dysphoria. The participants are evenly divided into five females and five males who have both short and long-term cross-sex self-identification during sexual fantasising. Since the publication of Ray Blanchard’s paper (1989) suggesting that transsexual males suffered from a mental illness, namely a misdirected sex drive, Anne Lawrence (1999) and J Michael Bailey (2003) have joined him in this hypothesis. Blanchard’s autogynophilia/transsexualism model was based solely in the medical research methodological paradigm that sought pathological etiology as opposed to anthropological, sociological or sexological explorations of wellness. The international sex and gender diverse community, however, hotly contested that transsexualism and transgenderism are necessarily paraphelias or mental aberrations but more likely sex and gender variations in nature and nurture. In qualitatively profiling and analysing these 10 persons, it clearly demonstrates that the links between primary or secondary sex or gender dysphoria, autogynophilia and autoandrophelia may at times only be incidental rather than causative. These cases further show that such cross-sex body fantasising exists in the general population who do not desire to undergo any form of real-life bodily alteration or engage in any everyday cross-gender social presentation activities. This shows that previous research, based on the observational premise of perceived pathology into the concepts of autogynophilia and autoandrophelia, were likely to have been monoculturally biased research.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O13-5

#### HOMOSEXUALITY IN IRAN

*Mehrdad Eftekhari Ardebili, Nahaleh Moshtagh Bidokhti, Fereydoon Mehrabi*

Introduction: In Iran, sexual behavior toward the same sex is not only highly stigmatized but is a major crime with severe possible consequences. Homosexuals carry out a highly clandestine life style kept secret even to their first degree relatives. To the best of our knowledge, homosexuality has been rarely studied in Iran. So, we intended to make an inquiry in to their general aspects of life, strategies for partner finding, same sex oriented communities, and high risk sexual behaviors. Methods: 12 individuals who identified themselves as homosexual were recruited from a private sex clinic in Tehran. They voluntarily participated in qualitative assessment methods of focus groups and in-depth interviews during May-July 2006. Results: The result showed that homosexuals primarily





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tended to classify themselves according to their partner finding/meeting places including: i) chatrooms ii) parties iii) parks iv) coffee shops and v) gyms. It was claimed that such categorization is accompanied by a set of stereotypes in behavior and attitude and specific socio-economic status. Chatrooms were the most wide spread used ways of communication, while parks and parties were more considered as settings for casual sex partner finding with highest rates of unprotected sex, especially in lower socio economic status group. Conclusion: Homosexuality seems to be an under studied area in Iran. Regarding to their lack of access to health care and seclusion from society, they are at risk of various sexual and mental disorders. More detailed results and future recommendations will be discussed

**Conflict of Interest:** Mental Health Research Center  
**Financial Support/Funding:** Introduction: In Iran, sexual behavior toward the same sex is not only highly stigmatized but is a major crime with severe possible consequences. Homosexuals carry out a highly clandestine life style kept secret even to their first degree relatives. To the best of our knowledge, homosexuality has been rarely studied in Iran. So, we intended to make an inquiry in to their general aspects of life, strategies for partner finding, same sex oriented communities, and high risk sexual behaviors. **Methods:** 12 individuals who identified themselves as homosexual were recruited from a private sex clinic in Tehran. They voluntarily participated in qualitative assessment methods of focus groups and in-depth interviews during May- July 2006. **Results:** The result showed that homosexuals primarily tended to classify themselves according to their partner finding/meeting places including: i) chatrooms ii) parties iii) parks iv) coffee shops and v) gyms. It was claimed that such categorization is accompanied by a set of stereotypes in behavior and attitude and specific socio-economic status. Chatrooms were the most wide spread used ways of communication, while parks and parties were more considered as settings for casual sex partner finding with highest rates of unprotected sex, especially in lower socio economic status group. Conclusion: Homosexuality seems to be an under studied area in Iran. Regarding to their lack of access to health care and seclusion from society, they are at risk of various sexual and mental disorders. More detailed results and future recommendations will be discussed.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### **O13-6** **CHINESE ATTITUDES TOWARDS** **TRANSGENDER/TRANSSEXUALS AND THEIR** **CIVIL RIGHTS IN HONG KONG**

*Mark E. King*

Transgender/Transsexual (TG/TS) individuals face human rights abuses throughout the world, yet only in a number of jurisdictions are they legally recognized and legislatively protected. In Hong Kong (HK), there is currently no specific legal provision for TG/TS persons with respect to birth and marriage certificates, or indeed have any precedents been established as to how laws of general

applicability be applied. This judicial and legislative exclusion of TG/TS persons must change, and the results of the present study indicate that HK people may be supportive of such transformation. This paper describes the results of a study using a scale developed by the author - the Chinese Attitudes toward Transgender Civil Rights and Transprejudice Scale (CATCRATS) from a sample of 856, 15-64-year old HK Chinese men and women. Results indicate that the majority of participants agree that TG/TS persons face discrimination in HK and that the level of discrimination is significant enough to impact TG/TS psychological well-being. The majority of participants also believe that the etiology of TG/TS is biological and most believe transgenderism to be a result of difficult childhood experiences, whereas only a third of respondents believe it to be the result of a mental disorder. An overwhelming majority of participants believe TS/TG persons should have equal rights in education, employment, and social services, and agree that specific anti-discrimination legislation is necessary. Notably, many participants were supportive of post-operative transsexual civil rights, with almost half supporting marriage rights in their new sex and the legal ability to adopt children. Slightly less than half were supportive of granting legal rights to change birth certificates. Further findings from this study indicate that Government-sponsored public education campaigns designed to alleviate discrimination against TG/TS individuals may enhance public support for future protective anti-discrimination legislation.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### **O13-7** **CASE STUDY OF A MALE-TO-FEMALE TRANSGENDER** **CLIENT WITH MULTIPLE SCLEROSIS AND A HISTORY** **OF SEVERE CHILDHOOD ABUSE, AGED 56, AFTER 85** **COUNSELLING SESSIONS OVER 2 ? YEARS.**

*Elizabeth Riley*

This case study examines the impact of severe childhood abuse, gender dysphoria and multiple sclerosis on a male client aged 56 years. Outlined will be the counselling interventions, complex thought patterns, rationalizations, beliefs, and processes of physical and emotional pain that ultimately lead to the clients satisfaction with their current identity and gender.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### **O14-1** **TRAINING AND KNOWLEDGE AMONG SEXUAL** **HEALTH PROFESSIONALS**

*Brian D Zamboni*

The purpose of this survey was to gain descriptive information about aspects of sexuality as a field: how do sex educators, therapists, and researchers receive their training; are there major gaps in sexuality knowledge or training; and is there evidence that the



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field has emerging professionals who will carry on and advance work in sexuality? This was a one-time, anonymous survey conducted via the internet that took about 10 minutes to complete. Members from five different sexual health organizations were contacted via e-mail and invited to participate. Of the 500 respondents, 56% were female and the mean age was 50 years old. The majority of participants did not complete an internship that focus on sexuality, and even fewer completed a sex-focused post-doctoral fellowship. Individuals reported greater levels of informal training rather than training with a mentor. Participants reported some difficulties in obtaining training for sex education, research, or therapy, and most reported satisfaction with their training. Overall, the results suggest that sexual health professionals tend to be middle-aged and close to the age of retirement, but many appear to be enthusiastic about their work. More formalized training opportunities for professional work in sexuality is needed. Many sexual health professionals work in areas of male and female sexual dysfunction, whereas other topics are neglected. Topics that seem to need greater attention from sexual health professionals may include sexuality among children and adolescents, sexual issues among marginalized groups of individuals, and compulsive sexual behavior. Limitations and implications of this research are discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O14-2** **IM NOT BIG ON CONTRACEPTION: EXPLORING THE PATHWAYS TO UNPLANNED PREGNANCY IN ADOLESCENT FEMALES**

*Rachel Skinner, Jenny Smith, Sue Fyfe, Jennifer Fenwick*

Introduction and objectives: unplanned teenage pregnancy and parenthood occurs as a result of complex biopsychosocial interactions and is a significant social and health issue in Western society. It is associated with increasing social exclusion and adverse social, economic and psychological consequences, and defies all evaluated preventive strategies. This unique study in minors sought to explore and understand the nature of girls attitudes, beliefs and experiences towards romantic relationships, sexual behaviour, contraceptive use, pregnancy and parenthood in order to more fully understand these complex interactions and identify potentially modifiable pathways. Methods: Innovative methods were used to collect in-depth data from a vulnerable and difficult to access population. A purposive sample of sexually active teenagers aged between 14 and 19 years were drawn from three distinct populations: antenatal and postnatal services (pregnant-continuing); termination services (pregnant-terminating); and sexual health clinics (never pregnant). Sixty nine individual, semi-structured interviews were conducted. Thematic analysis and constant comparison techniques were used. Results: Many teenagers are inconsistent users of both condoms and hormonal methods of contraception. Perceptions of invulnerability towards pregnancy, often induced through erratic or non-use of contraception over time without consequences may reinforce ongoing risky sexual behaviours. Motivations to use contraception fluctuated according to the characteristics of the romantic and sex-

ual relationship, the type of partner, changing perceptions of barriers to contraceptive use and positive or ambivalent feeling towards early motherhood. Conclusions: To understand pathways leading to early unplanned pregnancy in the teenage years, we must explore the broader context of adolescent lives and acknowledge multiple systems of influence. Greater emphasis on the romantic relationship and its role in shaping adolescent contraceptive behaviours, together with an acknowledgement of the spectrum of attitudes held by teenagers towards pregnancy and childbearing are needed.

WITHDRAWN  
Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O14-3** **A STUDY OF THE EFFICACY OF PEER SEXUALITY EDUCATION PROGRAM AMONG COLLEGE STUDENTS** *Yuan-Hsiang Chu*

This study investigates whether college students improve their sexual knowledge, sexual education attitude, sexual education self-efficacy and sexual education communication behavior following a peer sexual education program. Fifty-one SHU-TE university of technology students were selected for training as peer educators (experimental). Meanwhile, 46 students with similar characteristics were selected as non-trained peers (control). Both the peer educators and non peer educators underwent pre-testing before the intervention. For two hours every week, for a total of eight weeks (included: sexual education role, gender role, relationship of heterogeneous, abortion and birth control, sexually transmitted disease, help skill) after post-testing, but the control group did not undergo a sexual education program. Multiple regression and paired t-test and ANCOVA were applied to analyze the effect. Conclusions drawn from the findings included: the experimental group demonstrated higher scores on sexual knowledge, sexual education attitude, sexual education self-efficacy and sexual education communication behavior; most students believed the curriculum were helpful, and felt the learning climate was very good.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O14-4** **SEXUALITY AND SERIOUS MENTAL ILLNESS- EDUCATING NEW GRADUATE NURSES: GRAYLANDS HOSPITAL, WESTERN AUSTRALIA** *Juanita Marchesani*

Sexual activity among persons with serious mental illness is an issue of clinical, social and legal concern. Sexuality in the psychiatric population traditionally had been considered an uncommon occurrence because of anhedonia, psychosocial impairment and medication-induced sexual dysfunction. The reality is that individuals may become hypersexual because of psychotic phenomena. Graduate nurses must deal with a range of sex related matters i.e.



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sexual health, sexual pathology, forensic issues, psychotic hypersexuality. They will also be required to deal with mentally disordered sex offenders. New graduate nurses are uncertain how they should deal with complex sexually related scenarios. There are also legal and ethical considerations when being confronted with sex related disclosures in a hospital setting. Competence of individuals with serious mental illness to consent to sexual contacts in a locked environment is also another important factor for the graduate nurse to consider. The North Metropolitan Health Service Graduate Nurse Program of Western Australia delivers lectures over six week period before nurses are rostered onto the ward environment. The program design was to increase knowledge and specialist skills to allow new graduate nurses to deal confidently with complex mental health and sex related issues. This presentation will summarise the key points of one of these lectures "Sexuality and Serious Mental Illness" which covers the history of sexuality and psychiatry, sexual developmental theories, sexuality and mental illness, pharmacology and sexual dysfunction, sexual outlets in a mental health setting, nursing response to sexual behaviours, nursing boundaries and legal responsibilities, forensic sexology and related pathologies. Consistent feedback from participants is that this lecturer has delivered essential and invaluable nursing education as part of their Mental Health Nursing induction.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O14-5** **STRATEGIES FOR ADDRESSING CROSS CULTURAL CONFLICT IN SEXUALITY EDUCATION**

*Don A. Dyson*

**Introduction and Objectives:** In the field of sexology, professionals regularly encounter incredible challenges in overcoming cultural issues that create conflict. One particular challenge is the ways in which cultural differences arise in within the context of sexuality education interventions. How does a facilitator, educator or therapist address the realities of strongly held personal beliefs while still encouraging open dialogue and promoting sexual health in group settings? When conflicts arise, sexuality educators are frequently ill-equipped to deal with the clashes, generate honest dialogue about the differences that exist, and utilize the experience as a way to acknowledge issues of power, privilege, oppression and belief. This presentation is designed to: - identify specific challenges when issues of faith beliefs, cultural norms and personal beliefs arise in group intervention settings; - provide professionals with specific intervention skills for addressing these issues when they arise. **Methods:** Utilizing theories addressing the transparency of power, the need for competence in cultural fluency and the desire to promote healthy sexual functioning within individuals' unique context and personal reality, this presentation will work to identify practical skills that professionals can apply when conflicts of values and beliefs arise in sexuality interventions. **Results:** At the conclusion of the presentation, professionals will be able to identify the types of conflicts that arise in sexuality interventions and to apply the most appropriate and effective methods for addressing the conflict

within the context of their educational or clinical intervention. **Conclusions:** Sexuality professionals regularly must deal with the challenges of cultural conflicts. Too often, the reaction "in the moment" is to shy away from or ignore the reality of strongly held beliefs in order to "move forward" with an educational agenda. This presentation begins to provide skills for addressing these challenges. **THIS PRESENTATION CAN BE DELIVERED AS A LONGER WORKSHOP IF TIME ALLOWS.**

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O15-1** **THE CUSP OF CAPACITY: A PROPOSAL FOR THE REFORM OF SEXUAL OFFENCES AGAINST PERSONS WITH INTELLECTUAL DISABILITY**

*Clare Graydon*

In *R v Morgan* (1970), the Supreme Court of Victoria stated that for incapacity to consent to be proved it must be shown that a person "has not sufficient knowledge or understanding to comprehend (a) that what is proposed to be done is the physical fact of penetration of her body by the male organ or, if that is not proved, (b) that the act of penetration proposed is one of sexual connexion as distinct from one of totally different character." It is my contention that this standard of knowledge is insufficient to allow a person to protect themselves against the commonly recognised consequences of sexual acts, namely pregnancy and sexually transmitted diseases. Although the literature suggests that increasing the benchmark of knowledge to encompass these facts would mean that many persons with intellectual disability would be deemed incapable of consent, I argue that consent that is not based on a standard of knowledge sufficient to allow an individual to safeguard their own interests cannot be considered valid consent. Law reform is required so that consent to sexual acts more closely resembles the informed consent required for medical treatment. Moreover, the provision of adequate sex education, repeated as required, would assist many people with intellectual disability to achieve understanding of both the nature and consequences of sexual acts. The proposed reforms would also allow people who, even after education, are unable to meet the requisite standard more certain legal protection than is currently the case.

Conflict of Interest: None disclosed  
Financial Support/Funding: Murdoch University

### **O15-2** **SEXUAL DYSFUNCTIONS OF CHRONIC SCHIZOPHRENIC PATIENTS**

*Ioana V Miclutia, Codruta A Popescu, Rodica S Macrea*

**Introduction:** Schizophrenic patients reveal sexual dysfunctions at the onset of the disorder but more profound in chronicity, after long term antipsychotic treatment. These dysfunctions may be attributed to the disease itself, to several psychosocial factors and to the treatment. **Objectives:** Various aspects of sexuality of chronic schizophrenic patients are evaluated. Antipsychotics are ana-



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lyzed regarding the sexual adverse effects. The prepsychotic and early phases of schizophrenia, the chronicity have a hallmark in the field of sexuality: mechanic masturbation, lack of sexual interest. Methods: 30 chronic schizophrenic patients and 30 drug naïve first episode schizophrenia patients were assessed by: PANSS, GAF, UKU sexual side effects component, WHOQOL-BREF. Results: The major disturbances of the sexuality of schizophrenics are: the quantitative and qualitative disorders regarding the sexual appetite, sexual practices due to the illness itself; sexual dysfunctions due to the antipsychotic medication. Even novel antipsychotics are responsible for amenorrhea, false-positive pregnancy tests, galactorrhea, engorgement of breasts, weight gain, being the major source of noncompliance. Conclusion: We can assume that the sexuality of schizophrenics alters both qualitative through regression to mechanic masturbation and quantitative (sexual apathy, anhedonia). The range of sexual side effects of novel antipsychotics is less than those produced by neuroleptics. This fact could contribute to the long term acceptance of and adherence to antipsychotic medication of sexually active persons suffering from schizophrenia.

Conflict of Interest: None disclosed  
Financial Support/Funding: Research Promoted By The Master Programme Of The University Of Medicine&Pharmacy Cluj

### **O15-3 VOICES OF THE ADULTS WITH INTELLECTUAL DISABILITIES: THE NEEDS OF RELATIONSHIP, SEXUALITY AND INTIMACY**

*Matthew K. Yau, Susanna S.S. Yeung*

Introduction and objectives: Satisfaction of interpersonal relationship, sex and intimacy needs is basic human right. People with disabilities are entitled to enjoy the same right as everybody else in the society. However, in reality, those needs are often neglected and overlooked among people with intellectual disability. Double standards are not uncommon among families and health professionals. On one hand, they advocate for the acceptance of people with intellectual disability by the general public. On the other hand, they set limits to control their social and intimacy aspects of life. The objectives of the study were to describe the concepts of sexuality of adult persons with intellectual disabilities, to explore their sexual concerns, and to identify their service needs. Method: Adult informants with intellectual disability were recruited. Fifteen individual in-depth interviews and 3 focus groups of another total 18 persons were conducted. Thematic analysis was employed to identify themes and issues as emerged from the data. Results: The concept of sexuality of the adults with intellectual disability was often associated with "sexual abuse". They were curious about sexuality, but did not know how to express their needs. Informants reported of encountering problems in handling intimacy and interpersonal issues. They often experienced pressure from parents or caregivers to restrict their expression of sexual needs. For intimacy and marriage, they expressed strong desires, but felt incompetence to deal with the practicalities and challenges in daily living. Conclusion: Adequate and relevant sexuality education, and support from fami-

ly and health professionals are important for the adults with intellectual disabilities. It is not only to prevent sexual abuse, but also to facilitate the expression and fulfillment of sexual needs appropriately. Thus, they can enjoy intimacy and love, and even marriage. Implications for sexuality education and counseling will be further discussed at the congress.

Conflict of Interest: None disclosed  
Financial Support/Funding: Departmental Research Fund

### **O15-4 THE BENEFITS OF GROUP WORK ON TEACHING ADULTS WITH INTELLECTUAL DISABILITY ABOUT SEXUALITY AND SOCIAL SKILLS**

*Judy Graham, Judy Graham*

Humans are sexual beings and all people have the right to express their sexuality. People with disabilities are often denied opportunities to learn about sexuality, yet they are more vulnerable to experiencing sexual abuse and developing inappropriate sexual behaviours. Learning about sexuality involves more than just the biological processes. Fundamental concepts also include being included, displaying and receiving affection, feeling valued, sharing feelings and ideas and exploring personal beliefs, attitudes and values. Belonging to a group provides an environment to develop and practise social skills which are necessary to establish relationships and feel a sense of self-worth. Sharing ideas and participating in activities can help normalise issues of sexuality and create positive attitudes. This presentation will explore the additional learning opportunities which arise from working with adults with intellectual disabilities in groups. It will discuss key concepts of a sexuality education course, facilitating positive group dynamics and strategies to engage participants. Conclusions: This presentation will: · challenge stereotypes about adults with intellectual disability and their ability to learn about sexuality and develop healthy relationships · provide an overview of key concepts addressed in a sexuality education course for adults with an intellectual disability · explore strategies for developing positive group dynamics and the importance of establishing a working agreement · highlight ways in which group dynamics can enhance communication and social skills.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O15-5 MEDICO-LEGAL CONSIDERATIONS IN MANAGING PATIENTS WITH ERECTILE DYSFUNCTION**

*Joseph Pollak*

Medical Treatment of Erectile Dysfunction Micunovic M. D. Special hospital of Ortopedics and Traumatology "St. Erazmo", Dept. of Urology, Ohrid, Macedonia Potence-means power and strength, Erectile dysfunctions-weakness. Patients and Methods: A groupe of 49 patients on age of 54 - 81 years, have been observed in 24 month's period. We used the method of intracavernous appli-



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cation of Prostaglandin E1 (Alprostadil). 5 - 10 minutes after the application, were quite enough to accomplish erection of the penis, stable enough for penetration. Results: All of the patients accomplished stable erection for 45 minutes average duration. In 1,9% of the cases, appeared complication as subcutaneous haemathoma, due to injecting technique. The patients applied the injections by themselves. Conclusion: Prostaglandin E1 (Alprostadil) injection is a medicament for sexual impotence. The strong effect of E1 prostaglandin on relaxation of smooth musculature, has been presented in Hedlund and Anderson's study (1985). Subcutaneous haematomas or oedema, as complications, appears very rare. It is consequence of bad injecting technique, not to vasoactive effect of the medicament.

Conflict of Interest: None disclosed

Financial Support/Funding: Medical Treatment Of Erectile Dysfunction Micunovic M. D. Special Hospital Of Ortopedics And Traumatology "St. Erazmo", Dept. Of Urology, Ohrid, Macedonia Potence-Means Power And Strength, Erectile Dysfunctions-Weakness. Patients And Methods: A Groupe Of 49 Patients On Age Of 54 - 81 Years, Have Been Observed In 24 Month'S Period. We Used The Method Of Intracavernous Application Of Prostaglandin E1 (Alprostadil). 5 - 10 Minutes After The Application, Were Quite Enough To Accomplish Erection Of The Penis, Stable Enough For Penetration. Results: All Of The Patients Accomplished Stable Erection For 45 Minutes Average Duration. In 1,9% Of The Cases, Appeared Complication As Subcutaneous Haemathoma, Due To Injecting Technique. The Patients Applied The Injections By Themselves. Conclusion: Prostaglandin E1 (Alprostadil) Injection Is A Medicament For Sexual Impotence. The Strong Effect Of E1 Prostaglandin On Relaxation Of Smooth Musculature, Has Been Presented In Hedlund And Anderson'S Study (1985). Subcutaneous Haematomas Or Oedema, As A Complications, Appears Very Rare. It Is Consequence Of Bad Injecting Technique, Not To Vasoactive Effect Of The Medicament.

### O16-1

#### DEVELOPMENT OF SEXOLOGY AND SEXUAL HEALTH EDUCATION IN FINLAND

*Katri H Ryttyläinen, Sirpa Valkama, Maija Ritamo, Tiina Blek*

During the past three decades, sexology and sexual health education has gradually become an established element of the Finnish educational system. The development of education in the field has been influenced by social phenomena (such as AIDS and the sexual abuse of children) and by legislative and administrative directions. National and international research in sexology has also increased and thus produced new evidence-based information to support the education. Sexual education has been part of the curricula of Finnish comprehensive schools since the year 1970. The sexual health of the population, as measured by several criteria, improved until mid 1990s. A turn to the worse, particularly, regarding adolescents and young adults, took place immediately after sexual education in schools was radically reduced in 1994. The Ministry of Social Affairs and Health has reacted to the situation by

setting a national plan of action for the promotion of sexual and reproductive health. Even if there has been progress in the sexual health education provided to the students of health and social care during the last decades, knowledge and competence related to sexuality do not have a clearly defined role in the education of professional staff. The quantity and quality of instruction vary a lot between different educational institutions, and teaching still depends on the ability and interest of each teacher to handle this area of

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### O16-2

#### NETREACH: ONLINE SEXUAL HEALTH PEER OUTREACH TO CHAT ROOMS

*Graham Brown, Phillip Keen*

The Internet is a popular method for men who have sex with men (MSM) to socialise and meet sexual partners. The rapid growth of the Internet as a space for communication, particularly on-line chat rooms and networks, demonstrates new ways in which personal or community links can occur and MSM can interact, providing new opportunities for health promotion and outreach to occur. The NetReach Project was an innovative initiative that offered sexual health information to gay and other MSM in Internet chat rooms. The project was initiated due to the increasing role of the Internet in the sexual lives of MSM, and was a collaboration of AIDS organisations across Australia. In essence - peer volunteers or staff entered online chat rooms in a similar way that volunteers outreached at social, community and sexual venues. The program was implemented in a way that aimed to respect and support the users of this virtual environment and the online community they had created. NetReach drew on the combined experience of all the project partners to adapt current peer based outreach, training and supervision frameworks in gay men's health promotion to an online outreach setting in a way that was effective and supported by the community they were targeting. This presentation will provide an overview of the project's development, implementation and outcomes to date. Recommendations to be presented include:

- Public health planners must be aware that the online environment is a constantly changing one and within as little as six months, significant changes can arise that may require rethinking of interventions.
- To stay abreast of trends and technologies and to be able to move with the target group, interventions must be firmly connected to the communities they are outreaching, and should use an ongoing reflexive approach in their methods and assumptions.

Conflict of Interest: None disclosed

Financial Support/Funding: Australian Federation Of Aids Organisations



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### **O16-3**

#### **THE EFFECTS OF THE INTERVENTION OF AIDS EDUCATION**

*Yen-Chin Lin*

The study focused on the development and evaluation of an AIDS Education Program, which was intended for Taiwanese nurses providing care-giving services to AIDS patients. It was found in the assessment that their experiences of taking care of AIDS/HIV infected patients are mostly very short, which was often less than one month due to the fact that they considered it as risky work. As a result, their willingness to do the job was observed to be fairly low. Furthermore, the services from the hospital, such as counseling, assistance that can be provided to patients with AIDS/HIV are usually not enough. The nurses wished that the hospital provided a complete AIDS/HIV Education Program for them to offer proper services to their patients. Although the nurses have the willingness to learn some related knowledge and skills. These reasons have hindered the motivation of the nurses to learn this program of persons with AIDS/HIV. The results show that the willingness in caring for persons with AIDS/HIV infection is rising. The awareness for group support was also observed. At the same time, the stigma for AIDS/HIV also decreased and they do not consider giving services to this special population as risky work anymore

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### **O16-4**

#### **THE SEXUALITY EDUCATION NEEDS OF TEACHER TRAINEES IN KENYA**

*Stella M Mulama*

Teachers in Kenya are the most reliable and ready source of sexuality information to young people, majority of whom go to school. With the HIV/AIDS pandemic, the government has introduced HIV education in schools and colleges, which encompasses aspects of sexuality, but there is evidence that it is not being taught effectively. Teachers are given almost no education in this line and they struggle to teach it. They are faced with the taboos of sexuality predominant in the African social settings, which do not allow them, as adults to talk about sexuality issues to minors. This paper sought to find out the sexuality needs of teacher trainees, how they can be met in order for them to be more effective transmitters of sexuality education to their pupils. The study involves both quantitative and qualitative methods of research with teachers who are training at colleges and those already teaching giving information, and also policy makers involved in teacher education and curriculum development. Results show that even while teachers are expected to teach young people about their sexuality from an informed point of view, the same cannot be said about teacher's own sexuality. In conclusion, there is a need to urgently include sexuality education as part of formal curriculum in teacher education. In this way, teachers will be at ease with the subject of sexuality, be more willing and ready to give it accurately and more importantly, be in charge of their own sexuality.

Conflict of Interest: None disclosed

Financial Support/Funding: Ford Foundation Via The African Regional Sexuality Resource Centre

### **O16-5**

#### **THE BIG PICTURE: A WESTERN AUSTRALIAN PERSPECTIVE ON EDUCATING EDUCATORS ABOUT SEXUALITY EDUCATION.**

*Lorel Mayberry*

The aim of this presentation is to showcase the Western Australian teacher support materials – Growing and Developing Healthy Relationships (pre-primary – year 10) and to highlight issues around teacher training in sexuality education. Sexuality education is an integral part of the health education curriculum yet many teachers are generally unprepared and feel uncomfortable about teaching sexuality education. Sexuality and drug education are regarded by teachers as the most difficult areas to teach, and correspondingly some teachers avoid teaching in these areas. Teachers comfort levels, personal knowledge and positive attitudes toward their own and others sexuality are vital if they are to be effective sexuality educators. Teachers who do not feel comfortable are likely to disregard essential parts of the curriculum because of their own feelings of inadequacy. More than 500 school based personnel (teachers/school nurses/Aboriginal Education Officers/parents) attended two or three day train-the-trainer workshops either in the metropolitan Perth area or selected country regions over a 4 year period and all completed pre and post evaluations. After the training, 99% of teachers felt motivated to make use of the GDHR materials with their primary or secondary school students. There were also significant increases in skill levels regarding the use of the GDHR materials (pre 3.5/5 and post 4.6/5) and, most importantly, 76% of the teachers/school nurses went on to deliver training to their peers back in their own schools and/or districts. Delivering workshops to remote communities (Kimberley, Goldfields, Ngaanyatjarra Lands) is challenging due to many factors including size of the State, costs associated with delivering training to remote areas, and lack of relief staff. Despite the many challenges, WA Department of Health has prioritised training in these regions and the outcomes and learnings from these workshops will also be discussed.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### **O16-6**

#### **PEDAGOGY AND CLASSROOM STRATEGIES FOR TEACHING YOUNG STUDENTS SEXUALITY: A PERSPECTIVE OF FEMINIST PEDAGOGY**

*Hsing-Chen Yang*

In this article, data collected from an action research of college students in Taiwan is used to further our understanding of the role of mediated sex and gender as a source of discrimination in school lives and in relationship to emerging male and female identities. This paper explores how students everyday life and day-to-day practices, including language, consumer logic, bodily deportment and so on are part of discursive constitution of students subjectivities. The author argues and uses feminist pedagogy to serve a classroom strategy that is not only can fight sexism, homophobia, an



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other forms of social injustice, but also provide a way for students to exploring issue of sexuality honestly and discover a language to talk about sexualities. As such, this article discusses the curriculum design, feminist teaching strategies and activities, and self-reflexive accounts of the feminist teacher and students.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O16-7

#### **TRAINING IN MALE SEXUAL AND REPRODUCTIVE HEALTH FOR PRIMARY CARE PHYSICIAN (PCP). IS IT BENEFICIAL?**

*Shaiful B Ismail, Leon Piterman,*

**Introduction** In 2006, as part of Continuous Professional Development, I was granted a scholarship by the University Sains Malaysia (USM) for the Fellowship training in Male Sexual and Reproductive Health at Monash University (MU) for a period of one year. As the lecturer in the Department of Family Medicine, my interest in the area developed out of frustration in the management of male patients with sexual and reproductive health problems in particular, sexual dysfunction. The objective of the training program was to develop the knowledge and skills in the area namely androgen deficiency, male infertility, prostate diseases, testicular tumours, erectile dysfunction and sexually transmitted disease. **Methods** The training started in January 2006 and concluded at the end of December 2006. The training program consisted of 1. Clinical attachment with various clinical specialists i.e andrologist, endocrinologist, urologist, sexual health physician and sex therapist. 2. Completion of module, male sexual and reproductive health prepared by the Department of General Practice, Monash University 3. Research project on Knowledge of Male Sexual and Reproductive health among the medical students in MU and USM. Throughout the training program, I have developed networking with Andrology Australia and Center for Gender and Medicine, Monash Institute of Health Services Research. **Results** After the training program, I have gained confidence in the management of the men in the areas mentioned above. I have also gained confidence in teaching and conducting research related to the areas mentioned **Conclusion and Discussion** PCP will benefit from the training program that I've gone through. This program will enable PCP to assume leadership roles in this multidisciplinary area. It will definitely be more cost effective care for our patients, particularly as the number of specialists is limited, and more importantly will be satisfying for the patient and the physician

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O17-1

#### **CONVERSANT WITH CHLAMYDIA OR COMPLETELY CLUELESS? KNOWLEDGE AND SKILLS OF WESTERN AUSTRALIAN GPs PRIOR TO THE IMPLEMENTATION OF A CHLAMYDIA CAMPAIGN**

*Meredith J Temple-Smith, Donna Mak, Jan Watson, Lisa Bastian*

**Introduction:** In Western Australia (WA) rates of chlamydia have risen fourfold in the last decade. In June 2005 the Department of Health WA launched a mass media campaign aimed at people aged 15-25 years, encouraging them to seek chlamydia testing through their general practitioner (GP). **Methods:** Prior to the campaign a survey of GPs chlamydia-related knowledge and practices was conducted to produce baseline measures and to improve GPs awareness of this infection and the mass media campaign. All 2038 GPs in WA were surveyed, of whom 576 (29%) responded. **Results:** Marginally more female than male GPs completed the questionnaire, with 75% of respondents practising in urban areas. Around 50% of respondents offered contraceptive advice and Pap smears daily and diagnosed sexually transmissible infections monthly, suggesting that many had some interest in sexual health. Despite this, when asked about the likelihood of taking/updating a sexual history in 5 different clinical situations, many GPs were reticent to do so where the rationale was not immediately obvious to the patient. While GPs knowledge of symptoms, testing and treatment of chlamydia was generally good, contact tracing practices were variable, with less than 25% of GPs considering this to be always or mostly their responsibility. Although chlamydia is a notifiable infection, 15% of GPs would not always inform the Department of Health of a case of chlamydia. Of even more concern was the finding that while 76% of GPs were aware that chlamydia was commonly seen in the 20-24 year old age groups, less than half (45%) knew that chlamydia is also commonly seen in the 15-19 year old age groups. **Conclusions:** Results suggested that while GPs knowledge of chlamydia was reasonably good, opportunities for chlamydia risk assessment may have been overlooked. Recommendations arising from the study will be discussed.

Conflict of Interest: None disclosed

Financial Support/Funding: Department Of Health, Western Australia

### O17-2

#### **DEFINITIONS OF RISKY VAGINAL INTERCOURSES AND SELF-EFFICACY: IMPORTANT FOR PROMOTING CONDOM USE**

*Nelson Chun-yiu Yeung, Catherine So-kum Tang*

Based on previous literature, how people feel about using condoms and the consequences of performing unprotected sexual activities, plus how people define risky sexual behaviors, are associated with their intentions to use condoms in the future. This study hypothesized that self-efficacy, perceived benefits and risks of unprotected sex, and the definitions of risky vaginal and non-



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vaginal intercourses, were associated with Chinese college students intentions to use condoms in the future in their sexual activities with regular and casual partners. 289 Chinese college students (151 males and 138 females) were surveyed. Their sexual status and prior condom usage were also considered. The measurement scales showed satisfactory internal consistency reliabilities, with the coefficients ranging from .67 to .83. Results from correlation analysis showed that students intentions to use condoms in the future (1) were positively correlated with self-efficacy, perceived risks of unprotected sex, and definitions of risky vaginal intercourse for sex with regular partners; (2) were positively correlated with self-efficacy, prior condom usage, and definitions of risky vaginal intercourse for sex with casual partners. Results from regression analyses showed that students intentions to use condoms in the future (1) were best explained by definitions of risky vaginal intercourse for sex with regular partners; (2) were best explained by self-efficacy, prior condom usage, and definitions of risky vaginal intercourse for sex with casual partners. These findings imply that targeting at how Chinese college students define risky vaginal intercourses and how they feel about their abilities to use condoms might be important in sexual health programs for more effective promotion of safer sex.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O17-3

#### **A TRIUMPH OF FACTS OVER EXPERIENCE: CONSTRUCTIONS OF IGNORANCE AND DISREGARD OF THE AFFECTIVE IN RELATION TO HIV PREVENTION WORK IN MYANMAR / BURMA**

*Gillian Fletcher*

Introduction WHO estimates that Aids “will constitute a major, if not the major cause of death in young adults in Myanmar / Burma during the coming decade. ” (WHO, 2001.) Unprotected sex is believed to be the main mode of transmission. Prevention work aimed at changing sexual behaviour is ongoing, and this abstract presents data gathered demonstrating pedagogic choices made in this work. Methods The data presented in this abstract were collected in Myanmar / Burma through 21 individual interviews with key senior level national informants from international organisations, junior field staff, volunteers and community members, and through observation of a community-based workshop. Results Constructions of community members as blank sheets, ignorant in terms of HIV knowledge prior to NGO intervention were widespread, eg: “We have to give them the knowledge”. This view was shared by many community members, although in interviews they revealed possession of basic HIV prevention information prior to involvement with an NGO. Research participants also expressed varying degrees of awareness of the real-life complexities associated with trying to change sexual behaviour – but in most cases this awareness was spoken of as separate from, rather than intersecting with, the magic pill of factual knowledge. Several participants expressed the view that if people still become HIV+, despite having received the magic

knowledge pill, they were doing so wilfully or because they were inherently promiscuous. Conclusion The data show that among research participants, decontextualised fact-giving is seen as an unquestioned truth of behaviour change work; community members are constructed as ignorant without NGO intervention; and the personal, societal and cultural complexities which can prevent behaviour change are negated. This bears heavy implications both for the efficacy of prevention work and for the (unintentional) increase in stigma borne by those who become HIV+.

Conflict of Interest: None disclosed  
Financial Support/Funding: La Trobe University Faculty Research Grant And Personal Funds

### O17-4

#### **JUST SAY Y.E.A.H. - AUSTRALIAS NEW APPROACH TO HIV EDUCATION AND PREVENTION**

*Hayley A Matic, Alischa Ross, Karen Cochrane, Steven Hunt*

HIV rates are on the rise across Australia. Annual rates of HIV diagnoses have increased by almost 50% over the past five years, and a substantial proportion of these new infections are occurring amongst groups not previously identified as high risk. Australias effective HIV infection control mechanisms in the late 1980s and early 1990s are now failing, and there exists a clear need for education and prevention efforts to both increase public awareness about this disease, and to halt and prevent the spread of infection in line with the UN Millennium Development Goals. Youth Empowerment Against HIV/AIDS (Y.E.A.H.) is Australia’s first not-for-profit health promotion organisation that aims to reduce Australian HIV infection rates through education of ALL young people. Y.E.A.H. provides HIV/AIDS education services to schools, universities, libraries and the general community, with a focus on empowerment through knowledge. Y.E.A.H. plays a critical role in ensuring HIV/AIDS is addressed as part of the public agenda in Australia, and focuses on the relevance of HIV/AIDS issues to the nations youth. This paper outlines the history and philosophy of Y.E.A.H., and introduces two of the organisation’s major projects as examples of innovations in HIV education. The first project is the 2006 national distribution and educational development of the documentary film, “A Closer Walk”. The second project is Y.E.A.H.’s upcoming “Shades for AIDS” awareness day, to be implemented in high schools nationally in 2007. Through these projects, Y.E.A.H. is able to connect young people with the global proportions of the AIDS epidemic, while also enabling them to acknowledge the Australian context of HIV/AIDS and take action to reduce local rates of infection.

Conflict of Interest: None disclosed  
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### O17-5

#### STI/HIV VENUE BASED TESTING: SEX WORKER STYLE

*Charles H. Cloniger III, Alexandra Lutnick, Daniel Wilson, Naomi Akers*

St. James Infirmary (SJI), located in San Francisco, California, is a peer-based Occupational Health and Safety clinic for sex workers of all genders and their families, founded in 1999. In 2003, SJI launched a venue-based sexually transmitted infection and HIV (STI/HIV) testing program at the Nob Hill Cinema, a local male strip club, and at the Market Street Cinema and Lusty Lady, two local female strip clubs. Every 4-6 months our sex worker peer-based staff arrange entrance to the clubs and offer individual risk reduction counseling (IRRC) and testing over the course of an evening. Dancers self-select to participate and after private IRRC sessions decide with their counselor which tests will be performed. Offered tests include oral tests for HIV, and pharyngeal, rectal and urine tests for gonorrhea (GC) and chlamydia (CT). Participants receive results one to two weeks later at SJI, during which time they may receive any other clinic services. Since its inception, the venue testing has screened 50 unique individuals, with many becoming repeat testers. We have a 100% disclosure and treatment rate. Of 55 HIV tests, 5.45% (n=3) were positive. Positivity rates for pharyngeal GC were 7.31% (n=3), rectal GC 8.33% (n=1), and urine GC 0% (n=51). Chlamydia positivity rates were 2.56% (n=1) for pharyngeal CT, 0% (n=1) for rectal CT, and 0% (n=51) for urine CT. Venue testing offers a way to reach sex industry workers who might not otherwise access services at SJI directly. By bringing our non-judgmental services directly to workers we build the trust necessary to ensure follow-up in clinic which then allows introduction to our comprehensive peer-based array of medical and social services.

Conflict of Interest: None disclosed  
Financial Support/Funding: San Francisco Department Of Public Health St. James Infirmary

### O17-6

#### IS PODOPHYLLIN STILL EFFECTIVE AGAINST CONDYLOMA ACUMINATA?

*Pratak O-Prasertsawat, Wichita Tangpakdeerat, Nathpong Israngura Na Ayudhya*

Introduction and objective; Condyloma acuminata is one of sexually transmitted diseases (STDs) caused by Human Papilloma virus (HPV) which is predominantly found in sexually active group. Various treatments have been recommended by Centre for Diseases Control (CDC). However, some trials have suggested the efficacy of podophyllin against Condyloma acuminata, but there is one trial suggested that podophyllin should be abandoned. So, the objective of this study is to evaluate the effectiveness of podophyllin therapy against Condyloma acuminata. Methods; Retrospective descriptive study was done at Ramathibodi Hospital. Medical records of 186 women who were diagnosed of Condyloma acuminata from January 1998 to December 2005 were reviewed. Patients were weekly received 25% podophyllin applications and were evaluated weekly for 4 weeks. In case of lesions did not regress after 4 weeks of treatment, electrocautery was used for alternative treatment.

Main outcome measure was the complete clearance rate. Results; The peak incidence of Condyloma acuminata was being in the age group of 20-30 years with the mean age of 28.3 years. The primary site of the lesions was mostly at perineum (94.1%) and the size was mostly less than 5 mm (76.3). The complete clearance rate was 2.2% at one time application and up to 37.1%, 61.3% and 79.6% after applied 2, 3 and 4 times, respectively. When comparing the complete clearance rate with site and size of the lesions, history of STDs and abnormal Pap smear, there were no statistically significance difference. Conclusions: Podophyllin is still effective against Condyloma acuminata with complete clearance rate of 79.6% after 4 times applications. The high success rate in this study may be due to small size of the lesions at the time of starting treatment.

Conflict of Interest: None disclosed  
Financial Support/Funding: Faculty Of Medicine Ramathibodi Hospital, Mahidol University

### O17-7

#### THE INFLUENCE OF DRUG USE, EXERCISE, AND SEXUAL ORIENTATION ON BODY IMAGE CONCERNS IN MEN

*Sitharthan Gomathi, Mathew Dunn*

Studies of body image concerns in men have largely neglected the influence that these concerns may have on the day-to-day social, professional and emotional lives of this group. Using quantitative data collection methods, the present study sought to measure the day-to-day body image concerns in a general population sample of men located in Sydney, Australia and how these may be affected by mens legal and illegal drug use, exercise patterns, and sexual orientation. Two hundred and thirty one males comprised the final sample that participated in the study. Participants completed a battery of questionnaires, including the Adonis Complex Questionnaire, the Obligatory Exercise Questionnaire and a modified version of the University of Michigan Weightlifters Survey, as well as a demographic and sexual orientation questionnaire. A second study was conducted in which participants completed the Adonis Complex Questionnaire and the Drive for Muscularity Scale. The present study highlights that body image concerns may have serious impact on the lives of the men who are afflicted by them. Substance use, exercise, and sexual orientation are factors which have influenced how men see their bodies, and in turn, how they may be affected by the perceived discrepancies between the bodies they would like to have and the bodies they believe they currently have. Future research may well investigate how body image concerns impacts the daily lives of men.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O18-1

#### LET'S TALK ABOUT SEX: KINSEY, OUTRAGE AND THE INVENTION OF POSTMODERN SEXUALITIES

*Anthony Pryce*

Sexual Behavior in the Human Male (1948) was published at a critical moment in the modernist, project of re-assembling post war gendered, domestic order in the home and the wider xenophobic



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paranoia that resulted in the McCarthy witch-hunts. It was rooted in rationalism that challenged the misinformation, mythologies, religious and moral beliefs of the dominant culture of the USA. A similar, smaller project Little Kinsey had been undertaken in the UK by the Mass Observation survey, but the results had been suppressed because they were so scandalous. This paper will briefly consider the key data from the Kinsey report (1948) and explore that with reference to the more recent movie Kinsey: Lets talk about sex (2004). A central element in this exploration is the continuity and similarity in the hostile responses to the issues raised by both these productions that have become increasingly inflamed by the conservative discourses that are fuelling the so-called culture wars in the USA. The presentation will be illustrated with extracts from the movies that provide the basis for analysing how Kinseys original report may be seen as instrumental in both describing human sexual behaviour, and in so doing, revealed its variety, challenging the rigidity of sexual categories and thereby created a post-modern sensibility of sexual diversity. Critics of Kinsey in particular, and sexual diversity in general, have made use of the Internet to publish articles that seek to undermine the scientific validity of the report, demonise Kinsey himself and permeate contemporary political and legal discourses with moral absolutism that creates sexual other. It will be argued that the immoderate language and degree of moral outrage interwoven with the most selective use of defamatory abuse suggests fear of social and scientific knowledge, particularly that which critiques heteronormativity while constructing new populations of the sexually vulnerable.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O18-2** **SEX THERAPY AND THE CULTURAL CONSTRUCTION OF SEXUALITY**

*Sandra Pertot*

Although sex therapy is a research-based discipline, it is influenced by social context in the questions it asks, the conclusions it draws, and the treatment programs it develops. As the recognized experts on sexuality, sex therapists and researchers have a reciprocal role in shaping the prevailing stereotype of normal and achievable sexual functioning. Modern sex therapy is based on the paradigm of behavioral deficits as evidence of sexual dysfunction, which led to the notion that sexual competence is the cornerstone of a good sexual relationship. This translates into the model of "great sex" that sex therapists promote in their public discourse. Current assumptions underpinning clinical practice are that great sex should be passionate, meaningful, regular, and adventurous, and this should be achievable by all normal-functioning well-adjusted individuals. Although recognition of individual differences is assumed to be an implicit part of the theory and practice of sex therapy, the modern construct of normal sexual functioning supported by sex therapy blurs individual differences and promotes sameness. Individuals with low sexual desire, rapid ejaculatory response, low or non-existent orgasmic capacity, lack of interest in sexual variety, preference for routine and brief sexual encounters, or who do not attach any

great importance or meaning to sex, are likely to be regarded as suffering from a psychological problem or sexual dysfunction. Sex therapy does not offer treatment programs based on the notion that these individuals may be functioning to the best of their sexual ability, and the public promotion of great sex as the achievable norm adds to the distress of those who cannot, despite their best effort, reach these goals. Sex therapists need to acknowledge the influence of social context on their own beliefs and practices as sex experts, and to develop more inclusive models of normal sexuality and "good enough" sexual relationships.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O18-3** **PHALLUS, PERFORMANCE AND POWER: CRISIS OF MASCULINITY**

*Sharful Islam Khan, Nancy Rodd, Sherry Sagger*

Introduction: Mens sexual health concerns (SHCs) receive inadequate attention as they are not sexually transmitted. Treatment SHCs in the paradigm of patho-physiology and psycho-pathology reveals limited success. This paper dissects the meanings of SHCs in the framework of culture, economy and masculinity. Methods: In a qualitative study on male sexuality, 50 men, aged 18-55 years, from diverse socio-demographic backgrounds were interviewed. Both manual and software (Atlas-ti) were utilized for data analysis. Results: Male superiority and power over women are proclaimed as normal and natural in Bangladeshi society. Mens authoritative relations with women affect sexual acts where real men have to be sexually potent to demonstrate sexual potency and power over women through penile erections. Like gender based economic power, men deem sex as another agency for demonstrating power, governance and success over women. Men do not see their penis only in terms of pleasure. Rather sexual performance with large sized penis is symbolized as masculine power, and penetration as subsequent male success to win women. The act of ejaculation reflects manly achievement and reproductive capacity for acquiring fatherhood. Thus, narrowly focused male sexuality relies on performance, encouraging men towards penetrative sex by ignoring other non-penetrative acts. This destroys the quality of marital sex and equality in relationships. Conclusions: In patriarchal society, the discrepancy of gender based socialization creates an essentialist framework of male sexuality where mens phallus, performance and power over women are the foundation of mens SHCs. In this era of modernization, men are technologically productive. Their concerns about the size and shape of the penis are constructed in the local to global context of the market economy and technology. The models of penises are commercially produced publicizing perfect sized penises for prolonged intercourse. Thus, SHCs become the product of mens threatened masculine power.

Conflict of Interest: None disclosed  
Financial Support/Funding: We Have Fund For Food And Accommodation, We Only Need Support For Air Ticket And Registration



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### **O18-4** **IN SEARCH OF THE PERFECT EROTIC MEAL**

*Esther Corona*

In recent times gastronomy has been recognized as a legitimate object of serious study as it is part of culture insasmuch as the arts and other cultural expressions. There is a strong link between food and sex as appetites and between gourmandise and sexuality as elaborate social constructions. Moreover, it has been recently suggested that a new world-wide interest in cooking, ingredients and techniques arose in the sixties and seventies simultaneously with the "sexual revolution". Even if this is just a theory, what is a fact is that food is often linked with sexual activity, as a prelude or as a conclusion and that desire, and appetite for food and drink both lurk in the deep recesses of the hypothalamus. Human beings have always searched for aphrodisiacs – substances that arouse and maintain sexual desire and response. Recipes for potions and foods are as old as humankind; however we have come a long way from rhinoceros horn and mandrake root, although many turtles still succumb to the legend of their eggs' power. However, the search for a perfect meal linked to the erotic still persists. Many of the foods with justified or not –erotic fame-come from the Americas. How could we speak of modern day aphrodisiacs without mentioning avocados or chocolate? This presentation will try to recreate the (virtual) experience of the perfect erotic meal using ingredients originally from the Americas. It will discuss ingredients as well as techniques and will, finally, deliver the recipes to recreate it in whatever setting the participants may choose. Unfortunately we will not be able, as in any sound scientific experiment, to present the results of reproducing our experience, but we can definitely attest to the pleasure and joy of many persons who have had a non-virtual experience with our postmodern "aphrodisiacs".

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O18-5** **MOODITJ: A SEXUAL HEALTH AND LIFE SKILLS PROGRAM FOR INDIGENOUS YOUNG PEOPLE**

*Melissa May*

The Mooditj program is a community based sexual health and life skills program for Aboriginal youth 11-14 years and winner of the 2006 Healthway Excellence in Health Promotion Award. Mooditj is underpinned by extensive consultation with Indigenous Australians and those working with Indigenous youth from over 200 Western Australia regional and rural communities. Results identified a need for a culturally specific sexual health program for this age group. This was supported by the 2003 Indigenous Health Statistics report on increasing rates of the prevalence of STIs, abuse and relationship violence, teenage pregnancy and high risk behaviour among Aboriginal youth. The Mooditj Program is an integrated approach to sexual health, building links between sexual health, physical, mental and emotional well being with consideration of the impact of environmental and social influences. Mooditj aims to increase knowledge, enhance personal skills and provide a platform for young people to feel comfortable to talk with trained community Mooditj Leaders about sexual health issues. Local service

providers and key community people are given the opportunity to attend Mooditj Leader Training programs that focus on building comfort and confidence in delivering the program to their young people. The program is supported by a comprehensive, easy to follow manual. Mooditj has been met with a great deal of enthusiasm from all over Western Australia, the Northern Territory, South Australia and New South Wales and generated much interest from Aboriginal workers, government departments, regional service providers and organisations working with Indigenous populations. To date FPWA has trained over 300 Mooditj Leaders who work in education, policing, health, community services, justice and local government with many running ongoing Mooditj groups in their local communities. Feedback and evaluation data is being gathered and results will be available at the completion of the current funded round of training workshops in 2008.

Conflict of Interest: None disclosed  
Financial Support/Funding: Healthway Foundation For Health Promotion And Innovation, Western Australia

### **O18-6** **CULTURAL CONCEPTS OF SEXUAL RELATIONSHIPS IN SELECTED TRIBAL GROUPS IN KENYA**

*Rose M Ayikukwei, Eunice G Walumbe*

Sexual relationships whether heterosexual, homosexual or bisexual have profound spiritual, psychologically and biologically effects on the human body and mind. A qualitative survey was done among three tribal groups in Kenya, the Masai, Luo and Luhya. The purpose of the survey was to determine the indigenous cultural concepts in regard to sexual intercourse and relationships. The Masai are generally nomadic pastoralists who circumcise both men and women. The Luo are fishermen and subsistent farmers and neither circumcise men nor women. The Luhya are subsistent farmers and only circumcise the men. The data from the different groups were collected using focus group discussions and key informants. The analysis was done using content analysis. Bisexual and homosexual relationships are culturally forbidden. In marriages heterosexual relationships are for procreation. Among the Luo and Luhya sexual intercourse is a revered and scared act, it is used for various cultural rites including cleansing and sanctifying ceremonies. Sexual intercourse is performed in almost every cultural event and celebration of holidays. Adults in the reproductive age group are expected to have a sexual partner. The Masai share everything including grazing land and female sexual partners; a married woman can have sexual relationships with her husbands peers. The sharing of female sexual partners strengthens the concept of kinship. Due to the nomadic lifestyle of the Masai; female circumcision is practiced to ensure that sexual libido of the women is reduced as they wait on their men to return. In all the three groups male vitality is of uttermost importance, traditional herbs like - mkombero and kukumanga- are used to enhance male sexual drive. It is culturally inappropriate for a Luo or Luhya man to deny a woman sexual pleasure and for a Masai women to repudiate sexual advances from her husbands peers.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### O18-7

#### RELIGIOSITY, SEXUAL BEHAVIOUR AND SEXUAL ATTITUDES IN A REPRESENTATIVE SAMPLE OF AUSTRALIAN ADULTS

*Richard O de Visser*

**Introduction and objectives** Many studies have examined the influence on sexual attitudes and behavior of religious belief (i.e., religious denomination) or religiosity (e.g., attendance at services). However, few studies have examined the combined effects of religion and religiosity on sexual attitudes and behavior. The aim of this study was to attempt to answer the question: What is the relationship between religion and religiosity and sexual behaviors/attitudes? **Methods** Interviews were conducted a representative sample of 19,307 Australians aged 16-59 years (response rate 73.1%). The study compared members of four religious groups (Protestant, Catholic, Buddhist, Muslim) and two levels of frequency of attendance at religious services (less than monthly, at least monthly). Analyses were adjusted for potential confounding by demographic variables. The outcomes were five sexual behaviors and five corresponding measures of sexual attitudes - premarital sex, non-monogamy, watching sexually explicit movies, homosexual activity, and termination of pregnancy. **Results** The answer to the question "What is the relationship between religion and religiosity and sexual behaviors/attitudes?" appears to be "It depends on the religion, the degree of religiosity, and the behavior of interest." The data revealed some main effects of religion: religious participants were less likely to have had premarital sex, homosexual sex, or an abortion. There were also main effects for religiosity: more frequent attendance at religious services was related to a lower likelihood of premarital sex, homosexual sex, or an abortion. Analyses of interaction effects revealed that in most cases religious people who attended services infrequently were more similar to their non-religious peers than their more religious peers in terms of both sexual behavior and attitudes. **Conclusions.** The results of this study highlight the importance in studies of sexuality and religion of considering not only religion or religiosity, but the intersection between these two variables.

Conflict of Interest: None disclosed

Financial Support/Funding: Commonwealth Department Of Health And Ageing Victorian Health Promotion Foundation Health Department Of New South Wales Health Department Of Queensland Health Department Of Western Australia Central Sydney Area Health Service

### O19-1

#### SEXUALITY EDUCATION AS A POLITICAL BATTLEGROUND IN LATIN AMERICA

*Esther Corona*

Sexuality has been traditionally considered to belong to the realm of the private, however a multiplicity of studies derived from social, anthropological and historical perspectives, have shown that sexuality is very much a public matter. Since the later part of the XX Century many NGOs and governments have developed sexuality

education programmes that recognize the impact of this education in the social and political life of countries as much as in the individual life of people. At the same time, conservative and fundamentalist forces have also envisaged the possibility of controlling people's minds and behaviour by intervening in the content and methodology of sexuality education and positioning themselves within Education Ministries. This paper will examine the cases of two countries in Central America, where sexuality education textbooks have been challenged and contested by fundamentalist organizations and sectors within the government as well as by the hierarchy of the Catholic Church to the point that they were literally banned and/or edited to conform with a very restricted view of human sexuality. We will contrast and compare with the recent case of Mexico where a similar situation is still underway, but where strong coalitions of comprehensive sexuality education advocates have succeeded in maintaining a rights-based, gender-sensitive approach to human sexuality. The role of rightist governments as well as the functions and responsibilities of NGOs will be analyzed. Lessons learned will be examined and strategies for further action will be presented.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O19-2

#### SEX TOURISM AND HUMAN TRAFFICKING IN KENYA

*Rose Kisia Omondi*

Implications for sexual health, pleasure and Respect Sex tourism refers to tourism for which the main purpose of motivation or at least part of the trip is to consummate or engage in commercial sexual relations. There is evidence that sex tourism which was once associated with Southeast Asia countries such as Thailand is rapidly expanding to other parts of the world including Africa, Eastern Europe, the Caribbean among others. Evidence also shows that sex tourism is linked to human trafficking in third world women and children because tourists now want to have access to cheap sexual services not only in the third world centers but also in their home countries. Using Kenya as a case study, this paper argues that sex tourism and human trafficking for sexual purposes represent the worst kind of modern day slavery because most the victims are often forced into these activities against their will. This may be because the victims are too poor so they to enter into tourism prostitution for their survival or because they have been sold into sexual slavery through trafficking unknowingly. The paper discusses the negative implications of this modern day slavery on the victims sexual health, pleasure and respect. The argument is that these activities can/do expose the victims to a wide range of sexually transmitted diseases including HIV/AIDS while at the same time; the victims do not derive any sexual pleasure from sex tourism or sexual slavery within trafficking. There is also evidence that people who have been involved in these kinds of activities can lose self respect. **Key words:** sex tourism, trafficking, Kenya, modern day slavery.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### O19-3

#### **PROTECTION OR PATERNALISM: SEX, INTELLECTUAL DISABILITY AND LAW**

*Clare Graydon*

The United Nations Declaration on the Rights to Mentally Retarded Persons (1971) contains statements to the effect that, as far as possible, the lives of disabled persons should resemble those of their non-disabled peers, and this presumably extends to sexual expression. However, the words “as far as possible” imply that in some circumstances, limitations on a right may be justifiable. One such circumstance is where a competing right exists, for example, a right to sexual expression has to be balanced against a right to protection. Criminal law may provide some protection by defining sexual offences against persons with intellectual disability. Australian jurisdictions have used three different approaches in current legislation: to set a minimum standard of sexual knowledge that must be present before the person is deemed capable of consent; to prohibit sexual relations with persons of holding power or authority over the person; and to proscribe all sexual exploitation. These specific offences notwithstanding, there is a high incidence of sexual offences against members of this population, and few offenders are prosecuted. It is my contention that current statute does not provide the requisite level of protection, nor does it support freedom of sexual expression for persons with intellectual disability. In this paper I propose reforms to law and to social policy which should allow persons with intellectual impairment to concurrently exercise their rights to sexual expression and protection.

Conflict of Interest: None disclosed  
Financial Support/Funding: Murdoch University

### O19-4

#### **IMPLEMENTING THE PRESIDENTS EMERGENCY PLAN FOR AIDS RELIEF: IGNORING SEXUAL AND REPRODUCTIVE HEALTH RIGHTS**

*Elisha Dunn-Georgiou, William A Smith*

The Presidents Emergency Plan for AIDS Relief (PEPFAR) funds prevention, treatment and care programs in over 120 countries and 15 focus countries. PEPFAR legally requires that a maximum of 20% of funds be spent on prevention, and of these, 33% are mandated to be spent on abstinence-only-until marriage programs. The ideological basis for the United States governments funding requirement is in direct contradiction to the goals advanced by the World Association of Sexologists Montreal Declaration on “Sexual Health for the Millennium.” PEPFAR policies are changing health programming in all aid countries and undermining multilateral efforts to promote sexual and reproductive rights. The U.S. government has singled-out “faith based organizations” as particularly qualified to implement abstinence-until-marriage programs. These faith based organizations do not represent a wide range of faith perspectives. Instead, there are a disproportionate number representing the radical right, evangelical, Christian base that also makes up the Presidents political base. This presentation will examine PEPFARs abstinence-only-until-marriage funding requirements as a vehicle for the Bush Administration to promote a conservative movement that opposes a wide range of sexual and reproductive health and

rights in the guise of humanitarian HIV prevention. Examples illustrating how PEPFAR policies are hindering the promotion of sexual rights set forth in the World Association of Sexologists Universal Declaration of Sexual Rights will be drawn from the 15 focus countries. In particular, the presentation will examine how the promotion of this conservative movement through PEPFAR funding has negatively impacted the lives of women and youth. The implementation of PEPFAR in these 15 focus countries has been detailed in our SIECUS publication, PEPFAR Country Profiles. This publication has become an invaluable resource for policymakers and advocates, and made SIECUS a leader in building support for a change to PEPFARs conservative agenda.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O19-5

#### **ADDRESSING THE SEXUAL HEALTH CONCERNS OF PEOPLE WITH ACQUIRED BRAIN INJURY: A FRAMEWORK FOR ACTION**

*Grahame K Simpson*

Background Adults sustaining diverse types of acquired brain injury (ABI) such as stroke or traumatic brain injury often experience characteristic motorsensory, cognitive and behavioural impairments. These impairments can be profoundly disabling in key life domains such as occupation, relationships and independent living. Research shows that up to 60% of people with ABI experience disruption to their sexual functioning, sexual relationships or broader psychosexual development. Despite the widespread nature of such changes, staff in ABI rehabilitation or disability services rarely address these problems. Objective To present a framework for action that provides ABI services with a structured approach to enhancing their capacity to meet patient/client sexual health concerns (SHCs). The Model The tripartite framework consists of an underlying philosophy, service provision modalities and supporting organisational structures. The underlying philosophy identifies four conditions that are important in enabling services to address client SHCs, namely (i) a broad definition of sexual concerns, (ii) the primary goal of enhancing the quality of client’s sexual lives, (iii) the incorporation of several service principles (e.g. choices, values, responsibility), and (iv) the affirmation that all staff can play a role. Within this context, there are five modalities of service intervention that can be provided, namely information, education, assessment, treatment, and referral. At the third level, the provision of these service modalities are influenced and/or supported by organisational structures including (i) agency policy and procedures, (ii) the broader legislative context, (iii) staff training, (iv) the development of inter-service networks and (v) resource and knowledge development. Implementation Strategies for implementing the model can include conducting need surveys, staff training, establishing a service sexuality committee, or holding staff planning days. Final The framework constitutes a comprehensive yet parsimonious model providing clear guidelines for agencies interested in developing options to address the SHCs of people with ABI.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### O20-1

#### **“THE BIG O – ALL ABOUT ORGASMS” - A PROGRAM FOR WOMEN**

*Dianne L Ervine*

Societal myths and misconceptions still prevail around the subject of orgasms. Women present in counselling feeling a sense of shame, embarrassment and a feeling of being a failure if they are not able to be orgasmic at all or within their sexual relationship. This is compounded if their partners sense of sexual adequacy is reliant on them being orgasmic. This paper will discuss key ideas and give an overview of techniques and strategies that are presented in a womens workshop entitled “The Big O – All About Orgasms” that the author has developed and been presenting in Adelaide Australia for the last 2 years. This program uses a combination of Eastern and Western approaches and is both educational and experiential. The workshops provide a safe, comfortable and fun atmosphere for women to learn information about orgasms and how to stay focused in their body in order to build enough arousal to be orgasmic. Exercises are conducted to enable women to step into the visual brain so they are more receptive to tantalising stimuli. They learn that the breath is the mechanical process to focus. They learn a powerful breathing technique to charge their body up with energy and feel the vibrations flow throughout the body. An important outcome is that women feel normal whatever their orgasmic status and find they are not the only ones with these challenges. Some women have their first orgasmic experience with this breathing technique and others have a full body blissful experience. They leave with a number of strategies and techniques to assist them in achieving orgasm or if they are orgasmic to have a more powerful body experience as well as feeling energised, enthusiastic and hopeful about their orgasmic potential.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O20-2

#### **WOMENS HEALTH: WHATS SEX GOT TO DO WITH IT?**

*Patricia Barthalow Koch*

Little is known regarding how health practices, including exercise, nutrition, smoking, and alcohol consumption affect the sexual responding of women who are not in therapy or under medical treatment. Thus, the goals of this study were to examine how the aforementioned health practices, in conjunction with contextual factors (ie. relationship and employment status), as well as age and menopausal status were related to self-reported sexual desire, arousal, orgasm, and enjoyment among a sample of middle-aged adult, heterosexual women living throughout the U.S. These women were participants in the Tremin Research Program on Womens Health, the worlds oldest ongoing, longitudinal study of menstruation and womens health. As part of the longitudinal study, participants complete a yearly health survey (“The Midlife Womens Health Survey” or MWHS) that includes the Sexual Responding Scale (SRS). On the SRS, women rated the desire, arousal, orgasm, and enjoyment that they felt during genital sexual activity with a partner on a 9-point likert scale from “nonexistent”

to “very strong.” In a “Health and Well-Being” section of the MWHS, the respondents also indicated the frequency in which they engaged in exercise, smoking, drinking alcohol, and eating fatty foods, as well as rating their overall physical and emotional health. Hierarchical regression analyses indicated how health/well-being, the context of womens lives, and their demographic backgrounds significantly impact their sexual responses

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O20-3

#### **PSYCHOSEXUAL THERAPY - AN INTEGRATED APPROACH TO THE TREATMENT OF VAGINISMUS**

*Raie Goodwach*

Treatment of vaginismus is typically systematic desensitization using graduated vaginal dilators, a form of behaviour therapy. Less often, procedures such as examination under anaesthesia and Fenton’s operations are performed to stretch or cut the “spastic” vaginal muscles. The problem is understood as muscular in origin and the goal of treatment is to make penetrative sex possible. In contrast, psychosexual therapy conceptualizes vaginismus as a mind-body phenomenon: whilst the symptom is expressed via the body (soma), its origin is in mind (psyche) and body. Because of this understanding, an integrated approach is offered. The aim of therapy goes beyond tolerance of penetration to participation in sex because it is pleasurable as well as pain-free. Case material will be used to illustrate this approach.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O20-4

#### **TUNING IN AND TURNING ON: A PRACTICAL MODEL OF SEXUAL AROUSAL FOR CLINICAL USE**

*Rosie King*

Sexual arousal is the experience of becoming sexually excited or turned on. Sexual arousal is a three-step process of 1) tuning out all non-erotic experience 2) focusing on sexually pleasurable stimulation either generated or received by the brain 3) triggering of subjective arousal (feelings of erotic pleasure) and objective (physical) changes This presentation outlines a simple model of sexual arousal that can be used in clinical practice to help patients understand and overcome arousal difficulties. Sexual arousal is a mental process that requires us to create and maintain sustained concentration on erotic experience. Sexual arousal only occurs when undivided attention is paid to sexually stimulating experiences, such as sensual caresses, passionate kissing, a sexy sight, an erotic thought or anticipation of sexual pleasure and orgasm. In everyday life attention typically shifts from one subject to another. To create sexual arousal we must tune out all non-sexy static and mind-clutter and home in on erotic experience. The quality of focus on erotic cues needs to be both intense and sustained for sexual arousal to begin. Intense erotic focus must be steadily maintained otherwise arousal will fade. Worries and distractions must continually be put to one side otherwise arousal will be lost. The longer and stronger focus is maintained, the higher



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arousal can climb with the help of appropriate stimulation. Any distraction away from this single-minded focus will either prevent or impair sexual arousal. Distraction may be due to anticipatory anxiety, feelings of sexual inadequacy, anxious thoughts about sexual performance and visions of sexual failure, emotional distress as well as mental clutter of a non-sexual nature. Persisting distraction will manifest as lack of sexual pleasure and enjoyment, plus erection and orgasm problems in men and uncomfortable intercourse, orgasm and lubrication problems and in women.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O20-5 RECLAIMING LOST SEXUAL DESIRE WITH BODY-ORIENTED THERAPY**

*Andrea M E Haas*

Persistent low sexual desire is a complex issue for clients and clinicians. Many factors influence the subjective expression of sexual interests and despite best efforts, a substantial proportion of clients, following treatment, continue to experience low desire and lack of arousal. This presentation utilizes case studies and aims to demonstrate how a body-oriented therapy, incorporating methods of awareness, can help clients recover sexual feelings. Sources of emotional core material, patterns of sexual withdrawal and habits of internal holding are described and how these are brought to the client's awareness. Once experienced in a bodily sense, clients understand these inner limitations and are then able to actively effect changes. The processes how clients restore deeper feelings and sexual desires are explained. This paper proposes that sexual interest is never "lost" or absent, sexual desire only withdraws and can therefore be reclaimed through the technique of "sourcing". Frequently, clients do not know why their sexual desires are low, but there are usually precise and good reasons why this is the case. The method of sourcing allows clients to discover the causes of their desire difficulties. Clients appreciate this approach, because right from the start of therapy the knowledge what caused desires to drop is integrated into the solutions to recover sexual feelings. Through case studies an outline of the therapy model is presented. Implications for working with clients suffering from long-term and persisting desire disorders are discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O21-1 YOUTH, GENDER AND PORNOGRAPHY: A QUALITATIVE STUDY IN SWEDEN**

*Lotta Löfgren-Mårtenson, Sven-Axel Löfgren-Mårtenson, Sven-Axel Månsson*

Introduction and objectives: The visibility and accessibility of pornography in public space has increased dramatically over the last decade. In many Western societies, among them Sweden, there is a wide-spread concern about the implications and consequences

of this development, especially for young people. However, seldom are young peoples own voices being heard in this debate. Our research tries to remedy this by asking teenagers about their experiences, views and relationships to pornography. Methods: Data were collected in 2006 through qualitative research interviews and focus groups with young people; 73 informants between 14 and 20 years of age are included in the study, 36 girls and 37 boys. Results: The increasing accessibility of pornography has contributed to a process of normalization with regard to young peoples attitudes and behaviours in relation to pornography. This change, however, is related to both age and gender, which allows us to talk about gender specific pornography careers. Our study also confirms the influence and growing importance of the pornographic script as a frame of reference or behavioural code that more or less explicitly prescribes how to look and what to do. However, it seems that most of our interviewees have acquired the necessary skills in how to navigate in the pornographic landscape in a sensible and reflective manner. Most of them seem to have the ability to distinguish between pornographic fantasies and narratives on the one hand, and real life sexual interaction and relationships on the other. Conclusions: Growing up in a society with an easily accessible pornography both lead to a defused view on sexuality and to a critical and reflective outlook. The impact of the so-called pornographic script is clear. However, at the same time the script brings to the fore an ambivalence towards sexuality, and to pornography specifically.

Conflict of Interest: None disclosed  
Financial Support/Funding: Nordic Institute For Women'S Studies And Gender Research (Nikk)

### **O21-2 THE INFLUENCE OF THE MEDIA IN THE SEXUAL BEHAVIOR OF ADOLESCENTS: THE KISSING IN THE MOUTH BETWEEN TWO GIRLS**

*Laura Muller*

INTRODUCTION AND OBJECTIVES – The goal of this work was to investigate the influence of the media in the female teenagers concerning the kissing in the mouth between two girls, to direct actions of the sexual education. Since the Brazilian TV showed the first relationship between two girls in a soap opera during the prime hour in 2004, this behavior has being considered more and more normal. METHODS – 629 questions were formulated by 521 students from October 15 to 31, 2003. The answers were used as basis for further considerations and to elaborate a questionnaire to be published on a specialized media for girls, the iGirl site, and answered between September 27-29, 2006. RESULTS – 28.733 individuals answered the question about considering natural or not a girl kiss another in the mouth, and 45% considered it normal. From those considering it normal, 22% answered that they have this opinion since they had seen the soap opera on TV and 78% since they saw it in a night club. 48% affirmed that they had already kissed another girl in the mouth. For 61% it was good; for 20% it was neither good not bad and 19% considered it bad. Among the reasons for this kiss, 71% affirmed they had desire; 14% it was because the desire of the boyfriend;



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15% had the intention to call the boys attention.  
CONCLUSIONS: This behavior is being considered natural for the majority of youngsters, and the media, in a certain way, influenced this vision. Such results also lead us to think that sexual educators must be alert to these emerging values, in a constant movement to face sexuality.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O21-3

#### CAN WE RELY ON INTERNET SEXUAL RESEARCH SAMPLE? COMPARISON OF AN INTERNET-BASED SURVEY AND PAPER-BASED SURVEY IN ADULT POLES

*Dariusz P Skowronski, Karolina Halemba, Agnieszka Izdebska, Marika Nowicka*

Introduction and objectives The internet-based sexual studies are becoming more and more popular (Ross at al. 2005; Cooper at al. 2003). This study offers a comparison of internet-based survey and paper-based survey on sexual activities of adult Poles thus contributing to the international discussion about biases in internet-based samples. The objectives of this study were: • to compare results of internet-based and paper-based surveys on sexual lifestyles in Poland. • to investigate attitudes to various forms of sexual expression and sexually related issues. Methods A questionnaire containing 133 items was developed and validated by the authors and was made available to volunteers either online or in paper form. The online questionnaire was administered through a university website to volunteers recruited online through search engines or e-mailing lists. The paper version was distributed among volunteer students of two large cosmopolitan universities and among employees of six randomly selected companies in Poland. Results There were 596 responses with 54% males and 46% females (internet sample) and 48% males and 52% females (paper-based sample). • Both samples consisted mostly of well educated people (aged 22-28), living in major cities. • The internet-based sample and paper-based sample presented similar behavioural characteristics toward different sexual activities (oral and anal sex, casual sex, sex for money). • Higher percentage of people identified themselves as homosexuals in internet-based survey (12%) than paper-based survey (6%). Conclusions There were many similarities in demographics, sexual biography and current sexual behaviour between internet-based and paper-based samples. However, this Internet sample revealed more permissive attitudes toward different sexually related issues than the paper-based sample.

Conflict of Interest: None disclosed  
Financial Support/Funding: Grant Kbn (State Committee For Scientific Research In Warsaw), Poland

### O21-4

#### SWINGS AND ROUNDABOUTS - JEALOUSY IN HETEROSEXUAL SWINGING COUPLES

*Richard O de Visser, Dee McDonald*

Introduction and objectives Swinging involves consensual mutual involvement in extra-dyadic sex, thereby breaching customary beliefs that marriage (and de facto marriage) should be based on monogamy. Jealousy in swinging couples is an interesting topic for research, because jealousy is a common and acceptable response to a romantic partner's real or imagined infidelity. Jealousy is also known to be harmful to relationships. So, how do heterosexual swinging couples manage the potentially destructive feelings of jealousy that are commonly associated with knowledge of a partners extra-dyadic sexual activity? Methods In-depth interviews were conducted with four actively swinging cohabiting heterosexual couples living in southern England recruited via swinging networks. Participants completed an individual interview and a joint interview with their partner. Data were analysed via Interpretative Phenomenological Analysis, the aim of which is to understand how people make sense of themselves and their experiences. Results Participants highlighted the importance of open discussion and negotiation to develop a shared couple identity and shared rules and boundaries that allowed them to manage jealousy so that they could better enjoy swinging. A key to managing the destructive potential of jealousy was the separation of physical sexual activity with other people from any emotional involvement with other people. Participants noted that rather than being inherently negative, jealousy and similar emotions could be used in productive ways in fantasy and to heighten arousal. Thus, rather than seeking to eliminate jealousy, swingers may manage their feelings of jealousy in order to heighten sexual excitement and arousal. Conclusions This study adds to our understanding of jealousy among swingers, and adds to our understanding of the broader issue of jealousy in intimate relationships. Crucial to couples ability to manage jealousy was the development of a couple identity and ongoing open discussion about and negotiation of relationship boundaries and rules.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O21-5

#### UNDERSTANDING OLDER AGE SEXUALITY

*Susan E Gledhill, Jennifer Abbey, Robert Schweitzer*

Introduction and Objectives The ageing population and spiralling health care costs have helped create an increased focus on healthy ageing and wellness. This focus arises when myths about older age sexuality persist reinforcing social stereotyping depicting the older person as an asexual being. The researchers clinical experience has established that some older people are willing to discuss their sexuality but barriers exist in communicating experiences and concerns to health professionals. The research project explores the meaning of sexuality, the experience of sexual desire and the impact on wellbeing from the older persons perspective. This aspect is significant in that it has previously been unexplored. Study Aims To describe the meaning of sexuality in an older population group. To explicate the experiences of sexual desire identi-





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fied by the study group. To describe the impact of sexual desire on wellbeing identified by the study group. To communicate sexual experiences, issues and concerns from the perspective of the older person to the general population. To promote Healthy Ageing and holistic health care by raising awareness of older age sexuality. Method A phenomenological method was used to investigate and describe older age sexuality as an aspect of total health care in thirty three (33) people aged over 65 years. Multiple interviews were conducted over a two year period. Results The findings from the study demonstrate that there is an astonishing diversity in how some older people adapt to changes in health and relationship status and in how they enact their own sexual identity. The issue of sexually transmitted diseases is increasingly significant in the older population. The implications are that with increased knowledge, health professionals may give more consideration to the sexual needs of the older person within the delivery of total health care.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### **O22-1 DEVELOPING PEER LED COMMUNICATION SKILLS PROGRAM FOR CANCER CLINICIANS- DISCUSSING SEXUALITY WITH CANCER PATIENTS**

*Suzanne Hegarty, Michael Jefford, Amanda Hordern, Louisa Hoey*

Introduction: The Cancer Council Victoria (TCCV) operates the Victorian Cancer Clinicians Communication Program (VCCCP). Initially VCCCP trained facilitators to run half-day workshops for cancer doctors. VCCCP is now being expanded to include training for nursing / allied health professionals. The first module is "Discussing sexuality with cancer patients their family and friends". This module has been developed as: (a) it is known that cancer and its treatment can profoundly affect a persons sexuality; (b) many clinicians find it difficult to discuss sexuality with their patients; (c) communication skills can be improved; (d) it is often the role of a nurse / allied health professional to have these discussions. Method: A multidisciplinary steering group was established to guide development of the workshop structure and associated materials. Print (workshop) resources were developed following review of available evidence and consistent with adult-learning principles. A DVD modelling ideal communication around sexuality was commissioned. Two facilitators were approached to conduct the train the trainer day and actors recruited to be trained to work in workshop role plays situations. Results: The workshop structure and associated print and audiovisual resources have been developed and extensively reviewed. Later this year ten facilitators, working in pairs (nurse with social worker or psychologist), will be trained in a 1.5 day train the trainer session to deliver the workshops. Several actors will be trained. It is planned that workshop participants will complete a pre and post workshop evaluation and an eight-week post workshop evaluation. Questions include major barriers to discussing sexuality and satisfaction with: the workshop as a whole; role-plays; facilitators, and other characteristics of the workshop. Conclusions: This is a novel training program, based on strong need and built on a strong evidence-base.

Conflict of Interest: None disclosed

Financial Support/Funding: Mayne Pharma

### **O22-2**

#### **"FIVE YEARS LATER..." PSYCHOSEXUAL ADJUSTMENT FOLLOWING TREATMENT FOR VARIOUS GYNAECOLOGICAL CONDITIONS**

*Iлона Juraskova, Phyllis Butow, Louise Sharpe, Rosalind Robertson*

INTRODUCTION & OBJECTIVES: Although short-term sexual disruption following early stage gynaecological cancer has been well documented, the role of psychological and physical factors in the development of chronic sexual morbidity within specific sub-groups of gynaecological patients remains unclear. This multi-centre prospective controlled study provides a comprehensive longitudinal assessment of the psychosexual adjustment of patients undergoing treatment for various gynaecological conditions. METHODS: Psychosexual outcomes of early stage cervical and endometrial cancer (N=53) were compared with the outcomes of patients treated for benign gynaecological conditions (N=60) and pre-invasive cervical abnormalities (N=84). All women were assessed at baseline, 6 months, 12 months (cancer group only) and 5 years post-treatment, using standardised measures. RESULTS: The 6 and 12 months follow up data suggested that treatment for cervical and endometrial cancer did not result in major, continuing sexual upheaval and sequelae. Despite many irrevocable adverse vaginal changes and treatment side effects, and a temporary decline in sexual drive and overt sexual behaviours, the only lasting decline was seen in sexual satisfaction (p=0.006). The key predictors of post-treatment psychosexual adjustment were psychological factors (p=0.011) and the doctor-patient relationship (p=0.023). Anxiety levels remained elevated in approximately a third of patients in all groups. Only half of cancer patients (53%) had discussions about sexual matters with their oncologists and of particular concern was the alarmingly low number of patients aware of the existence of vaginal dilators. The presence of myths and misconceptions regarding contagiousness of cancer was noted in a small but significant minority of patients (5%) and partners (9%). Patients treated for non-oncological gynaecological conditions reported poorer adjustment to their diagnosis and treatment than expected. Five-year follow up results will be also discussed. CONCLUSIONS: These findings have important implications for clinical practice and future research.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### **O22-3**

#### **THE DEVELOPMENT OF A MODEL OF SEXUAL SELF-PERCEPTION AND ACTIVITY IN MEN FOLLOWING TREATMENT FOR PROSTATE CANCER**

*Narelle Hanley, Iлона Juraskova, Weerakoon Patricia, Dariusz Skowronski*

INTRODUCTION-OBJECTIVES: In Australia, prostate cancer is the most common cancer; in men and there are therefore many men living with the consequences of the disease and its treatment. Many of the treatment options for prostate cancer have the potential to



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affect urinary and/or sexual function and self-image. Most of the literature describes the frequency of treatment side effects rather than exploring how these impact on the mens relationships and life. There is evidence that early in diagnosis, sexuality issues are minimized as men are focused on treatment of their cancer. It is post treatment, that the frustration of not achieving an erection interrupts the process of couple intimacy and the recommencement of sexual life. At this stage a new norm can be established since loss of erectile function does not preclude achieving orgasm for either partner and other physical activities are possible. Natural hesitancy to confront the issue and lack of appropriate resources inhibit the management of this couple concern. Using a combination of qualitative and quantitative methodology, the current project aims to explore the adjustment process of men following treatment for prostate cancer. **METHOD:** Face-to-face semi-structured interviews with twenty members of the Concord Hospital Prostate Cancer Support Group will be conducted. Participants will also complete a questionnaire with standardized measures assessing sexual functioning, sexual self-schema, quality of life, urinary, bowel and hormonal symptoms, psychological wellbeing, and unmet needs. To ensure representation of all relevant experiences, systematic recruitment of men: i) at various stages of recovery; ii) of various age groups; iii) with different stages of prostate cancer; and iv) treated with various treatments, will be undertaken. **SIGNIFICANCE:** This research will lead to the development of an educational tool for use by men couples as a resource to resume intimacy during the period of post-treatment recovery and rehabilitation.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O22-4** **SEXUALITY AND SEXUAL CONCERNS OF PEOPLE WITH DISABILITIES, AND THE IMPLICATIONS FOR HEALTH PROFESSIONALS**

*Matthew K. Yau*

**Introduction and objectives:** Sexuality spans the biological, psychological, social, emotional, and spiritual dimensions of ones life. Disability does not damper ones sensual feeling, as well as sexual and intimacy needs. Nevertheless, there has been a general reluctance to approve sexual expression among people with disabilities, who are often viewed by the society, including health care professionals, as incomplete humans and asexual. The objectives of the study were to investigate the attitudes of the adult persons with physical disabilities towards sexuality, to explore their sexual concerns, and to identify their service needs. **Methodology:** A cross-sectional survey using in-depth, semi-structured interviews on 33 informants with physical disabilities (18 males and 15 females), together with field observations. Thematic analysis was conducted to identify themes and issues as emerged from the data. **Results:** Sexuality and sexual concerns neither had been adequately addressed nor discussed during the rehabilitation process. Peer group is the first source of information on sexuality for the informants. Inability to engage in sexual activities appears to affect ones self and sexual esteems, and sexual identity. Furthermore, male informants perceived that being able to have erection is a sign of

manhood. Process of sexual infantilisation or asexualisation for persons with congenital problems or injuries at young age was subtly conducted by family and health care professionals. There are general hesitations among the informants to develop intimate relationship or consider marriage as they were concerned with the inability to meet partners sexual needs and play the expected sexual role. **Conclusion:** Misconception, ignorance and hesitation to initiate sexual concerns among service consumers and health care professionals create barriers for people with disabilities to develop or resume intimate relationship and to live a fully sexual and satisfying life. The implications for health professionals will be discussed at the congress.

Conflict of Interest: None disclosed  
Financial Support/Funding: Departmental Research Fund

### **O22-5** **WWW.TOUCHINGBASE.ORG: A UNIQUE RESOURCE FACILITATING ACCESS TO SEX SERVICES FOR PEOPLE WITH A DISABILITY**

*Saul Isbister*

**Background:** The provision of sex services was fully decriminalised in New South Wales, Australia, in 1995. This removed a significant barrier affecting people with disabilities who require assistance when accessing sex workers. **Introduction:** Disability and sex worker rights activists and educators identified a lack of knowledge and appropriate resources guiding better practice in the provision of sex services to people with disabilities. The Touching Base project evolved in 2001 through a forum that brought together sex workers, people with disabilities, and their support networks. Touching Base Incorporated operates under the principle that people with a disability have the intrinsic right to sexual expression, to develop relationships, have sex, explore and express their sexuality and achieve intimacy without personal or systemic barriers. Touching Base challenges barriers such as discriminatory workplace policies that impede the right of a person with a disability to choose to pursue the sexual lifestyle of their choice. Further, Touching Base negates the concept that sex workers are the only option available for people with disabilities seeking to explore intimacy or express sexual desires. **Website:** The website, developed in collaboration with students and staff from the University of Technology, Sydney, provides a resource of information, specifically designed to be accessible to people with impairments of mobility, dexterity and vision. It presents information for sex workers, clients and service providers. This website is unique in Australia. Although designed for local users, website-logs significantly show that [www.touchingbase.org](http://www.touchingbase.org) is being accessed by citizens from a diverse range of countries including Belgium, Peru, Singapore and USA. **Conclusion:** [www.touchingbase.org](http://www.touchingbase.org) provides a rare assembly of resources that are being regularly utilised internationally. Future plans include the creation of a database of local accessible sex services premises and experienced or trained sex workers or surrogates.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### O22-6

#### PHANTOM PLEASURES: THE EROTICIZATION AND CONTESTATION OF THE AMPUTATED BODY

*Coleman Nye*

**Introduction and objectives.** In many of the debates that have surrounded disability, sexuality, and desire over the course of the past century, discussions of normalcy tend to predominate, wherein normalcy acts to demarcate the highly contested terrain between acceptable and unacceptable bodies and desires. Arguably, it is a continuous cultural project to direct and produce normative desires, and the desires that crystallize around the amputated body (along the continuum of amputee, devotee, pretender, and wannabe), and its unique capacity to re-organize desire and redistribute pleasure to non-genital, non-normative sites, can be employed both to reproduce and rethink desires and differences in relation to selfsameness, embodiment, sexuality, and the dissemination of power and personhood. **Methods.** Analyzing the ways that the bodies and desires of amputees and their admirers have been represented and rationalized in medical, scientific, and psychoanalytic texts, the author tracks the ways that these bodies and pleasures are pathologized, eroticized, and criticized across historical and social terrains. **In an attempt to create a nuanced portrayal of the experiential discourses of the lived person at the intersection of disability and sexuality, the author then examines the ways in which people situate themselves in relation to these structures of truth and knowledge.** **Results.** It becomes increasingly evident that the amputated form operates as a site upon which and within which multiple collective, material, and political fantasies are manifested and contested, where boundaries and oppositions are reinforced and ruptured. **Conclusions.** The eroticization of the amputated form can, in many ways, act as a revelation. It produces a fissure in the myth of normalcy that opens up alternate ways to figure bodies and desires, and in so doing, unlearning inherited notions of ability and desirability, and reconstituting a norm that creates unity and liveability, enabling life through practices of inclusion, rather than exclusion.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O22-7

#### SEXUAL DYSFUNCTIONS IN WOMEN WITH CONGENITAL ADRENAL HYPERPLASIA. A CLINICAL REPORT OF FIVE CASES

*Elsa Lena Ryding*

**Introduction** Congenital adrenal hyperplasia (CAH) is an autosomal recessive disorder characterized by insufficient cortisol synthesis and androgen excess, caused by 21-hydroxylase deficiency. Girls with CAH are born with more or less hypertrophy of the clitoris and malformation of the vaginal opening, dependant on the severity of the mutation. In a follow-up study of 62 adult CAH women, a later sexual debut, fewer sexual relations and fewer children were reported than among aged-matched healthy controls. The women operated with clitoroplasty reported impaired sensibility and poorer orgasm function. Those who had undergone vaginoplas-

ty reported a "too narrow" vaginal opening in 35%. Homo/bisexual orientation was reported by 19% of the women with CAH and 2% of the controls. **Method** Case report of five women with CAH, who were referred for psychosexual counselling because of sex dysfunctions. The cases will be sufficiently modified to avoid recognition. **Results** All the five women were born with a severe form of enzyme deficiency. They had all been operated, some of them many times. Two were incontinent because of urethro-vaginal fistulae. The main sexual dysfunctions of the women were: Orgasm dysfunction (4) and dyspareunia (3). The three heterosexually oriented women with severe dyspareunia had developed a sexual phobia after painful trials of intercourse. One married woman experienced no sexual motivation or pleasure. One young lesbian woman reported the most rewarding sexual experiences in the group. **Conclusion** Both the inborn condition and the operations performed seem to affect the sex life of women with severe forms of CAH. Centralized multiprofessional teams including sexologists are needed to care for girls and women with this rare condition. Repeated examinations and operations during childhood should be avoided. When a genital operation is desirable, preservation of sensibility and construction of a wide enough vaginal opening are important to the women.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O23-1

#### CROSS-CULTURAL STUDIES ON COGNITIVE AND EMOTIONAL FACTORS OF SEXUAL DYSFUNCTION

*Pedro J. Nobre, David H. Barlow, John P. Wincze, Mehmet Z. Sungur*

**INTRODUCTION AND OBJECTIVES** Recently Nobre and Pinto-Gouveia (2003, 2006) have emphasized the strong influence of the cognitive and emotional phenomena on sexual functioning in both men and women. Data from these studies is being replicated in different cultural settings. The aim of the study is to investigate the differences and similarities on cognitive and emotional variables between participants with and without sexual difficulties across six different countries (Portugal, United States, Turkey, Brazil, United Kingdom, and Italy) **METHODS PARTICIPANTS** A total of 1200 subjects participated in the study. A clinical sample of 50 men and 50 women and a control sample of 50 men and 50 women from each of the six countries. **MATERIALS** Several measures were used to assess different dimensions: Cognitive and emotional variables (QSASC, Nobre & Pinto-Gouveia, 2001; SDBQ, Nobre, Pinto-Gouveia, & Gomes, 2003; SMQ, Nobre & Pinto-Gouveia, 2003), Sexual Functioning (IIEF, Rosen et al, 1997; FSFI, Rosen et al, 2000), Relationship (DAS, Spanier, 1976), Depression (BDI, Beck et al., 1961), medical conditions (MHF, Wincze & Carey, 2000) **RESULTS** Results from the Portuguese study showed that sexually dysfunctional males present dysfunctional sexual beliefs, tend to activate more negative self-schemas (incompetence) whenever they experience negative sexual events, and present more frequent negative automatic thoughts and emotions during sexual activity. Similarly, women with sexual dysfunction present higher



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age related and body image beliefs and tend to activate more self-incompetence schemas when experiencing sexual unsuccessful events. During sexual activity, they also present more frequent negative thoughts, and emotions. Results from American and Turkish studies reproduced the main differences found in the Portuguese study. Data from other sites is still being collected.

**CONCLUSIONS** Overall, results support the central role played by cognitive and emotional variables in sexual dysfunctional processes, promoting the development of integrative conceptualizations of male and female sexual dysfunctions and suggesting cognitive treatment approaches.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O23-2

#### CONCEPTS OF SEXOLOGY IN PROGRESSIVE ISLAMIC IDEOLOGY

*Muhammad Khan, Mahrukh Masood, Zubair Mukhtar, Amant Rasool*

**Objective:** To know the opinion of progressive Islamic scholars about sexuality. **Method:** Hanifi Ulemas of Pakistan, belonging to progressive school of thought were interviewed. In a semi structured interview their opinion regarding sex was sought. **Results:** Unlike Christianity Islam is not an anti sex religion. It regulates sexual lives of its followers while preserving basic fabric of society. Islam ordains to have sex with spouses after NIKKAH (marriage contract). Infact it is considered as an act of great virtue. It permits with condition of doing justice to have four wives. Sex with female slaves under peculiar condition in past was permissible; however this practice is no longer in vogue in modern time. In Shiaat Muslims second biggest sect in Pakistan Practice of MUTTA allows NIIKAH for specified time period. Permission of remarriage after death or divorce provides an option to both male and female to regulate their sexuality. Apart from reproduction Islam does recognize right of deriving pleasure through sex. In Islam discussion about various sexual issues is acceptable. Option of oral sex is contingent on personal concept of hygiene. However anal sex with female is discouraged. Islam strictly prohibits homosexuality and adultery. Act of masturbation is allowed only as a lesser evil to prevent greater sin. Obscenity is not approved as it leads to adultery. **Discussion:** Islam tends to balance social and physical needs of human beings. NIKKAH legitimize sexual relation between male and female. However, sexuality practiced in so called Islamic societies is not in accordance with the spiritual guide lines of Islam **Conclusion:** Concepts of sexuality in Islam are different from Christianity and Judaism so it warrants more studies research. **ACKNOWLEDGEMENT:** I am grateful RIZWAM MALIK for his support. **KEY WORDS:** ISLAM, RELIGION, SOCIAL AND PHYSICAL NEED

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O23-3

#### RELIGION, INDIVIDUALITY AND ADOLESCENTS SEXUAL RIGHTS WITHIN NIGERIAN EVANGELICAL AND PENTECOSTAL CHURCHES

*Matthews A. Ojo*

Since the mid-1970s, a strong pietistic orientation in Nigerian Christianity has reflected in the promotion of conservative attitude to sexuality and strict control of sexual behaviours for adolescents in evangelical and Pentecostal churches. This raises question on the extent Nigerian Christian churches recognize members sexual rights and freedom of choices in the pursuance of pleasurable sexuality. A case study was done of students in the Obafemi Awolowo University, Ile-Ife, a heterogeneous community located in an urban area. Multi-disciplinary approaches involving phenomenological and sociological approaches were used. Firstly, confessional literature written by preachers and religious leaders, which deal with sexuality, chastity and holiness, and were circulating among young people, was examined to obtain a composite picture of contemporary religious teachings on sexuality. Additional data was collected from purposively selected students of different evangelical and Pentecostal churches through questionnaire, interviews, and Focus Group Discussions to obtain qualitative and quantitative data on the sexual behaviour and religious commitment of students. The study revealed that there was a strong concern about piety and healthy sexuality among Nigerian Christians, hence the large volume of literature written by Christian preachers for young people emphasizing restrictive perspectives to sexuality. While media presentation of sex and sexuality was singled out for condemnation, these churches prescribed chastity or abstinence from pre-marital sex, disallowed the use of contraceptives, condemned any sexual orientation other than heterosexuality, and even restricted relationship across the sexes. Secondly, it was discovered that religious teachings and resources such as literature and multimedia were becoming the main resources available for Christian young people through which they make decisions on their sexuality. While religious beliefs and practices would remain important factors for decision making on sexual issues by Nigerian young people, the moral authority religious leaders wield could be utilised in the HIV/AIDS prevention campaign in Nigeria.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O23-4

#### SHARING BELIEFS: WHAT SEXUALITY MEANS TO MUSLIM IRANIAN WOMEN LIVING IN A WESTERN SOCIETY

*Effat Merghati Khoei, Anna Whelan*

**INTRODUCTION & OBJECTIVES:** The sexual understanding by Iranian women will likely be shaped by their religious teachings. This study explores the suggestion that meanings generated through the lived experience of Iranian womens sexuality may challenge certain Islamic notions of sexuality. **METHODS:** 51 ethnographically informed encounters with Iranian women in Sydney were held, as well as 10 semi-structured encounters with Shiite clergy from Iran. **RESULTS:** The concept of sexual obedi-



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ence within marriage symbolizes an idealised Muslim femininity. Sexual obedience shows these women's high level of religious commitment. It is also an indicator of Islamic modesty and self-respect regarding their sexuality. Some of the participants explained that it is a woman's duty to satisfy her husband in any sexual occasion, otherwise she has rejected Allah's word. At the same time they accepted a premise that the whole Quran is the word of Allah and we would like all to accept Allah's word. They did not utilize the notion of subordination through their sexual lives. The informants, who defined the subordination, viewed androcentricity as the foundation of various interpretations of religious principles. This vagueness is tied to religious leaders' interpretations about Quranic concepts and Iranian women's narratives. **CONCLUSION:** In this study, religion is found as an important determinant influencing Iranian women's sexual understanding. This is relevant to women's health, sexual education and public health. Recognition of this issue will facilitate understanding of the cultural foundations of sexuality of Muslim clients, and assist health providers to be sensitive to clients' cultural specificity and to suggest culturally compatible health care.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O23-5** **STIGMA, MENTAL HEALTH, AND RESILIENCE IN AN ONLINE SAMPLE OF THE U.S. TRANSGENDER POPULATION**

*Walter Bockting, Eli Coleman, Autumn Benner*

Sexual minorities may be at a higher risk for developing symptoms of anxiety and depression as a result of being subject to social stigma associated with their minority status. Indeed, the concept of "minority stress" has been put forth as an explanation for research showing a higher prevalence of symptoms of anxiety and depression among the gay, lesbian, and bisexual population. In addition, research has begun to demonstrate disproportionate rates of depression among certain subgroups of the transgender population. However, in transgender health research, samples tend to be limited in size and few studies have examined the relationship between symptoms of depression and social stigma. This study used the Internet to obtain a large community-based sample of male-to-female and female-to-male transgender persons ( $N = 1,093$ ), assessed their mental health using standardized measures, examined the relationship between social stigma and mental health, and identified predictors of resilience (good mental health in the face of adversity). Findings revealed a high prevalence of clinically significant levels of depression (44%), anxiety (35%), and somatization (28%). Social stigma was significantly and positively associated with psychological distress. Individuals who showed good mental health despite high levels of stigmatization reported higher levels of family support and identity pride. Findings offer preliminary support for the minority stress hypothesis. Prevention needs to confront social stigma and discrimination associated with being transgender, and improve access to transgender-sensitive and competent mental health services.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O23-6** **REDUCED SEXUAL INTEREST IN A RANDOM SAMPLE OF NORWEGIAN COUPLES**

*Bente Træen, Bente Træen, Monica Martinussen, Katarina Öberg*

**Objectives:** The purpose of this study was to study reduced sexual interest in Norwegian heterosexual couples, and to identify factors associated with loss of sexual interest in men and women. **Methods:** The study comprised a representative sample of 399 couples (798 individuals) aged 20 to 67 years. Data collection was carried out by self-administered postal questionnaires. **Results:** The majority of the couples (59%) did not report distressing problems related to loss of sexual interest. In 26% of the couples the wife had distressing loss of sexual interest, in 8% of the couples the man had the lost problem, and in 8% of the couples both spouses experienced distressing problems. Most of the men and women who had sexual interest problems believed that their loss of sexual interest was related to stress, disease, or "other" factors. Reduced capacity for sexual arousal was the best predictor of loss of interest in both genders. Among women, negative work to home interference was related to loss of sexual interest. **Conclusions:** It seems reduced sexual interest and desire represent a new area of public health concern in Norway.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Norwegian Newspaper Dagbladet

### **O23-7** **SEX, CELIBACY AND MASCULINITIES**

*Gareth R Terry*

**Introduction** Celibacy (or the choice not to have sex), outside of the context of some religious orders or sexual abstinence among teenagers, is an under-researched area of sexual choice and practice. Celibacy is currently sexually counter-normative in the broader context of Western societies and potentially offers some interesting insights into the way heterosexual men understand sex and society, and the imperatives that operate within these spheres. **Method** Data were obtained from semi structured interviews with nine men who currently or previously practiced celibacy, talking about their choices and experiences. Data were analysed using thematic analysis, within a social constructionist framework, to identify dominant themes. **Results** Two primary themes - sex as an imperative and sex as a problem - were identified. These were constitutive of a choice to be celibate, yet exist as contradictory accounts around sex. Sex was described as being an imperative, particularly within the context of intimate relationships. However, celibate men's descriptions of experiences of both sexual relationships and celibacy indicated that sex could be problematic in maintaining particular masculine ideals, such as independence and self-control. These last two features were evident in the men's talk in defining celibacy as a form of resistance to societal expectations around masculinity and male heterosexuality. **Conclusions:** These contradictory accounts of sex resulted in some men describing a need to control the way in which their experience of sex and sexuality was managed. Celibacy was one way of gaining control over



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something experienced as otherwise uncontrollable, or as giving them a chance to focus on non-sexual aspects of their relationships with other people, and other forms of intimacy. I will conclude by suggesting that counter-normative choices such as celibacy offer insight into how sexually normative choices and practices are constructed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O24-1 SEXUAL COERCION AMONG GAY AND BISEXUAL MEN IN AOTEAROA/NEW ZEALAND: EXPERIENCES AND ISSUES FOR HIV PREVENTION**

*Virginia Braun, Benjamin A Fajewonmyomi, Adenike O Adeyemo,*

**Introduction and Objectives** There has been relative silence around the issue of rape and sexual coercion among men who have sex with men (MSM). Data from a limited number of prevalence studies suggest that 14-51% of MSM may experience rape, forced, coerced or unwanted sex from other men. However, little is known about the nature and meaning of such experiences. This talk reports the findings of a qualitative New Zealand-based multi-phase study of experiences and understandings of sexual coercion among MSM. It focuses on the nature of the experiences men reported, and discusses the implications of these for thinking about HIV prevention. **Methods** Data come from a 3-phase study involving: a) interviews with 18 gay/bisexual men about their experiences of sexual coercion, b) interviews with 23 key informants about issues related to sexual coercion for MSM; and c) six focus groups with 22 gay/queer men on perceptions and issues around sexual coercion for MSM. Data were analysed using thematic analysis. **Results** Men reported a wide variety of coerced experiences, inflicted by men who ranged from sexual partners through to strangers. Particular issues included: silence and invisibility; the difficulty of refusing unwanted sex; the use of alcohol and drugs; and power dynamics in sex between older, more experienced men and younger, often newly out, inexperienced men. In relation to sexual safety, coerced sex was often unprotected or unsafe, and men reported desires that competed with sexual safety concerns. **Conclusions** The wide range of coerced sexual experiences MSM reported suggest this is a significant, albeit politically sensitive, issue to address. Further, our data trouble the model of the rational and in control sexual actor that informs much HIV prevention for MSM.

Conflict of Interest: None disclosed  
Financial Support/Funding: New Zealand Health Research Council Lottery Health (New Zealand)

### **O24-2 SEX WORKERS ON HOSPITAL PREMISES**

*Alexa Rosengarten*

**Introduction:** We live in a disabling society and there are many barriers to sexual expression and sexual satisfaction for people living with illness and/or disability. Many find it difficult to gain access to potential sexual partners, and some people are also less-able or unable to self-pleasure themselves. The issue of enhancing sexuality in patients with individual health deficits and disability is complex, especially when they are institutionalised. Ignoring patients sexuality and sexual expression can lead to frustration and misunderstandings for both patients and staff. **Method:** Through the presentation of a case study of an adult male institutionalised with neuromuscular disease, it will be demonstrated how a health care service can legitimately support a patient to address his sexual needs, resulting in positive outcomes for both patient and institution. Particular attention will be paid to the introduction of sex workers on hospital premises, legal issues, staff attitudes and safe sex. Also included are the practical health aspects and emotional landscape of the patient; and maintenance of the patients dignity and autonomy. **Conclusion:** To progress to a more holistic model of health care, sexuality and sexual expression options need to be made a legitimate issue within health care practice. This paper will demonstrate how this can be successfully achieved with the end result leading to improvement in patients quality of life.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O24-3 SEX WORKER HEALTH: SAN FRANCISCO STYLE**

*Charles H Cloniger III, Deborah L Cohan, Alexandra Lutnick, Johanna Breyer, Daniel Wilson, Cynthia Cobaugh*

**Introduction and objectives:** Sex worker health needs are rarely evaluated and addressed beyond issues of sexually transmitted infections (STI) and HIV. St. James infirmary (SJI), founded in 1999, and located in San Francisco, California, is a first of its kind peer-based Occupational Health and Safety clinic for current and former sex workers and their families. Founded by local sex worker activists in partnership with the San Francisco Department of Public Health and the University of California, San Francisco, SJI, was created to evaluate sex worker health needs and create comprehensive peer-based medical and social services to address them. **Methods:** Observational study of sex worker health needs via structured intake questionnaire administered by peer counselors to sex workers who sought care at SJI between September 1999 and November 2004. Univariate, bivariate, and multivariable analyses assessed STI predictors. **Results:** A total of 783 current or former sex workers were interviewed with 53.6% identifying as female, 23.9% as male, 16.1% as male-to-female transgender and 6.5% as other. There was a wide range of ethnicities, educational levels, and type of sex work. Seventy percent never disclosed sex work to a medical provider. Roughly 40% reported current illicit substance use. Most common substance used was tobacco at 45.8%. Over half



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reported domestic violence and 36% reported work-related violence. Of those screened 5.07% were HIV positive, 12.4% were gonorrhea positive, 6.8% were chlamydia positive, 1.8% were syphilis positive and 34.3% were herpes simplex-2 positive. African-American race, male gender, and experience of violence were STI predictors. Conclusions: Health needs of sex workers extended beyond issues of STI's and HIV and include high prevalence of violence, illicit drug use, tobacco use. Sex workers were unlikely to disclose sex work to medical providers. Predictors of STI's exist.

Conflict of Interest: None disclosed

Financial Support/Funding: San Francisco Department Of Public Health, University Of California, San Francisco, Ford Foundation, St. James Infirmary

### O24-4

#### RESISTANCE AND RECOGNITION: SEX WORKERS ORGANIZING

*Frances M Shaver*

Introduction & objectives (methods) In line with the more recent literature treating sex work as a form of marginalized labour, this paper will explore the experiences of sex workers in Montreal from a number of vantage points. First, by furnishing a brief history of Canadian legislation criminalizing sex work, second by providing a brief history of Stella (an organization by and for sex workers founded in 1995), and third, by recounting some stories about the challenges of organizing from the margins in the current socio-legal environment. Based on data collected for a larger study on Canadian public policy and the health and well-being of sex workers, documents produced by Stella, and interviews with a small number of key-informants, the paper examines Stella's struggles to organize during their first 10 years. This was a period in Canada marked with an increase in empirically grounded research about sex work highlighting the diversity of workers in the industry as well as their vulnerability to assault, substandard and unsafe work conditions, and their marginalization from mainstream social and community institutions. Main body/Results Specific examples of resistance and recognition—which seemed to go hand in hand—will be identified, including some clips from Live eXXXpressions: Sex Workers Stand up in Montreal. Examples of Stella's publications will be available for perusal, including the proceedings from the XXX Forum, an event involving 250 sex workers and activists from around the World who came together to celebrate the global sex workers rights movement and Stella's 10th anniversary. Conclusions The analysis suggests that the options for successful organizing are limited. Nevertheless, Stella continues to dialogue strategically when opportunities present and will carry on with their publication and education strategies. In addition, they have decided to organize by “strengthening from within,” a decision clearly evident in the success of the XXX Forum.

Conflict of Interest: None disclosed

Financial Support/Funding: Social Sciences And Humanities Research Council Of Canada

### O24-5

#### WHEN SEX IS WORK: EXPLORING DIVERSITY IN THE RELATIONS STREET-BASED SEX WORKERS HAVE WITH THEIR CLIENTS

*Frances M Shaver*

Introduction & objectives (methods) In an earlier study examining the sexuality of street-based sex workers, my colleagues and I found that women were less likely than men to enjoy sexual activities with their clients and much less likely to experience orgasm. No such differences were found in sexual pleasure in the personal lives of these women and men (Weinberg, Shaver & Williams 1999). But, sexuality is more complex than the physical enjoyment of hand-jobs or giving and receiving oral sex — it also includes emotional and relational elements. Thus, along with the gender difference regarding sexual enjoyment with clients, there is likely to be much diversity within gender categories in the way sex workers relate sexually and otherwise with their clients. Drawing on a study of 107 sex workers (women & men) conducted in Montreal and Toronto in 1993 & 1994, this paper will explore the extent and nature of this diversity. Main body/Results The analysis is based on a closer look at the responses of women and men working in the sex industry to a series of open-ended questions about their work activities and how they perceive and manage the sexual nature of their work. Relying on the 3-fold definition of sexuality adopted in the New View manifesto (available at <http://www.fsd-alert.org/manifesto.html>), the detailed responses to these questions are thoroughly examined in order to provide some clues about the physical, emotional, relational aspects of the sex worker-client interactions. Conclusions The results from this study suggest that sexual relations between workers and clients is complex and better studied when adopting the 3-fold definition. Gender diversity was not as prominent as expected. There seemed to be many equivalencies between women and men sex workers suggesting that men too care about the emotional and relational elements of sexuality—at least with respect to sex work.

Conflict of Interest: None disclosed

Financial Support/Funding: Social Sciences And Humanities Research Council Of Canada; Concordia University, General Research Fund

### O24-6

#### SEXUAL SURROGACY AND SEX WORK: SIMILARITIES AND DIFFERENCES

*Rachel A Wotton, Saul Isbister*

Introduction: This presentation seeks to explore the similarities and differences within the professional capacities of sexual surrogates and sex workers, drawing from the personal experiences of both authors. Background: Sexual surrogacy has formally occurred as an adjunct therapy option since Masters & Johnson famously introduced it in the 1960s. Since then sexual surrogacy has been utilised in a variety of manners in various countries around the world, including America, Australia and Israel. In contrast, sex work occurs almost universally around the world. Issues:



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Sexual surrogacy and sex work may both include sexual interactions with a client. Myths and preconceptions about both occupations abound. A lack of knowledge of what actually occurs in either work environment can cause confusion in differentiating roles played and the different intentions behind services provided to clients. This may contribute to a failure of therapists to adequately consider sexual surrogacy as a possible treatment option to be incorporated into a therapeutic plan. In addition, emerging and current practises in both fields, in conjunction with changing legal frameworks, have not yet been incorporated into many therapeutic Codes of Conduct/ Ethics. This places an additional barrier for those wishing to pursue sexual surrogacy as a viable therapeutic option. Recommendations: Increasing awareness and knowledge of developments in both fields will allow therapists to be better informed about the potential benefits of sexual surrogacy. We believe the practice of sexual surrogacy will predominately remain underground until fears of some stakeholders can be addressed. Consultation, as part of the creation of Better Practice Guidelines, could address such fears. Guiding Principles could facilitate a more secure working environment between therapists and surrogates in the future, building upon positive outcomes we and others, have previously observed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O24-7

#### **TAKING IT PERSONALLY: UNDERSTANDING THE VARIATION IN RESPONSES TO SEXUAL DIFFICULTIES**

*Kirstin Mitchell, Kaye Wellings, Michael King, Irwin Nazareth*

Introduction and objectives: It has been argued that existing conceptualisations of sexual (dys)function take insufficient account of the context of peoples lives and thus risk pathologising normal variation in sexual experience. The criterion of marked distress or interpersonal difficulty attempts to avoid this pitfall by differentiating between those with transitory/adaptive problems and those with clinical dysfunction. Distress has tended to elude objective measurement. There is no clear association between symptom severity and degree of self-perceived distress and the variation in individual reactions to difficulties is not well understood. We examined this variation through qualitative exploration of personal experiences. Methods: 32 semi-structured interviews with men and women (aged 23 to 78), purposively sampled to represent a spectrum of sexual function experience. Respondents were recruited from: a UK General Practice (GP) practice waiting room (n=11); GP diabetes and depression patient lists (n=13); and a UK Psycho-sexual Clinic (n=8). Results: We found that while some difficulties (e.g. pain and erectile dysfunction) always concerned, and often distressed, respondents, others (e.g. low sexual desire) sometimes caused no concern and sometimes caused significant distress. We identified the following factors as important in determining the level of distress: nature of the difficulty (symptom duration, perceived severity, perceived fixability, perceived link to more serious problems); perceived cause (physical causes

perceived as less distressing than emotional/relational causes); relationship context (level of trust, ability to resolve issues positively, degree of change to normality, partner reaction, degree of noise e.g. lack of privacy); beliefs and expectations (for instance, regarding the centrality of penetrative sex); and individual/couple responses to problem (degree to which self-esteem is affected, ability to adjust positively). Conclusion: Our findings contribute towards more contextually-sensitive understanding of distress, which is essential if we are to avoid misdiagnosing sexual dysfunction.

Conflict of Interest: None disclosed  
Financial Support/Funding: UK Economic And Social Research Council

### O25-1

#### **TOE PATTERN AND HETERO-AVERSION HOMOSEXUALITY**

*Subhas Chand*

INTRODUCTION AND OBJECTIVES: To see if Hetero-aversion Homosexuality (HH) [Hetero-aversion is the factor that plays havoc in marriages and not homosexual affinity] is correlated to toe pattern as well as finger pattern. The ratio of the length of the pointing finger to the length of the ring finger (D2:D4 ratio) has been correlated to homosexuality in the last nine years. METHODS: Diagnosis of HH was done in 723 of 2406 of clients referred to a Sexology Clinic during a six year period, with the aid of drug-assisted abreaction. 723 HH (411 men, 312 women) were checked for toe length and toe pattern and were compared with 237 established Heterosexuals. The 723 clients were also checked for D2 D4 ratio. RESULTS: 490 of the 723 HH had one or both second toes longer than the big toes. In another 154 of the 723 HH, 4th and 5th toes were very short in comparison to other toes. In this group, fanning out and shortness of toes with the lateral toes turned more laterally were seen in 65 clients. None of the 237 Heterosexuals had any of the above toe-patterns. 644 of the 723 HH (89%) had positive toe signs. 592 of the 723 HH (82%) had positive finger sign (D2:D4 ratio). There was overlap between these two sets of 644 and 529 with the result that only 2.5 % of HH had neither finger sign nor toe sign. CONCLUSION: Earlier studies found much less correlation between D2:D4 ratio and HH probably because diagnosis was not actively done with abreaction etc, and therefore HH diagnosis was missed in many cases. This study indicates that in 97.5 % of cases of HH we can correctly predict HH just by looking at their Digit Ratio and Toe Pattern.

Conflict of Interest: None disclosed  
Financial Support/Funding: Serdia Pharmaceuticals, India





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### O25-2

#### **TRANSPHOBIA: A PRICE WORTH PAYING FOR GENDER IDENTITY DISORDER?**

*Sam Winter*

Transgenderism is regarded by Western psychiatry as a mental disorder. Transphobia, on the other hand, is not. Expressed in daily acts of prejudice and discrimination, it impairs the quality of life and health of transpeople worldwide. Results are now available from a recent international study of transphobia. Led by the author and conducted in seven countries worldwide (Malaysia and the USA (both identified in this study as comparatively transphobic societies), UK and Philippines (both comparatively transaccepting) and China, Singapore and Thailand (all intermediate)), the findings suggest five important components of transphobia. One of these components is the belief that transgenderism is a mental disorder. This belief is associated with other components of transphobia. This association, observed across a range of societies and cultures examined in this study, suggests that the pathologisation of gender variance may serve to exacerbate the prejudice and discrimination with which transpeople are faced. These findings strengthen the case made in recent years for the removal of transgenderism from the medical and psychiatric manuals. It is argued that, while a few transpeople in the developed world may be able to avail themselves of free or subsidized health services on the bases of such diagnoses (Transsexualism in ICD-10 and Gender Identity Disorder in DSM-IV), the majority of transpeople worldwide pay a heavy price.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O25-3

#### **THE MARRIED MEN HAVE SEX WITH MEN STUDY (M2M STUDY): AN OUTLINE OF FINDINGS.**

*Jeff H Hudson, Garrett Prestage, Patricia Weerakoon, Gary Lee*

**Introduction** The study of Married Men who have Sex with Men (MMSM) explores the social, sexual and demographical aspects of MMSM, to guide a better understanding of this group, promote education initiatives, support and explore the risk environments and prevent the spread of sexually transmissible infections (STIs) including HIV. **Methods** Quantitative (surveys) and qualitative (interviews) research methods were used to explore the social aspects, attitudes, practices and contexts of and interactions of sexual encounters, sexual practices, sexual pleasure, partner choice and protective practices. Attitudes, values and knowledge of STIs and HIV/AIDS were recorded. **Results** Data from the 110 questionnaires completed at the time of this analysis were included here. Respondents were aged between 21 – 74 (mean age 48y/o), most live in Western Sydney. 64% were employed professionally. 32% identified as bisexual, 65% had been married from 6 months to 40+ years. 67% had sex with men prior to marriage, 41% continued sex with men during marriage, with 38% having male-to-male sex more than once weekly. Sexual practices practiced by some MMSM make them vulnerable to certain risks in their pursuit for

sex and highlights possible naivety of the potential risk of HIV and STIs. Reasons for marriage indicate a pursuit for heterosexual normalization through a family lifestyle. 56% indicated love or emotional attachment to female partner as a reason. 37% commenced sexual activities with men because of lack of sex during their heterosexual relationship with 45% female partners not aware of their sexual activities. **Conclusion** The study provides valuable insights for researchers & health professionals that may help develop appropriate interventions & directions for future research.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O25-4

#### **RECOGNISING SEXUAL COERCION AND UNWANTED SEX AMONG GAY AND BISEXUAL MEN.**

*Gareth R Terry, Virginia Braun, Nicola Gavey, John Fenaughty*

**Introduction:** Research on rape and sexual assault of gay and bisexual men has increased over the last decade, yet the wider issue of sexual coercion has received little attention. Within heterosexual relationships, coercion is largely the product of a traditional active male sexuality and a passive female sexuality. For a man having sex with another man, this dichotomy is not as clear; conventional representations of male sexuality arguably make it difficult to recognise the possibility of a man being pressured/coerced into unwanted sex. **Method:** Interviews were conducted with 23 Key Informants about sexual coercion among gay and bisexual men. Data were analysed using thematic analysis within a social constructionist perspective. **Results:** Two broad themes identified 1) a context of risk and 2) a particular type of vulnerable individual. A common feature of informants talk was that while they were able to discuss rape and sexual assault as issues for gay and bisexual men, many had difficulty clearly articulating the notion that men are sexually coerced or might not want sex. Instead, when asked about sexual coercion, they seemed to fall back into accounts of more “extreme” cases of forced sex. **Conclusions:** Notions of risk and vulnerability make sense when we only consider extreme cases of rape and sexual assault, rather than the broader spectrum of sexual coercion. However, this reduction of sexual coercion just to rape and sexual assault typically misses, and makes invisible, the cultural scaffolding of rape. We conclude by suggesting sexual coercion is a normative aspect of (all) male sexuality, and not simply an issue within heterosexual relationships. Professional recognition is important for informing policy and practice that enhance sexual safety and enjoyment for gay and bisexual men.

Conflict of Interest: None disclosed  
Financial Support/Funding: New Zealand Health Research Council Lottery Health (Nz)



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### O25-5

#### SUCCESS VARIABLES WORKING WITH TRANSGENDER YOUTH

*Michelle M Angello*

Transgender youth experience a unique set of challenges during transition. Everything from dealing with peers, parents, secondary sex characteristics, and typical issues of adolescence become major impediments to development. It is imperative for healthcare professionals to take into account the relevant system variables—family, friends, school, church, extracurricular activities, the medical community—with which a young person interacts, and to consider the impact that each of these has on a successful transition. This paper will examine the primary clinicians role in helping the adolescent and family members navigate their way through these systems by detailing two case studies—one of a 10 year old female-to-male and one of a 16 year old male-to-female. The intention is not to debate the appropriateness of adolescent transition, but to describe a model of health rather than pathology that has proved useful to this clinician when assisting transgender youth facing the obstacles involved in this process.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O26-1

#### LONG TERM EFFECTIVENESS OF CAPSAICIN FOR THE TREATMENT OF VULVAR VESTIBULITIS

*Susan Kellogg-Spadt, Adam Steinberg, Howard Goldstei*

Objective: To demonstrate long term efficacy of capsaicin cream for patients with vulvar vestibulitis. Materials and Methods: A retrospective chart review was performed in September 2005 evaluating 52 patients from an original capsaicin treatment group in 2003. In the 2003 study, patients with vulvar vestibulitis (VV) applied capsaicin cream 20 minutes daily for twelve weeks. Diagnosis of VV was made via Kaufman touch test at five vulvar locations. At study completion, 95% subjects resumed intercourse, demonstrating statistically significant improvement in Kaufman and Marinoff scores. Subsequently, subjects were instructed to use capsaicin on an “as needed” basis. In this 2005 study, chart review evaluated long term progress of the original study cohort. Comparisons were made between initial Marinoff and Kaufman scores and those from the last clinical visit in 2005. Results: The cohort comprised 45/52 (87%) of initial patients. The mean age was 33.8 (21-64) years. The length of time since initial use of capsaicin was 37.2 (+/-12.0) months. A Student T test compared pre-treatment and long term follow-up values. The mean sum of the pretreatment 13.2 (+/-4.9) Kaufman touch test compared with the last visit 3.9 (+/-4.5) was statistically significant ( $P < .0001$ ). Marinoff dyspareunia scales also demonstrated significant improvement ( $P < .0001$ ). Significant change was observed at individual touch test sites ( $P < .0001$ ). 26 of 45 subjects (58%) used “as needed” capsaicin 0-3x per week (mean =1 x/ week) for a period of 14.6 (+/-11.1) months, requiring no additional therapy. 19 of 45 subjects (42%) required adjuvant

pelvic floor muscle triggerpoint injections. A significantly greater number in this group had the diagnosis of Interstitial Cystitis 6/19 (IC = 31.5%) compared to the no additional therapy group 2/26 (IC =7.7%). Conclusion: Capsaicin has long term effectiveness in decreasing discomfort and allowing for more frequent sexual relations in patients with vulvar vestibulitis.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O26-2

#### SEXUAL FUNCTIONING, LIFE-STYLE AND HEALTH FACTORS IN HYSTERECTOMIZED VS NON-HYSTERECTOMIZED HISPANIC WOMEN LIVING IN PUERTO RICO

*Yaniris R Avellanet, Ana P Ortiz, Jose R Pando*

Hysterectomy is the most common major gynecologic operation. The positive and negative effects of hysterectomy on sexual functioning have gained interest in recent research. The quality of a womans sexuality is likely to be influenced by biopsychosocial factors. The objective of this study is to compare some aspects of sexual functioning, such as loss of libido and dyspareunia, and life-style and health factors in hysterectomized vs non-hysterectomized Hispanic women living in Puerto Rico. Eight-hundred and eighty-seven Puerto Rican women ages 40 to 59 participated in health-fairs conducted in twenty-two municipalities between May 2000 and November 2001. A questionnaire concerning the self-knowledge women had about the biopsychosocial changes occurring during the different stages of life was filled-out by the participating women. Chi-square statistics were used to evaluate bivariate associations of hysterectomy and sexual functioning and other life-style and health factors. The prevalence of hysterectomy in our study population was 26.5%. Women ages 50-59 underwent more hysterectomies (60.9%) than younger women ages 40-49 (39.2%). Current Hormone Replacement Therapy (HRT) was used mostly by hysterectomized women (61.3% vs 38.7%). Loss of libido and dyspareunia were less frequently reported in hysterectomized women compared to non-hysterectomized women (30.3% vs 69.8% and 33.5% vs 66.5%, respectively) ( $p < 0.05$ ). Incontinence and loss of vaginal lubrication were less frequent in hysterectomized women (32.8% vs 67.3% and 35.4% vs 64.6%, respectively) ( $p < 0.05$ ); vaginal itching was not associated with hysterectomy status. Women who underwent hysterectomy were mostly current non-smokers (4.6%), obese (47.3%), and had a lower level of education (lowest education 37.6% to highest education 20.2%) ( $p < 0.05$ ); marital status had no significant association with hysterectomy. Hysterectomized women reported less frequently loss of sexual functioning when compared to non-hysterectomized women. HRT could be a contributing factor in improving outcomes of genitourinary function. Socio-demographic factors contribute to female sexual functioning in hysterectomized women.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### O26-3

#### SEXUAL COMPLICATIONS OF WOMEN WITH INHERITED BLEEDING DISORDERS

*Diane Kholos Wysocki*

Most of the literature about hemophilia has been from a medical perspective and about men. This project, which began in 1996, has been to document the lives and “voices” of women who have a bleeding disorder, their experiences with the medical community, and the course of their diagnosis and treatment. Respondents were obtained through snowball sampling and were predominantly Caucasian (92%), currently married (66.7%), had (68.9%), and of those women who had children, the majority of their children (67.9%), both boys and girls, as well as other family members (63.3%) had some type of bleeding disorder. Findings revealed there was on average, almost a 15 year gap between the first bleeding episode and the diagnosis of a bleeding disorder. Women reported long, heavy menstrual cycles and having consulted a physician for menstrual bleeding as teenagers. Treatments for menstrual bleeding included D and C’s (42.9%) and hysterectomies (34.5%). Furthermore, women reported sexual complications during intercourse (51.6%) which involved pain (27.9%) bleeding/bruising (23.0%), ripping (3.3%), pain and bleeding (26.2%), and/or all of the above (19.7%). The author stresses the importance of this aspect of women’s lives and the need for physicians to understand the complications specific to women.

Conflict of Interest: None disclosed  
Financial Support/Funding: Zlb Behring

### O26-4

#### SEXUAL ACTIVITY AND SEXUAL DESIRE AT THE AGE OVER 45

*Osmo J Kontula*

Introduction and objectives Gerontologists and other medical experts generally agree that continued sexual interest and activity can be therapeutic for older men and women. The aim of this paper is to present how sexual activities and sexual desires change in men and women 45-54, 55-64, and 65-74 years old and what are their determinants. Sexual activity was measured with the frequency of sexual intercourse and sexual desire with the occurrence of the lack of desire in the last year. Methods The analyses of the presentation are based on combined national follow-up sex surveys in Finland in 1992, and in 1999. The total number of respondents in the age group 45-74 was 1504. The analyses were conducted by cross tabulations, correlations and regression analysis. Results At the age of 70 three quarters of men but only a half of women had a steady sexual partner. The implication was that aging men were sexually more active than aging women. The aging men and women considered their couple relationship as happy as younger ones and they were also as happy with the physical closeness and touching that they had experienced with their partner. Aging women did not value sex as much in their relationship as did the younger women. Aging men and men in the relationships of long duration were able to keep the quality of sex as high as the younger men but aging women considered their intercourse less pleasant and they experienced orgasms less fre-

quently in their intercourse. Conclusions Results indicate that sexual activity was highly related to health and partner status among elderly. The age as such did not have much explanatory value for sexual desire. Illnesses had an impact on decreasing frequency of intercourse by decreasing sexual desire and by causing sexual disorders.

Conflict of Interest: None disclosed  
Financial Support/Funding: Ministry Of Social Affairs And Health In Finland

### O26-5

#### BONKING FOR BABY BOOMERS

*Lesley A Yee*

In Australia, 12.4% of the population was aged over 65 years in 2001, and this is expected to rise to 21.3% in 2021, and 26% in 2051. In real terms this is a rise from approximately 3 million to 4.2 million to 6.6 million people respectively. The sexual liberation that began in the 1960s in western society involved a generation of people who are now entering retirement or old age. Demographic and social changes have led to a broader attitude by most people about their sexual lives. This generation of “Baby Boomers” is challenging previous societal stereotypes of sexuality in older people. There is evidence that health practitioners are not necessarily comfortable discussing issues of sexuality with older patients. Hurdles include agist attitudes, embarrassment, negative societal stereotypes, and limited opportunities for intimacy for older people. Sexual activity declines with advancing years. Many longitudinal studies do not extend into the older age bracket. Marital status is a major predictor of sexual frequency for older people, with a decline of between 40% and 50% in sexual frequency for married men and women over 65 compared to their single counterparts. Other predictors include the partners health status and a persons own sense of self worth. There is often a loss of status in our society with ageing which is reflected in poor body image and self esteem With normal ageing, there are physiological changes in men and women which impact on sexual arousal and performance. The treatment modalities for older men and women do not differ from those offered for younger people. However, in older individuals, the causes are more likely to have a physiological element, as well as psychological overlay. Treatment will therefore require a combined approach.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O27-1

#### COMING OF AGE ONLINE: WHAT CLINICIANS, EDUCATORS, AND PARENTS NEED TO KNOW ABOUT CYBER SEXUALITY

*Joanie Farley Gillispie*

Research and conversations with youth demonstrate that cyber sex is shaping identities, altering sexual behavior, and redefining sexual norms. To date, we have an inadequate understanding of how online sexual activities affect adolescent sexual development. This mini lecture will explain why, after three years of research and clin-



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ical experience, online sexuality has the potential to redefine sexual identity, sexual pleasure, and sexual relations. An overview of current research will highlight both the positive and negative effects of cyber sexual activities on sexuality, relationships, and health. Some investigators find that cyberspace can sexualize youth prematurely, making them easy targets for sexploitation. Other research suggests that this alarmist position obscures the potentially positive affects of exploring sexuality online. Regardless, the three As of cyber psychology (access, autonomy, anonymity) appears to push the boundaries of identity, relationships, and sexuality past offline constraints. Experiences online have great potential to alter young peoples sexual identities and arousal mechanisms. Cyber space allows us to be voyeurs and participants experimenting in an ever-expanding world of sexual diversity ranging from the everyday erotic to beyond depravity. Could this access to pornography, interactive sex, identity tourism, and now touch technology contribute to paraphilias or can curiosity and exposure be part of healthy sexual development? We live in a sex-saturated culture where sex sells everything from cars to ice cream yet we do not support youth on their paths to a healthy sexuality. The audience will learn how to talk to adolescents so they really understand the difference between healthy and harmful models of cyber sex and, most importantly, how to upload eroticism to cyberspace with the ultimate goal of enhancing sexuality and sexual relationships on- and offline.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O27-2** **OLDER ADULTS AND THEIR ONLINE INTIMATE RELATIONSHIPS** *Sue Malta*

Introduction: The Internet is becoming increasingly important as a means to finding friendship and facilitating relationship formation. Whilst there is considerable research detailing different kinds of online relationships, their prevalence, their forms, their impacts and their development into and impact on offline relationships, information regarding older adults in this context is scarce. Research to date has largely focused on looking at older adults' use of the Internet to access medical information, to find social support and to conduct genealogy research. The sexuality of older adults is a subject still attracting many societal taboos. The current research aims to bring older adults and their sexual relationships into the forefront of public thinking, in an effort to dispel some of these taboos. Objectives: The present study investigates whether older adults are developing online intimate relationships (becoming cyberdaters) and, if so, the forms these relationships take and the functions they serve. For instance, are these relationships companionate or are they sexual? The study looks at whether these relationships are primary or secondary to other relationships – both online and offline (cybercheating). The study also asks whether it is considered cheating if the relationship stays online and never becomes a face-to-face relationship, even if it does or does not progress to an online sexual relationship (cybersex) and, further, whether it is considered cheating if the offline partner is infirm and/or incapacitated? Method: Older adults (65 years plus) are recruited through online

senior forums (for example, SeniorNet.com). Semi-structured qualitative interviews are conducted via synchronous computer-mediated-communication (private chat). Interviews are transcribed and subjected to thematic analysis. Preliminary results will be presented. It is anticipated that discussion of these results will be both lively and informative!

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O27-3** **SOFTWARE PROFESSIONALS, HARDWARE REALITIES - SEXUAL AND REPRODUCTIVE HEALTH OF INFORMATION TECHNOLOGY(IT) PROFESSIONALS** *Padmini Prasad*

Introduction and Objectives: With thousands of computer and software professionals working in various IT companies, BPOs and call centers, it was quite natural to come across several software engineer couples with severe sexual and reproductive problems due to tense ridden working environment. When a study was conducted at the Institute of Sexual Medicine, Bangalore, India, there were some startling revelations. These results have been corroborated in several articles published in various journals, magazines and newspapers. Today, in India, the IT professional is the most envied person because of high salaries, ability to purchase the best of the items, and chances for globe trotting, etc. But in reality his/her personal life lacks luster because of the many problems he is forced to face in the professional life. The main objective of the study was to identify the incidence and types of sexual and reproductive problems among the IT professionals who form a major chunk of the patients coming to the Institute of Sexual Medicine (ISM) for consultation and treatment. Methodology: About 900 patients who had come for consultation for various sexual and reproductive problems between April 2005 to May 2006 were studied and analysed. Results: non-consummation of marriage : 180 patients, Infertility problems : 300 patients, erectile dysfunction(ED) & Ejaculatory problems : 200 patients, dyspareunia : 100 patients, decreased libido (Sexual anorexia): 99 patients

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O27-4** **EMBODYING GAY MENS EROTIC DESIRES IN CHAT ROOM CYBERSPACE** *Warren K Losberg*

This project is about how the Internet is currently being used by gay men to transform their erotic desires into the cyberspace of personal websites and chat rooms. The Internet is increasingly determining how gay men socially construct their sexual selves as it becomes positioned into the flow of their everyday lives. This project specifically examines how gay men use the personal website gaydar to realize their sexual and social needs. Gaydar is currently



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the most widely used personal website in Australia. The socio-cultural influence of personal websites is growing increasingly important. The project will provide further insights into the social and cultural situations that precipitate the use of gaydar as a sexual aid for gay men and to explore how offline social cues of attraction are positioned within gaydar cyberspace. The project is a virtual ethnography that synthesizes offline sexual scripting with online cybersexual theory of embodiment. This will assist in the design of gay men's online sexual experiences and reveal how their offline sexual lives symbiotically shape their online activities.

Conflict of Interest: None disclosed

Financial Support/Funding: Doctoral Candidature

### O27-5

#### **CONTEMPORARY REVIEW OF SCIENTIFIC RESEARCH ON VARIABLES RELATED TO POSITIVE, HEALTHY SEXUAL COMMUNICATION AMONG SINGLES AND COUPLES, WITH PRACTICAL APPLICATIONS**

*Linda De Villers*

Direct and positive sexual communication heightens pleasure for sexual partners and contributes to their sexual health. This paper presents a comprehensive, contemporary review of scientific research on sexual communication as well as broader aspects of communication in relationships. The review includes research on verbal, vocal and non-verbal communication, and demonstrates the need to avoid over-generalized conclusions about the relative importance of each. Instead, it clarifies the specific circumstances under which one takes precedence over another. For singles seeking a relationship, the paper presents findings on the role of flirtation, the timing of self-disclosure, negotiating safer sex and appropriate birth control, and how cultural, gender and educational factors affect communication styles and preferences. For those in established sexual relationships, the paper highlights the various psychosocial and cultural barriers to, and numerous benefits of, candid sexual communication. The practical applications segment draws from the authors book, *Love Skills* (2006). Specific guidelines for effective sexual communication in a "vertical," non-sexual context are provided, along with practical exercises that may be used to overcome sexual difficulties and misunderstandings or for sexual enrichment. Similarly, various forms of "horizontal" sexual communication that can be used during partnered sexual activity to significantly enrich the quality of sexual experience are articulated, along with practical suggestions for overcoming barriers to their use. The paper concludes with a synopsis of strategies suggested by several major university research projects for effectively resolving non-sexual relationship difficulties; they can also be useful for resolving sexual differences or difficulties.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O28-1

#### **RESPECT YOURSELF. PROTECT YOURSELF: A CONDOM NORMALIZATION CAMPAIGN**

*Barbara Kemp Huberman*

Political intrusion into public health practice and policy in the United States has been increasingly documented. Nowhere has this been more apparent than in the denigration of condoms as a critical component of STI and HIV prevention. The promotion of abstinence until marriage has not only consumed domestic funding but international funding as well. Numerous sources have found that these abstinence only programs give misinformation or no information on the effective use of condoms. While 50% of new reported cases of HIV in the US are to young people under the age of 24, it is rare that young people receive any information regarding the effectiveness of condoms and how to use them. In 2005, Advocates for Youth, an independent, nationally recognized youth reproductive rights organization launched an educational social marketing campaign...Respect Yourself.Protect Yourself.throughout the USA. The Campaign is designed to promote open, honest discussion about condoms and emphasize their importance to reducing unintended pregnancy, STI's and HIV. Respect Yourself.Protect Yourself. is based on a highly successful campaign conducted by the German government's Federal Centre for Health Education and they partnered with Advocates for Youth to develop the US version. Young people,15-24 can use a creative "Tool" at <http://www.advocatesforyouth.org/youth/advocacy/yan/condom/tool/htm> to design potential campaign materials. The "Tool" provides a graphic template, colorful condoms as well as a pencil and an eraser. Using them, participants can create a design, add a slogan and submit the design to a contest.All entries appear in an online gallery and 3 winners are chosen twice a year to receive cash prizes. Winning designs are used for posters,palm cards,print and electronic ads. The Campaign impact and outreach strategies and examples of the materials will be shared.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O28-2

#### **BREAKING THE BARRIERS TO REPRODUCTIVE HEALTH WITH GRASSROOTS OUTREACH**

*Dian Harrison*

Minority populations are often medically underserved due to cultural and language barriers that may seem insurmountable to the individual seeking care. As a result, traditional outreach methods fail to connect these populations with the services they need. Planned Parenthood Golden Gate (PPGG) implemented an extremely effective grassroots outreach program that helps bring reproductive health care to one of the largest yet most underserved groups in the United States, Spanish-speaking immigrants. PPGG's Promotores program employs educators' "promotores" from within the Spanish-speaking immigrant community in the United States to provide educational workshops on health and sexuality and information on reproductive health services to community mem-



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bers. In this presentation, attendees will learn the key components to creating successful, grassroots partnerships for promoting reproductive health in marginalized communities. Dian Harrison, President and CEO of Planned Parenthood Golden Gate, one of the largest Planned Parenthood affiliates in the country, will share best practices for designing outreach programs and creating community-based partnerships to promote reproductive health within marginalized communities. Learning Objectives: 1. Learn why traditional outreach methods are not effective for marginalized communities 2. Create an effective, culturally relevant outreach program that delivers education and services

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **O28-3 RESTRICTIONS IN SEXUAL EXPRESSION TO PREVENT HIV INDUCE SAFER SEX FATIGUE AND PROMOTE RISK-TAKING IN MEN WHO HAVE SEX WITH MEN (MSM).**

*John B F De Wit, Adam C.G. Philippe*

Background: For many individuals, prevention of HIV entails prolonged behavioral adjustments that profoundly affect their sexual experiences. A recent study in MSM exemplifies that some men consequently experience safer sex fatigue, which increases sexual risk-taking (Ostrow et al., 2002). The current study addresses psychological processes that make up the experience of safer sex fatigue, and explain its influence on sexual risk-taking. We (1) propose that safer sex fatigue reflects a prolonged restraint of sexual behaviors, and (2) expect that affected men want to behave in less controlled ways. Methods: In an online cohort study of 433 men MSM in The Netherlands (mean age=35), sexual risk-taking with casual partners was assessed in the second bi-annual assessment (July 2006). The first assessment (January 2006) included measures of safer sex fatigue (4 items;  $\alpha=.84$ ), sexual restraint (5 items;  $\alpha=.82$ ), and desire for less restricted sex (6 items;  $\alpha=.82$ ). HIV-positive men (4%) were excluded from the reported analyses. Results: Most respondents (69%) had sex with casual partners, and 32% of these men had unprotected anal intercourse. Risk-taking was significantly related to safer sex fatigue (O.R.=2.7, 95% C.I. 1.9–3.8). Safer sex fatigue was higher when men perceived more previous restraint of their sexuality ( $r=.28$ ,  $p<.001$ ). Perceived restraint increased with age ( $r=.22$ ,  $p<.001$ ). Safer sex fatigue was also related to men wanting to behave in less restricted ways ( $r=.42$ ,  $p<.001$ ), which, as expected, predicted risk-taking (O.R.=1.4, 95% C.I. 1.1–2.0). Conclusions: Findings confirm that safer sex fatigue is a major predictor of sexual risk taking in MSM. Importantly, this study demonstrates that sexual risk-taking is intricately related to individuals sexual experiences, which are negatively affected by the prolonged restraint of sexual expression, and instill a desire for less controlled sex, at least in some men. HIV-education should hence be concerned with sexuality, in addition to health.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Japan Ministry Of Health, Labour, And Welfare

### **O28-4 HIV/STDS PREVENTION ATTITUDES AND PRACTICES AMONG JAPANESE MEN USING SEX ENTERTAINMENT SERVICES**

*Yuko Higashi, Sookja Suh, Sachiko Nosaka, Chizuko Ikegami*

Introduction and Objectives: Sex workers and their clients have been designated as target groups for individual AIDS control measures, yet no studies have looked at the perspectives of male clients in Japan. The purpose of this study is to assess the HIV/STDS prevention attitudes and practices of men who utilize sex entertainment services. Additionally, the socio-cultural factors of infection vulnerability and needs for preventive measures are examined. Methods: A questionnaire was distributed through one of Japan's most popular mens weekly magazines. Male readers who have utilized sex entertainment services were asked to respond to items including types of services they have used, frequency of use in the last year, reasons/motivation for utilization, condom use, HIV antibody test experience. Using attached postcards, 2,124 men responded. Results: The private bath house (69.8%) was the most popular setting. Types of services received at least once include vaginal intercourse with condom (68.5%), vaginal intercourse without condom (43.4%), fellatio with condom (40.1%), and fellatio without condom (64.8%). 58.9% used condoms while receiving a service during the last year, but only 35.9% of all the respondents answered that they would always use condoms when utilizing the services. 25.1% of all the respondents have been or are currently infected with STD(s) and 23.8% have received an HIV-antibody test. Discussion: Previous studies have shown that sex workers lose control over safer sex practice when their clients were uncooperative. Similarly, the current study indicates that knowledge and attitudes of male clients could lead to the risk of their sexual health and their partners, including sex workers. The results of this study will guide the development of a secondary study with over 1,000 respondents who indicated a willingness to participate in follow-up interviews.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Japan Ministry Of Health, Labour, And Welfare

### **O28-5 HIGHER PREGNANCY RATES AMONG ICELANDIC VERSUS NORDIC ADOLESCENTS**

*Sóley Sesselja Bender*

Introduction: Having a child at a young age can have long-lasting effects. Prevention is therefore of utmost importance. Icelandic adolescents have been found to start earlier to have sexual intercourse and have higher pregnancy rates than their counterparts in the other Nordic countries. The trends in these rates are explored and the reasons behind these higher rates among Icelandic adolescent girls by focusing on sexual and reproductive health services. Methods: The registered abortion, fertility and pregnancy rates among adolescent girls 15-19 years are compared between Iceland, Finland, Denmark, Norway and Sweden during the period 1976-



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2002. A national survey was conducted among 2500 adolescents 17-20 years old to explore their attitudes towards sexual and reproductive health services. Results: The higher pregnancy rates among Icelandic adolescent girls existed over the entire study period. The trend among the Icelandic adolescent girls has been to carry to term rather than having an abortion. This has been quite the reverse in the other Nordic countries where adolescent girls have more frequently had an abortion. Adolescents in Iceland sense many hindrances in becoming sexually responsible. Services are in many cases not attractive to them and they find the cost of contraceptive methods too high. Conclusions: According to the present abortion law from 1975, information and counseling should be provided in all primary health centers and in hospitals in Iceland. The services have not until recently been youth focused. The first youth clinic was established within the primary health care services in 1999. Adolescents have therefore through the years lacked services which are geared to their needs.

Conflict of Interest: None disclosed

Financial Support/Funding: The Research Fund Of The University Of Iceland

### O29-1

#### **LONG TERM? ANDROGEN THERAPY RESTORES ERECTION IN SILDENAFIL NON-RESPONDERS ON DEMAND**

*Svetlana Y Kalinchenko*

Introduction and objectives: Debate about the role of androgens in erection still exists. The aim of this study was to assess the efficacy of long term taking androgen in patients who were previously sildenafil non-responder on demand regime. Material and methods: In a prospective controlled trial 17 patients with ED more than 1 year non-responder on sildenafil taking on demand were included. Average age of patients was 53.4 All patients had late onset hypogonadism (AMS score  $37\pm6$ , testosterone  $7.4\pm2.3$ ). All patients were treated with AndroGel 25 mg. The efficacy of treatment measured by EF domain score on IIEF questionnaire and arterial response by Penile Doppler Ultrasound which were done before treatment and 2 months later during the treatment. Results: 11/13 patients showed not only improvement the mean score on IIEF (from  $8\pm5$  to  $14\pm5$ ,  $p<0.03$ ) but also improvement in peak systolic velocity up to  $16.6\%\pm3$  ( $p<0.04$ ) in the end of 2nd month of treatment. In the end of 1st month only 4/13 showed improvement of erection. Conclusions: It takes time to improve erectile function with androgen therapy.

Conflict of Interest: None disclosed

Financial Support/Funding: The Japan Ministry Of Health, Labour, And Welfare

### O29-2

#### **THE SOUTH AUSTRALIAN COUPLES SILDENAFIL STUDY: DOUBLE - BLIND, PARALLEL - GROUP RANDOMISED CONTROLLED STUDY TO EXAMINE THE PSYCHOLOGICAL AND RELATIONSHIP CONSEQUENCES OF SILDENAFIL USE IN COUPLES**

*James Hundertmark, David Ben-Tovim, Adrian Esterman, Mary-Anne Austin, Melissa Dougherty*

Aims and introduction: The South Australian Couples Sildenafil (SACS) study investigated the individual and dyadic impact of the drug Sildenafil (Viagra trademark) on couples over a six month period. Methods and materials: Couples were recruited through the use of local media and general practitioners. Couples were randomly allocated to placebo or active drug with the option of using up to one study tablet per day for six months. Couples were reviewed at two weeks, four weeks, eight weeks, three months and six months. A range of outcome measures were utilised including the Dyadic Adjustment Scale, the International Index of Erectile Function, the Erectile Dysfunction Inventory of Treatment Satisfaction, The World Health Organisation Quality of Life Scale and The Centre for Marital Health Sexual Functioning Questionnaire. Results: Of the 108 couples eligible for the study, 98 were randomised to Placebo or Active drug. The eventual analysis included 49 couples in the Active treatment group and 47 in the Placebo group with similar demographic and background profiles found in the two groups. A large number of psychosocial, quality of life and sexual measures were recorded at the end of the trial for both male subjects and their female partners. Predictably the erectile response in the Active treatment group showed a significant improvement as measured by the IIEF although no change was found between the active and placebo groups in relationship functioning as measured by the DAS scores. Discussion and Conclusions: The SACS study found no difference between treatment arms with regard to relationship functioning after the use of sildenafil for erectile dysfunction. Potential contributing factors to a no change result are discussed. The SACS study adds to the available literature on psychological and interpersonal factors in the treatment of erectile dysfunction which has not been sufficiently investigated until recently.

Conflict of Interest: None disclosed

Financial Support/Funding: Pfizer Australia

### O29-3

#### **APPLICATION OF THE BIOPSYCHOSOCIAL MODEL OF HEALTH TO IMPROVING THE TREATMENT OF MEN WITH ED**

*Hayley A Matic, Marita P McCabe*

Introduction and Objectives : This paper presents findings from a recent Australian study exploring the psychological and relationship impact of erectile dysfunction (ED). Currently, oral medications (PDE5 inhibitors) are the mainline therapy for ED, yet their ability to address the broader impact that ED has on a man and his partners life is not yet well studied, despite a noted high discontin-



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uation and dissatisfaction rate. Methods : Three national quantitative surveys were conducted between March 2004 and November 2005. The first of these surveys was a cross-sectional examination of the impact of ED on the lives of Australian men, and included a sample of 410 men with ED, and 242 men without ED. The second study was a cross sectional exploration of the impact of ED on couples, and included a sample of 40 dysfunctional couples and 18 non-dysfunctional couples. Finally, a longitudinal investigation was carried out using follow-up data from a sub-sample of the men in study 1 that was collected 9-12 months after the initial survey. Results : The results of this study indicated that men with ED experienced poorer sexual and relationship satisfaction, and a lowered sense of masculinity, poorer self-esteem, and lower overall QOL than did men without ED. Partners of men with ED experienced declines in their sexual satisfaction, self esteem, and QOL. Conclusions: ED has a broad-ranging impact on the lives of men and their partners that must be addressed to enable effective treatment of this dysfunction. A combination of psychosocial treatment with medical approaches should improve treatment outcomes and treatment satisfaction.

Conflict of Interest: None disclosed  
Financial Support/Funding: Bayer, Australia

### O29-4

#### **INFLUENCE OF THE AGE RELATED DECLINE OF D5-ANDROSTENEDIOL ON THE CALCULATION OF NON-SHBG BOUND TESTOSTERONE.**

*Jean-Pierre Raynaud, Frank Giton, Catherine Born, Jean Tichet*

Introduction Determination of Bioavailable Testosterone (BT) has paramount significance for detection of androgen deficiency in adult men and initiation of testosterone therapy. Calculation of BT from the law of mass action is widely used. However, these calculations are open to criticism because the data yield overestimated values of BT (cBT) in comparison to aBT obtained by immunoassay or mass spectrometry (GCMS). The aim of the study was to evaluate the influence on calculated BT, of affinity constants of testosterone to SHBG and of the presence of steroids that bind to SHBG: Methods Total Testosterone (TT), Dihydrotestosterone (DHT), 5 $\alpha$ -androstenediol (5-diol) were measured by GCMS in 503 selected untreated healthy men aged 20-74 yrs. SHBG was measured by radio immunoassay (RIA), BT was assayed after ammonium sulfate SHBG precipitation or calculated according to the Mass Action Law ([www.issam.ch](http://www.issam.ch)). Results During aging, a slight decrease in serum TT, a significant decrease in BT and 5-diol, no variation in DHT and an increase in SHBG were observed. Among 142 young males (20-39 yrs) the lower normal limit was between 2.25-2.70 nmol/L for aBT and 8.49 nmol/L for TT. The lower cBT limit has been found to be twofold higher than aBT. Optimising the affinity constants, cBT close to aBT was obtained. For the same SHBG and TT levels in paired young and older subjects, a statistically significant lower aBT in older subjects was found highlighting the role of lower serum 5-diol levels in old men. Conclusion

The lower normal serum aBT level in normal men is between 2.25 and 2.70 nmol/L. The higher serum cBT levels in men, recently reported, could be due to the choice of inadequate association constants of TT for serum proteins and to the age related decline of 5-androstenediol concentration.

Conflict of Interest: None disclosed  
Financial Support/Funding: Institut National De La Sante Et De La Recherche Médicale

### O29-5

#### **LONGTERM EXPERIENCE OF UP TO 8.5 YEARS WITH A LONG-ACTING FORMULATION OF TESTOSTERONE UNDECANOATE IN SUBSTITUTION THERAPY OF HYPOGONADAL MEN**

*Michael Zitzmann, Farid Saad, Eberhard Nieschlag*

OBJECTIVE A reliable form of androgen substitution therapy in terms of favorable kinetics and tolerance as well as effective restoration of androgenicity is paramount in hypogonadal men. A new feasible modality is the intramuscular injection of the long-acting ester testosterone undecanoate (TU). DESIGN We report data from 22 patients (15 with primary and 7 with secondary hypogonadism) aged 30 to 65 years (mean 43.8  $\pm$  8 years) who received injections of 1000 mg of TU (4ml - ampoules) for up to 8.5 years. RESULTS The medication was well tolerated and local irritation of the injection site was moderate and did not exceed a duration of 3 days. Indicating sufficient substitution, serum trough levels of testosterone were generally within the low normal range. Individual dosing intervals ranged from 10 to 14 weeks. In accordance, patients reported restoration of sexual functions and convenient changes in mood patterns, e.g. gain of vigor and loss of depressiveness. Sensation of fluctuations in androgen concentrations was rarely reported, quite in contrast to short-acting testosterone esters. Hemoglobin concentrations and hematocrit were markedly elevated under treatment but remained within the normal range. Prostate size as assessed by transrectal ultrasound remained below 30 ml in all patients and PSA concentrations did not exceed 2.0  $\mu$ g/L. Bone density as determined by quantitative computer tomography of the lumbar spine or phalangeal ultrasound generally improved in all patients. In general, changes in regard to metabolic parameters occurred during the first 6 months of therapy, except for bone density, which reached a plateau after 2 years. CONCLUSION In summary, intramuscular injections of testosterone undecanoate represent a feasible, safe and well tolerated modality of androgen substitution in hypogonadal men.

Conflict of Interest: Dr F Saad Is A Paid Consultant Of Schering Ag  
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### O30-1

#### ADULT ADHD AND NONPARAPHILIC COMPULSIVE SEXUAL BEHAVIOR

*Mircea D Sigal*

In this study, for the first time, the relationship between adult ADHD and compulsive sexual behavior is examined. One hundred and fifty five adults were diagnosed by the DSM IV as suffering from Attention Deficit Disorder. All subjects filled out a questionnaire which classified each of them on a four-sequence scale: Attention (length of the attention span, selective and divided attention), Organization (in space and in time, long term memory, planning and decision making), Impulsivity and Need for Excitement (novelty seeking, tendency to addiction). Out of the 155 subjects, 72 males and females (47%) were diagnosed as suffering from compulsive sexual behavior (sexual addiction). The subjects were classified as suffering from Paraphilic compulsive sexual behavior and as suffering from Nonparaphilic compulsive sexual behavior. In addition, they were classified according to their sexual map (object selection and method of stimulation). Different kinds of addictions were diagnosed: compulsive masturbation, virtual sex (cibersex), sexual massage, voyeurism, exhibitionism, sexual harassment, sexual promiscuity and prostitution. The high proportion of compulsive sexual behavior could be explained by the neuropsychological model of ADHD. It is known that in ADHD there is a genetic variability in the gene encoding dopamine receptor (D4), causing insufficient activity of the frontal lobe and deficient inhibitory activity, leading to over activity of the Ventral Tegmental Area. The result is over activity of the reward system - the seeking system (mostly related to dopamine) which interacts with the lust system (mostly related to endorphins), thus showing over activity of the seeking system (thrill-seeking syndrome) usually related to compulsive sexual seeking. This results in high rate of compulsive sexual behavior, in addition to the drug addiction and impulse control problems among the ADD population. The finding of an association between ADD and compulsive sexual behavior changes the diagnostic as well as the therapeutic approaches.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O30-2

#### OUT OF CONTROL SEXUAL BEHAVIOURS: A DEVELOPING PRACTICE MODEL

*Robyn M Salisbury*

Growth in the understanding of "out of control sexual behaviours" (OOC SB) evolves between research and practice. Bancroft & Vukadinovic (2004) have suggested that as the patterns of such behaviours (previously labelled sexual compulsivity, sexual addiction, sexual impulsivity) are so varied in their etiological determinants it is too soon to attempt an overriding definition and a treatment model. However we clinicians still need to be treating those with this disorder and raising hypotheses for research from our

treatment experiences. Aveline (2005) suggests that innovative practice can be seen as an informal experiment which can then be investigated with systematic enquiry. Having successfully treated a number of men with differing presentations of OOC SB it was deemed appropriate to describe the developing practice model and work towards formulating research projects into the treatment of OOC SB. This paper follows Avelines guidelines for using case studies for scientific purposes in presenting the case of one of the clients treated in order to illustrate the basis of the developing practice model. Research emphasis in this domain is at present on etiological theories. Hypotheses for research into treatment efficacy are formulated.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O30-3

#### DEMOGRAPHIC AND PSYCHOSOCIAL FEATURES OF PARTICIPANTS IN BDSM SEX: DATA FROM A NATIONAL SURVEY

*Juliet Richters, Richard De Visser, Andrew Grulich, Chris Rissel*

The Australian Study of Health and Relationships was the first national representative-sample sex survey to ask respondents about involvement in BDSM, defined as B&D or S&M, that is bondage and discipline, sadomasochism, or dominance and submission. In 2001-02, a total of 19,307 respondents aged 16-59 were interviewed by telephone, of whom 2.0% of men and 1.4% of women said they had been involved in BDSM in the previous year. Here we address demographic, psychosocial and sexual correlates of BDSM activity. Engagement in BDSM was more common among gay/lesbian and bisexual people. Among women, it was more likely among those who had a regular partner they did not live with and among women under 20 and least likely among those over 50. Among men, it was not significantly related to age or relationship status. People who had engaged in BDSM were more likely to have experienced oral and anal sex, to have had more than one partner in the past year, to have had sex with someone other than their regular partner, and to have: taken part in phone sex, visited an internet sex site, viewed an X-rated (pornographic) film or video, used a sex toy, had group sex, or taken part in manual stimulation of the anus, fisting or rimming. However, they were no more likely to have been coerced into sexual activity, and were not significantly more likely to be unhappy or anxious — indeed men who had engaged in BDSM scored significantly better on a scale of psychological well-being than other men. Engagement in BDSM was not significantly related to any sexual difficulties. Our findings support the idea that BDSM is simply a sexual interest attractive to a minority, not a pathological symptom of past abuse or difficulty with normal sex.

Conflict of Interest: None disclosed  
Financial Support/Funding: Data Collection Was Funded By A Direct Grant From The Australian Government Department Of Health And Ageing



### O30-4

#### **BROKEN SKIN - GAPS IN THE RECORD ON COMPLICATIONS OF MALE CIRCUMCISION**

*Shane E Peterson*

The non-medically indicated circumcision of male minors is a common practice with approximately 20% of males worldwide and 13% of male infants in Australia currently subjected to the procedure. Despite this prolific practice in a variety of settings from hospital to tribal, data on post-operative complications are relatively scarce, often focus on bleeding and infection, and report complication rates which would appear to be unrealistic when compared with tonsillectomy and other surgical procedures in childhood. Also overlooked are serious complications which affect penile development and sexual function, including excessive or asymmetrical removal of skin. Often not recognised by the operator or parents, this requires extensive surgical intervention at a later date. In 1970 an Australian study reported a re-operation rate of 8.5% for hospital circumcisions on infants and boys, yet the Australian Institute of Health and Welfare report that current data systems do not identify adverse events or further procedures which may be associated with circumcision. Australian and other surveys report adult dissatisfaction with neonatal circumcision for the man and his female partner (Bensley & Boyle, 2003), and that circumcised men had shorter erect penises than uncircumcised men (Richters et al 1995). This data may be explained by a susceptibility of the infant and childhood prepuce to excessive skin removal during circumcision. The longitudinal effects of this complication on penile development and sexual function are illustrated with three cases of reconstructive surgery to release erectile tethering and pain in adults after excessive skin removal by neonatal circumcision. More detailed studies are needed to investigate the prevalence of these and other long term complications of circumcision in Australia and also adult dissatisfaction with the results of the procedure in general. A possible model for these may be the World Health Organisation studies into the harm of female genital mutilation.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O30-5

#### **WOMEN BEHIND BARS IN NEW SOUTH WALES: SEX AT THE MARGINS**

*Juliet Richters, Tony Butler, Kristie Kirkwood, Lorraine Yap*

Introduction: The Sexual Health and Attitudes of Australian Prisoners study is currently surveying male and female inmates in NSW and Queensland prisons. Here we report recent findings on women inmates in NSW. Methods: For the first time, computer-assisted telephone interviews are being used in prisons. Respondents were randomly selected by prisoner number. Inmates who were mentally ill, absent or unavailable (e.g. appearing in court or not permitted to associate) or unable to speak English were ineligible. Participation rate for eligible inmates was 88%,

giving 199 interviews for analysis. Results: Although some findings are very similar to those of the national household sex survey (the Australian Study of Health and Relationships) in 2001–02, female inmates in 2006 were far more likely to report ever having been forced or frightened into unwanted sexual activity (59% v. 21% in ASHR), mostly by males. Inmates were also much more likely to report any same-sex experience (59% v. 9%) and/or lesbian (7% v. <1%) or bisexual (28% v. 1%) identity. This is not simply situational, as the great majority of inmates with same-sex experience had done so outside prison, and more than a third of them had such experience only outside prison. A third of respondents (35%) had ever had some form of sexual contact in prison with another inmate. Although female prisoners generally had poorer health and lower education than Australian women surveyed in households, their patterns of heterosexual practice, sexual attitudes and sexual health knowledge were broadly similar. Conclusions: Findings confirm the correlation of bisexuality in women with a higher sexual health risk profile. Further research is needed to tease out the relationships between a history of sexual coercion by men and sexual experience with women, together with influences of social class, cultural background, drug use and sex work experience.

Conflict of Interest: None disclosed  
Financial Support/Funding: National Health And Medical Research Council

### O31-1

#### **SONGS IN THE KEY OF LIFE: POPULAR MUSIC AS A TOOL FOR SEXUAL HEALTH EDUCATORS AND COUNSELLORS**

*Lorel Mayberry*

This presentation aims to increase awareness of music as a tool in sexual health education and counselling. Drawing on more than two decades of teaching experience in the field of sexuality education at primary, secondary and tertiary levels of the education system, the presenter will explore the relevance and impact of the use of popular music in these settings. Key themes include: Empathy building - music can assist people to empathise with another person's point of view and highlight issues and concepts. Sexology also promotes respect for diversity and adding popular music to the equation can enhance understandings around diversity. Communication - some people are reluctant to share feelings and experiences, and music can be a powerful resource to awaken memories and help them to help articulate important events/experiences in their lives. Music in classroom practice - a variety of methodologies, with music as their base, are offered and feedback from university students, regarding the impact of music as a strategy during their sexology classes, will be discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### O31-2

#### **ART, PLEASURE AND SEXUALITY, HOW DO THEY ENLIGHTEN ONE ANOTHER?**

*Geraldine M. Slattery*

From pre-historic times the body has been a site of inspiration for artists in portraying sensual and erotic pleasure. The objective of this presentation, which is based on an academic study in 2005 at the Universiti Sans Malaysia, Penang, is to demonstrate how artists from diverse cultures have created art forms which are strongly linked to their religious belief systems over the millenniums. The methods will utilise concepts from Sexology, Art History and Cultural Anthropology. In addition post-modern and feminist theory will widen the enquiry and shed further light on the way we look at art images and find multiple levels of meaning with regard to pleasure and sexuality. Selected art works from this Australasian region will demonstrate Indigenous, Hindu, Buddhist and Islamic beliefs about sexuality and pleasure. These results raise questions about the power of art images to impact upon both contemporary sexuality and art on a global level at the beginning of the 21st century.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O31-3

#### **NATIONAL SURVEY ON SEX EDUCATION AND SEXUAL KNOWLEDGE AMONG ADOLESCENTS IN FINLAND**

*Osmo J Kontula*

**Introduction and objectives:** The aim of this study is to survey on the national level the provision and content of sex education at lower secondary stage schools and the level of sexual knowledge in the very same schools with the mean of the sexual health quiz among 8-grade students. The objective is to look for the ideal type of sex education provision. **Methods** The provision of sex education in the lower secondary stage schools (grades 7-9) was studied in Finland in 1996 and this survey was replicated in spring 2006. In both times the response rate was 70%. The responses were received from 421 (1996) and 518 (2006) schools. A nationwide study was performed in 2000 in the form of a quiz among 8-grade students (mean age 14.8 years). 401 schools and 30241 students returned the papers. In 2006 the similar quiz was participated by 462 schools and 33819 students. **Results** The pupils knowledge level of sexual health had improved in six years. 69 % of questions were answered right in 2006. The same percentage was 66 in the first research in 2000. The total knowledge score mean was in 2006 64,3 out of 76 items. In the poorest school a total of points was 29,4. Boys had both times much more limited knowledge than girls. By doing a comparison between the results of the quiz (2006) and the survey conducted among the teachers (2006), the further analysis will be presented with the aim to show what kind of sex education produces the best level of knowledge. **Conclusions** These new findings will be discussed based on the results of the different types of sex education and sexual health knowledge in these schools. The role of teachers and health education will be discussed more into detail.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Ministry Of Social Affairs And Health In Finland

### O31-4

#### **ABSTINENCE EDUCATION IN THE UNITED STATES: A REVIEW AND CRITIQUE**

*Michael Young, William C. Bailey, Tina M. Penhollow*

This paper provides an update, critique, and recommendations relative to federally funded abstinence education in the United States. Federal involvement in abstinence education began in 1981 with the Adolescent Family Life (AFL). AFL was challenged in court. The plaintiffs alleged that AFL was an unconstitutional violation of the separation of church and state; both on its face and as applied. The court agreed with the plaintiffs. The government appealed this decision, to the U.S. Supreme Court which overturned the ruling as to the unconstitutionality of AFL on its face, ruling that the government did have a valid secular reason to promote abstinence. As to the application of the law, however, the Court noted problems with the lower court ruling. Thus, this aspect of the case was remanded to the lower court. In January 1993 an out-of-court settlement was reached that many conservatives did not like. In 1996 a provision was added to the Welfare Reform Act that block-granted abstinence education funds to states and introduced a federal "a-h" definition of abstinence education. The definition emphasizes teaching abstinence from all sexual activity except within the context of marriage. More recently abstinence education grants have been awarded directly to community groups. This program has employed a more stringent adherence to all aspects of the a-h definition. In 2006 the grant guidelines required grantees to demonstrate how curricula they proposed for use would meet the a-h definition and the "13 themes" imbedded in a-h. This seems to be a more important criteria than whether the curricula provide accurate information or show evidence of effectiveness. Substantial amounts of federal funding go to support abstinence education programs. Concerns include the use of federal funds to impose conservative moralist/religious standards, restriction of access to information, provision of inaccurate information, and lack of demonstrated effectiveness.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### O31-5

#### **...ONLY ODD PEOPLE WORE SUEDE SHOES : CAREERS AND SEXUAL IDENTITIES OF MEN ATTENDING A SEXUAL HEALTH CLINIC**

*Anthony Pryce*

The genitourinary medicine (GUM) clinic is an arena for the interpenetration of two powerful, discursive formations, medicine and sexualities. However, little or no research has explored how medicine deals with the presence of the erotic within the disciplinary gaze of sexual health, and how such encounters signify powerful risks to the constructions of both client identity(s) and professional praxis. When the male client attends the clinic as a result of an erotic encounter, the constraints of the system and the imperatives of the clinical encounter tend to be reductive, reinforcing the dominant constructions of male sexuality and masculinity. How is the clients experience of desire, identity, sexual career and history, his symbolic meanings and knowledge of sexuality and embodiment



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addressed and indeed, is it relevant? How do men describe and explain the development of their sexual identities and careers with this context? The aim of this paper is to foreground some of the mens narratives that resist the somewhat over-deterministic behaviours and identity given to an individual actor in the clinical arena. This presentation concerns with the ways in which men construct and explain their sexual identity. Interviews with men recruited as part of a study of the social construction of male sexuality yielded richly textured narratives of sexual experiences and explanations of sexual practices and identity. The paper will report on an ethnographic study on male sexuality in the field of GUM, and using extracts from narratives with clients and clinicians. The central themes of a) emotional labour of identity formation b) essentialist view of sexual orientation and corresponding identity and c) a third explanatory approach which concerned gendered roles, social fit and sexual authenticity. Such concerns by staff and clients underpinned the reformulating of some dominant social, heteronormative notions of partnerships within a new geography of desire.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O32-1

#### MIXED DONOR AND HUSBAND SPERMS FOR ARTIFICIAL INSEMINATION (A.I.M.) FOR SEVERELY OLIGOSPERMIC MALES

*Michael Eufemio Macalalag*

Introduction : Artificial Insemination remains to be a simple and relatively inexpensive exhaustible form of assisted reproductive technique. Sperm sources used for artificial insemination may be from the husband/autologous sperms(AIA) and donor/heterologous sperms (AID) The study involves the mixing of husband and donor sperms (AIM) for artificial insemination. Method: Couples with oligospermic male (total sperm count <10 million) after failed treatment of primary artificial insemination using autologous/husband as donors(A.I.A.) were included into the study. After failure of treatment with 2 - 3 cycles, the option of artificial insemination with donor/heterologous sperms (A.I.D.) or artificial insemination with mixed husband and donor sperms(A.I.M.) was presented to the couples. Sperm composition for artificial insemination with mixed husband and donor sperms was made using 1/3 volume from the husband and 2/3 volume from the donor. Results: Results of study show a total of 555 couples undergoing A.I.M. There was 87% pregnancy rate and 67% baby rate. A.I.M.produced pregnancy rates higher compared to A.I.D. and A.I.A. artificial insemination groups. Of the cases of artificial insemination with mixed donor and husband sperms which produced pregnancy and subsequent live birth, 13 couples came back with results of HLA typing of the child and oligospermic father. Paternity of the offspring was confirmed to be the father in 10 out of the 13 cases. Conclusion: Artificial insemination using mixed husband and donor sperms produced a higher pregnancy rate (87%) compared to artificial insemination using pure donor sperms (AID) and autologous insemination of oligospermic males.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### O32-2

#### COLLECTING SPERM IN INFERTILITY CLINICS : MEDICAL OR SEXUAL PRACTICE ?

*Alain Giami*

INTRODUCTION & OBJECTIVES Semen collection in medical settings, through the practice of masturbation is the routine practice in the bio-medical treatment of infertility (ART). Observing and collecting data in ART clinics in France raised the question of whether one is faced to a medical practice involving a sexual practice, or to a sexual practice in a medical setting. The objectives of the study were to identify the subjective experience of hypofertile and infertile men confronted to semen collection, and the meanings of such experience. METHODS 168 bio-medical consultations involving hypofertile and infertile couples were observed in two major French hospitals in 2003/2004. Consequently, 25 in-depth qualitative interviews were collected among 16 men and 9 women. All the interviews were transcribed and content analysis was performed. RESULTS Semen collection was experienced by most of these men as the starting point of a journey into an unknown situation raising high anxiety. . Most of them found extremely difficult to speak about the practice. This anxiety appeared to be linked to limited and poor content of the information delivered to them, while entering the process. Men expressed various reactions such as the subjective impression to be observed while masturbating. Most of them preferred to go to the hospital without their partner and in most cases the spouse was reluctant to go with the man to the clinics. Regarding the practice of masturbation some of these men experienced some pleasure whereas others attempted to reduce it to a technical practice. CONCLUSION This qualitative study gives evidence of the vulnerability of men undergoing into the process of sperm evaluation. Feelings of shame, impotence, and of "not being a real man" are the majors descriptors of the experience of semen collection. Health professionals should be aware of these men difficulties when they receive them and deliver information.

Conflict of Interest: None disclosed

Financial Support/Funding: Inserm : French National Institute Of Health And Medical Research

### O32-3

#### PHYSIOLOGICAL PARAMETERS PREDICTIVE OF ORGASMIC SENSATIONS IN SPINAL CORD INJURED MEN

*Frédérique Charvier*

Ejaculation in spinal cord injured (SCI) men is associated with somatic or autonomic sensations that may be transmitted through several spinal and paravertebral pathways. Because ejaculation is associated with a generalized sympathetic activity, it should be increased by sympathetic medication and the resulting autonomic responses should be perceived by most patients despite the lesions. This research was designed to investigate the physiological and orgasmic sensations perceived at ejaculation by tetraplegic and paraplegic men using vibrator stimulation (VS) and midodrine (alpha stimulant) treatment. Participants included 41 SCI men with C2 to C8 and T3 to T6 lesions, tested with PVS with or without midodrine. Blood pressure and heart rate were recorded before, at, and after ejaculation, and each test (positive or negative) was followed by a questionnaire on physiological



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and orgasmic sensations. The results showed that systolic blood pressure (SBP) in tetraplegic men increased by up to 51mmHg (113 to 164mmHg) at ejaculation, with little difference between subjects requiring and not requiring midodrine. SBP variations differed from paraplegics using midodrine (increase of 39mmHg) and not using it (increase of 13mmHg). Heart rate decreased in all subjects (from 8 to 24 b/min) at ejaculation but more so in paraplegics using midodrine. Physiological sensations were perceived more often at ejaculation compared to sexual stimulation and were reported more often with PVS than with midodrine. Physiologic sensations (cardiovascular, muscular, autonomic) were reported more often than orgasmic sensations (relaxing, pleasurable, intimate sensations). Conclusion: Ejaculation in SCI men is associated with sensations related to physiological variations rather than subjective feelings of climax. Midodrine does not affect tetraplegics as much as paraplegics (possibly because sympathetic activity is already maximal during autonomic dysreflexia) and ejaculation sensations are more generalized with PVS and are not a pharmacological side effect of midodrine.

Conflict of Interest: None disclosed

Financial Support/Funding: Christopher Reeve Foundation

### O32-4

#### WHAT DO MEN THINK ABOUT MALE FERTILITY CONTROL?

*Klaas Saad*

Introduction: A survey of 9,342 men aged 18-50 years was conducted in nine countries in four continents between April and June 2002. Results from Europe (Germany, France, Spain, Sweden), the U.S., Latin America (Mexico, Brasil, Argentina), and Indonesia will be presented. Patients and Methods: In the European countries and U.S. participants were chosen from males aged 18 to 50 years using existing panels (ACCESS panels, except for Sweden). In countries of Latin America and in Indonesia, the questionnaire was distributed by interviewers on the basis of a quota-sample. Interviewers were sent to certain areas, and recruited men of the required age group who were willing to participate in this study. When 1000 men were interviewed, the field work was regarded as complete in the respective country. Results: About 50 - 80% of men currently used contraceptive methods, and 55% - 78% decided together with their partner on the contraceptive method. 31% - 83% of the respondents were not willing to undergo vasectomy. The general acceptance of a new hormonal male fertility control was favourable: 49.2 % (USA), 57.6 % (Latin America), and 62.7 % (Europe). More than 93 % of men would seek advice on hormonal MFC from a physician. The "andrologist" (described as the specialist for mens healthcare) ranked highest (86.4 %), followed by the urologist (80 %), the GP (73 %), and the gynecologist (61.8 %). The first choice would be a daily pill (64 %), followed by monthly injections (46 %), and a once per year implant (41 %). Efficacy of contraception (80-100%) and minimal side effects (80-100%) were considered as highly important. Conclusion: The overall acceptance of MFC was broad across various cultures.

Conflict of Interest: Employee Of Bayer Schering Pharma Ag  
Financial Support/Funding: Study Supported By Schering Ag, Berlin, Germany

### O32-5

#### THE DUREX GLOBAL SEXUAL WELLBEING 2006-07 SURVEY

*Kevan R Wylie, Carrie Taylor, Melanie Hawley, Kim Monk*

The Durex Global Sexual Wellbeing 2006-07 Survey questioned 26,032 people across 26 countries about their sex lives to identify what constitutes sexual wellbeing. 35% of UK men and women claim to be getting little or no satisfaction compared with 44% of all respondents claiming to be having high levels of satisfaction with their sex lives. In Japan, just 15% are very satisfied and in France only one in four currently enjoy sex. Lack of pain and other physical problems are key to sexual satisfaction. 35% of UK women (44% of the global sample) have suffered from vaginal dryness that is particularly prevalent among teenagers and 31% of men have difficulty in having an erection (42% globally). A quarter of all Brits have also experienced painful sex (a third globally). In Britain sex occurs on average 92 times a year - compared to a global figure of 103 - with the Greeks (164 times) Brazilians (145) and Poles (143) leading the way but the Japanese having sex just 48 times. British respondents spend 16 minutes for love making sessions compared to the slightly longer-lasting global average of 18. Fifty-three percent of UK respondents usually have an orgasm compared to just 48% worldwide. Twice as many men (64%) as women regularly have orgasms and age-wise the 65-plus group are most likely to reach ultimate satisfaction. 43% identified the importance of introducing experimentation to improve satisfaction with role-playing, sexual fantasies and massage topping wishlists. More than three in ten people in Britain believe their sex lives would be improved by lower levels of stress and tiredness, more quality time with their partners and increased libidos. More romance, tenderness and love is also seen as beneficial. Investing in a stable, long term relationship is important with these people being happiest with their sex lives. Mutual respect is also a vital component of a happy sex life as more than eight in ten people who feel they are respected by their partner are sexually satisfied too.

Conflict of Interest: Employee Of Bayer Schering Pharma Ag

Financial Support/Funding: Study Supported By Durex Condoms

### V1-1

#### ADOLESCENT SEXUALITY EDUCATION AS A TOOL FOR WOMENS EMPOWERMENT: THE GIRLS POWER INITIATIVE (GPI) NIGERIA EXPERIENCE.

*Grace Osakue, Pearl Iren Osakue*

The PowerPoint presentation shall use the pictures and voices of GPI girls, GPI graduates, their parents and community members to demonstrate the impact of Sexuality Education (with gender and human rights content) and the promise it holds for the realisation of gender equality. The hold of patriarchy over the woman is entrenched during her childhood when she is socialised to be female by her community standards. The process accounts for the inequality of the sexes and the many incidents of rape, teenage pregnancy, commoditization of women and gender based violence that plagues our society. The GPI empowerment program takes girls aged 10-18 years through a three-year Comprehensive Sexuality Education program that gives them access to spaces for experience sharing, train-



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ing on personal empowerment skills; sexual health, personal development, gender, society, culture and human rights information; leadership and economic skills. Six months into the program there are usually visible signs of impact such as: the girls ability to speak louder, volunteer to do tasks and question previously accepted assumptions. By the end of their three-year training, they speak out not only for themselves but for others and are acting as agents of change in their communities. The program shows that girls are able to take responsible decisions despite negative pressure, and follow through to achieve goals and objectives that make them enjoy their adolescence and make the future a promising one for all who desire gender equality and meaningful visibility of women in public life for sustainable development in our countries. The GPI experience further confirms that asserting ones right to decision making over the personal is the first step towards having the voice to participate in decision making in all other spheres.

Conflict of Interest: None disclosed

Financial Support/Funding: Ford Foundation West Africa, Oxfam Novib Netherlands

### **V1-2 THE SEXUAL HEALTH OF A YOUNG MAN – MEDICAL CONSULTATION AND EXAMINATION**

*Juhana Piha, Anneli Kivijärvi*

This educational video (duration 14min 30s, DVD/PAL, with English subtitles) is intended for 1) students aged 14-20 years and 2) health care personnel especially to medical students and student nurses. The background of this video is the fact that young boys do not have a natural place to contact in order to get answers to the questions about sexual growth from a boy to a man; the concerns are equally great among boys as among girls. In this video a young boy first talks with a nurse and then with a school doctor who also performs a clinical examination. The following topics are discussed: proper use of condom, contraception, general anatomy of male genital organs, tightness of the foreskin, testicles, size of the penis and amount of sperm. A clinical examination of the penis and the scrotum is also shown on the video.

Conflict of Interest: None disclosed  
Financial Support/Funding: Eli Lilly

### **V2-1 THE TASTE OF THE PILL: THE CONTROVERSIAL USE OF PUERTO RICO FOR THE DEVELOPMENT OF THE CONTRACEPTIVE PILL AS AN HISTORIC EXAMPLE OF HOW SOCIAL, POLITICAL AND ECONOMICAL POWER SHAPES SEX**

*Jesus M Estrada*

The idea underlying this research is that sex is not always a matter of personal tastes, values or decisions. It is a matter of power. It is those who hold the social, political and economical power the one who determine the route sex will take. This is reflected on our current Puerto Ricans attitudes toward sex. For the Operation Bootstrap (OB), pre-contraceptive-Pill-trials Puerto Rico sex was also so natural as well as the male child genitals were too. Through this research the author theorizes, explores and/or shows via research

review, the media, interviews, and testimonials the following: a) our current Puerto Rican attitudes toward sex, and our current cultural concealment of genitals, to some extent, respond to a social, political and economical process of brought by a socio-economic-political program known as Operation Bootstrap during the pre-industrialized, culture-of-poverty Puerto Rico; b) for the culture-of-poverty Puerto Rican men and women the exposure of the adult male genitals to publicly urinate and the female breasts while publicly breastfeeding the babies primarily entailed not indecent exposure but the simple and natural expression of human physiological needs; c) an adult fondling or kissing a boys genitals in the culture-of-poverty Puerto Rico was primarily a mere manifestation of adult-to-child affection, a way to pamper the child, instead of a form of child sexual abuse; d) the subjection of Puerto Rico to the contraceptive Pill trials and massive female sterilization modified marital sex and our current Puerto Rican attitudes toward sex; e) the world's first contraceptive Pill trials and OB represent two historic examples of how social, political and economical power manipulate sex; f) to theorize about how sex per se, and the absence of human restraints on it, may help us in our natural process of becoming actualized human beings.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### **V2-2 WHAT ARE THE CHALLENGES FOR EQUITY OF WORKING WITH THE FORMAL PRIVATE SECTOR?**

*Niharika Chaturvedi*

The private sector in the INDIAN health system serves less than one-fifth of the total population, yet accounts for nearly 60% of total health expenditure. In pre-1986 policy development little attention was given to the private sector role. Towards the late 1990s attention was increasingly focused on finding a role for the private sector through the vehicle of Public-Private Interactions (PPIs). The study design incorporated qualitative and quantitative methods. A wide range of data-collection tools was used allowing for validation and triangulation of data sources. The first step involved a literature review to provide insights into both national and international experiences of PPIs. The review fed into the development of a conceptual framework that could be used to describe and monitor health-sector PPIs. A range of policy documents were reviewed across the spheres of government and from within the private sector and civil society. 19 key-informant interviews were conducted with diverse public and private sector actors. A national postal survey was directed towards provinces and local government. A media analysis involving a 2-year review of the independent print media was undertaken. In addition the data-collection tools, namely the key-informant interviews, fed into the development of the conceptual framework used in the overall analysis. The main conclusions derived from the data analysis are the following: there is lack of vision around the pitfalls of PPIs both between and within spheres of government; the management of PPIs is complex and the public sector lacks the capacity to fully analyse the impact of PPIs; objectives differ between the public and private sector with the potential to fragment the health system even further as opposed to strengthening it and; there is a lack of evidence on the impacts of PPIs on equity.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### V2-3

#### HIV/AIDS INFORMATION RESOURCES - SHOWCASING DRUG-RELATED ASPECTS

*Ugrasen Pandey*

Among the myriad information needs that have characterised the HIV/AIDS policy and practice debate have been those related to the access to and use of drugs, both antiretrovirals and those used for opportunistic infection and palliative care. The Health Systems Trust (HST) has attempted to present research and information services to strengthen the hand of the health system in dealing with HIV/AIDS, including through the use of the Internet (web, email, listservs), print and CD media. This has included a listserv (DRUG-INFO) targeted at the discussion of drug policy and practice issues. Of necessity, a large proportion of the postings to this list have dealt with HIV/AIDS-related issues. An analysis of the last 500 postings (from 29 October 2004 to 22 April 2005) showed that 127 (25.4%) included the terms HIV or AIDS in the body of the message. Issues covered varied considerably, from the pricing of AIDS-related medicines, intellectual property issues and government policy to the practicalities of medicine use in resource-constrained settings and news coverage of events. Of note though, only 12 of the postings (9.4%) were made by persons other than the moderator, emphasizing the degree to which such lists can be dependent on a "push" strategy. This might not imply lack of interest in the issues being posted, but rather a degree of reticence to make public pronouncements (perhaps problematic for government officials or company employees) or support for a more passive role ("parking"). The sources of information used for the postings have also varied widely, from government documents, journal articles and published reports to media coverage of the pandemic and the policy debates. In this regard, moves to progressively restrict free access to full text versions of news coverage, especially in-depth comment and analysis, might in future require a shift in resources.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### V4-2

#### SURGICAL TREATMENT OF PEYRONIES DISEASE WITH VEAL PERICARDIUM GRAFT PATCH

*Augusto R Díaz, Ramiro E Montenegro*

Objective: Several materials have been used in surgical correction of peyronie's curvature and many surgical techniques have been employed. In this film we'll explain our own technique and the type of graft we use to correct this abnormality. Issues and method: We have classified it in two groups: 1. Potent patient with severe penile deformity under 50 years old and 2. Patient with severe penile deformity and impotence. Surgical procedure; for 1. plaque incision and grafting with veal pericardium heterograft plus suspensory ligament cutting. For 2. Suspensory ligament cutting plus penile prosthesis plus plaque incision and grafting with veal pericardium liofilized heterograft. Under general anaesthesia we perform and artificial erection, then a circular incision for circumcision is performed, retraction of the skin, colles and buck facias to the penile root. At this time and to get a penile elongation we cut the suspen-

sor ligament. Next step includes a dissection of the neuro vascular bundle to get the fibrosis plaque free. Then we perform another artificial erection to evaluate remainder curvature to decide a malleable prosthesis implantation. Finally we perform a very careful vascular suture of albuginea to the veal graft followed by surgical plans for restoration. Results: 11 impotent patients have been treated with this procedures. 3 potent patients without prosthesis implantation and 1 of them should be implanted 8 months later. A follow-up of our 11 patients of 9 years demonstrated very good results. The age of the patients was between 48 and 63 years old. Only 1 post-operative complication for a real long prosthesis. Conclusions: In our experience it is a very good treatment for this problem but for best results is quite necessary to follow accurately described procedures.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### V4-3

#### SURGERY FOR PENILE ENHANCEMENT AND GIRTH: PROTOCOL AND EFFICIENCY

*Mariano Rosselló, Alfredo Mus, Guillermo Conde, Amparo Míguez*

Title: Surgery for penile enhancement and girth: protocol and efficiency Authors: Mariano Rosselló, M.D., A. Mus, M.D., G. Conde, M.D., A. Míguez, M.D., R. Rodríguez, M.D., Objective: Due to the increased number of men who wish to have a penile elongation, we present our experience in 200 cases of penile elongation & augmentation. Materials and methods: Complete clinical and psychological history of the patient. Measure of the penis with a calibrator (in its flaccid state and maximum elongation). Patients penis self photograph (Before/after surgery) One year follow-up A. Surgical technique for elongation Infra pubic incision in inverted "V" Section of the suspensor ligament until the inferior edge of the pubis Folding and approximation to the medium part of the lateral tissues Dissection of the adipose flap of fat under the skin respecting its arterial-venous system Fixing of this flap of adipose fat in the bridge made under the pubis Closure of the inverted "V" incision in an inverted "Y" form B. Surgical technique for Augmentation of the penis: Fat auto transplant Fat infiltration Low pressure vacuum absorption Fat centrifugation and emulsion Implantation of the fat between the albuginea tunic and the Buch fascia. C. Post-surgery care The patients stayed 12 hours in hospital The patient should not maintain sexual intercourse during 4 weeks after the surgery Results: Average age: 29 Mean results for: -Elongation after 1 year: 2.5cm. -Augmentation after 6 months: 1.5 cm. Patient Satisfaction levels Very satisfied = 70% Satisfied = 20% Dissatisfied=10% Complications=4% wound infection Conclusion: Penile enhancement is necessary when the penis is under 8/ 9 cm and when the patient, psychologically healthy, needs to restore his self-esteem. explain exhaustively the technique and the real possibilities of the surgery to avoid creating false expectations. This surgery should be only a Uro-Andrology speciality.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### V4-4

#### THE SIZE OF THE PENIS HAS A ROLE IN MALE SEXUALITY

Alexander A Krakovsky

**Introduction and objectives:** Physiologically, historically, socially, aesthetically and sexually, man's self-esteem and self-image has always been connected to the size of his penis. The size of the penis has always symbolized strength, virility, power and domination in relationships, sexuality, intimacy and love. **Methods:** 712 phalloplasty surgeries were performed. 586 phalloplasty surgeries were performed with Free Dermal Matrix Graft (FDMG). Single augmentation includes girth enhancement. Combination augmentation procedures include dual augmentation, triple augmentation and quadruple augmentation. Supplemental procedures include liposuction from the pubic region and breast area, reconstruction of previously failed phalloplasty and circumcision. **Results:** 97.2% of patients successfully went through surgery and postoperative period. 3.24% of patients developed surgical complications that were successfully treated medically and surgically. 4.9% of patients experienced localized swelling 3-7 days after surgery and 7.3% of patients reported temporary post surgical retraction. The patient's satisfaction was analyzed using the Penis Image Assessment Scale Questionnaire. The results showed patient satisfaction with these types of cosmetic surgical procedures. **Conclusion:** Many men are proud or ashamed of their penis-size and shape. This directly relates to sexual performance, female satisfaction, intimacy and love. This new method revolutionary restructures of masculine mystery that historically affected men attitude, capacity and gave so much anxiety and confusion. Across the country middle-age and elderly men alike are having their penises enlarged, pubic fat and breast liposuctioned, scrotal web tucked. Most are seeking to have what cosmetic surgeons call more youthful and attractive look. Therefore, modern sexology should have an open mind regarding the size of the penis and the current surgical procedures that allow appropriate changes that may improve unsatisfactory sexual performance, relationships, intimacy and love due to the size of a man's penis.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OPI-1

#### RECOMBINANT FSH FOR THE TREATMENT OF IDIOPATHIC INFERTILITY

Petrisor A Geavlete, Victor D Cauni, Dumitru I Dinu, Cristian S Persu

**INTRODUCTION:** Several experimental studies have demonstrated the key role played by FSH in normal spermatogenesis. Our objective was to analyze the results of the treatment with recombinant FSH in normogonadotropic patients with severe idiopathic oligospermia. **PATIENTS & METHODS:** 50 males with idiopathic infertility, aged between 20 and 43 years old were included, based on the following criteria: severe oligospermia, infertility diagnosed at least 3 years ago, normal karyotype, normal ultrasonographic aspect of the testis, no associated pathology. Hormones involved in the reproductive function were measured by immunometry and only patients with normal hormone levels were included.

Circadian patterns of urinary gonadotropes were determined in controls and infertile patients. In all patients, the free androgen index and the ratio FSH/LH were determined. 10 men with normal spermograms which conceived in the last 12 months represented the controls. All patients were treated for 20 weeks with recombinant FSH, 50IU, 3 times a week. In those with low FAI testosterone, undecanoate 40mg/day was added. After 10 weeks of treatment, patients were reevaluated, using a spermogram and a hormonal profile. **RESULTS:** In all cases, circadian patterns of gonadotropes are very close, characterized by a synchronization of the secretion of the 2 hormones. After the treatment with recombinant FSH, the mean concentration of spermatozooids increased four times. 42% of the patients have normal spermatoc parameters, and a mean FSH/LH ratio of 1 at 20 weeks after the treatment. 52% of the patients induced pregnancy after the treatment. In 8% cases, pregnancies terminated with first trimester spontaneous abortions. **CONCLUSIONS:** Our study proves the efficacy of the treatment with recombinant FSH in males suffering from idiopathic infertility. It also proves the necessity of synchronous secretion of gonadotropic hormones for a normal spermatogenesis.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OPI-2

#### NEW SELECTION CRITERIA FOR SURGICAL TREATMENT OF PEYRONIES DISEASE

Mariano Rosselló, Alfredo Mus, Guillermo Conde, Amparo Míguez

**Objective:** Offer a patient selection criteria for surgical treatment of PD in patients over 50 years of age. Plication techniques are no solution for patients with risk factors for Erectile Dysfunction (ED) as they probably will have to undergo a prostheses implant procedure. **Materials and methods:** We consider 35 papers published in the World peer literature between 1990 and 2005 (1206 patients in total) related to surgical treatment of PD: the most frequent complications of surgical procedures, other than prosthesis implant range between 0 and more than 90% of the patients, which is a very high and disappointing rate. 1: Penile shortening (from 0 to 90% in different series) 2: Residual curvature (from 0 to 57%) 3: Erectile dysfunction (from 0 to 66.7%) 4: Impaired sensation on the glans penis (0 to 48%) Our experience made us conclude that treatment must vary in different groups of age. We suggest to make out the patients within decades: between 30 and 40, between 40 and 50, between 50 and 60, and from 60 onwards, so to have more valid statistics. **Results:** We think that for patients over 50 years of age, whatever the degree of curvature, if they have a penile rigidity inferior to 600 grams and if they are positive that the length of their penis has shortened, a penile prosthesis implant is the only solution. Albuginea plication would only be recommended for the patients who would have none of these risk factors. **Conclusion:** In order to avoid the low satisfaction rate of patients with PD, we recommend the implant of a penile prosthesis. Besides, we recommend to use the Carrion-Rosselló cavernotome.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed





### OP1-3

#### PREMATURE EJACULATION: COMBINED INTERVENTION

*Antonio Fernandez Lozano, Ileana Sotolongo Vergo, Francisco Cabello Santamaria, Eduard Ruiz Castañe,*

**OBJECTIVE.** We report an open study to evaluate the results on patients affected of primary premature ejaculation (PPE) who underwent pharmacological treatment, behavioral therapy and a combined of both interventions. **METHODS.** 135 patients affected of PPE, with stable partner, free of erectile dysfunction and drug abuse, were studied and followed for one year in three groups with: physical examination, IIEF, GRISS, and evaluation of ejaculatory latency time. Group I: 44pts mean age 32, were treated with Sertraline 50mg/day for two months and as needed following. Group II: 46pts mean age 38.5, were treated with Sertraline 50mg/day for two months and as needed following, plus a behavioral therapy based on sensate focus exercises (Hawton) during 7 to 12 sessions. Group III: 45pts mean age 33.2, were only treated with the same type of behavioral therapy, during no less than 7 sessions nor more than 12. **RESULTS.** In GI:9/44 (20%), GII:3/46 (7%) and in GIII:8/45 (18%), drop the study for physical discomfort, or did not follow the study for unknown reasons. The intravaginal ejaculatory latency time (IELT) in Group I increased from a baseline of 35seconds to a mean of 4min 28scs., while in Group II scored from 49scs. to a mean of 5min 12 scs. and in Group III improvement went from 52scs. to 4min 37scs. Sexual satisfaction (item 13 on IIEF) also improved in all groups. **CONCLUSIONS.** SSRIs have demonstrated that they are efficacious in delaying ejaculation, as well as behavioral therapy heightens the man's awareness of his arousal level and decreases performance anxiety by lessening the demand. What we have noticed in this study is that combined therapy offers a very good couple participation with a better attachment to the treatment and therefore best results.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP1-4

#### GENDER DIFFERENCES IN MALE AND FEMALE ORGASM EXPERIENCES

*José Antonio Carrolles, Manuel Gámez*

**Introduction and objectives:** Orgasm is a complex subjective experience accompanied by a series of physiological events. According to the revised research, the orgasm experience can be characterized by a number of sensory, cognitive and affective components, namely: satisfaction, intensity evaluation, emotional closeness, awareness of surround, contractile sensations, perception of ejaculation, buildup/release of tension, and feeling of inevitability. The goal of the present study is the comparison between male and female orgasm experiences in the above-mentioned components. **Method:** The sample was composed of 202 female participants and 112 male participants who were asked to describe in writing one of their subjective experiences of orgasm, indicating whether orgasm was attained either through manual stimulation or intercourse with a

partner. A content analysis of the responses was done to identify and account every unit of content with regard to any previously stated component. Percentages and Chi-Square tests were performed to evaluate differences in components between male and female subjective orgasm experiences. **Results:** Statistically significant gender differences were found only for ejaculatory-sensation component, since men made reference to sensations of ejaculation meaningfully more than women do. Gender differences in other components were not statistically significant. The level of significance was set at  $p < .05$ . **Conclusions:** The result of this research suggests that the subjective experience of orgasm is similar in males and females for both cognitive and affective qualities and for perception of physiological events, except in cases of ejaculatory sensations.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP1-5

#### ADVANTAGES OF DIGITAL INFLECTION RIGIDOMETRE RID VS IIEF IN THE DIAGNOSIS OF ERECTILE DYSFUNCTION

*Mariano Rosselló, Mariano Rosselló, Mus Alfredo, Conde Guillermo*

**Advantages of the Digital Inflection Rigidometre DIR vs. IIEF in the diagnosis of Erectile Dysfunction** Authors: Mariano Rosselló MD., Alfredo Mus MD., Susana Cañellas Lda., Guillermo Conde MD., Amparo Miguez MD, Rosana Rodríguez MD. Institution: Centre for Urology, Andrology and Sexual Medicine Clínica Rotger, Palma de Mallorca & Madrid, Spain Justifications I IIEF limitations: nThe IIEF does not provide specific data about the couples sexual function, nor does it provide data about the aetiology of the dysfunction. nSince we have observed that a high number of patients have a tendency to give subjective reports of their ED that not always corresponds to their partners accounts. Aim nTo evaluate the differences between IIEF (qualitative methodology) and the DIR (quantitative methodology) in order to evaluate the quality of the erection in the diagnosis of ED and evaluate if subjective IIEF questionnaire responses correlate with objective DIR values. Design and Methodology Patient selection criteria: n25 patients between the ages of 25-50 who consulted about their ED for the first time. nAll patients had an ED history of at least 6 months. nAll patients manifested a loss of erectile quality, not a complete absence of erection. **Conclusions I** n64% had IIEF results that correlated with DIR axial rigidity values. n36% showed diverging results indicating that in this study the IIEF was subjective for most patients whilst the DIR showed objective and quantifiable results of the quality of the erection. **Conclusions II** nThe IIEF is not 100% reliable for ED diagnosis. nPatient subjectivity when replying to the IIEF is not correlated with the objective axial rigidity registered by the DIR. nBy using the DIR at home, the patient reduces his psychological inhibition.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### OP1-6

#### SEXUAL BURNOUT SYNDROME IN MALES

*Rajendra S Sathe, D Narayana Reddy*

A new diagnostic classification within the sexual dysfunction group called "Sexual Burnout Syndrome" (SBS) is proposed. This paper discusses the terminology and reviews two case studies of men who were sexually active (masturbation and partnered sex) since their pre-pubertal years. During this period, they experienced a number of multiple orgasms on an almost daily basis for an extended period. In their mid twenties, they experienced of loss of libido, erectile dysfunction and reduced orgasmic pleasure along with other common burnout symptoms like physical exhaustion, mental fatigue, emotional detachment, depersonalization, and a decreased sense of personal accomplishment. Is this Sexual Burnout Syndrome? Just as burnout strikes just a few sensitive persons, or liver cirrhosis and lung cancer affects only some certain chronic alcoholics and smokers respectively, do frequent multiple orgasms every day for an extended period predispose certain susceptible persons to SBS? SBS needs to be (1) accepted in the field; (2) researched extensively by developing a standardized instrument like the Maslach Burnout Inventory (MBI); and (3) studied widely by conducting multi-centric studies to know if this condition happens due to sexual practices alone or, if other factors are also involved.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP1-7

#### PEYRONIES DISEASE SURGERY: NEW APPROACH USING TUNICA VAGINALIS

*Petrisor A Geavlete, Dragos T Georgescu, Victor D Cauni, Gheorghe I Nita*

**INTRODUCTION & OBJECTIVES:** Peyronies disease (PD) is associated in the majority of cases with development of erectile dysfunction (ED). Our goal was to evaluate the tunica vaginalis patch using a new technique in PD surgical treatment. **MATERIAL & METHODS:** Between February 1995 and July 2006 we studied 37 cases with PD (28 to 57 years old). The diagnostic was based on the history and physical examination, location of the plaque by palpation of the penis, penis radiography, duplex Doppler ultrasound (DDU), MRI (in selected cases). The penis angle curvature was found between 330 and 850. All patients had unsuccessful medical treatment between 9 and 17 months. We used tunica vaginalis patch in a "double fold maneuver". We analyzed 16 cases with plaque resection and 21 cases with plaque incision. **RESULTS:** Evaluation was practiced at 3, 6, 12 and 24 months. 1. For the plaque resection group: in 13/16 cases (81.2%), a perfect correction of the penis was realized with normal penile aspect in flaccidity and erection, maintained after the follow-up period in all cases. Venous-occlusive ED was present in 10 cases (62.5%). 2. For the plaque incision group: in 18/21 cases (85.7%) a good correction of the penis was accomplished with normal penile aspect in flaccidity and erection, main-

tained after the follow-up period in 16 cases (76.2%). Venous-occlusive ED was present in 5 cases (23.8%). No postoperative complications have been described. The mean follow-up period was 49 months (range 3 to 81 months). **CONCLUSIONS:** Tunica vaginalis graft, in a "double folded" technique, appears to be safe and very effective regarding the penis correction of PD. These morphological characteristics have been maintained for a long follow-up period. For plaque resection series we described more unstable erections or impotencies comparing with the plaque incision series.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP1-8

#### OPTIMISING SEXUAL SATISFACTION WITH PDE 5 INHIBITOR TREATMENT: COUPLE GUIDELINES

*Rosie King*

While PDE 5 inhibitor therapy for erectile dysfunction has proved to have a high degree of efficacy in clinical trials (around 80%) discontinuation rates remain high. Studies have suggested that as many as 50% of men discontinue treatment. This may be due to reduced efficacy in the at-home setting due to inappropriate administration of the drug. However attention must be paid to the contribution of female partners to the abandonment of treatment. Satisfaction with treatment can be improved by addressing partner issues through couple education. While many female partners are enthusiastic about the prospect of a more active sex life, some women feel uncertain about this sudden change in their lives. Some women report feeling apprehensive and unsure about what to expect, while others are reluctant to resume sexual intercourse for a number of reasons. This is especially true for women who: • have not engaged in sexual intercourse for some time • have passed through menopause • were relieved when erection problems meant the end of sexual activity in the relationship. It's not unusual for women to fall into all three categories. Couples who work together to address and resolve concerns about resuming sexual activity have the best chance of enjoying a fulfilling sex life again. This presentation addresses common obstacles that couples face when resuming sexual intercourse: • an unhappy relationship • disappointing sexual relations in the past for the woman • concerns about ED medication • sudden or rushed resumption of sexual intercourse without adequate emotional preparation • awkwardness and embarrassment at resuming intimate relations after a long period of abstinence • inadequate or ineffective foreplay • dryness, discomfort or even pain for the woman when attempting intercourse • problems with vaginal tone – too tight • problems with vaginal relaxation – reduced sexual sensation • low sexual desire

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### **OP1-9 MACS PENIRECT IMPOTENCE BAND, AN INEXPENSIVE TOOL FOR ERECTILE DYSFUNCTION**

*Michael Eufemio L. Macalalag, Eufemio V. Macalalag*

**Introduction:** Meant to supplement other modalities of treatment for erectile dysfunction. The study aims to show an inexpensive modification of the one loop impotence ring. **Methods :** 3 medium sized regular "rubber band" of medium tensile strength are utilized. One rubber band is configured into a "figure of eight double loop" while the two other rubber bands are locked at the lateral sides of the rubber band loop. The "figure of 8 double loop" serves as the constricting loop for the penis. Macs penirect band is then placed at the base of the penile shaft. The lateral rubber bands that are locked at the inferolateral aspects of the "figure of 8 double loop" serves to assist application and removal unto the penis. The subjects were interviewed and questionnaires of the IIEF (International Index of Erectile Function) were used before and after the use of Macs penirect band. Effects of the impotence band were then scored. **Results:** 300 subjects were enrolled into the study utilizing the Macs penirect impotence band. Improved erection was attained in 84% while 16% had no significant change. Of the 84% no noted improvement, evaluations of improvement were collated as follows: fair 25%, better 39%, good 20% and excellent 15%. In these erectile dysfunction patients there was a 75% sexual satisfaction rate despite their concurrent medical illnesses. Macs penirect band is re-usable. If elasticity is lost, the band is replaceable with readily available rubber bands. **Conclusion:** Macs penirect impotence band has an 84 % erection success rate and 75 % sexual satisfaction rate for patients with erectile dysfunction with mild to moderate cases of impotence. Macs penirect band is a simple, safe and economical means of attaining a desired erection for partially impotent patients. It is an inexpensive modification of the commercial impotence ring.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP1-10 FACTORS INFLUENCING CONTINUATION OF TADALAFIL TREATMENT FOR ERECTILE DYSFUNCTION AT 6 MONTHS: RESULTS FROM THE DETECT STUDY**

*Benny Verheyden, S. Arver, P. Perimenis, H. Heidler*

**Objectives:** To determine factors associated with continuation of tadalafil therapy at 6 months. **Design and Methods:** The DETECT study is a prospective 12 month European multi-centre observational study in patients with erectile dysfunction(ED) initiating or changing treatment to tadalafil. 1900 patients were enrolled. Data were available on tadalafil use from 1564 patients at 6 months with similar baseline characteristics as the initial cohort. 1406 patients (90%) were taking tadalafil, 124(8%) had discontinued treatment and 34(2%) reported they no longer had ED. A multivariate logistic regression model was used to identify factors either at baseline or after one month therapy that were associated with continued tadalafil treatment at 6 months. **Results:** At baseline, depression

( $p=0.02$ ) and no sexual attempt ( $p=0.0009$ ) were negatively associated with tadalafil use at 6 months. Other baseline factors: age, ED severity or etiology, previous ED treatment, patients expectations, partner age were not associated with use at 6 months. Satisfaction with tadalafil treatment(ED Inventory of Treatment Satisfaction, EDITS score) after one month, was strongly associated with treatment continuation at 6 months ( $p<0.0001$ ). A higher EDITS total score was itself associated with less severe ED, greater improvement from baseline and higher number of sexual attempts. Good tolerance to treatment after one month, was also positively associated with treatment continuation ( $p=0.006$ ). **Conclusions:** In men with ED, response to tadalafil treatment as reflected in patient satisfaction after one month was the main predictor for continuation of treatment at 6 months

Conflict of Interest: None disclosed  
Financial Support/Funding: Eli Lilly

### **OP1-11 CLIMACTERIUM THERAPY FOR ANDROPAUSE: HORMONE REPLACEMENT THERAPY (HRT) TO HORMONE SUPPLEMENTATION AND STIMULATION THERAPY (HSST)**

*Eufemio V. Macalalag, Michael Eufemio L. Macalalag*

**Introduction:** Hormone Replacement Therapy (HRT) has shown clinical improvement with its utilization. On the other hand, the dependence and dosage compliance on these hormones maintains to be a major drawback. Discontinuation or interruption of hormone replacement therapy after clinical improvement has shown deterioration. The study aims to identify an appropriate and suitable dosage regimen for andropause patients. **Methodology and Results:** Hormone replacement therapy involves oral testosterone in the male. After clinical improvement is achieved with less bothersome andropause symptoms, patients are shifted to Hormone Supplementation and Stimulation Therapy (HSST). HSST consists of weekly injections of Human Chorionic Gonadotrophin (HCG) for 1-6 weeks initially while oral hormone replacement therapy gradually tapered. Tapering dose at 1/2 dose for the first week thereafter then 1/3 dose the week to follow then its discontinuation. HSST maintenance therapy then decreased to 4-6 week interval injections of HCG. **Results** show 93% maintained symptom improvement and acceptance with no untoward side effects nor deterioration. 358 subjects collated recorded their response to therapy as 7% failure, 18% satisfactory, 40% good and 35% excellent. Patients have shown improved sexual function and good well-being with HRT and HSST. **Conclusion:** Hormone Replacement Therapy improves patients andropause condition. Tapering of HRT dosage is well tolerated with overlapping and shift to Hormone Supplementation and Stimulation Therapy (HSST). There is good acceptance (93%) of HRT tapering and HSST dose regimen. Authors recommend that HSST may be timely to intervene owing to a more intact endocrine system (hypothalamic-pituitary-gonadal axis). Starting late unto the age range may mean histologic and atrophic changes into the end organ (gonads) unable to respond the HCG stimulation.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### OP1-12

#### LEPTIN (LP) AND ITS NEGATIVE INFLUENCE ON TESTOSTERONE (TS) SECRETION IN OBESE MEN WITH LATE ONSET HYPOGONADISM (LOH).

*Yulya A. Tishova, Roman V. Rozhivanov, George J. Mskhalaya, Svetlana Y. Kalinchenko*

It is known, that obese men have a decrease in total plasma TS, low serum LH and elevated LP. A hypothesis exists that LP decreases the release of TS. Aim: To evaluate possible LP effect on androgen secretion in obese men with LOH. Materials and methods: We studied 13 patients (age of 50-70) with diagnosis of LOH and abdominal obesity. All patients were undergoing a 3-month course of human chorionic gonadotropin (HCG) therapy under total TS, SHBG, LP and LH level control before treatment, during the course and 3 months after treatment discontinuation. Low serum TS before treatment was not accompanied by high gonadotropin levels, which was the evidence of secondary cause of LOH and was the reason for HCG-therapy. Statistical analysis was made using Wilcoxon test, Mann-Whitney U-test and Spearman correlation test. Results: All patients had an increase in total TS level up to normal range during the course. We divided all patients into two groups according to the duration of HCG-therapy effect (group 1 - non-lasting effect (n=9); group 2 - long-lasting effect (n=4)) and made a comparison. There was no significant difference between patients age and SHBG level, but we found statistically significant correlation between total TS and LP levels ( $r=-0,7; p=0,007$ ) and association between LP and LH levels: those patients, who preserved normal TS level after 3 months from discontinuation of treatment and had low LP level, at the same time had higher LH level in comparison to non-lasting effect group. Conclusion: Our data demonstrate a negative effect of LP on TS secretion. LP seems to be an inhibitor of TS secretion at hypothalamic-pituitary level, which is supported by the data concerning LH level increase with LP level decrease in patients with long-lasting effect of HCG-therapy.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP1-13

#### CIRCUMVENTING IMPASSE IN SEX THERAPY OF DESIRE, AROUSAL, ORGASM DISORDERS

*Subhas Chand*

Introduction and Objectives: Hidden agenda of patients can scathe success in therapy/surgery. The strongest force for treatment sabotage comes from Hidden Hetero-aversion Homosexuality (HHH). "Coming out" is not easy despite increase in awareness of sexuality in certain cities. Even in the context of educated condescension conceding equality to homosexuals, homo-aversion is ingrained in the psyche of most people. Confession of Hetero-aversion Homosexuality (HH) involves loss of bargaining power in marriage. The need to marry has been institutionalised in the modern society; even people with HH are forced to marry and a live a lie. It is not homosexuality as such that plays havoc in a marriage but it is the hetero-aversion. The objective is to see if therapists/surgeons need to take more active steps to exclude HHH in their clients. Materials and Methods: 960 clients (372 couples and 216 individuals) out of

a total of 2406 clients referred to a Sex Therapy Clinic in a six year period were subjected to abreaction analysis. Most of the referrals were by other doctors in the state or self referrals by clients who had therapy failures. Only a few were fresh self-referrals. Results: 723 out of the 960 clients abreacted (75.3%) had HH, which is 30% of all referred clients. Conclusion: There were two levels of selection of patients for the abreaction study – one, mostly difficult cases only were referred to the Clinic by others; and two, only those suspected of having HH by an experienced sex therapist were chosen for abreaction. Therefore the large percentage of HH in this cohort. This study indicates that a significant number of clients in impasse in Sex and Marital Therapy could have HH and needs abreaction to break the impasse. Abreaction and how the information from the abreaction is therapeutically used, will be discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: Serdia Pharmaceuticals, India

### OP1-14

#### STANDARDIZATION AND VALIDATION OF URDU VERSION INTERNATIONAL INDEX OF ERECTILE FUNCTION

*Muhammad H Khan, Mahrukh Masood, Abu Bakar, Mansoor Bajwa*

INTRODUCTION International Index of Erectile Function (IIEF) is one of the most widely used tools to evaluate sexual function in male. In sexology its importance is equivalent to Beck Depression Inventory. Until now it has been translated into 30 languages of the world. METHOD A translation committee comprising of psychiatrists, urologist, andrologist, psychologists and hakims having medical knowledge translated the tool. Some descriptive phrases were used to describe original connotation of the words where appropriate terminology was not available. Five domains of IIEF were subjected to scrutiny. Translated version was translated back into English by four different experts. Original index and back translated versions were compared for correspondence. Urdu and English versions were administered to fifty individuals including patients and healthy subjects with an interval of one week. Results were matched for consistency. RESULTS Results indicated back translation has high level of linguistic equivalence with original version at 95% confidence interval. All four back translated scripts also showed high level of consistency with each other. Linguistic equivalence was computed for Urdu and English versions and compared. Distribution of score was normal. For conceptual equivalence spearman rank order correlation coefficient was calculated for each domain of original and translated version. Items showed high level of convergence. All correlation coefficients were above 0.657 which is statistically significant ( $p < 0.01$ ). For scale equivalence hierarchy of high and low score was established in repeated measures. CONCLUSIONS Results of Urdu version of IIEF are comparable to that of English. Urdu version of IIEF can be used in Urdu literate population. The linguistic, conceptual and scale equivalence showed that this version can be administered as diagnostic and research tool.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### OP1-15

#### SOCIETY, SKIN DISEASE, SEXUALITY,

*Omar Boudghene Stambouli*

The skin witness of Man Deed (Action) Major organ of our experiences, it participates to our identity. The skin is living, with its own personality. It is not just the worry of dermatologists. Studied by the scientist, praised by the poet, it is also quoted in the holy Books. The constant reference of Islam is the Holy Koran (Coran). The universe was not created in vain, and hazard does not exist. The skin is quoted in several Coranic verses, and so certainly, it has its importance. 1)- the skin is known as the organ of sense and pain. Fire punishment in hell, will burn the skin of those who deviate from the ways of God. It seems that this verse gives us an idea of the renewal process and the graft of the skin. 2)- the skin is also described as a memory function and a witness of the man's conduct. With the hearing and the sight, the skin will witness against those who strived against divine laws; and the damned will ask only the skin, amidst the other organs, why did you witness against us. 3)- the skin, which memorises the aggressions of the external environment (for example, excessive exposure to sun rays) and exteriorises them as alarm signals, like dermatoheliosis, necessarily keeps information that will be decoded in the other world. 4)- everyone, following the straight path prescribed by God, is in every slightest action in divine worship; all his life is prayer. It is not surprising to discover the participation of the skin in the invocation of God the skin suffers, it witnesses, it prays. It is indispensable for this world and the other. It must be respected and protected, because it is the testimony of our conducts, for us or against us.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP1-16

#### EFFECTS OF SILDENAFIL ON SPERMATOGENESIS, PLASMA GONADOTROPINS AND TESTOSTERONE IN RATS

*Sayed Mohammad Hosseinipanaah, Seyed Habibolla Mousavibahar, Abbas Bidabad*

**Introduction:** This study attempts to investigate the effects of sildenafil on spermatogenesis and the reproductive performance in male Albino Wistar rats. The goals of this study were to determine hormonal state and spermatogenesis of rats after exposure to sildenafil. **Method and Material:** In this experimental study 30 numbers of rats were initially placed in the standard condition. Then they were divided into experimental and control groups. 18 mature rats were fed orally at a dose of 10mg/kg body weight, daily sildenafil for 75 days. 12 mature rats fed by water as control. In both groups after capture of blood sample, they were killed to measure the number of epididymal spermatozoa. **Results:** Significant changes in testosterone and dehydrotestosterone activities were found in the rats that fed the sildenafil. Different varieties were quantitatively evaluated along with radioimmunoassay of plasma follicle-stimulating hormone (FSH), luteinizing hormone (LH), testosterone and assess-

ment of the epididymal sperm count. **Conclusion:** Sildenafil has a positive influence on spermatogenesis and testosterone and dehydrotestosterone release in rats.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP1-17

#### CROSS-OVER COMPARISON OF TESTOSTERONE SERUM LEVELS IN HYPOGONADAL MEN TREATED WITH TRANSDERMAL TESTOSTERONE OR ORAL TESTOSTERONE UNDECANOATE.

*Michèle Pujos-Gautraud, Michel Colle, Antoine Lemaire, Frank Giton*

**Objective:** To compare mean serum total testosterone (TT), bioavailable testosterone (BT), and dihydrotestosterone (DHT) levels over the first and last 48 hours of a 22-day treatment with testosterone patch versus a 22-day oral treatment with testosterone undecanoate. **Methods:** Multicentre, randomised, open-label, cross-over study, 53 men > 18 years with TT < 2.5 ng/mL. Two patches (Testopatch®) every other day in the morning. Two capsules Pantestone® 40 mg bid. **Outcome:** mean TT level of 4 blood samples over the last 48 hrs of each treatment period. **Results:** Mean age 49 years. Mean TT before inclusion 1.99 ng/mL. TT serum level over the last 48 hrs of treatment was significantly superior after Testopatch® than Pantestone® (mean: 4.64 vs. 2.58 ng/mL  $p < 0.001$ ). TT trough levels at the end of each treatment period were significantly higher for Testopatch® than for Pantestone® (3.15 vs. 2.45 ng/mL,  $p < 0.01$ ). BT levels over the first and last 48 hrs of treatment were significantly greater with Testopatch® than with Pantestone® ( $p = 0.001$  and  $p < 0.01$ ) and similar at trough. Average DHT levels over the first and last 48 hrs of treatment (0.71 vs. 1.05 ng/mL and 0.68 vs. 0.89 ng/mL) as well as at trough (0.59 vs. 0.96 ng/mL) were significantly lower with Testopatch® than with Pantestone® ( $p < 0.001$ ,  $p < 0.05$ , and  $p < 0.001$ ). Serum SHBG levels decreased with Pantestone® but were not affected by Testopatch® ( $p < 0.001$  between treatments). **Conclusions:** Testopatch® was more efficient than Pantestone® to increase serum levels of TT and BT in hypogonadal men as early as the first few days and throughout 3 weeks of treatment. Conversely, Pantestone® increased DHT to a larger extent and decreased SHBG.

Conflict of Interest: Study Investigator  
Financial Support/Funding: Pierre Fabre Medicament

### OP1-18

#### TESTOSTERONE TREATMENT OF ERECTILE DYSFUNCTION: EXPERIENCE IN 122 HYPOGONADAL PATIENTS

*Farid Saad, Aksam A Yassin*

**Objective:** Endocrine factors in ED are well recognized and hormone determinations are an established part of international guidelines. This study examined whether treatment of men with erectile



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dysfunction (ED) with testosterone alone improved their complaints substantially. Material and methods: Of 771 patients (mean age: 56 yrs) presenting with ED, a total of 141 proved hypogonadal (18.2%) (mean testosterone level  $1.9 \pm 0.5 \text{ ng/mL}$ ). Of these 141 men, 122 subjects were prospectively followed up for 3-11 months (mean: 8 months) while receiving treatment with long-acting testosterone undecanoate (TU) 1000mg i.m. Patients received TU injections on day 1, after six weeks and thereafter three-monthly. Blood tests included total testosterone, DHT, lipid profile, glucose, HbA1c, and prostate specific antigen. Digital and sonographic examination of the prostate was performed every 3 months. Sexual function assessment was performed using the IIEF with several domains at baseline, after 12 and 24 weeks. Results: Following treatment for 12 weeks 71 of the 122 men reported significant improvement in the IIEF sexual desire domain from 4.5 to 8.0 and in the erectile function domain from 12 to 25. No patient reported irritation or pain in the gluteal injection area or other adverse events. The remaining 51 patients who had suffered from ED longer than 7 years reported an improvement of sexual desire but not in the erectile function domain, despite their normalized testosterone values ( $4.6 \pm 0.5 \text{ ng/mL}$ ). No alteration in prostate parameters was noticed within the observation period. Conclusion: These findings suggest that testosterone alone restored erectile function in approximately half of the hypogonadal patients, particularly when ED had not been very long-lasting. Testosterone should be measured in men with ED and hypogonadal levels should be corrected. If testosterone alone is not sufficiently successful after three months of treatment, combination with PDE5-inhibitors should be considered.

Conflict of Interest: Employee Of Bayer Schering Pharma Ag  
Financial Support/Funding: None disclosed

### OPI-19

#### HOW TO PREVENT UNWANTED EJACULATION WITH THE HELP OF KOMAJA'S METHODS: A RETROSPECTIVE STUDY

*Oliver Heil*

Premature ejaculation is a sexual dysfunction in men, by which he is not able to control the time it takes from the beginning of the sexual intercourse until to ejaculate. This is the most prevalent sexual dysfunction in men younger than 40 (prevalence in the USA: 30 – 70 %). The Love Erotic Therapy of Aba Aziz Makaja can help healthy men, as well as men with premature ejaculation, to prolong their erection capability to such extent that it is satisfying for him as also for the woman. After regular practice of the techniques of Love Erotic Therapy the participants (average age 33 years and average duration of membership in one of the three tantric groups investigated: 6,8 years) report that they have achieved above average erection and ejaculation control, which was also very advantageous for their female partners. In Love Erotic Therapy there are different therapeutic procedures, which have helped to the participants to protract the ejaculation: Love meditation before coitus, polytherapy, theatre of truth, asceticism in sex, sexual abstinence,

tantric exercises and fulfilling of different sexual needs. In this study the participants ( $n = 28$ ) have had an above average duration of the erection of 53 min. up to the willingly effected ejaculation. The contentment with the quality of the ejaculation control was on the level 8 using the Likert-Scale (1-10; 10 is highest). Participants were asked which of the methods helped the most and the following answers were given: Theatre of truth, love meditation before coitus, polytherapy and different physical exercises.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OPI-20

#### ROMANIAN EXPERIENCE WITH TADALAFIL IN ED TREATMENT

*Petrisor A Geavlete, Dragos T Georgescu, Gheorghe I Nita, Victor D Cauni*

INTRODUCTION & OBJECTIVES: The phosphodiesterase 5 inhibitors are nowadays used as first-line therapy for erectile dysfunction (ED). Our goal was to evaluate the Tadalafil safety and efficacy in the ED therapy. METHODS: Between March 2003 and October 2006 we studied 137 cases with ED (24 to 69 years old) in which we had given Tadalafil (10 mg). All had ED more than 6 to 12 months. If proven ineffective, the dose was increased to 20 mg. All cases were evaluated by International Index of Erectile Function (IIEF-5) score. We didn't include in this series patients with deforming Peyronies disease, active cardiac diseases, malign hypertension, or patients taking nitrate medications. We described 3 ED categories: psychogenic (32 cases), organic (59 cases) and mixed (46 cases). RESULTS: The general success rate (initially with Tadalafil 10 mg.) was 59.1% (81/137 patients). The Tadalafil increased dose (20 mg.) improved the success rate to 75.9% (104/137 patients). The IIEF-5 score increased from 9.5 to 18.5 in organic ED, from 10.5 to 23.1 in mixed ED and from 14.2 to 23.6 in psychogenic ED. In the majority of our cases, erection, hard enough for sexual intercourse appeared at least 80 min. after drug administration. We found that 21% of Tadalafil-treated patients had erections after 40 min. The Tadalafil responders may have erections for 24 hours period in 79.8% of cases (83/104 patients). 13/104 cases (12.5%) from Tadalafil responders could have erections for 48 hours period and 6/104 cases (5.7%) for 36 hours period. We described minor side effects. CONCLUSIONS: According to our experience Tadalafil was effective, safe and well tolerated in oral ED treatment. More so, 24 hours period of efficacy, is the main Tadalafil feature in ED management.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### OP1-21

#### LOWER URINARY TRACT SYMPTOMS (L.U.T.S.) AND ITS CORRELATION TO SEXUAL DYSFUNCTION

*Michael Eufemio L. Macalalag, Eufemio V. Macalalag*

**Introduction:** The prostate and the urethra are integrally related to the penis. This relationship may well contribute to the different symptoms of sexual dysfunction in the presence of lower urinary tract symptoms. **Methods:** Purposive questionnaires were given to male subjects assessing symptoms of lower urinary tract symptoms and sexual dysfunction. International prostate Symptom scoring (IPSS) utilized to appraise lower urinary tract symptoms (LUTS) and the International Index Erectile Function (IIEF) used to evaluate sexual dysfunction. **Results:** 20-39 years old have a lower IPSS symptom score but show some evident erectile function compromised. Irritative lower urinary tract symptoms in the presence of prostatitis, orchitis, and urinary tract infection contribute a major part of these patients. Resolved infections after appropriate antimicrobial and supportive therapy have manifested improvement of IIEF scores and return to pre-morbid condition. More than 40 years old show corresponding increase in mean IPSS score and congruent decrease in IIEF scores. The associated increase in lower urinary tract symptoms is consistent with sexual dysfunction. **Conclusions:** Patients with increasing sexual dysfunction is associated with patient exhibiting increased lower urinary tract symptoms. Irritative symptoms of infection indicate a major cause for sexual dysfunction in the younger age group. In the older age group, benign prostatic hyperplasia (BPH), and other co-morbid illnesses of hypertension & diabetes contribute to the overall sexual dysfunction showing compromised IIEF scores

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### OP1-22

#### OUR INTRACAVERNOUS THERAPY

*Augusto R Díaz*

**Introduction;** Intracavernous injection has been used for long time and good results in order to obtain and maintain a rigid erection and get a reasonable sexual intercourse. **Issues and Methods:** We have a very simple technique that is well known as well and it consists in applying a shut within the cavernous body with a solution of Papaverin, Fentolamin and Prostaglandin (6mg, 0.12 mg and 0.08 mg for ml). Before we initiate we test the patient to confirm his grade of dysfunction, his response to the treatment and evaluation. We use two injection shuts every week for four months with periodic evaluation every three weeks in order to see results and adjust doses. **Results:** In ten years we have more than 800 patients treated with this method with optimum results in patients whose ages are between 29 and 45, satisfactory results in patients whose ages are between 45 to 79 years. **Conclusions:** 1. We use this method as a curative treatment, 2. With this method we try to recover organic and anatomical failures appeared in cavernous bodies as: rigidity at the cavernous muscle, strengthening of the intercellular wall, vasoconstriction status, generalized fibrosis. 3. We benefit and control

the intra and extracellular collagen production. 4. The rigid and controlled erection produces: vasodilatation, muscle relax, intracellular growth, cavernous bodies growth. **Key Words:** Controlled: Rigid erection between 1 and 2 hours. **Collagen:** Substance produced by almost all tissues.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### OP1-23

#### COMBINING SEX THERAPY WITH PHARMACOTHERAPY (TO BALANCE AUTONOMIC NERVOUS SYSTEM) IS TREATMENT OF CHOICE IN SEXUAL DYSFUNCTION PATIENTS

*Farooq Nasim Bhatti*

**OBJECTIVES:** The objective of study is to establish the effectiveness and reduction in treatment duration for sexual dysfunction by combining sex therapy with pharmacotherapy (To Balance Autonomic Nervous System). **MATERIAL AND METHODS:** 600 sexual dysfunction patients were selected randomly who attended Nazim Fertility Center Lahore and Islamabad during June 2005 to June 2006. These patients had history of treatment by sex therapy and medicine, Unary, Allopathic and Homeopathic system but were not cured after 10 weeks treatment. 430 patients were in-group 1 had HVO decreased erection and less ejaculatory time with decrease in orgasmic pleasure. Patients in this group were treated with 15-20 mg Fluoxetine, 7-10 mg Clobazam Clomipramine 25 mg in some patients, Yohimbine 10-15 mg 2-3 inj of Testosterone 250mg along with sex therapy and counselling, weekly session, dietary advise if high caloric and high protein and good physically activity. 95% patients were satisfied and cured of their sexual dysfunction by the end of 10 weeks cured of their sexual dysfunction by the end of 10 weeks 130 patients presented with less ejaculatory time with normal erection and normal ejaculatory pleasure. Patients in this group were treated with 20-30 mg Fluoxetine, 7-10 mg Clobazam, Clomipramine 25 mg in some patients, along with sex therapy and counselling, weekly session, dietary advise if high caloric and high protein and good physically activity. 95% patients were satisfied and cured of their sexual dysfunction by the end of 10 weeks.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### OP1-24

#### THE IMPORTANCE OF THE KEGEL EXERCISES FOR THE ERECTION OF THE PENIS (MALE AND FEMALE)

*Vincenzo Puppo*

The erection of the male and female penis occurs in three phases: a) latent, b) turgid, c) rigid or muscular. The male ischiocavernosum (IC) muscles (muscles of erection), are much more developed than their female counterparts, is innervated by branches of the pudendal nerve, that originates from Onuf's nucleus located at



the sacral level of the spinal cord. Onufs nucleus introduces a “sexual dimorphism”: the androgens condition the presence of a greater number of neurons in this nucleus. The tonic contraction of IC muscles during the erection is necessary for a rigidity of the penis. These muscles, as also the bulbocavernosum (BC) muscle (muscle of ejaculation and orgasm), are type mixed (even if histologically they are striated muscles), they have a semiautomatic operation: the IC muscles, together with the BC muscle, during the erection introduces a continuous involuntary reflected hypertonic contraction, conclusive not only for the rigidity of the penis, but also for the maintenance of the erection. The Kegel exercises allow the contraction, not only of the pubococcygeus muscle (the correct terms now used after years of anatomical study are “pubovaginalis muscle” and “levator muscle of the prostate” and the “puborectalis muscle”) but of all the perineal muscles and especially of the superficial ones (the most important in sexology): only with these exercises is it possible to train the IC muscles. One could even reduce the post-ejaculatory refractory period that increases in the course of time in all the men and to facilitate the erection after a first ejaculation. In time the seminal liquid present in the male ejaculation can come out with less strength or without squirting: the Kegel exercises, which train BC muscle, are also important in preventing and postponing, for as long as possible, the reduction of the strength of ejection of the seminal liquid.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP1-25

#### A CASE OF PENILE FRACTURE WITH COMPLETE URETHRAL DISRUPTION DURING SEXUAL INTERCOURSE

*Klemen Jagodic, Marko Erklavec, Helena Korosec Jagodic*

**INTRODUCTION:** penile fracture is a rare condition. Primary it is a rupture of corpus cavernosum that occurs when the penis is erect. The rupture can affect also the corpus spongiosum and the urethra. The classic, “text – book” history of penile fracture is: a sudden cracking sound as the tunica tears followed by pain, rapid detumescence, swelling and discoloration of the penis with or without voiding problems. **CASE REPORT:** We report a case of 37 years old man who presented with acute penile pain, penile swelling and inability to pass the urine after a blunt trauma during sexual intercourse. In emergency surgery we found bilateral partial rupture of the corpus cavernosum with complete urethral and corpus spongiosum disruption. After minimal debridement repair of rupture of both corpus cavernosum and termino-terminal anastomosis of disrupted urethra was done. In one year follow up after the surgical repair the patient presented with normal erectile and voiding function. **CONCLUSIONS:** Penile fracture is a rare urological condition. Emergency surgical repair can preserve voiding and sexual function.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP1-26

#### PENILE PROSTHESIS IMPLANTATION INCREASES TOTAL TESTOSTERONE LEVEL

*Robert Andrianne, C Chabot*

**Introduction:** Our working hypothesis for this study is that serum testosterone levels may be influenced by revalidation of erectile dysfunction (ED). **Methods:** From a cohort of 300 patients implanted with AMS penile prosthesis for refractory ED, 22 had measurement of serum total testosterone before (TT1) and after (TT2) implantation.

In order to evaluate the total testosterone levels that these patients would have without penile prosthesis implantation, a projection was made with an annual reduction of 0.85% of the TT, as based on previously reported studies (Vermeulen A., Ann Med 28(1):13-5, 1996).

**Results:** Mean age at the time of implantation was 55.9 years +/- 10.6 (29 - 74 years). Mean time between implantation and second serum TT measurement (TT2) was 6.15 years (0.38 - 16.5 years)

Total Testosterone levels:

TT in 55-year old normal patients	NO PENILE PROSTHESIS IMPLANTATION (projection)	TT Projection
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5.61 mcg/l #		4.05 mcg/l +/- 1.25 #
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TT1 (mean age of the patients = 55.9 years)	PENILE PROSTHESIS IMPLANTATION	TT2
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4.22 mcg/l +/- 1.27		5.19 mcg/l +/- 1.51
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# Vermeulen A., Ann Med 1996

**Conclusions:** In comparison with a normal male population aged 55 years, mean serum total testosterone level is lower in the population with ED at the time of implantation but no hormonal supplementation appears to be necessary. Indeed, this study suggests that men implanted with penile prosthesis for ED exhibit a significant increase of serum total testosterone ( $p < 0.05$ ). In addition, we have observed that this increase is correlated with improved sexual function parameters (IIEF normalisation).

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP2-1

#### CONCURRENT SEX THERAPY AND CONSCIOUS-TOUCH THERAPY (BODY-SPIRIT THERAPY BASED ON TANTRIC PRICIPLES) BY SEPARATE THERAPISTS

*Gila Bronner, Tchyia Adler-Raz, Zeev Adler*

**INTRODUCTION:** We'll present concurrent therapy consisting of cooperation between three therapists: sex therapist using cognitive-behavioral sex therapy and male-female therapists using conscious touch therapy. **OBJECTIVES:** To use benefits of western sex therapy and eastern methods of body-spirit awareness to expand the therapeutic power in couples facing a complicated sexual-intimate problems. **RATIONALE:** Sex therapy is an integration of behavioral, cognitive and psychodynamic elements. Psychodynamic understanding enhances effectiveness of behavioral methods. Behavioral





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techniques facilitate implementation of therapeutic insight. Conscious Touch Therapy is a body-spirit approach based on tantric principles. The therapists, a married couple, serve as male-female model. To enhance self and partner's physical and emotional awareness, they use touch exercises, breathing techniques and meditation. They focus on couple interaction, body movements and postures and use immediate mirroring to increase awareness and induce changes. Integration of approaches and exchange of information between the three therapists promotes the couples within the therapeutic process. **METHODS:** Couples facing difficulties with practicing behavioral techniques were offered an alternate conscious touch therapy. The three therapists shared experience and cooperated with the therapeutic process on regular basis. The couple met the conscious touch therapist in intimate welcoming environment. They practiced body-spirit techniques, such as: back-talk dance, conversation dance, sensory awakening, energy arousal technique, tantric breathing, eye contact touch, mirroring touch, melting hug and meditations. **RESULTS & CONCLUSIONS:** The process of parallel psychodynamic sex therapy sessions with body-spirit sessions enabled understanding and identifying physical limitations, intimacy barriers and communication problems. The psychological evaluation during the sex therapy sessions resulted in significant progress in couples caught in their own inhibitions.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP2-2** **THE MENTAL HEALTH IN PEOPLE PRACTICING** **TANTRA: A LONG TERM STUDY OVER 3 YEARS** *Oliver Heil*

Komaja's Tantra "The Art of Love" is geared not only towards the cultivation of the love-erotic art, but also to the spiritualization of sexuality, this may also include sexual intercourse. More than 60 people (average age: 34 years; average duration of membership in one of the three tantric groups investigated: 6,8 years) were tested with the Trier Personality Questionnaire (TPF) constructed by Peter Becker consisting of nine scales which describe the construction of Mental Health (behavior-control, mental health, meaning-fullness, self-obliviousness, freedom from distress, expansiveness, autonomy, self-esteem and capacity of love). The TPF is a fully standardized objective self-report instrument in the tradition of the Personality Questionnaires, which fulfills the statistic criteria and is well known in German speaking Europe. The results show a significant difference ( $p < .001$ ) in 7 of the 9 scales of the TPF, i.e. those people practicing Komaja's tantra have higher values than the average population, which indicates a more stable and better mental health. We could show that the results over all 3 years are very stable. In comparison to the European-control-group we find in 3 scales (behavior-control, self-obliviousness and self-esteem) higher results (statistic trends) among the people practicing Komaja's Tantra.

Conflict of Interest: None disclosed  
Financial Support/Funding: Komaja Society Germany - Köln

### **OP2-3** **THE SEXUAL HEALTH OF PEOPLE PRACTICING** **TANTRA: A LONG TERM STUDY OVER 3 YEARS** *Oliver Heil*

In this investigation different factors were studied regarding the sexual health of those people who have, over several years, regularly attended Komajas tantra courses. The courses, "The Art of Love", are geared not only towards the cultivation of the love-erotic art, but also to the spiritualization of sexuality, this may also include sexual intercourse. More than 60 people (average age: 33 years; average duration of membership in one of the three tantric groups investigated: 6.8 years) were tested with the Multidimensional Sexuality Questionnaire (Snell & Fisher & Walters, 1993) twelve scales which describe the construction of sexual health (the scales are: sexual esteem, sexual preoccupation, internal sexual control, sexual consciousness, sexual motivation, sexual anxiety, sexual assertiveness, sexual depression, external sexual control, sexual monitoring, fear of sex and sexual satisfaction). The results over each of the 3 years were very stable also in comparison to the European control group. We have found out, that those who have regularly visit the tantric courses "The Art of Love" have significant ( $p < 0.05$ ) higher scores in 2 out of 12 scales (Internal sexual control; Sexual monitoring) over each of the 3 years.

Conflict of Interest: None disclosed  
Financial Support/Funding: Komaja Society Germany Köln

### **OP2-4** **SEXUAL RISKS: KNOWLEDGES AND BEHAVIOURS** *José Luis Diéguez, Encarnación Sueiro*

**Objective:** To Know the knowledges and the behaviours relationed with the sexual risks. **Methods:** It's a descriptive transversal study realized with a diana population of 177 adolescents under 19 years, whom are living in the rural environment. All made a structured, voluntary and anonymous questionnaire with social, of knowledges (14 items) and of behaviours variables. We make the data analysis with SPSS/ Windows. **Results:** The half age is 14,53 years old (S.D.: 1,41). Your half punctuation of knowledges is 9,21 (S.D.: 2,33). The 25,9% had begun the coitus, at half age of 15,8 years old (S.D.: 1,29). The 87,1% used the protection methods and the 80,6% used the condom. **Conclusions:** The beginning sexual is more and more early and yours sexual knowledges aren't enough. Is necessary to develop Sexual Education's Programs before.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### OP2-5

#### BENEFITS OF TANTRIC SACRED SEXUALITY

*Suheyl Yekenkurul*

**INTRODUCTION** To Study the sexual, health and relationship benefits of the Three Level Jade Lotus Tantra Technique. Study on Males aged between 26-66. Study on Females aged between 26-66 study on couples aged between 26-66 Technique involves work on Chakras, energy centres, breath, spiritual elements, sacred sexuality, alternative healing methods involving Massage, Therapy and Pranayama. **METHOD** Session 1 involves: Full Body Massage and knowledge on the Chakras : The chakras are the key to physical health, emotional stability and mental clarity. The chakras are vortexes of moving energy, which then stimulate various endocrine organs in the body to secrete hormones into the blood system. The effects of hormones control our body. They also affect our state of mind. Physiologically each chakra is also connected to an endocrine gland, a physical organ and a bodily function. The location of each chakra corresponds to the location of a neuronal plexus, a network of cells dense with neuro-peptide transmitters and electro – chemical activity Level 2 involves: Pranayama. teaching convergence and synchronization of breath; life force merging into a vortex, physical and subtle energy exchange taking place. entering into a spiritual realm. Level 3: helps awaken the energy which then rises along the spinal column, activating all the Chakras on the way up. This is done through the massage, the breath and a heightened sense of awareness through meditation. **RESULTS** clients are asked to fill out a research sheet with survey data involving questions on how the three levels have made **IMPROVEMENTS** on 1. Sexual Experience/relationship with Partner 78% 2. Emotional Relationship with Partner 82% 3. Sexual desire 87% 4. Ability to control ejaculation 81% 5. ability to maintain erection 82% 6. Orgasm experience 85% 7. Sexual Confidence. 94% **Conclusion** Jade Lotus Tantra Technique improves overall sexuality in clients.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP2-6

#### CINDERELLA AND THE ENCHANTED PRINCE OF THE XXI CENTURY

*Rita B. Neves, Ivone A. M. Patrão*

**Introduction / Objectives:** Research has reported that men and women have different perspectives through intimacy, sexuality and what they look for in a relationship. In the past few decades, economic, cultural and social transformation has brought further changes in interpersonal relationships. Long term relationships, marriage or the desire to have a stable relationship is threatened by a new society where people must conciliate marriage, children, professional careers, and domestic work, which frequently ends up in interpersonal conflicts/separations. Therefore, divorce has become a social and cultural issue and a complex phenomenon. Many harmful consequences are created from these interpersonal conflicts, often interfering in the child's or adult's development. It

is urgent to understand what has been contributing to couples dissatisfaction/dissolution. There is still a lack of investigation in this area. This study evaluates the ideal characteristics of women/men and the future of the relationship. **Method:** This is an exploratory study, with a sample of 60 Portuguese women and men, which answered a semi-structured interview. **Results:** Women reported psychological, relational and financial aspects as the most important characteristics in men to start a relationship. Men reported psychological, physical and relational aspects as the most important characteristics in women to start a relationship. Both reported a pessimistic view through the future of relationships. Neither men nor women seem to believe in marriage, commitment or "a live time together". Both highlight the selfishness, professional exigency and the ephemeral nature of relationships. Differing from past research, women give less attention to financial aspects and men denote a psychological and relational need instead of physical traits. **Conclusion:** These findings confirm the importance of further investigation in the area and the multiculturalism of a new society with new forms of relationships and changing gender issues.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP2-7

#### KNOWLEDGE OF MARRIED WOMEN ON AIDS AND SEXUALLY TRANSMITTED INFECTIONS: A POPULATION-BASED STUDY FROM IRAN

*Azita, Goshtasbi, Mariam, Vahdaninia*

**Introduction and objectives:** Sexually transmitted infections (STIs) and AIDS are the most common diseases worldwide. Women are more affected by STIs and AIDS due to gender-related factors such as biological, cultural and so on. This study was conducted to investigate knowledge about AIDS and STIs among married women in Kohgiluyeh & Boyer-Ahmad Province/Iran. **Methods:** A cross sectional study was conducted in the urban areas of Kohgiluyeh and Boyer-Ahmad Province. Using quota sampling, a valid questionnaire covering demographic variables and items related to knowledge about AIDS and STIs was administered to 1379 women covered by the urban PHC clinics. **Results:** The mean age of the respondents was 33.3 (SD=±9.3). Most were household (%85) and the mean level of their formal education was 7.2 years (SD=±4.8). The findings indicated that the respondents had a fairly good to excellent knowledge about AIDS (ranging from %37 to %93). The results also showed that women had the most knowledge with the statements that "using condom protects against AIDS" (%63.9) and "asymptomatic persons would be as AIDS vectors" (%65.1). There was a significant relation between education and recognizing AIDS as a sexually transmitted infection (P.value=0.003). Albeit, women were poorly familiar with the STIs, the most knowledge was found with Gonorrhoea (%40.5) and the least with Chlamydia (%21.2). The most knowledge was observed with the statements that "STIs would induce PID in women" and "using condom protects against all the venereal diseases" (both %61.1). A significant relation was found among education and job



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with familiarity with STIs (P.value <0.001). Conclusions: Findings showed limited knowledge about sexually transmitted infections and fairly good knowledge about AIDS. There's need to promotion of women's knowledge in sexual health field.

Conflict of Interest: None disclosed  
Financial Support/Funding: Research Deputy Of Yasooj University/Iran

### **OP2-8 ANCIENT HISTORY OF SEXUAL AROUSAL AND ALCOHOL**

*Alex O Holcombe*

Sexually transmitted diseases, unwanted pregnancies, and sexual crimes are often associated with alcohol consumption. Alcohol's ability to increase sexual arousal undoubtedly plays a significant part in this association. Some psychological experiments have found that it is the belief that one has ingested alcohol, rather than the alcohol itself, which increases sexual arousal (1). With this effect of alcohol apparently not an intrinsic pharmacological effect, it may be culturally mediated. Unfortunately, however, it appears to be deeply rooted, as the phenomenon- and its negative consequences- has been with us for millenia. This is seen clearly in the Testament of Judah, one of the deuterocanonical scriptures written about two thousand years ago (2). Verse 14 includes the following: "For if a man drink wine to drunkenness, he disturbeth his mind with filthy thoughts to fornication, and exciteth his body to carnal union; and if the cause of the desire be present, he worketh the sin, and is not ashamed". The observations of Judah and other ancient authors are worth considering for understanding the nature and persistence of health-related issues. 1. Wilson GT & Lawson DM (1976). Expectancies, alcohol and sexual arousal in male social drinkers. *Journal of Abnormal Psychology* 85: 587-594. 2. Holcombe, A.O. (In Press). Provoking the desire. *The Lancet*.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP2-9 SEX-GENDER-SEXUALITY DEBATES IN TAIWAN: SOMEWHERE BETWEEN THE BREAKDOWN OF TRADITION AND REGULATION**

*Hsing-Chen Yang*

Used a framework of analyzed social organization of sexuality, conducted by Jeffrey Weeks (1986, 2003), this article discusses sexual cultures and social organization of sexuality in Taiwan in terms of kinship and family systems, economic and social organization, social regulation, political interventions, and the development of cultures of resistance. This article also articulates that there is a missing discourse for an understanding of sex-gender-sexuality joined together in discursive chains and power intersection, so one major consequence is a discontent to sexuality education and its curriculum development in current Taiwan.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP2-10 ASPECTS OF HEALTHY SEXUALITY WITHIN THE BDSM LIFESTYLE**

*Beverly L. Stiles, Robert E. Clark, John Hensley*

Those involved in the Bondage and Discipline (BDSM) lifestyle have not previously been examined in terms of qualities that support healthy sexuality. Historically, the concept healthy sexuality focused on STDs and reproductive functioning. The current definition includes such aspects as an awareness of responsibility, sexual rights, respect for self, respect for differences and diversity, freedom from discrimination and violence, and includes the enhancement of ones quality of life through personal relationships, communication, and as a means of identity expression. Our research examines the practices of those involved in BDSM to discern aspects supportive of healthy sexuality. The data reported were obtained in conjunction with a larger ongoing study of identity, relationships, concealment strategies, and gender issues in the BDSM community. Interview and observational data have been gathered over two years. This is a descriptive study of 73 men and women in the BDSM lifestyle. We employed open-ended questions for this research project. Our findings indicate that the BDSM lifestyle contains many characteristics of the more inclusive concept of healthy sexuality. Many involved in BDSM advocate for sexuality and play that should be "Safe, Sane, and Consensual." Implicit is that there should be responsibility for self and others, including safety from STDs, that enjoyment be mutual, and involve communication and concern. They advocate for sexual emancipation within a lifestyle that is highly stigmatized. Yet they manage to overcome shame and guilt among their "sub" culture and are accepting of diversity or variation in sexual abilities, weight, body shape, and sexual proclivities. We discuss these various themes in terms of the norms within the BDSM subculture, how healthy sexuality is perceived, promoted, and how they deal with threats to their rights to sexual expression that enhances their life quality and personal relationships, and that is a prominent expression of identity.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP2-11 UNDERSTANDING ASEXUALITY: SEXUAL CHARACTERISTICS AND PERSONALITY PROFILES OF ASEXUAL MEN AND WOMEN**

*Gail A Knudson, Lori A Brotto, Jess Inskip*

**Introduction and Objectives** The study of people who identify as asexual has been very limited. The objectives of this descriptive study were to gather demographic data and personality characteristics of people who identify as asexual. **Methods** In this study, 187 participants (n = 54 males, n = 133 females) completed a series of online questionnaires from a link posted on the website of an online asexual network, the Asexuality Visibility and Education network (AVEN; [www.asexuality.org](http://www.asexuality.org)). Subjects completed a demographics questionnaire and based on these results were assigned a series of gender neutral and female- or male- specific questionnaires. These



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included the Derogatis Sexual Functioning Inventory (DSFI), Personality Assessment Screener (PAS), Inventory of Interpersonal Problems – Circumplex Version (IIP-C), Twenty-Item Toronto Alexithymia Scale (TAS-20), Beck Depression Inventory (BDI), Female Sexual Function Index (FSFI) Female Sexual Distress Scale – Prototype II-A (FSDS-IIA), International Index of Erectile Function (IIEF) and Balanced Inventory of Desirable Responding (BIDR). Results Eighty of male respondents and 73% of female respondents indicated that their sexual orientation was asexual. The majority of respondents did not feel distressed by their sexual orientation (85% males, 75% females) and the majority (91% males, 74% females) reported being single. The majority of respondents have never engaged in intercourse (73%), whereas most (80% males, 77% females) reported engaging in masturbation. Mean FSFI total score and all IIEF subscale scores indicated significant problems with sexual functioning. Significantly more females (20.6%) than males (9.3%) reported having been diagnosed with a psychiatric disorder. Both BDI and TAS mean scores fell below the clinical cut-off for both groups. Conclusion: The majority of subjects identify as asexual although most engage in masturbation. Future research will focus on the relationship between lack of distress identifying as asexual and significant problems with sexual functioning as measured by the FSFI and IIEF.

Conflict of Interest: None disclosed  
Financial Support/Funding: Pfizer

### OP2-12

#### THE CONTRIBUTION OF KOMAJA IN THE DEVELOPMENT OF SEXUAL CULTURE IN MACEDONIA

*Biljana Sazdanovska*

This work presents the analysis of social ambient toward important questions of sexuality, which is still taboo in patriarchal and traditional country in transition such Macedonia is. Also the contribution of international philosophical - spiritual system Komaja in the development of sexual culture is presented. The basic tool for investigating sexual behaviour is the analytical concept of “sexual culture” which is defined as the system of meaning, knowledge, beliefs and practices that structure sexuality in different social contexts. The scope of analyzing sexual behaviour is to three key issues which include: sexual categories and classifications; variations in sexual partnerships; and the range of sexual practices and their indigenous categorization, presented with official statistic data and survey. Fields study and comparative analyze on the institutions and organizations which in some area work with sexuality until today show that in Macedonia the only organized social factors that persistently make efforts to achieve development of a healthy sexuality and connected with it: acknowledgment, promotion and respect of Declaration of the Sexual Rights on WAS are the NGOs Komaja from Skopje and Ohrid. In this research work with narrative description are explained Komajas culture of love, its life, master, philosophy, activities, projects and attitudes towards sexuality, as well the originally techniques and methods for self-development and improvement the sexual health. Also summarized here are the

concepts of the most notable successes that the Komaja had achieved in past 12 years in Macedonia - the program “Love–erotic therapy” for successful liberation and prevention from addictions and Komajas Green Action - “Some like it clean!” The newest project - implementing love-erotic and sexual education and the proposed curriculum are in details explained as a step forward in Komajas meaningful contribution in the development of sexually healthier society and building culture of love.

Conflict of Interest: None disclosed

Financial Support/Funding: The Research Is Partially Financed By Komaja Society For The Development Of The Art Of Living - Skopje And South East European University - Macedonia

### OP2-13

#### MICRO EXPERIENCES OF SEXUALITY

*Priscilla M Dunk*

Introduction In my work as a sexual health counsellor I worked therapeutically with individuals and couples for a range of sexual issues. In working with these clients it became apparent to me that men and women were able to construct positive identities around their sexualities: identities that often differed from hegemonic constructions of sexuality. These positive constructions stand against descriptors proffered within the dominant culture however it is those problem-saturated narratives of sexuality that dominate the social. This led me to think about the ways in which people were able to construct their identities in an individual sense that took into account, but wasn't limited to, popular and social expectations about sexual activity and sexual identity. These representations aren't always reified back into the social and this may be because individual actors are constrained by socially sanctioned taboos around sexuality. Much of the psychological and sexological literature about sexuality is problem-saturated and/or pathologises sexualities. Research questions to be explored in the study include: • How is sexuality positively experienced, defined and expressed at the micro level? • How have actors experiences that differ from traditional forms of sexuality informed, challenged and survived despite negative messages about sexuality at the macro level? Significance Traditionally, sexuality has been researched and informed by medical models. This has meant that dominant narratives about sexuality speak of pathology, abnormality and dysfunction. Therapies such as psychotherapy, psychology, psychiatry and to a lesser extent, sexology, have sought to treat sexual problems by focussing on individual pathologies. This study will provide an alternative way of exploring sexuality by inviting narratives from the micro level, utilising sociological approaches and theories. This conference paper will report on the pre-data collection, initial stage of the project, which relates to the exploration and analysis of the available literature.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### OP2-14

#### IMPACT OF SOME SOCIAL PRECONCEPTION ON SEX DURING MENOPAUSE PERIOD OF WOMEN IN HANOI

*Nguyen The Luong*

I. Preamble Knowledge of menopause in Vietnam still is a challenge for both researchers and the community. The change in sex during menopause period is an issue, which was mentioned in many international studies and needs to pay attention to but so far this issue has not been studied in Vietnam yet. II. Objective To study some changes in sex during menopause period of women in Hanoi City Review of the impact of the cultural factor on sex III. Subject and Method of the study 1. Subject: The subject of this study is women who have natural menopause for 2 years and above and now are living in Hanoi City. This study does not cover the women, who have unnatural menopause due to some other reasons such as ovariectomy, hysterectomy or radioactive ray treatment.... This research also does not include too old unworkable women and those women, who underwent hormone replacement treatment. 2. Method : A cross-sectional survey, which combines description and comparison, was carried out in Hanoi City. The data were processed in computer by software EPI-INFO 2002 and AnSWRS IV. Result: 1. Characteristics of the Subject of this study 1,006 women participated in this research have average age of 59.36: The mean of menopause age is 47.87. Menopause in women aged from 46 to 50 years makes up highest percentage (53.7%). 2. Some troubles in sex and reproductive organs The menopausal women have sex life are 16.1%. This rate is reduced with the time of menopause. The differences are statistically significant. ( $P < 0.01$ ) Among the menopausal women having sex life, the rate of women with lessened sexual desire is very high (95.8%). The rate of menopausal women having transitional dyspareuria is 61.7%, this rate of the groups having menopause for less than 5 years, 5-10 years and >10 years is 58.3%; 59.1% and 71.4% respectively.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP2-15

#### THE USE OF LETTERS TO THE EDITOR TO EXPLORE THE SEXUALITY OF YOUNG PEOPLE IN KENYA

*Stella M Mulama, Simon S Kokoyo*

Introduction Straight Talk is a sexuality information, education and communication project for youth in Kenya since 1995. The project utilizes mass media to reach out to young people in giving them a forum to discuss their sexuality. The model of the organization encompasses the Straight Talk Newspaper, radio, Internet, short messaging services, and school clubs that make the forum participatory for the programme implementers and the youthful audience all over Kenya. Objectives This study seeks to explore the sexuality of young people in Kenya. Methods Document analysis, a qualitative inquiry into the sexuality issues that have been raised by young people through their contributions and questions to the Straight Talk editors through letter writing. On average, the editors

at the Straight Talk Newspaper receive 300 letters per month (3,600 letters per annum) and another 1000 short messages on mobile phones per month (12,000 per annum), which were analyzed qualitatively. Results Young people in Kenya have an array of sexual concerns and they yearn for this kind of information. Their sexual desires and fantasies are subjective to the media and westernization is seen as the more civilized sexual behaviour. While issues of sexuality are treated as extremely delicate among these young people, a lot of the information they have is received and discussed among their peers. Sexual dysfunction myths are common among males while females worry more about contacting sexually transmitted diseases and HIV/AIDS. Homosexuality is criminalized and those with such orientations fear they are abnormal. Teacher/pupil sexual relations are common. In the letters, many young people declare that they have no one to turn to who is willing to discuss issues of sexuality with them. Conclusions: Young people in Kenya are faced with cultural taboos of sexuality, which hinders them from discussing or expressing their sexuality.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP2-16

#### CHATting WITH PASSION: RESEARCH ON CYBERSEX IN MAINLAND CHINA

*Jue Ren*

"Chatting with Passion", Wang Luo Ji Qing in Chinese, is the name given by netizens in mainland China for cybersex. Nowadays, cyberspace happens almost everywhere in mainland China. Sex has been a sensitive topic in China, because the behavior has been done or said only in private. But cyberspace is a public place. It is thus a paradox to see that so many Chinese are talking and even doing sex in this public space. This study asks the following questions: Why are so many people taking part in cybersex? What are the actual verbal and non-verbal behavior involved? Are there Chinese ways of having sex on line? What is the impact of virtual sex on the participants real life? Are there any gender differences in these various areas? Once in my online observation, a girl posted an article in an online forum, in which she said she decided to say goodbye to her boyfriend for the reason that she found he had some cybersex partners in his computer. We can see from this case that sex with new technology in China maybe affect gender relation. The academic significant of this research is to explore the ethnographic realities of this new phenomenon, and tries to find out how technology may influence Chinese sexual behaviors and gender relations in the Chinese cultural context. The field work for this research has been finished recently, and data analysis is being carried out. The paper will present the findings and a preliminary analysis, which includes issues of heterosexuality and homosexuality, as well as the implications of the use of SM and other forms of sex.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### OP2-17

#### ADAPTATION OF A SEXUAL EDUCATION PROGRAM FOR A POPULATION OF INUIT (FIRST NATION)

*Caroline Eveline Tétreault*

**Objectives** The Inuit population has a rate of Sexually Transmitted Infections (STI) that is ten times higher than the rest of Quebec, Canada. Also, one quarter of Inuit women that give birth are less than 19 years of age, which is five times the Quebec average. The fertility rate is 3.6 comparative to 1.6 in Quebec. Therefore the objective of our research is to find the elements to consider when adapting a sexual education and contraceptive program so that it may relate to the Inuit culture. **Methods** The researcher used an observation journal during school interventions and a few interviews ( $n = 9$ ). The results were analyzed using a computer program ATLAS TI and grouped by themes. **Results** The result of the survey show that the transmission of STI is influenced by numerous factors, it would be wise to consider all of them. The rapid changes in their lifestyles have shaken the cultural balance. Also, a lifestyle based on survival makes it hard to understand the concept of STI prevention and contraception. Noticeable characteristics in young Inuit are shyness, gender differentiation, learning through repetition using simple words and learning by observation using visual aids and examples. The notion of time is different, the length of meetings varied depending on the comprehension of the youth. The integration of information capsules on cultural traditions for each topic was inserted into the program so that the youth could associate the different topics to certain elements of their culture. **Discussions and conclusions** This study shows different aspects to consider when we are working on sexuality with first nations and Inuit. Inuit have different characteristics from our own and for this reason it is important to adapt a program that meets their sexual health needs.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Inuulitsivik Health Center, Public Health Of Nunavik

### OP2-18

#### FIRST AND LAST COITUS IN ADOLESCENTS UNDER 20 YEARS

*José Luis Dieguez, Encarnación Sueiro*

**OBJECTIVE:** To know the differences between the first and last coitus. **METHODS:** It's a descriptive transversal study made with all the students of first universitaire course (3356). A structured, voluntary and anonymous questionnaire with identification and sexual (the first and the last coitus) variables. We make the data analysis with SPSS. **RESULTS:** The half age is 19,61 years ( $SD= 2,17$ ), the 59,8% is women and the 38,3% has started the intercourse, beginning at 17,7 years ( $SD= 1,72$ ). There is significant differences ( $p<.05$ ) between the first and last coitus: type of sexual couple, level of satisfaction, to felt or not orgasm, time of knowledge of couple, to make it for love, for desire, for curiosity, for fear to lost the couple, for pressing and for desire of have a children, place, frequency and type of contraceptive used. **CONCLUSION:** We found significant changes intrasubject. The sexual risk practices force to make specific interventions in this evolutive moment for reduce its.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Vigo's University And Xunta Of Galician

### OP2-19

#### ME AND PORN: YOUNG ADULTS EXPOSURE TO PORNOGRAPHY AND THEIR SEXUALITY

*Nuno Nodin, Andreia Matias*

**Goals:** Access to pornography has been widespread in Portugal since the 1980s due home video and later with growing general access to cable television and the Internet. It is known that many children and adolescents are exposed to pornography, although research is lacking on this subject. This qualitative study tried to cover this gap. **Method:** A retrospective observational-descriptive study was designed in order to study the relationship between exposure to pornography and sexuality of male young adults. Twenty subjects (ages 20 to 30), who had been exposed to pornography during adolescence were interviewed face-to-face. The semi-structured interview covered: (1) pornography use, (2) sexuality and (3) influence of pornography upon sexuality. The material thus collected underwent content analysis. **Results:** During adolescence, contact with pornography was mostly felt as illicit, exciting or indifferent. Access to the material came mostly from friends, relatives or from video clubs. For most, it was viewed as a way to get sexual information, excitement and as material for their sexual fantasies. Most subjects considered pornography as an important element of their adolescences sexuality, but this importance lessened as they grew older. Past exposure to pornography is considered to have been important upon sexual and bodily knowledge. **Conclusions:** Exposure to explicit sexual material during adolescence was considered to have had a positive impact upon subjects sexual development.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Vigo's University And Xunta Of Galician

### OP2-20

#### THE LAST SEXUAL BEHAVIORS IN THE ADOLESCENCE AND YOUTH

*José Luis Dieguez, Encarnación Sueiro*

**OBJECTIVES:** To Know the changes in the last sexual practices. **METHODS:** It's a descriptive transversal study made with all students of first and last universitaire course (5614). All made a structured, voluntary and anonymous questionnaire with identification and sexual (last intercourse) variables. **RESULTS:** The students of first and last course have a half age of 19,61 years ( $SD= 2,71$ ) and 22,35 years ( $SD= 2,33$ ), respectively, the 59,8% study first course and the 59,8% is women. There is significant differences ( $p<.05$ ) between the students of first and last course, with respect to the number of that had coitus and the age of started. Too there is significant differences ( $p<.05$ ) between the students of first and last course, referred to the last coitus: time of knowledge of the last sexual couple, place of last coitus, number of sexual couple during the last year, use of protector method and type of contraceptive used. **CONCLUSIONS:** There is important evolutive changes with regard to the last coitus. Is necessary to make specific interventions for improve the Sexual and Reproductive Health.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Vigo's University And Xunta Of Galician



### OP3-1

#### **A STRANGER IN THE BEDROOM: THE IMPACT OF INFERTILITY AND ITS TREATMENTS ON COUPLES SEXUALITY**

*Kath Peters, Debra Jackson, Trudy Rudge*

**Introduction & objectives:** The introduction of assisted reproductive technology (ART) has brought procreation out of couples bedrooms and into a public forum. The adverse affects of such treatments on a couples sexual function remains relatively poorly addressed in the literature and possibly rarely addressed at a patient level. This study aimed to highlight issues regarding the impact infertility and ART had on all facets of these couples lives. **Methods:** This research used a qualitative approach informed by feminist perspectives to gather stories of couples experiences of childlessness after accessing ART. Individual conversations with both members of the marital partnership were recorded, transcribed and analysed. **Results:** Procedures prescribed as part of infertility diagnosis and treatments invade a couples sexual privacy. This new reproductive technology interferes with mens sexual habits dictating the time, frequency, method and often environment in which they ejaculate. Womens sexual habits are similarly disrupted and scrutinised. Further to this, women are often subjected to invasive procedures such as postcoital testing, (where cervical mucus is examined 2-8 hours after intercourse), pelvic examinations, transvaginal ultrasounds, transvaginal oocyte pick ups and embryo transfers. As well as the impact technology itself has on a couples sexual life, often when infertility is disclosed to friends, family and acquaintances, the couples sex life once again comes under scrutiny. **Conclusions:** The possibility that this intimate act between partners may become mundane and fraught with tension may result in detrimental consequences for the couples relationship. The structure enforced on a couples sexual relationship by infertility treatment results in the focus being shifted from love making to baby making. Continual attempts at pregnancy using ART result in the most intimate parts of the relationship becoming mundane and a chore.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP3-2

#### **THE EFFECTS OF UNPLANNED PREGNANCY ON THE OBSERVANCE OF HYGEINE AND PRENATAL CARE**

*Gita Sangestani,*

**INTRODUCTION:** About 5-20% of pregnancies are afflicted with different complications during prenatal period so it is absolutely essential to do standard prenatal care in order to save both mother and fetus health. In this process it would be possible to control or remove all threatened factors for mother and fetus. Some of these factors are concerned to the pre pregnancy period and firmly related to the family planning programs for example unplanned pregnancy and its psychic and emotional complications. The study of perinatal mortality shows that for each one mother death there are

180 fetal or neonatal death and it seems to be increased in unplanned pregnancy cases because of neglecting the fetus. So we tempted to determine the effects of unwanted pregnancy on observance of hygiene and prenatal care. **METHODS:** This is a cross-sectional study in which 200 multipara parturients were chosen by target based sampling. 100 woman with unplanned pregnancy as study group and the other half of them as control group. A questionnaire were used to gather the datas by interviewing with two groups of our studied parturients and finally we compared the quality of prenatal care in these two groups. **RESULTS:** Findings shows that the special manner of consulting to physician in control group was 85% versus 32% in parturients with unplanned pregnancy and there was statistically a significant difference about this factor between these two groups ( $P < 0.001$ ). The statistical analysis of datas also showed significant differences between unplanned pregnancy and each one of following factors : special manner of taking recommended medicines, observance of advised nutritious diet, rest rates and suitable activities, essential vaccination during pregnancy, doing paraclinic tests or sonographies and also getting pica during prenatal period ( $P < 0.001$ ). **CONCLUSIONS:** According to the above mentioned facts, it can be found that women inclination about pregnancy.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP3-3

#### **MENS SEXUALITY AND SEXUAL BEHAVIOUR: IMPACT ON MALAYSIAN WOMENS CONTRACEPTION AND SEXUAL REPRODUCTIVE HEALTH**

*Yut-lin Wong, Siti Norazah Zulkifli,*

Mens responsibility and involvement in womens sexual reproductive health (SRH) is the new focus in post Beijing-Cairo strategy to achieve gender equality and womens reproductive rights. Mens sexuality and sexual behaviour are critical to womens contraceptive practices which impact on SRH. A qualitative and gender interactive study of mens involvement in womens SRH was conducted among 41 women and 133 men ( $N=174$ ) from three ethnic groups in Malaysia. The study first asked women what did they want of their husbands and explored womens perception of mens sexuality, behaviour, and impact upon reproductive choices; then elicited mens responses and explored their understanding of sexuality and behaviour. Women wanted husbands to be involved in SRH and childcare, respect their bodily integrity, communicate emotions and intimacy. Except for Chinese married men, majority had poor knowledge of womens and own SRH. Gendered emotional development effected mens lack of communication and intimacy. Although men agreed to womens right to sexual desire/pleasure, majority still wanted control in sex and sexual relations as they equated sex and sexual conquests to maleness and strength. Many men reported they made the final decisions on childbearing and contraception. Most men accepted family planning yet they themselves did not use contraceptives, believing that is their wives responsibility. While many men agreed they have no right to beat



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their wives, some Indian women had reported wife abuse and forced sex. Some Indian and Malay men believed a man could beat his wife when she didn't meet his sexual demands, committed adultery and was rebellious. Thus, mens sexuality and sexual behaviour impact on womens reproductive choice and contraceptive practices. The findings call for critical programmatic efforts to involve men as partners of womens SRH.

Conflict of Interest: None disclosed

Financial Support/Funding: Arrow (Asian-Pacific Resource & Research Centre)

### OP3-4

#### DOMESTIC VIOLENCE AND CONSTRAINED CONTRACEPTIVE CHOICES IN SELECTED AREAS OF OSUN STATE, NIGERIA.

*Amos O. Oyedokun, Amos O. Oyedokun,*

This paper examines the impact of Domestic Violence in form of wife-beating and marital rape (non-consensual sexual encounter) on use of modern contraceptive methods in Ife-North Local Government area of Osun State, Nigeria. The data for this paper were obtained from a survey of four hundred and eight (408) ever married or cohabiting women aged 15-49 in 2003, using multi-stage random sampling technique. Two hundred and fifty-five eligible respondents were selected from Ipetumodu using systematic random sampling technique, while one hundred and fifty-three eligible respondents were selected from Asipa using a combination of systematic random sampling technique and lottery method. The information required was collected by the use of structured questionnaires and through Focus Group Discussions (FGD). Four Focus Group Discussion sessions were held with some respondents chosen on the basis of marriage and age. Data management was done using Epi-Info version 6.0 while the SPSS PC+ was used for the analysis. The statistical analysis was done using Logistic Regression model. Results showed that domestic violence in form of wife beating and marital rape existed in the study area as 55.6% of the women reported having been threatened with physical harassment by their partners; and 62.0% had experienced physical abuse from their intimate partner. More than half of the respondents reported experiencing non-consensual sexual encounter with their partners (55.9%). Among the 17.2% who experienced domestic violence during pregnancy, only 13.7% took some steps to protect themselves, and the major coping strategy by those who experienced these forms of violence was pacifying their partners in crisis situation (25.7%). The paper concludes that the threat of wife beating, and not the actual beating, and experience of marital rape (non-consensual sexual encounter) contributed to the likelihood of the women not using contraceptive methods in the study area. Population education should be intensified to emphasise the

Conflict of Interest: None disclosed

Financial Support/Funding: Codesria- Small Grant For Thesis Writing

### OP3-5

#### INFLUENCE OF STUDY DISCIPLINE ON CONTRACEPTIVE USAGE AMONG UNDERGRADUATES IN SOUTHWEST NIGERIA

*Ernest O Orji, Benjamin A Fajewonmyomi, Subulade A Adetunji*

Introduction and Objective: In Nigeria, the youths often passes through the secondary and post secondary institutions with little or no education on sexuality and contraception. The ugly result of this ignorance has been sexually transmitted infections and unwanted pregnancies and this had led to unprecedented increases in abortion rate: often under unsafe condition..The objective of this study is to determine the influence of discipline of study on contraceptive usage among undergraduates in southwest Nigeria. Methods:Comparative cross – sectional study of students from medical and non-medical disciplines. Results:A total of 387 undergraduates were investigated, out of which 198 (55.8%) were from medical disciplines (MD) and 189 (44.2%) were from non-medical discipline (NMD). Out of the total respondents (387), 229 (59.2%), were sexually exposed out of which 26.2% had been sexually exposed without contraception with a greater proportion of students of NMD being affected ( $P < 0.05$ ). Students from MD had a better knowledge (71.9%) of contraception than those from NMD (28.1%). However more students from NMD use contraceptives (62%) compared to those from MD (54%) ( $P < 0.05$ ). Despite this more students from NMD became pregnant despite contraceptive use (11%) compared to those from MD (5.1%) ( $P < 0.05$ ). Condom was the most commonly used contraceptive among both disciplines. Peer group was the commonest source of information on contraception. Conclusion: Discipline of study has an important influence on contraceptive usage. This is a pointer to the absolute need for adequate contraceptive education for every student irrespective of the discipline of study.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP3-6

#### THE IMPORTANCE OF EDUCATING THE YOUNG ON STI/AIDS CAN NOT BE OVER EMPHASIZED

*Michael Peters Adejo*

One of the greatest problem encouraging the spread of sexually transmitted infection (STIs) and HIV/AIDS around the world are lack of basic information or knowledge on the subject of discussion. The majority of the world population especially the youth have little or no information on sexually transmitted infection and HIV/AIDS. Worst still the young people are not encourage to seek information from the adult who are usually judgmental and discriminatory. So the young people are caught between traditional and changing cultures brought about by urbanization, globalize economies, media influence, decline in the age menarche and above all lack of appropriate education, counseling and services on adolescent sexual reproductive health. As a result this has brought about increase in reproductive and sexual health problems. 1.transmission of STIs and HIV from an infected person to an uninfected





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person 2. unwanted pregnancy 3. unsafe abortion. These has also contributed significantly to the high maternal mortality rate in Nigeria and around the world. Nevertheless, evidence has shown that in the areas were the spread of STIs, HIV/AIDS, unwanted pregnancy and other related health problems are subsiding or even declining young men and women are being giving the tools and incentives to adapt a save behaviors results; Young people have demonstrated in some part of Nigeria that they are capable of making responsible choices to protect themselves and others when provided with the necessary basic information, skills, and education services. Conclusion: It is obvious that making an informed and responsible decision.

Conflict of Interest: None disclosed

Financial Support/Funding: Volunteers Proactive Youth Network.

### OP3-7

#### **MALE HORMONAL CONTRACEPTION AS AN ALTERNATIVE OF HORMONAL CONTRACEPTIVES FOR FEMALES –ACCEPTABILITY AND POSSIBLE USE OF THE METHOD.**

*Krzysztof Nowosielski, Violetta Skrzypulec, Agnieszka Drosdzol*

Introduction and objectives. Contemporary researches concentrate on dosage and safety of female contraceptives. However, study on male hormonal contraception (MHC) has been recently undertaken due to increased male participation in family planning activities. Studies are also being carried out to assess the acceptability of hormonal male contraceptive methods. Certain possible side effects like partially reversible reduction of testis volume might appear unacceptable, what would disqualify this method from general use. The aim of the study is to evaluate the acceptability of MHC among female and male students. Methods. 236 students, both males and females, were eligible for the study. The research was based on self-prepared questionnaire "Male hormonal contraception", consisting of questions concerning: socioeconomic status, sexual life, currently used contraceptives, acceptability and willingness to apply MHC. Statistica 6,0 computer program was used for analysis of collected data Results. 3 in 10 male respondents and 4 in 10 females accept weight gain as a possible side effect of MHC. When considering reduction of testis volume female students are more likely to agree for their partners to use this method than males themselves. 63% of male and 82% female respondents would try using MHC. Respondents who are not sexually active at the point of research and with higher number of previous sexual partners are statistically more likely to accept MHC. Females would be willing for using MHC by their partners statistically more often than males. Conclusions. Most respondents perceive MHC as an alternative for female contraceptive methods. The acceptability of possible side effects and willingness to use MHC varies among female and male respondents and is gender-dependent. Sexual activity and number of sexual partners modify the acceptability of MHC. Weight gain and partially reversible reduction of testis volume seems to be the adverse effects disqualifying MHC from general use.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP3-8

#### **CHIKWAMBO AND UNMET SEXUAL NEEDS IN ZIMBABWE**

*Agnes O Runganga*

Introduction: The management of sexual dysfunctions and promotion sexual health requires careful articulation of local beliefs, particularly in countries like Zimbabwe, in which witchcraft practices are predominant. Body: The paper describes the concept chikwambo within its sexual health application in contemporary Zimbabwe. It explores chikwambos symbolic meanings applied to enforce regular, pleasurable, heterosexual intercourse in stable partnership through negative labelling. Research based options that aim to promote sexual and mental health are discussed. Conclusion: Zimbabwe needs a scientific approach in tackling sexual health issues and managing sexual dysfunctions.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP3-9

#### **SEX WORKERS TRAINING AS DISEASE PREVENTION AND HEALTH PROMOTION COUNSELORS**

*Charles H. Cloniger III, Daniel Wilson, Tomi Knutson, Cynthia Cobaugh,*

Introduction and objectives; St. James Infirmary (SJI), a first of its kind, peer-based Occupational Health and Safety Clinic for sex workers and their families, created an innovative training program to train sex workers as sexually transmitted infection (STI) and HIV risk reduction counselors and as general health promotion and disease prevention peer-counselors. Based on its own sex worker health needs assessment data, specific sex worker health needs and related issues were identified. A training program centered around those issues was then created to train sex workers as counselors with their peers. Methods: Sex worker staff members at SJI self selected for the training program. HIV risk reduction counseling training was provided by the San Francisco based AIDS Health Project. STI risk reduction counseling training was provided by the San Francisco Department of Public Health's STI Division utilizing the Centers for Disease Control and Prevention STI training modules. General disease prevention and health promotion counseling training was provided by SJI's affiliated medical staff. Educational methods included lecture, self-study, role playing, preceptorships, and testing. Results: Eleven sex workers completed the first training program and have begun working as peer counselors during clinic hours and field outreach activities. Conclusions: Sex workers are interested in training as disease prevention and health promotion counselors for their peers and have a high rate of success in the training programs. Peer acceptance is high as evidenced by an average 2.5 encounter rate for sex workers counseled by their peers.

Conflict of Interest: None disclosed

Financial Support/Funding: San Francisco Department Of Public Health, University Of California, San Francisco, California Endowment, San Francisco Foundation, Ford Foundation, St. James Infirmary



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### OP3-10

#### RISKY SEXUAL BEHAVIOR AMONG COLLEGE MALE STUDENTS IN KATHMANDU, NEPAL

*Ramesh Adhikari*

Introduction and objective: Little information has been collected about sexual practice in Nepal, where HIV/AIDS prevalence is increasing. However, unprotected sexual intercourse among youth is increasing over time. Sexuality education is not a part of the school curriculum. Due to sensitivity of this issue, youth receive inadequate education, guidance and services on reproductive health. The objective is to determine the prevalence and investigate the influencing factors of risky sexual behavior among male college students. Method: A cross sectional study that was carried out in April-May 2006. A structured self-administered questionnaire with 573 male students was administered to college students in Kathmandu district. Binary logistic regression was used to assess the net effect of individual, family and peers characteristics on risky sexual behavior. Result: Almost two-thirds of sexually active college boys (64%) are involved in risky sexual behavior. Despite the religious and cultural restriction, about two-fifths male students (39%) reported that they had premarital sex. Few boys had used condom during sexual intercourse with non regular partners. More than half sexually active boys (55%) had multiple sex partners and nearly a fourth sexually active boy (23%) had ever had sex with commercial sex workers. About a tenth men (9%) had having sex with men. The study found that individual, family and peer characteristics such as level of education, marital status, parent status, religion, peer smoking habits and peer sexual behavior had significant predictors on risky sexual behavior among boys. Conclusion: Risky sexual behavior is not uncommon among male students in Nepal. Young people are exposed to health hazards through their sexual behavior and timely sexuality education must be made available. School based sexuality based education could benefit even out-of-school youth, because their partners often are students.

Conflict of Interest: None disclosed  
Financial Support/Funding: University Grant Commission, Nepal

### OP3-11

#### A PROGRAM OF SEXUAL EDUCATION FOR MEN CONVICTED OF SEXUAL VIOLENCE

*María-esther Castro-Gonzalez, Antonio Lopez Castedo, Encarnación Sueiro*

The present study examined the obtained data for a sample of men imprisoned for sexual crimes in the Provincial Prison of Ourense (Spain). The Program of Sexual Education consisted of eight sessions of about two hours in duration, and its contents were: concept of Sex/Sexuality, Sexual Anatomophysiology, Sexual Myths, Orientation of the Desire, Affection, Love and Couple Relationship, Sexual Roles, Human Sexual Answer, Sexual Problems and Paraphilias, Contraceptive measures and Sexual Transmission Disease and Sexual Health Criterion. The methodology was active and participative, with the development of different activities. The investigation had as objective to know and to deepen prisoner's sexual knowledge and attitudes before, after developing the Program

and one year after having intervened on the subject of Sexual Education. The evaluation instruments used were a Questionnaire for the Evaluation of Knowledge about the Sexuality, a Drawing about Sexual Anatomy of the Man and the Woman, a Questionnaire of Identification of Myths, a Scale Gives Attitudes toward the Sexuality and a Sexual Standard Double Scale. The results indicated a significant increment after the educational program in the knowledge about the Sexuality. Also, these improvements stayed after one year. The tests didn't reveal significant differences among the two realized evaluations after the setting in practice the Program of Sexual Education. The obtained data defended, in general, the effectiveness of the Program of Sexual Education to the production of an increment in the sexual knowledge and to the reduction the myths and false beliefs. However, in the sexual attitudes such an immediate effect has not taken place after the educational intervention, like in the sexual knowledge case. The sexual attitudes change was slower. It is probably that the modification of attitudes requires a more planned intervention and bigger duration.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP3-12

#### FALSE BELIEVES ABOUT SEXUALITY

*Encarnación Sueiro*

OBJECTIVE: To look out to know different sexuals myths about the sexuality of the elderly. METHODS: We show, through the images, a serie of false believes about the sexuality of the elderly, woman and man. CONCLUSIONS: The health's professionals have to make Education for the Sexual Health for the elderly and your families.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP3-13

#### BALKANS MENTALITY OVER SEXUAL ORIENTETION

*Bledar Mane*

As A Student From Albania And As A Leader Of An Ngo Called "For A Better Balkan", I Am Part Of The Balkan Mentality. Being Different Over Your Sexuality In This Peninsula (Especially In The West Part O It) Some Times Is Dangers. Balkan In Nowday Is A Mixer Of Old And Modern Traditions, Narrow And Open Minded Politicians, And A Pressure Of Comming Out. Some Times We Have Seen During Our Studies That Many Peoples In Different Balkan'S Countries Have To Suffer A Lot Because They Fill Different From The Rest Of Population. Working Hard To Help People To Appriciate What They Are, In The Same Time We Doing A Great Job To Secure An Easy Life For Many People Suffering From Aids In That Peninsula. Imagine Some One Who Fears To Come Out And Say I Am A Gay Or Lesbian, What About Others That Suffer Double With Aids. Full Of Young People And Students Our Organization Is Proud Of Fighting In The Balkan'S Peninsula. In Your Congress Our Ngo Will Come Up With A Great Presentation Of Aids Suffering People, They Rights And How To Fight For Our Sexual Freedom

Conflict of Interest: None disclosed  
Financial Support/Funding: Albanian Human Rights Group, University Of Tgيرانa, Albania



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### OP3-14

#### **EMANCIPATING PARADIGM PROPOSE IN TEACHERS FORMATIONS IN THE MATERIAL CONSTRUCTION OF EDUCATION AND SEXUALITY SUBJECT IN PEDAGOGY COURSE AT DISTANCE MODALITY: SEXUAL RIGHTS AS UNIVERSAL HUMAN RIGHTS.**

*Sonia Maria Martins De Melo , Rosi M. de S. Pocovi*

In the perspective of spreading and working the sexual rights issues as universal human rights was elaborated the pedagogical material for Education and Sexuality subject for Pedagogy graduation course, in distance modality, offered by State University of Santa Catarina – UDESC, (Brazil). This course assists today about 15000 teachers that are being capacitated without needing to be away of its hometown or even from their classes. It is in their curriculum the Education and Sexuality subject, worked in a semi-presence system, centered in a self-education stimulus, supported by the pedagogical mediation of weekly meetings with Tutors in a study core spread by the whole Santa Catarina State, as well as by, at least, a presence class with teachers of the same area. All these activities are supported by pedagogical material compounded: 1. By Education and Sexuality Pedagogical Notebook, book written in standard language – besides a version in letters with a broaden size as well as other in Braille for visual deficiency – and with version in CD-Rom; 2. By Education and Sexuality Video Tape, as a Notebook appendix. Every material content is centered in the perspective of a Sexual Education emancipating paradigm and it uses as the main pedagogical axe the Sexual Rights Declaration as Universal Human Rights – WAS. Several methodologies are proposed to students that are also teachers, stimulating them to insight and debate from the Declaration in their classes and school community. The results have been extremely successful and are assured by works produced by the student body and sent to a team; messages by e-mail, telephone, etc.

Conflict of Interest: None disclosed  
Financial Support/Funding: UDESC

### OP3-15

#### **EVERYTHING YOU WANTED TO KNOW ABOUT PUBLISHING A BOOK ON SEXUALITY ... BUT WERE TOO AFRAID TO ASK**

*Judy Kuriansky*

Everyone doing such valuable work in the field of sexuality deserves to have the world know about their ideas and contributions. But not everyone knows how to make their way through the steps to get their ideas on paper and then into the hands of fellow professionals and the public. This presentation is a "how to," covering all the important steps and tips you need to know about how to get your book written and published. The presenter is a sexologist and psychologist who has been in the field for decades and who has a great deal of experience in publishing, both as an author and as a series editor for a publishing house, as well as a being a TV commentator, radio talk show host, and magazine and newspaper

columnist who knows what the public wants to read. She has authored over a dozen non-fiction books over a span of twenty five years, with two just recently released, and has helped dozens of professionals, including sex therapists, get their book published. The presentation will give very practical information and easy-to-follow steps about how to go from your idea to a formal proposal; where and how to submit your proposal; how to work with agents, editors and publishers; what to look out for in contracts; and what you can and can't expect in today's complicated publishing world. Tips will even be given on how to market your book. Participants are welcome to bring their ideas and proposals for specific advice.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP3-16

#### **CREATIVITY AND RESILIENCE: CONSTRUCTION OF PREVENTIVE PROCESSES FROM ILL-TREAT AND SEXUAL ABUSE**

*Aracelly Quiñones Rodriguez*

Considering the importance of the processes oriented in the educative contexts and the reframing that has been developing from concepts and fundamental forms of participation as they are those of human being, family and education, I present the basic modalities of the educational proposal. **OBJECTIVES** •To present a pedagogical proposal to promote work of personal strengthening in the social contexts and to sensitize the educative communities in the prevention the risk factors of ill-treat and sexual abuse. •To foment the knowledge and the consolidation of support networks before possible situations of adversity as ill-treat and sexual abuse. **GENERAL STRUCTURE** The thematic axes that orient the pedagogical proposal on which is proposed the construction and promotion of resilience and creative subjects. The principles points are: Personal encourage, analysis of risk factors, resilience: personal and social elaboration, management of emotional states, decisions making and project of life. **SUGGESTED METHODOLOGY** To implement pedagogical processes in which the educative communities participate, the participative investigation makes possible the construction of prevention alternatives in which is emphasized in procedures of phenomenological character favor that comprehension of the construction of the sense and the intentionality of the participants, in order to carry out interpretations, reconstructions and transformations that require a special attention by the traumatic impact, as is the case of ill-treat and the sexual abuse. For such reason the factories as methodological strategy will be of great applicability to promote a workshop, theoretic and practical, in which the participants are involved in a creative way and experience the support and containment of the group. **KEYWORDS** Sexual abuse, ill-treats, resilience, creativity, prevention.

Conflict of Interest: None disclosed  
Financial Support/Funding: Distrital University 'Francisco José De Caldas'. Bogotá, D.C. Colombia.



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### **OP3-17** **A STRATEGY FOR IMPROVING GLOBAL PERSPECTIVES OF SEXUALITY EDUCATION IN THE UNIVERSITY SETTING AS A MEANS FOR IMPROVING SEXUAL HEALTH**

*J Sue Fletcher*

**Introduction and Objectives** Cultural attitudes, values, and beliefs influence sexual behavior and practices. This behavior, in turn, influences sexual health. This study examines thematic qualitative emergent perspectives of sexuality beliefs in a group of culturally diverse university students. The objective of the study was to meet a global learning goal of students demonstrating recognition of one's view of the world not being univally shared and that others may have profoundly different perceptions in regard to human sexuality. **Methods** A convenience sample of upper division, junior and senior, undergraduate students from one Liberal Arts Hispanic-serving University was used to conduct this study. Other cultures in this sample represented were Asian, Caucasian, and Middle-Eastern. Students completed a demographic survey and wrote a paper regarding their prersonal attitudes, values, and beliefs on sexuality. The responses to the survey and paper were reviewed for emergent themes. **Results** The demographic survey was deemed to have adequate constructs for correlation with emergent themes. Essay assignments would need to be collected from two courses to have an adequate sample for analyzing emergent themes. Using the end of the term for data collection allowed sufficient time to obtain the samples needed for review. In the pilot there were several emergent themes. One major theme was that in all cultures represented religion was the most important factor in shaping values and beliefs about sexualtiy. Another major theme was that friends and media had more to do with attitudes toward sexuality than parents or sex education in school. **Conclusions** The pilot study supported the qualitative method selected and would, in fact, measure the goal of the project. The data for the final project was collected in December 2006 and will be reported with this poster session.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** California State University, Stanislaus

### **OP3-18** **PARENT/SCHOOL DISINTEREST IN FORMAL SEX EDUCATION IN AUSTRALIAN SCHOOLS**

*Janet M Hall*

Dr Janet Hall presents the negative results of her attempts to publish and sell her Sex-Wise book and the Sexual Health Workbook Series into Schools and to parents in Australia. This includes the history of the SExual Health Series media campaign to highlight to politicians the excessively high rate of teen abortion in Australia. It also includes the challenges in getting media, especially television prime time programs to film and show programs discussing teen sex issues.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### **OP3-19** **IMPACT OF COMMUNITY THEATER AND DOCUMENTARY FILM SHOW ON SEXUALITY EDUCATION IN OYO STATE, NIGERIA**

*Kolawole Oreoluwa*

**Introduction and objective:** The use of folk media (Community Theatre and Documentary Film Show) has been found to be effective strategies in behavioural change communication among indigenou African population. Yet, these strategies have been largely neglected in Sexuality Education in the continent. A project to promote sexuality education among indigenou was implemented through folk media (Community Theater and Documentary Film Show). **Methods:** The project under focus utilized Entertainment – Education strategies as a behavioural change tool to promote Sexuality Education through community drama series and documentary film show as media intervention developed to reach people on an emotional and intellectual level and provides a forum for people to ask question and seek information relevant to Sexuality Education **Results:** Ø Community members adopt new healthy behaviour Ø Viewers believed the stories in the documentary could happen to them Ø The impact of documentary film about Sexuality Education on viewers empathize with the characters in the film Ø Documentary film is an effective means of increasing knowledge of community people on issues that surround sexual and reproductive health Ø Community theater drama performance are effective means of discussing risk assessment in groups without exposing individuals to ridicule or stigma **Conclusions:** Mobile cinema unit and community outreach drama performance provide a forum for people to ask question and seek relevant information on sexual and reproductive health, integrating it as part of multimedia to be placed with a wider behaviour change model for grater effectiveness. To be effective, Sexuality Education must be designed in educational and entertaining format as to have an enormous impact on a society at risk.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Pad Product Nigeria Small Grant

### **OP3-20** **THE ROLE OF HEALTH EDUCATION IN REDUCING CHILD EXPOSURE TO INDOOR AIR POLLUTION IN RURAL INDIA**

*Niharika Chaturvedi*

**Introduction:** Indoor air pollution has been causally linked to Acute Lower Respiratory Infections in children less than five years old and accounts for a significant proportion of death and illness in developing countries. At the level of prevention, behavioural change has been identified as a possible intervention strategy to reduce the impact of indoor air pollution on child respiratory health. Yet published studies have yet to systematically focus on the effectiveness of behaviour change strategies in reducing child exposure to indoor air pollution. **Aims:** The aim of this work was to evaluate the effectiveness of a behavioural intervention to reduce child exposure to indoor air pollution. Using a before-after study design (with comparison group), the study focused on the impact of the intervention on indicators of caregivers health literacy, child exposure and child respiratory health. **Results:** Results showed limited impacts on caregivers health literacy (except caregivers percep-



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tions of their childrens susceptibility to indoor air pollution) twelve months after the intervention. However, significant reductions in indicators of childrens exposure to indoor air pollution were evident amongst the intervention group. In 2005, 76% of children in the intervention group fell into the high exposure category. This figure was reduced to 24% during winter 2004 ( $P = <.001$ ). The mean concentration of PM10 (24 hour) was reduced from 607 in 2005 to 237 micrograms per cubic meter in 2006. Similarly, carbon monoxide (CO)(24 hour) figures measured in the room used for burning were reduced from 205 to 132 parts per million (ppm) while CO measured on the children were reduced from 111 (2005) to 80 ppm (2006). Analyses are underway to determine the impact of exposure reductions on child respiratory health.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP3-21

#### **“CORPOREITY PARADIGMS AND EDUCATION PROFESSIONALS FORMATION”: A DISCIPLINE IN EDUCATION AND CULTURE MASTER DEGREE AS A CONTRIBUTOR TO SEXUAL HEALTH RIGHTS.**

*Sonia Maria Martins De Melo*

In a sensitizing process of the education professionals for the sexual education thematic, including the sexual rights issue as human rights, in a larger curricular experience process of a group that works teaching, research and extension, it is offered on the Post Graduation/Course Master program in Education and Culture in a Brazilian State Public University the discipline “Corporeity paradigms and education professionals formation”. It aims to give opportunity, to the ones involved in the knowledge construction process, spaces for critical insights and debate about the corporeity thematic for understanding as an existence unit and founding pedagogical axis of all educative relation. Unveiling the subjacent corporeity paradigms to the social relation spaces is fundamental for the human being to advance in a self-knowledge process, helping the improvement of his quality of life, in the rights perspective that every human being has to sexual health. This basic and fundamental rights to everyone, becomes a crucial subject for the education professionals formation, especially in post-graduation level, where higher teaching researchers and docents have been prepared. The discipline summary aims: Social construction of body-mind dichotomy; Merleau-Ponty contributions for corporeity thematic; fundamental essences of a corporeity emancipating paradigm; corporeity rescue as existence unit and curriculum pedagogical axis of education professionals formation. As pragmatic content the following fundamental essences of a corporeity emancipating paradigm are worked: I am a body in the world; I am sexual body; I am denied body; The re-meaning of life searching for utopia: I am hope body and the corporeity as pedagogical axis. The results have been significant, with the stimulus to production of several dissertation with correlated thematic. Embodied in a course and university bibliographical heap; the dissertations are quality productions in the sexual education emancipating perspective, subsiding new studies and researches in the area.

Conflict of Interest: None disclosed  
Financial Support/Funding: UDESC

### OP4-1

#### **RELATIONSHIPS AND HOMOEROTIC FANTASIES: THE LAST YEAR OF 110 WOMEN**

*Jaqueline Brendler*

Introduction and Objectives: In Brazil, there are few studies about homoerotism. This research examined the behavior of 110 Brazilian women in their last 12 months. Methods: The research “Whom have you had an affective and/or sexual relationship with in the last 12 months?” was answered spontaneously through the website [www.terapiadosexo.med.br](http://www.terapiadosexo.med.br). Results: The average age was 27 years and 3 months, and the average age for perceived attraction for the same sex was 16 years and 2 months. For 57.27% of women, sexual initiation with the same sex happened, on average, at 18 years and 8 months of age. 33.63% had sexual behavior exclusively with the same sex, the most frequent being: 11.81%, recurrent sexual fantasies; 9.09%, only affective involvement; 7.27%, only sexual involvement, and 3.63% reported affective and sexual involvement, and recurrent sexual fantasies. 32.72% became involved with both sexes, the most frequent being: 5.45%, affective and sexual involvement with the opposite sex and recurrent sexual fantasies with the same sex; 5.45%, affective and sexual involvement with the opposite sex and recurrent sexual fantasies with both sexes; 4.54% affective involvement with the opposite sex and recurrent sexual fantasies with both sexes. 32.72% had involvement only with the opposite sex, the most frequent being: 11.81%, only affective involvement; 7.27%, only sexual involvement; 4.54%, sexual involvement and recurrent sexual fantasies; 3.63%, affective and sexual involvement with the opposite sex. Conclusions: In the last 12 months, in spite of 57.27% having already had sexual initiation with the same sex, only 33.63% kept an exclusive same-sex behavior, since 32.72% had relationships with both sexes and 32.72%, only with the opposite sex.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP4-2

#### **EXPERIENCES OF STIGMA AND DISCRIMINATIONS AMONG NON-HETEROSEXUALS IN KLANG VALLEY, MALAYSIA: A QUALITATIVE STUDY**

*Wah-Yun Low, Wah-Yun Low, Chirk-Jenn Ng, Raymond Tai*

Introduction and Objective: The Malaysian society assumes heterosexuality as the norm, and this perpetuates hetero-normativity and intolerance towards homosexuality. This paper aimed to explore the experiences of non-heterosexuals (gays and lesbians) faced in terms of stigmatization and discrimination in the society. Methods: This qualitative study involved nine (9) focus groups and 12 in-depth interviews of non-heterosexuals. Some 60 participants (25 gays and 35 lesbians) took part in the study with informed consent. Participants were recruited via snowball sampling and through key opinion leaders in the non-heterosexual communities. All discussions and interviews were based on a self-devised guideline and were tape-recorded with permission. All transcripts were coded and analyzed using the qualitative analysis software, NVIVO. Results: Stigma transcends different sectors of their lives, from personal, family and



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school to society at large and these have significant impact on their health and psycho-social functioning. The fear of being stigmatized and discriminated pushed the non-heterosexuals into hiding and reinforced the comfort of staying in the closet. Pressure from public and family as well as wanted to be assimilated into the society pushed some to conform to the expectation of getting married and having children, and this have led to the disruption of marriages and families as well as psychological suffering. The participants also faced discriminations of different extend depending on the degree of visibility. They were discriminated in workplace, authorities, media, and healthcare centers. Generally, they struggle with secrecy, judgments, stereotypes, misconceptions, myths, prejudices and discriminations in the society. Conclusions: Non-heterosexuals have been widely stigmatized, neglected and discriminated in the society, thus rendering them invisible, hidden and marginalized. They need to be recognized and protected just like heterosexuals in the society.

Conflict of Interest: None disclosed  
Financial Support/Funding: Ministry Of Women, Family And Community Development Malaysia

### **OP4-3 CHROMOSOME ANALYSIS OF 52 CONSECUTIVE TRANSEXUAL PEOPLE ATTENDING A CLINIC.**

*Kevan R Wylie, David Steward*

Introduction: Gender dysphoria (GD) in its most extreme form is described as transsexualism. Investigation of sex chromosomes has been described as a required part of the routine diagnostic management of GD in many countries (Hengstschlager et al 2003) although is not undertaken in many others. The literature on chromosomal abnormalities associated with GD is limited. Abnormal karyotype and GD is the exception rather than the norm. There are isolated reports of patients with Klinefelters syndrome and gender expression, feelings and homosexuality (Diamond and Watson 2004) Method: 46 males transitioning to female gender and six biological females transitioning to male gender undergoing assessment in a multidisciplinary team for readiness and eligibility to commence hormonal therapy as part of the transition between the biological gender and the stated gender preference of the individual underwent chromosomal analysis. Results: 45 of the 46 biological males had a chromosomal karyotype XY. One patient had a karyotype of 47, XYY [42] / 46, XY [8]. All six biological female people had a karyotype of 46, XX. Conclusion: Our case series is the largest number of consecutive patients undergoing preliminary assessment reported in the literature. It confirms that there is a very low rate of chromosome abnormalities in patients with GD and that there is no case to be made for routine analysis as part of the initial assessment. Advice to patients must be that chromosomal analysis will not provide any useful information to confirm the diagnosis or otherwise affect clinical progression. Consideration may be given for identification of the karyotype in patients requiring gamete storage. References: Diamond M. & Watson (2004) Androgen insensitivity syndrome and Klinefelters syndrome: sex and gender considerations. *Child Adolescent Psychiatric Clinics of North America* 13: 623-640. Hengstschlager M, et al. (2003) Sex chromosome aberrations and transsexualism. *Fertility & Sterility* 79 (Suppl 3): 639-40.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP4-4 WORKING MODEL IN GROUP SETTING WITH TRANSGENDER PEOPLE EXAMPLE FROM TURKEY**

*Sahika Yuksel, Sahika Yuksel*

In this presentation, first of all information about the general attitude towards transgender people in Turkey, a predominantly Muslim country, will be given. The decision to be transgender is based on the self-perception of the person about his/her own identity. According to HBGDA principles we assess and provide treatment and give certificate of approval for sex reassignment surgery to transgender people. Transgender people would like to let go off their sex of birth, and change into the opposite sex. Especially sex transition can never be an ordinary activity under any circumstances. Our experience has showed us that transgender people need different levels of support in order to deal with the difficulties of the changing process. Transgender people who consult us for these reasons are encouraged to participate open groups that get together monthly. In these groups that are run by experienced therapists, the main topics include family relationships, medical problems, partner relationships, work problems, financial issues, religious concerns, the transgender image reflected in the media and homophobia. In these groups that also serve as self-help groups, the process of self-acceptance and opening up is accelerated. I will give different examples about it. Most of the transgender people in our clinic who applied to us were FTM, single, between 20-30 years old, still living with their families and were economically dependent on them. In Turkey, family bonds are very strong and essential. Furthermore, these groups provide the support that families need as they witness their relatives gender transition process. We believe that, the group experience is very helpful in the process of self-acceptance and to learn problem-solving, as it enables transgender people who hide their true identities in their daily lives all the time to get together with other people who go through the same things as they do.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP4-5 DYNAMICS OF GENDER BELONGING.**

*Esben Esther P. Benestad, Elsa Mari Almaas*

Gender belonging is the goal of gender seeking behaviour. Given but two options, individuals are forced to a personal stand: Boy or girl? There are few offers in between or in moving to a third position. Gender belonging is to be perceived gender wise by others the same way that you perceive yourself. This belonging is good when that which is being perceived is given a positive value. The morphology of the genitals are the sole signifier for gender assignment, only two sets are regarded as normal: A typical female- or a typical male appearance. Inter-sexed genitals are offered nothing but labels of malformation. To be labelled malformed cannot be seen as a good offer for belonging. Those are lucky who in their gender seeking negotiate a gender in accordance with their genital, as long as these genitals are not inter-sexed. For those who perceive themselves as being girls with male genitals or boys with



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female genitals, the challenge to achieve a good gender belonging is far greater. They enter a quest for bodily reassignment that at best renders them a good gender belonging and at worst a move from one closet to another. Likewise inter-sexed individuals have been offered treatment to appear in accordance with one of the two gender majorities. These treatments seem more in accordance with cultural demands than subjective needs. Life is a challenging and distressing endeavour for many. Good belonging relieve much distress. It is like getting home. Here it feels safe enough to also be vulnerable. There are many ways to assist individuals search for gender belonging: Networking, cultural interventions, more gender options and by depathologising both intersex and transgender. This presentation will look deeper into dynamics of gender belonging.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP4-6

#### **TRANSGENDER: ANOTHER GHETTOISED LABEL AND THE LOST SEX AND GENDER DIVERSE COMMUNITY**

*Tracie Frances OKeefe*

This is a discursive paper about the way in which the term transgender has been solicited to take on the meaning of all those humans beings who are not seen as strictly male or female, but are unable to claim or choose not to claim an intersex identity. Since the 1990s the American term transgender has been increasingly used by academics, lawmakers, medical professionals and transgender campaigners to replace the medical diagnosis of gender dysphoria. In 2006 the Harry Benjamin International Gender Dysphoria Association (HBIGDA), the worlds largest organisation for professionals helping persons with sex and gender identity issues changed its name to the World Professional Association for Transgender Health (WPATH). This took place after years of campaigning to rid that organisation of a title that reflected medical pathologisation. The increasing use of the term transgender, however, as a cumbersome, careless catch-all description now marginalises groups of people who do not consider themselves transgendered but consider themselves as transsexual, transsexed, androgynous or without sex or gender identity (neuter). These groups of people may not consider that they have crossed or stretch across the bipolar gender divide. They also may not want to and find it damaging to be primarily identified as people who are having gender issues when the self-formatting of their identities is seen as more complex than being other than normally gendered. The author proposes that it is the primary responsibility of psycho-sexual therapists to support sex and gender dysphoric and/or diverse patients in differentiating their own identities. Just as the queer label is being rejected by many individuals who prefer to consider themselves gay, lesbian, bisexual, transgendered or polyamorous, so too is the transgender label not applicable for all sex and gender diverse people.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP4-7

#### **NATURE OR NURTURE? THE FUNDAMENTAL IMPORTANCE OF FUNCTIONAL AND EROTIC APPROPRIATE INVESTMENT OF THE GENITALS IN THE DEVELOPMENT OF THE FEELING OF BELONGING TO ONES BIOLOGICAL SEX.**

*Dominique Chatton*

We do not support the conceptions regarding the transsexualism as an identity fixed in the early childhood, even before birth. We do not support either a primarily biological aetiology with the building of the feeling of belonging to ones biological sex. An appropriate play with the genitals to learn how to conduct the sexual tension to orgasm, belong to the normal sexual development. This training reinforces the feeling of belonging to its biological sex. It can also correct a perceptive distortion of oneself on this level, including in cases of transsexualism. During the preceding world congresses (Paris, Cuba and Montreal) we reported cases of complete correction of such a perceptive distortion by the "Approche Sexocorporelle" (one woman feeling man and two men feeling women). We report here two cases showing that spontaneous evolution towards the correction of a perceptive distortion is possible, through the investment of the genitals. A 20 year old man had the perception of being a girl until the age of 11. His perception spontaneously evolved to feeling a man with homosexual orientation, this by the discovery of manual masturbation until ejaculation. Rarer case, a woman consulted at the age of 22 in view to modify the negative vision that she had of men. When she was 15 years old, she had the conviction to be a man and the desire of a hormono-surgical reassignment of sex. She spontaneously gave up this perception of herself, as well as the surgical option, after the development of a genital life including vaginal orgasms, through genital contacts with an experienced woman. These two cases show the fundamental influence of appropriate trainings in bond with the genitals in the development of the feeling of belonging to ones biological sex, be these trainings spontaneous or the fruit of a sexotherapy.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP4-8

#### **EVALUATION OF GROUP PSYCHOTHERAPY WITH TRANSGENDERED PEOPLE IN TURKEY**

*Sahika Yuksel, Pinar Kantemir, Banu Aslantas, Sevda Bikmaz,*

In this study we evaluated Transgendered (TG) individuals who had group psychotherapy at least one year. We analysed the effect of the group therapy for this participants with a semistructured interview form. We also pointed out how these TG individuals find the effect of the group therapy period and how they benefit from the therapy. Methods: The research involves of TGs who were seen at the Istanbul Faculty of Medicine, Psychiatry Department which has a specialized unit offering counselling and treatment for transgendered persons. The therapy group were formed by 8-16 TG individuals. TG individuals who has been participated such an open group which three therapists involved once per month for were the subject



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of the study. Special assessment forms were filled by the participants and the therapists at least after a year. During the therapy period functional and mental improvements in the fields of social, work, and private life; the interactions between the participants and the active participation to the group process were especially evaluated. Results: The participants age were ranged between 18-30. There was a biologically female predominance. Members significantly improved functionally and mentally according to their own evaluations and their therapists after one year treatment. These improvements enabled the participants to have a better quality of life. Conclusion: The participants who are in different phases of understanding their gender problem and their therapists, seems to be particularly beneficial for these treatment and support in finding ways to deal with their problems.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP4-9

#### PUERTO RICAN GAY YOUTH: THE IDENTITY DEVELOPMENT AND COMING OUT PROCESS

*Edward H Fankhanel*

The purpose of this study was to gather basic descriptive data regarding the self-perceptions and behaviors Puerto Rican gay youth (16 to 24 years) have during their gay identity development and coming out process. The study was conducted in Puerto Rico to eliminate ethnic minority influences which may be present in Puerto Rican gay youth who live in the continental United States where similar studies have been conducted. Further emphasis is placed in the Puerto Rican family, religion and cultural values. The participants (N=217) were selected by availability at fourteen gay socializing clubs, bars and organizations from across the entire island of Puerto Rico. Therefore, gay youths who do not engage in socializing activities with other gay youths are not represented in this study and results cannot be generalized to the entire gay youth population in Puerto Rico. The results provide a basic description as to how Puerto Rican gay youth perceive themselves as well as how they behave during the coming out process (i.e., age of coming out, religious beliefs, and counseling needs), free of ethnic minority variables. The data obtained provides information as to the ages in which awareness of gay physical attraction commences, and ages in which self acceptance occurs. Additionally, when and to whom do participants generally expose their gay identity, as well as parental acceptance of sexual orientation and the effects of the macho culture existent in Puerto Rico. Perceptions of the beliefs in God and His acceptance of gay people are also reported. In the area of mental health, good self esteem is reported by the majority of the respondents, however, percentage of suicidal ideation and attempts are significant. Participants reported a need for counseling in areas of relationship with parents and siblings, choosing psychologists and counselors as the professionals of choice.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP4-10

#### THE SEXUAL ORIENTATION FOR PARENTS

*Regina M Teixeira, Wallid Mousfi*

The Sexual Orientation for Parents Consultancy for life Author: Regina Mara Teixeira Psychologist and Sexologist - Brazil Introduction: The society is always worrying about the quality of life of human beings but does not supply specific programs that can orientate parents about the sexual education of children during early childhood a period of major importance in establishes the personality and emotional structure of the human being. Justification: There is a growing necessity for the parents to obtain information about the psychosexual infant development, as well as the behaviour towards the sexual education of their kids. Goals: 1. To develop preventative actions for childhood sexual education 2. To supply orientation to parents in regards to the psychosexual development of the children in different phases of their development. 3. To develop the perception of the parents in regards to the behaviour of the child. 4. Diagnose and give orientation in regards to the difficulties of the parents to dialogue to their children about sexuality. Methodology: Will be to offer courses for parents in two separate modules: 1. Parents of children aged from 0-5 2. Parents of children aged between 6-12 These modules are developed to find out data of the qualitative and quantitative nature, through research obtained before and after each course is given. Results: I hope to achieve the following results by administering this program: • Supply basic information for parents, which will make possible a better perception and conduct on the sexual education of their children. • Verify the proximity of the parents to their children and the development of the dialogue about sexuality within the family. • Detect possible difficulties the parents may encounter when a subject arises in regards to sexuality and propose methods to this conduct. Co-author: Dr Wallid Mousfi (Paediatrician & Prof of the Public Federal University, Brazil)

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP4-11

#### AN EMPIRICAL MODEL OF HOMOSEXUAL IDENTITY

*Isabel Leal , Isabel M.P. Leal, Henrique M. Pereira, João P. Maroco,*

INTRODUCTION AND OBJECTIVES: Sexual Identity in general, and homosexual identity in particular, are psychological, social and cultural processes that take place through the integration of several factors that go beyond the biological sex, namely gender identity, social sexual roles and sexual orientation. The existent models of homosexual identity do not consider the diversity of the human sexual experience, since they constitute themselves from an essentialist perspective, and are based in the irreversibility of the process of identity incorporation as a central aspect of the self. From the presupposition that sexual identity is a socially constructed phenomenon, the objective of the present investigation is to explain how this formation happens among self identified homosexuals. METHODS: 2020 individuals, distributed in three samples





and that were Internet users participated in the study, responding to the following instruments that were available in a site built for the purpose of this investigation: the Socio-demographic Questionnaire, the Homosexual Identity Questionnaire, the Klein Sexual Orientation Grid, and the Classificatory Grid of Sexual Social Roles. The Internet was used because homosexual self identified individuals are avid Internet users, and all ethical principals used in more traditional psychological research were preserved. **RESULTS:** The obtained data were analysed using Structural Equations Modelling, which allowed the conceptualization of an explanatory model of homosexual identity. **CONCLUSIONS:** This empirical procedure demonstrated that the homosexual identity is assimilated by measures of sexual orientation, and that is significantly influenced by homophobia management, discriminatory experiences, trajectory of acceptance, social support, and significant experiences.

Conflict of Interest: None disclosed

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### OP4-12

#### **MEASURING HOMOSEXUAL IDENTITY: PSYCHOMETRIC PROPERTIES OF THE HOMOSEXUAL IDENTITY QUESTIONNAIRE OF A PORTUGUESE SPEAKING INTERNET SAMPLE**

*Isabel M.P. Leal, Henrique M. Pereira, João P. Maroco*

**OBJECTIVES:** This study surveyed the measurement of homosexual identity of a Portuguese speaking gay, lesbian and bisexual Internet sample. **METHODS:** Participants in the study were 812 men and 182 women all gay, lesbian or bisexual identified who filled out the Homosexual Identity Questionnaire (Portuguese version) available on the World Wide Web. This method was chosen because the Internet is now an important tool used by gays and lesbians, and basic ethical issues were preserved, namely, the informed consent, maintenance of privacy and confidentiality. Theoretical issues were covered such as the process of identity formation, existing homosexual identity models and their respective critiques. **RESULTS:** Data analysis consisted of subjecting the items of the questionnaire of all 1000 participants to a factor analysis of principal components and the internal reliability scored .81 on the Cronbachs alpha coefficient. **CONCLUSIONS:** The collected data indicate that the concept of Homosexual Identity can be measured using as scales that result of six factors: (1) Homophobia management, (2) Alienation towards identity, (3) Trajectory of acceptance of identity, (4) Management of acceptance, (5) Coping strategies to deal with prejudice, and (6) Relativization of identity.

Conflict of Interest: None disclosed

Financial Support/Funding: Instituto Superior De Psicologia Aplicada & Sociedade Portuguesa De Psicologia Da Saúde

### OP4-13

#### **THE INFLUENCE OF TESTOSTERONE REPLACEMENT THERAPY ON INSULIN RESISTANCE AND LIPID PROFILE IN FEMALE-TO-MALE TRANSSEXUALS**

*George J Mskhalaya, Yulya A Tishova, Ludmila V Rudenko, Svetlana Y Kalinchenko*

The influence of Testosterone (Ts) therapy on insulin resistance is not well studied. **Aim:** To evaluate the influence of prolonged androgen therapy on insulin resistance and lipid profile in female-to-male transsexuals. **Materials and methods:** We studied 50 female-to-male transsexuals, mean age 28 [23; 34] years, who received androgen therapy with Sustanon-250 or Omnadren-250 1 injection per 3-4 weeks. The duration of androgen therapy was 4 [2;7] years. Total Testosterone, insulin, glucose, cholesterol, triglycerides, HDL, LDL levels were measured during the therapy. **Results:** All the patients had an increase in total Ts level up to normal male range during the therapy -19,3 [18.1; 27,5] nmol/l. Mean insulin level was 9,7 [4,8; 13,2] mU/ml. The results of biochemical analysis: cholesterol 5,4 [5,3;5,8] mmol/l, LDL 3,7 [3,6;3,9] mmol/l, HDL 1,30 [0,99;1,47] mmol/l, triglycerides - 1,3 [0,8;1,5] mmol/l. As it can be seen all the parameters we measured were in normal values. **Conclusion:** Our data demonstrate that there is no negative effect of prolonged testosterone replacement therapy on insulin resistance or lipid profile in female-to-male transsexuals.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP4-14

#### **MORAL AMBIVALENCE AND IRREGULAR PRACTICES: CONTEXTUALIZING MALE TO MALE SEXUALITIES IN KOLKATA , INDIA**

*Agniva Lahiri*

Male to male sexualities in India, has been described as both heavily stigmatized and implicitly tolerated. This paper examines these apparently contradictory attitudes, arguing that they reflect broader moral ambivalence about homosexuality in Indian culture and society. While the effects of homophobia in India are very real, simultaneous social latitude allows for relatively un-scrutinized same-sex sexual contact. The paper explores this scenario as a post colonial legacy and considers the consequences for contemporary sexual subjectivities, particularly in respect of irregular responses to emerging gay identities and socially ambiguous male to male sexualities. Conceiving of men who have sex with men as subject to both prejudice and tolerance raises complex questions, for HIV/AIDS related policy, programming and activism. The paper argues that understanding male to male sexualities in India as practiced within a climate of ambiguous moral censure offers critical insights for the future promotion of health.

Conflict of Interest: None disclosed

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### OP4-15

#### **THERAPEUTIC APPROACH TO GAY, LESBIAN INDIVIDUALS PRESENTING WITH CLINICAL DIFFICULTIES: AN EXAMPLE FROM TURKEY**

*Sahika Yuksel*

Some individuals with homosexual orientation seek professional help due to various reasons. For some, the practical difficulties and the stress of growing up and living as a gay person in a homophobic and heterosexist social environment is the main focus as they seek professional mental health services. When homosexually-oriented individuals suffer from a primary psychiatric condition not directly related to their sexual minority status, the manifestations, course and therapeutic demands of such conditions are also influenced by their stigmatized status in their social milieu. Method: This study will introduce the characteristics of GL persons seeking help at an outpatient clinic at the Department of Psychiatry of the University of Istanbul. Findings: The majority of persons seeking consultation were men or their family members (19%), with an age range of 16-40. Half of them were between 20 and 24. An overall pattern emerged in the personal histories of these males seeking consultation in relation to their sexual orientation with behavioral antecedents of a homosexual orientation during pre-adolescent and adolescent stages of development, often with some fluidity and fluctuation. They felt isolation from peers and family, and only a few could share their feeling of being different and other related inner experiences with friends or family. Few discussed their sexual orientation with their families and attempted to obtain their support. Their families found their sexual orientation out late in the process. Motivations for seeking professional help were various. Some reported a basic self-acceptance but still seemed to be in need of validation that homosexuality is not an illness by obtaining "scientific information" from a professional. The persons seen at the clinic, there were some Turkish nationals living abroad with sexual orientation related issues, which could not be adequately addressed in the country they lived due to cultural and language barriers.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP4-16

#### **HOMOSEXUALS RIGHTS AND ROMANIAN LEGISLATION CONCERNING HOMOSEXUALITY**

*Ioana V Miclutia, Rodica S Macrea, Codruta A Popescu*

Introduction: The gay community in Romania had to choose anonymity until 1989 because of a punitive legislative regime, based on a puritan moral code. The rare cases of homosexuality made public were presented as serious mystifications: identifying the gay as a violator, a minor seducer, a sign of the capitalist type of vice. The cases of teasing, blackmail, arresting and persecutions were not isolated. Objectives and Method: The study presents an overview of the two articles of the Penal codex (art. 200, and art. 200 revised) regarding homosexuality, which perpetuated discrimination, privacy of intimacy. These restrictive laws lim-

ited considerable the homosexuals rights and freedoms. Following topics are discussed: the reflection of homosexuality in the mass media, the attitude of the Romanian Orthodox Church, the political parties attitude, the evolution of Romanian legislation concerning homosexuality. Results: Thousands of gay people had to conceal their sexual orientation, living the strained situations of being deprived of the coming-out. The immediate consequences were a double life, the difficulty of showing oneself in public with the partner, or cohabitation. The more serious consequences aimed at: social discrimination with the endangering of the persons job and eventually arresting for the above mentioned offences and immigration. Discussions: In spite of the restrictive law, the first NGO-ACCEPT was founded in 1993, in order to fight for changing the mentioned law, for information, against discrimination, destructuring homophobic attitudes. Conclusions: The LGBT members struggle expressed determination and the fact that their efforts were not in vain. The abrogation of art.200 means a psychological element of inner security. Members of the LGBT minority have tremendously fought, in order to change the deeply rooted mentalities, to promote an antidiscrimination law, organizing since 2005 gay pride parades. Respecting the rights and the dignity of minorities strengthens democracy in Romania.

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### OP4-17

#### **CYBER CAFÉ DEVELOPMENT AS AN HIV/AIDS PREVENTION STRATEGY**

*Ugrasen Pandey*

Sexual and Reproductive Health programs for youth often fail to peek the interest of youth, as services offered do not meet the immediate needs of youth. Most initiatives are designed by adults, meeting the needs that adults have identified to lower the impact unprotected sexual behavior can have on youth. Various professionals are embracing a "youth development" approach to HIV/AIDS prevention, meeting the immediate needs of youth (job skills training) and offering sexual health services as secondary. Recognizing the link between livelihood programmes and HIV/AIDS prevention, NGOs and government in India now managing Cyber Cafés as an HIV/AIDS Prevention strategy under the YouthLIFE Initiative of Advocates for Youth. Youth are offered free or subsidized access to computers, are given skills related to computer use, and in turn develop interest in sexual and reproductive health services. Listening and meeting the needs identified by themselves can prove a successful strategy in reaching youth with HIV/AIDS prevention strategies. This session, led by both youth leaders and adult professionals, will discuss issues related to Cyber Café development and management

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### **OP4-18** **PSYCHOLOGICAL EVALUATION OF MALE TRANSEXUAL**

*Laura Meyer, Laura Meyer*

Ambulatory Santa Casa Hospital (ISCOMPA), Department of Urology – Federal Medical School FFCMPA Porto Alegre, Brazil. Laura Meyer MSc PSYCHOLOGICAL EVALUATION OF MALE TRANSEXUAL Abstract To accomplish the transsexual surgery, the patient needs to submit an evaluation of a multidisciplinary team and a psychological assessment is one of them. Starting from the need of this kind of evaluation, it was made a bibliographical revision with fourteen authors, whose objective was to found consent among them, as well as to understand the origin of this pathology. It is fundamental that the phallus phase is reached for the boy to receive the decisive impulse for the integration of the image of the self as a body certain for the gender, according to Mahler et al. (1977). But it will depend of the differentiation and integration of the structure of the ego determined by the gender, that depends on the bedding and hierarchical organization of the linked cathexis to the libidinous zones and of the synthesis of the representations of parts of the mental images of the self as a body in a whole (Mahler et al., 1977). Psychodynamics factors of transsexualism are common to homosexuality that the differentiate will be the degree of the pathology, which goes from Homosexuality, to Transvestites and Transsexualism (Socarides, 1970). Moore and Fine (1992) affirm that the transsexual can locate anywhere, of the normality to the psychosis (Siomopoulos, 1974). The transsexual doesn't identify with the mother, as the homosexual, but he feels to be part of her. The anxiety separation would be the base for to Transsexual Syndrome, as underlines Limentani (1979), generating the processes of projective and introjective identification, that would provoke

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP4-19** **HIV RISK BEHAVIORS AND BELIEFS AMONG PORTUGUESE TRANSEXUALS**

*Nuno Nodin, Rita Chainho*

Goals: The transsexual population is a widely understudied and therefore unknown population in Portugal. Considering that it may be at risk for HIV transmission and that no specific programs focus their particular needs, we decided to study this groups HIV risk behaviors and beliefs. Method: We designed a comparative study, using a questionnaire based on the Health Beliefs Model that included the dimensions of VIH vulnerability perception, illness severity perception, perceived condom use benefits and preventive behavioral intention. A convenience sample of 15 transsexual individuals (mean=34.3; sd=9.4) was Collected, as well as a comparative non-transsexual sample of 70 individuals (mean=28.1; sd=8.3). Results: Individuals in the transsexual sample have a higher perception of the benefits of using condoms when compared with the non-transsexual sample. No other differences were found between the two groups under study. About 50% of the transsexual sample had

a past history of drug use and approximately 30% exchange sex for money. Sixty percent were not happy about their sex-change situation. Conclusions: Despite the fact that this study used convenience samples both of transsexual and of non-transsexual individuals, it is interesting to realize that the first are more aware of the importance of condom use for HIV prevention. This may be due to the fact that a significant part of this group has a history of commercial sex work but also to the fact that this is a group with a high awareness of their health due to the sex-change process.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP4-20** **ERECTILE DYSFUNCTION, THE METABOLIC SYNDROME, AND TESTOSTERONE DEFICIENCY – IS THERE A LINK?**

*Farid Saad, Aksam A Yassin, Ridwan Shabsigh*

Objective: To evaluate associations between erectile dysfunction (ED), the metabolic syndrome, and testosterone deficiency. Methods: Review of the current literature. Results: The Metabolic Syndrome is a complex of risk factors which progressively leads to the manifestation of diabetes mellitus type 2 and cardiovascular diseases. Erectile dysfunction may appear as the first symptom. Cross-sectional and longitudinal epidemiological studies show associations between testosterone levels and features of the Metabolic Syndrome. Low testosterone levels are more common in patients with the Metabolic Syndrome, cardiovascular diseases, or diabetes type 2 than in the normal population. Recent studies have shown that the prevalence of hypogonadism in male patients with angina or diabetes type 2 can be approximately 50%. Observations in prostate cancer patients receiving androgen deprivation therapy show an increased risk of unfavourable changes in body composition, lipid pattern, and insulin resistance. Studies in obese men reveal that obese men in good or impaired health have lower testosterone levels than non-obese controls. Waist circumference as an indicator for visceral obesity is inversely associated with testosterone. The risk of obese men to develop the Metabolic Syndrome and consequently diabetes and cardiovascular diseases is significantly higher than in normal-weight controls. Studies in diabetic men demonstrate that many of the risk factors for diabetes correlate negatively with testosterone levels. Several intervention studies in patients with visceral obesity, cardiovascular diseases, and diabetes type 2 suggest that the normalisation of testosterone levels reduces fat mass, increases lean body mass and shows an overall improvement of the risk factors for the Metabolic Syndrome and the consecutive diseases. Conclusion: Erectile dysfunction may be the first symptom driving men to seek medical help. It is therefore an opportunity but also a responsibility for physicians seeing patients with erectile dysfunction to look for concomitant risk factors and diseases.

Conflict of Interest: Dr F Saad Is A Paid Consultant For Schering Ag  
Financial Support/Funding: None disclosed



### **OP4-21** **EFFICACY AND SAFETY OF ORAL VERSUS** **TRANSDERMAL TESTOSTERONE SUPPLEMENTATION** **IN HYPOGONADAL MEN**

*Michèle Pujos-Gautraud, Michel Colle, Antoine Lemaire, Jean Gardette*

**Objectives:** To compare Testopatch® versus Pantestone® on serum levels of LH, FSH, SHBG and hypogonadal symptoms. **Materials:** Multicentre, randomised, open-label, cross-over study, (2 consecutive periods of 22 days) separated by 14 days wash-out. **Patients** (> 18 years, testosterone ? 2.5 ng/mL, haematocrit <51%, PSA < 2 ng/mL). Mean age 49 years. **Baseline testosterone:** 1.99 ng/mL. **APT population** 44. Mean age 49 years. **Baseline testosterone:** 1.99 ng/mL. **APT population** 44. **Treatment:** Testopatch®: two 60 cm<sup>2</sup> patches applied the morning for two days. Pantestone®: two 40 mg capsules in the morning and two in the evening. At the end of each treatment period, changes from baseline in LH, FSH, and SHBG serum levels and in clinical scores (AMS and MSF-4). **Safety and tolerability criteria:** vital signs, local tolerability, PSA and routine laboratory tests at patient screening and at end of study. **Results:** Serum SHBG levels decreased with Pantestone® but were not affected by Testopatch® ( $p < 0.001$ ). LH and FSH levels decreased during the study. Testopatch® was more effective than Pantestone® at improving AMS total score (-7.9 vs 4.3, respectively;  $p < 0.05$ ), psychological subscore (-1.8 vs 0.6;  $p < 0.01$ ), and sexual subscore (-3.2 vs 1.5;  $p < 0.05$ ). Score at the MSF-4 questionnaire indicated that both treatments were moderately active (-1.2 vs -0.9, respectively). Most AEs with Testopatch® concerned local reactions (application site disorders (6)) and the gastrointestinal (4) and nervous systems (5) with Pantestone®. Mean PSA levels were similar after Testopatch® and Pantestone® at the end of the 1st period. Local patch tolerability indicated few skin reactions of mild intensity (84% of patients with no local reaction). **Conclusion:** The smooth and prolonged release of testosterone by Testopatch® translates into greater improvement in clinical state of hypogonadal patients. The overall clinical benefit/risk ratio appears in favour of transdermal testosterone supplementation.

**Conflict of Interest:** Study Investigator  
**Financial Support/Funding:** Pierre Fabre Medicament

### **OP5-1** **POWER OF THE POSSIBLE: A CASE STUDY OF AN** **AFRICAN-AMERICAN GAY MAN LIVING WITH AIDS**

*Kevin J Robinson*

**Introduction:** One in 50 African American men and one in three African American gay males are infected with HIV. Additionally, over the past 10 years, the population of adults over 50 with HIV/AIDS has doubled, with men who have sex with men constituting the majority of cases within this age group. Furthermore, among HIV/AIDS cases in men over the age of 50, 49% are among men of color (CDC, 2002). **Methods:** A descriptive case study of a

51 year-old African American gay man's experiences living with AIDS was employed to explore and illuminate how he achieved professional, personal and social goals while facing a significant, life-threatening illness. Moreover, this research elucidated how race, class and sexuality intersect with the physiological, psychosocial and structural challenges of living with AIDS. **Results:** Findings suggest that negotiating health care and investing in one's health and sexual health involves confronting pervasive barriers to care intricately connected to oppressive social conditions. These contextual factors coupled with institutional racism, medical mistrust and the protracted history of racial and ethnic disparities in access to care significantly shaped Freddy's lived experience with AIDS, as well as his HIV/AIDS prevention and outreach efforts. **Conclusions:** This study contributes to our understanding of the social impact, and the complex personal and structural factors influencing the experience of AIDS for African American gay men. Additionally, this study can inform intervention strategies with other gay men of color in the following areas: 1) prevention strategies with HIV negative gay men living with similar multiple stressors; 2) access to care for newly diagnosed gay men; 3) the development of effective adherence strategies; 4) coping strategies employed to manage life with AIDS and 5) the identification of strategies to empower gay men regarding health advocacy, proactive sexual health decision making and sociopolitical change.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### **OP5-2** **CHARACTERISTICS AND SEXUAL EXPRESSIONS OF** **A MALE POPULATION WHO LIKE BRACHIOPROCTIC** **EROTICISM (FISTING).**

*Osmar Matsui, Laura Flores-Gonzalez*

Brachioproctic eroticism is the scientific term for what is known as anal fisting or handballing. This is a human sexual behavior that involves inserting the entire hand and sometimes part of the arm into the anus, rectum or beyond. This sexual practice can go since the carefully and slowly introduction of the fingers into the anus until the whole hand is inserted. The aim of this paper is to analyze data contained on the profiles of people registered in a chat or contact web page dedicated to fisting among men. Although it is believed that fisting is not a common sexual activity, more than 20,000 profiles were found in that website. A random sample of 2000 profiles was obtained and analysed. White ethnicity accounted for 79 %, followed by Hispanics 6.4 % and blacks 6.2%. Age ranged varied from 18 to more than 60 years old. Other variables such as body type, interest on type of relation, smoking, alcohol, drugs, preference of safe sex, rol in fisting, anal intercourse, sexual toys, and other erotic expressions were analyzed. In relation to fisting rol, analysis revealed that 32% are top, 8% versatop, 32 % versatile, 13 % versabottom, and 15 % only bottom. A surprising finding was that only 46 % refer to ask for Safe Sex Only, meanwhile 43 % said they do Not Have Preference and 11 % want Unprotected Sex. Further analysis was crossing role and protected sex preference. In the AIDS



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era it is surprising that less than a half of men, with this sexual practice, engage in unprotected sex. As sexologists we are obligated in knowing more about these types of practices that seem to be increasing in our populations, in order to understand and educate for a better sexual life, sexual health and joys of sexuality.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP5-3

#### TEMPEST IN A D CUP: SEXUAL ATTITUDES REVEALED IN REACTIONS TO BURLESQUE PERFORMANCE

*Jane E Keany*

Introduction In Canberra on Wednesday 6 September 2006, seven female burlesque dancers began entertaining at a conference dinner for the 17th Australia New Zealand Climate Forum - Climate Variability & Climate Change, at Old Parliament House. Fifteen minutes into the performance, the dancers ceased performing, in the face of a walkout led by women scientists. As a result of one woman writing to the newspaper, the issue came under intense media scrutiny. In addition, the media tells us that a Government employee also present on the night, reported back to his department, and Federal funding for the conference was withdrawn. Objectives This is an event rich with controversial issues relating to sexual suggestion in a male dominated context, and governmental and political reactions. The questions I am exploring in this paper are as follows: From the points of view of the dancers, the female and male complainants, and government decision makers and the employees working at the function, what can we learn from this event about Australian attitudes to sex? What was the attitude of those who hired the dancers, before, during and after the event? How do those attitudes resonate with the recent study into the sexual lives of Australians, the Australian Study of Health and Relationships? Methods Media reports will be analysed, and structured discussions with participants will be considered, in relation to the data from the Australian Study of Health and Relationships. Conclusions about attitudes to sex will be reached.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP5-4

#### DEMYSEX NETWORK: SEX EDUCATION ADVOCACY STRATEGY

*José Ángel Aguilar Gil*

Red Democracia y Sexualidad (Demysex) is a network made up of 280 sex education and sexual rights organizations in Mexico whose mission is that of promoting sexual education committed to the exercise and advocacy of sexual rights and gender equity to advance the construction of a democratic culture. Its strategic objectives are: 1. To improve the technical capacity of the representatives of the organizations making up the network at a national level for the promotion of sex education from a political perspec-

ive. 2. To raise awareness of the importance of incorporating sex education and sexual rights into public policies among different sectors of civil society: teachers, parents, legislators, communicators, youth leaders and government authorities. Democracia y Sexualidad carries out activities on two different levels: a) Internally: • Technical assistance, training and follow-up on activities for networks already established. • Exchange of information on sexual education and sexual rights published in newspapers via our electronic network. • Support for the exchange of printed materials specialized in the fields of sexual education and sexual rights. • Provision of the technical resources required for the organization of forums, press conferences and public announcements in newspapers. b) Externally: • Promotion of sex education and sexual rights among officers of the state and federal executive branch. • Participation in the National Sex Education Campaign • Media exposure of Demysex representatives: press conferences and TV and radio appearances. • Organization of forums, expos, talks and workshops on sex education and sexual rights targeted at decision-makers, communicators, parents and youth leaders. Demysex visibility is based on developing state and national representatives into spokespersons specialized in the fields of sex education and sexual and reproductive rights in an increasing number of permanent spaces. Demysex into an essential point of reference for sexuality-related topics at a national level.

Conflict of Interest: None disclosed  
Financial Support/Funding: Packard Foundation Macarthur Foundation

### OP5-5

#### INTERFERON OMEGA VERSUS ARV IN HIV PATIENT

*Anne Bellet Koung*

The present invention concerns an immunotherapeutic agent based on Interferon Omega associated to vasodilators, antioxidatives agents and anticoagulants against HIV/AIDS, asthma and cancer, also its use in human and veterinary medicine. This therapy is the new way of therapeutic transduction of the targeted and controlled intranuclear signal which will lead to the modulation of polyaminic metabolism, foundation of the new continue immunotherapeutic processes based on our invention. Methods: This new pharmaceutical composition, injected sub cutaneously and intramuscularly in well determined sites of the lymphoid system and ganglionic areas of the patient's body produces a progressive, perennial, immunotherapeutic effect both cellular and humoral. The pharmaceutical formula of our composition is based on lymphocytar Interferon Omega associated with adjuvants actions like: vasodilators, antioxidatives agents, anticoagulants and corticosteroids. Results: The synergistic action of cytokines and adjuvants is meant for therapies as follow: .chronic viral affections especially HIV I, HIV 2, AIDS and viral hepatitis. – affections associated to intracellular parasites like: Leishmaniosis, Trypanosomiasis, bacterial tuberculosis, syphilis, Chlamydiae and Mycoplasmosis. – Chronic allergic affections like asthma – treatments of lymphoid and mesodermic cancerous processes We here present our pharmaceutical composition named ACTIVAX which will be proved effective at



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least 89 % complete immunotherapeutic by activating both cellular and humoral-immunity in human and veterinary medicine, its protocol of use and its therapeutic indications. Conclusions: Our invention and its directives of use are meant for the treatment of the above affections both in human and veterinary medicine.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP5-6

#### MALE SEX WORK: IMPLICATIONS FOR HIV/AIDS IN INDIA

*Ugrasen Pandey*

Background Evidence of male sex work has a history as long as female sex work. There is century old evidence of male Sumarians and Greeks selling sex to other men. Men are today still selling sex to other men although its incidence may be more hidden. Male sex workers have not received the same attention from researchers as have their female counterparts. Objective The main objective of this research into male sex work was to identify the activities male sex workers were engaged in with their clients that may negatively impact on their own health as well as the health of their clients with a particular focus on exposure to HIV in order to empower the sex workers to better safeguard their own health as well as the health of their clients. Method Data collection was done by means of phenomenological semi-structured in-depth interviews with informants. Participant observation at settings where male sex work occurred also contributed to the data. Various ethical questions were identified and addressed in the research. These included: informed consent, anonymity, safety and security of informants and the researcher, age of consent, and publication of the findings. Results The results revealed that male sex work is a reality and that it has the potential of acting as a major reservoir for HIV transmission. It further revealed that although most informants were aware of safer sex, condom usage was generally very poor. Conclusion Quite a number of men who perceive themselves as heterosexual because they are either married or sexually involved with women, do have sex with men as well. They do not see themselves as gay and, therefore, do not see themselves as individuals who are potentially exposed to HIV infection.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP5-7

#### HOW DO THE MEDIA REACT ON NEW SEXUAL PARADIGMS?: ANALYSIS FROM THE SOUTH SLAVIC AREA

*Anja Gacic Bulic*

We have researched and analysed press coverage of alternative sexual models (lesbian, gay, bisexual, transgender (LGBT), polyamorous, etc.) within the South Slavic region (Croatia, Slovenia, Bosnia and Herzegovina, Serbia, Montenegro, and Macedonia) from the last 15 years. We also conducted interviews with relevant

people in this field. Leading religions in this area have a strong influence on society and its media; they are both dogmatic and conservative. Adding to this the former communist parties had highly intolerant attitudes towards alternative concepts of any kind, they have become socialist political parties in the area and are slow to change. Young people, with little or no formal sexual education are generally unable to make decisions contrary to those advocated by the media, which are typically owned by the state and therefore have strong connections to the ruling religion and patriarchal cultural tradition. What is apparent through our research is that among many national organizations which are working hard on improving acceptance and tolerance towards sexual minorities, Komaja is the only organization which works through the entire South Slavic region. Komaja works throughout the years to publish relevant information regarding love-erotic and sexual research, lifestyles and techniques - holding lectures, courses and workshops, publishing materials. We see the significant step forward in attitude the media has towards many organizations and groups fighting for the LGBT people rights. Conclusion: We observed a noticeable step forward in the objectivity and level of tolerance in the South Slavic media over the last few years, and attribute this mostly to the increased exposure to the international media and global cultures (mostly through the internet). However, we strongly believe that for a significant change to take place in acceptance of new sexual paradigms in the South Slavic area, a modern, adequate and scientifically proven sexual education is needed.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP5-8

#### PSYCHOPATHOLOGY OF TRANSGENDER PEOPLE IN IRAN: APSYCHOLOGICAL REPORT

*Nahaleh Moshtagh Bidokhti*

Introduction: Since the recognition of problems related to gender identity and its emergence in nomenclatures, the accompanying psychopathology has been the matter of dispute between the authors. In Iran, an Islamic country with collectivist culture insisting on not losing face in public, transgender people suffer different problems neglected by the scholars. This study presents the psychopathology profile of a group of transgender persons referred for routine assessment before sexual reassignment surgery. Method: The data come from a retrospective analysis of 35 self diagnosed transgender or transsexual clients (19 male, 16 female) referred to a private sex clinic in Tehran between April 2005 and February 2006. Every subject completed a 45 minutes clinical interview focused on demographic data, substance abuse history, mental health history and suicide attempts. After clinical interview, subjects completed the Iranian version of the 567-question form Minnesota Multiphasic Personality Inventory (MMPI-II). Results: Among the male subjects, 10.5% had the history of clinical depression. 21% had previously attempted suicide and 5% had the history of drug and alcohol abuse. The highest elevated scores of MMPI in this group were Depression, Paranoia and Schizophrenia. In female group, 19% had been diagnosed as depressed and 37% had



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history of suicide attempt. No one abused alcohol and drugs. The elevated scores in their MMPI profile were Male/Female, Paranoia and Schizophrenia. Discussion: The pressure of stigma and negative social attitude has led to increased level of paranoid ideation and depression reflected in MMPI profiles and suicide rates. Scores of Schizophrenia and M/F show their struggle to find their gender identity. So, it seems that symptoms are secondary to the stress of having a cross gender identity.

Conflict of Interest: None disclosed  
Financial Support/Funding: Tehran Psychiatric Institute Mental Health Research Center

### **OP5-10** **PLEASURE AND ORGASM IN WOMEN WITH FEMALE GENITAL MUTILATION**

*Baldaro-Verde Jole, Catania Lucrezia, Baldaro-Verde Jole, Puppo Vincenzo*

Female Genital Mutilations (FGM) violate human rights and psycho- psychological integrity. All over the world information, education and specific laws act for banning it. FGM womens sexuality isnt well known and often it is neglected by gynaecologists, urologists and sexologists, while anthropologists and sociologists have discussed about that, but sometimes their conclusion was not based on scientific evidence. The basis of female sexuality, Embriology, Anatomy and Physiology in the specialistic medical textbooks are neglected. The trigger of the female orgasm is not the vagina but the erectile tissue wich forms clitoris, vestibular bulbs, corpus spongiosum, labia minora and vestibule, corpus spongiosum of urethra. In FGM women, some of these structures are not excised and part or the whole clitoris has been found under the scar of the mutilation. Desire, arousal, orgasm are the phases of the female sexuality. All the women (intact, disabled, with FGM) have the right to sexual health and pleasure for a full psycho-physical wellbeing of the person. FGM women who have some sexual disfunctions can and must be cured troughout the defibulation and the clitorolabioplasty and, if it is necessary, they have the right to have an appropriate sexual therapy. In addition, we do not have to neglect the sexual education of these womens partner. Last research report that also these women can have the orgasm. Research (Catania et al.) in 3 groups of FGM women showed: I group of 137 women with different types of FGM reported orgasm in 85.40% during intercourse (instrument: semistructured interview); II group of 54 infibulated (FGM type III) women investigated with FSFI questionnaire reported high score in the domain of the orgasm ( $13.22 \pm 3.72$ ) with t Student -2.08 and p value 0.04; III group of 15 infibulated women who have been defibulated reported the orgasm in 93.33% (instruments: semistructured interview and FSFI).

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP5-11** **PROBLEMS IN TREATING PROLONGED INCESTUAL VIOLENCE: NON-DISCLOSURE VS SELF-DISCLOSURE, RESEARCH ,TREATMENT, AND ETHICAL ISSUES ILLUSTRATED BY A THERAPY CASE AND A NOVEL**

*Greta Goldberg*

This brief research and case summary proposes fear, silence and shame as generational conspirators of incest, perpetuating complex betrayal and disrupted bonding even with the “non-offending” parent whose silence may reflect “dissociated denial” acquired through their own experiences of childhood abuse. Recently a client who despite prolonged therapy has never been able to disclose , asked me to read Toni Maguires autobiographical novel “Dont Tell Mummy” and the next day overwhelmed by shame, emailed canceling all her forward appointments. Because of the excruciating difficulties such clients have with disclosure, this autobiographical novel by Toni Maguire provides a useful template to analyze complex intra-familial dynamics of prolonged incestual violence often continuing from age 5 until puberty and never disclosed. Within the linked conceptual framework of systemic and developmental/attachment theories, an attempt will also be made to broaden the discussion to encompass emotional as well as sexual abuse. Both often coexist in the “happy families façade” within which Maguire explores her families triangulated dynamics of love, envy, fear and guilt binding mother father and child for generations in a complex and destructive bond. Failure to disclose incest in prolonged therapy poses ethical (and perhaps legal) challenges about perpetuating silence and parallels can be drawn between the dissociated denial which keeps certain mothers from seeing what is going on, and the therapist/client barriers and “double dissociations” which can also inhibit an abused clients disclosure to a therapist who has their own unresolved personal issues of abuse.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP5-12** **SEXUAL RISKS AND DRUGS. PRELIMINAR STUDY**

*M. Cruz López, Antonio López, Encarna Sueir*

**OBJECTIVES:** To know the relationship between the consumption of other drugs different tobacco and alcohol and the sexual practices in the adolescents. **MATERIAL AND METHODS:** Descriptive traverse study with a population reveille of 389 students (until 19 years old) of Galician (Spain). They made a structured, voluntary, anonymous and autoadministred questionnaire about sexual risks and consumption of drugs. We made the analysis of data with SPSS 12.05 for Windows. **RESULTS:** Half age is 17,5 years old. 44.7 % is boys and 96.5% is single. 61.7% studies in private schools. 54.2% began the coitus. 26.54% has started the coitus among 13-15 years old. In the last year, 22.27% had coitus 3-5 times/a week and 19.43% had three or more couples. 2.84% didn't use protection methods. 127 adolescents consume other drugs different to the tobacco and alcohol. 63.2% takes these drugs



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occasionally, 20.8% the weekends and 16% daily. 90.55% consumes cannabis, 6.29% cocaine. 40.15% began to consume these drugs between the 13 and 15 years. 66.9% consumes in their friends and the 23.6% with their partner and friends. They take these drugs in bars, pubs and discos (38.58%) at night (33.07%). We investigated the significant differences between sexual practices (age of the first coitus, coitus frequency, number partner in the last year, anticonceptive methods and frequency method use) and consumption of drugs. **CONCLUSIONS:** The results indicate that is necessary to elaborate preventive programs with the purpose of promoting an appropriate use of the free time in the youths.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP5-13** **TOBACCO AND SEXUALITY IN THE ADOLESCENCE.** **PRELIMINAR STUDY**

*M. Cruz López, Antonio López, Encarna Sueir*

**OBJETIVE:** To know the relationship between the consumption of tobacco and the sexual practices in the adolescence. **MATERIAL AND METHODS:** Descriptive, traverse study with a population reveille of 389 students (ages between the 16 and 19 years) of Galicia-Spain. They made a structured, voluntary, autoadministred and anonymous questionnaire with social, sexual behaviours and consumption tobacco variables. **RESULTS:** The half age is 17.5 years old (SD = 1.111). 215 is girls, 174 boys. 96.4% is single. 38.5% studies in public schools. 74.3% lives in the urban means. 199 youths consume tobacco. 27.6% smoke occasionally and 65.8% smoke daily. 13.06 % began to smoke before 12 years old, 53.7% began between 13 and 15 years old and 33.1% began after 16 years. 44.2% smoke between 1 to 5 daily cigarettes and 24.6 % consume more than 10 daily cigarettes. Usually smoke with their friends (40.2%) and with their partner (28.6%). The places where they consume tobacco are their home, the friend's house and bars, pubs and discos (50.25%). 90.4% is worry about the problems of health that are derived of the abusive consumption of the tobacco. 211 has started the coitus. First coitus happened when they are among 13-15 years old (26.5%), among 16-18 years (57.8%) and after 18 years (11.8%). In the last year, 42.18% had coitus 1-2 times/a week. 61.1% had one couple. 81.5% used the condom. 73.9% always use protection methods. We investigated the significant differences between sexual behaviours and consumption tobacco variables. **CONCLUSION:** The leisure activities and free time not productive they are important predictors of the consumption of substances psicoactivas (tobacco, alcohol, other drugs) and of the practice of sexual behaviors of risk.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP5-14** **FACILITATING FACTORS OF SEXUAL INITIATION** **FROM THE VIEW OF EMPLOYED MARRIED WOMEN** **OF GORGAN (IRAN)**

*Tayebe Ziaei, Elham Khoury, Fatemeh Ziaei*

**Introduction and objective:** Part of human instinct is sexual instinct evolves. This evolution is impossible unless, with mutual satisfaction in sexual relationship. Since facilitating factors for this satisfaction are similarities and differences between individuals, cultures and various societies. The present study was designed to assess some facilitating factors of sexual initiation from the view of married women of Gorgan. **Methods:** Descriptive study was done in Gorgan. After the researchers explained their objectives in person. 400 questionnaire distributed amongst qualified women volunteers. which 129 questionnaire were received by the researchers and analysed with the use of descriptive test. **Results:** Average length of their marriage was 13.6 years. Most of them had bachlor degree (56.6%). The finding shows that from the 86% of women who said that they were the sexual initiator, only 0.6% of them were always and 38% sometimes choose such a method. The women initiators claimed this activity of interest amongst their husbands. Resulted in increase of those who were not the initiators the biggest reason was because they said they were too proud (16.3%). Also, 77.5% of our samples had opinion that appearance of both partners had a good influence on a good and effective sexual relationship. 43.4% of the women who named sensitive points of their partners body pointed penis as the most sensitive point (60.7%). And touching was the most involve part (touch and intercourse each of them 85.3%, kissing 74.4%). **Conclusion:** It could be concluded that some of the behaviours need encouragement and need modification or reform. Therefore, an effective way, there should be a way in premarital consultation in order to give necessarily skills for the recognizing of facilitating factors.

Conflict of Interest: None disclosed  
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### **OP5-15** **PERSONALITY PROFILE OF SEXUAL OFFENDERS**

*María-esther Castro-Gonzalez , Antonio Lopez Castedo*

In this work we analyzed the obtained data for a sample of 20 imprisoned males for sexual crimes in the Provincial Prison of Pereiro de Ourense (Spain). These interns have participated during two years in a Sex Offender Treatment Program. An evaluation of personality styles and clinical syndromes is done over this sample. Aiming at the comparison of their psychological profiles, they are divided into two groups according to the crime committed: sexual





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crime against adults and sexual crime against minors. In order to obtain their psychological profiles and compared their scores a Personality Questionnaire (the Millon Clinical Multiaxial Inventory-II, MCMI-II; Millon, 1999) has been given to all of them. The results showed that the group of people that committed sexual crimes against minors presented less personality disorders and their personality features were less severe than those of the other group. The types of personality disorders that we had identified among sexual offenders were antisocial personality disorders, compulsive personality disorders, dependent personality disorders and narcissistic personality disorders.

Conflict of Interest: None disclosed

Financial Support/Funding: University Of Vigo, Ourense, Spain

### OP5-16

#### ACCESSIBILITY TO TREATMENT AGAINST HIV/AIDS IN BURKINA FASO : STUDY CARRIED OUT WITH 215 HIV POSITIVE PATIENTS

*Zabsonre Inoussa, Soudre Robert*

Accessibility to treatment against HIV/AIDS in Burkina Faso remains capital to scale down the impact of the pandemic on the populations. However it should be recognised and praised the multiples and significant steps and efforts taken by the authorities of the country to allow HIV/AIDS patients a better access to all available treatments against the disease. Methodology: we have carried out our study within two structures treating HIV patients. We have been more concerned with the following aspects: epidemiological, accessibility to financial means, geographical and technical aspects. Results: The study included 215 patients with ages ranging between 21 and 61 with female segment representing 74% and male segment representing 26%. The average age was 36, 34. The marital status painting was as follows: 44,7% of the patients were married and 29,8% were left widow(er). In 54% of case ,our patients had no information about the serological status of their partners. It should be underlined that 50,2% of the patients were unemployed and 46% of them earn less than 20 dollar per month. The study also covered that 23% of the concerned patients had been forced to shift jobs because of their disease and 70,7% of them did not benefit from any support. Moreover, most of our patients were coming from the city of Ouagadougou and 72,1% were marching a distance ranging between 5 to 10 km to the treatment centres. A number of 70 persons that is to say 32,5% are on ARV treatment and 50 persons among them that means 78,5% were benefiting from either a partial or total free of charge treatment. Prophylaxis was administered in 86% of cases. In 85,6% of cases they were benefiting from a regular biological check. A percentage of 78,5 % of those on ARV noted a satisfying evolution of their health situation. CONCLUSION: This study case leads us

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP5-17

#### SEXUAL VIOLENCE & UNIVERSITY FEMALE STUDENTS IN RWANDA

*Grace Igiraneza*

INTRODUCTION: Rwanda is a country like many African countries, where sexual matters are considered as taboo. Sexual education has not been given by the parents in families, this has caused young people to search information for themselves, and often, this information is not right. As a result people don't know their sexual rights, which leads to sexual violence and abuse. The research is being done to evaluate what the university female students think about sexual violence/abuse in our country. PROBLEM STATEMENT: For some studies, 14 to 20 percent of women will undergo sexual violence at least once in their life time and the risk increases for those who have been already victims of that crime. The risk increases also in periods of war or unsecured period, for example in a country like Rwanda where genocide took place in 1994, the number of victims of sexual abuse is probably higher than our imagination. INTEREST: The interest of this study is to know the conception of the above mentioned group about sexual violence/abuse; do they consider it as a crime? Do they know that everyone has the right to her own sexuality? On the other side, the aim is to know how victims overcome the trauma caused by that incident; do they arrive to establish a strong relationship with the opposite sex? Do they keep the baby if they get pregnant? CONCLUSION: The society seems to reject victims of sexual violence as well as sexual violence itself, could it be the reason why the victims tend to keep quiet in order not to lose their dignity in the society? If yes, the measures should be taken to care about those people because they need to be listened to, and they need psychological support to overcome the wounds they live with.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP5-18

#### SEX SURROGATE THERAPY: AN AUSTRALIAN RESEARCH STUDY

*Brian Hickman*

Sex surrogate therapy is a specialized form of sex therapy where single people can practise sexual exercises with a trained sexual partner, a surrogate, under the direction of a therapist. The 3 person approach is designed to help people resolve their sexual dysfunction by learning emotional, sexual and relationship skills. Sex surrogate therapy has only been practised by a small number of therapists internationally and yet has a 90% success rate with difficult cases. Research results from a survey of 30 Australian clients is presented. The controversy around boundary issues, legal and ethical dilemmas are outlined with a call for sex surrogate therapy to be more widely available with therapists being trained.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### OP5-20

#### UNDERSTANDING COLLEGE MENS SEXUALLY AND PHYSICALLY VIOLENT BEHAVIORS DIRECTED TOWARD WOMEN

*Eric R. Buhi, Heather Surrency, Heather Clayton*

**Introduction and objectives:** Prevention of violence against women is an objective of Healthy People 2010 and a major focus of the World Health Organization. Yet, a clear understanding of why men are violent against women and which social groups support such violence remains elusive. **Methods:** In the spring of 2006, as part of an evaluation of a university-based violence prevention initiative, we invited a random sample of male students (stratified by class, e.g., freshman, sophomores, etc.) to participate in an anonymous Internet-based questionnaire, assessing attitudes and behaviors related to sexual and physical aggression toward women. The total N for this analysis was 524, representing a final response rate of 36.9% of the total draw. **Results:** 8.8% of this sample reported ever engaging in physically aggressive behavior directed toward women. 9.5% reported ever engaging in sexually aggressive behavior directed toward women, and 4.2% reported engaging in sexually aggressive behavior directed toward women at some point during the 12 months preceding the survey. 16.2% reported being sexually or physically aggressive toward women at some point during their lifetime. Men belonging to social fraternities reported stronger attitudes supportive of violence, greater hostility toward women, and stronger adherence to rape myth beliefs, when compared with non-fraternity men. Men who were ever sexually aggressive showed stronger support for rape myth beliefs, traditional male role norms, hostile attitudes toward women, and adversarial heterosexual beliefs. Men who were sexually aggressive within the last 12 months showed stronger support for rape myth beliefs and hostile attitudes toward women. There were no statistically significant differences found between athletes and non-athletes. **Conclusions:** Preventing violence against women may be addressed through male-focused programming, including efforts aimed at challenging rape myth beliefs, shifting attitudes supportive of violence, and easing hostility toward women.

Conflict of Interest: None disclosed

Financial Support/Funding: The U.S. Department Of Justice, Violence Against Women Office.

### OP5-21

#### NONCONSENSUAL MARITAL SEX AND REPRODUCTIVE HEALTH AMONG FILIPINO YOUTH

*Maria Paz N. Marquez*

Young people because of their age are particularly vulnerable to sexual abuse and exploitation such as rape, sexual assault, incest and prostitution with females being more likely than males to be the victims of sexual violence. Marriage is not a safe refuge since studies show that a substantial number of sexual abuses against women also occur within marriage. Traditionally, Filipino women accept that part of their role in marriage is to satisfy the sexual needs of their husbands, with or without their full consent. Within

this context, the study examines the extent of coercive marital sex among young Filipinos and its reproductive health consequences utilizing a sample of 2,090 married females 15-24 years old drawn from the nationally-representative 2002 Young Adult Fertility and Sexuality Study data. Chi-square tests and logistic regression were employed to determine the associations between experiences of nonconsensual marital sex and selected reproductive health behavior and outcomes. Findings reveal that a full half of young females have experienced some form of coercive sex within marriage; 41% reporting occasional occurrence and 9% regular occurrence. The findings provide evidence that nonconsensual marital sex experience can significantly compromise the reproductive wellbeing and pregnancy outcomes of women, and undermines women's contraceptive use. Young women who reported nonconsensual marital sex are significantly more likely to experience symptoms of reproductive health problems (e.g., irregular menstrual period, abnormal vaginal discharge, painful urination and painful intercourse) and pregnancy complications (e.g., preeclampsia, ectopic pregnancy, and induced or spontaneous abortion), and are less likely to use modern family planning methods than those who did not. The study underscores the need for reproductive health programs to consider patterns of coercive sex when addressing the reproductive health and other needs of young people, particularly of married women.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP6-1

#### TESTING MEN FOR CHLAMYDIA INFECTION: INCREASED ACCESSIBILITY BY INTERNET BASED SERVICE

*Karin E Stenqvist, Peter Almerson, Roger K Karlsson, Daniel P Novak*

**Introduction and objectives** The incidence rates of Chlamydia infections have increased since 1995 in Sweden. Three times as many women are being tested compared to men. Many clinics like gynaecological and antenatal clinics direct their service to women and accessibility for men seeking for STI is limited. The objective was to increase testing in populations that are not being reached by the health care system, especially men. **Methods:** An internet based clinic for Chlamydia testing was opened in May 2006 for the inhabitants in Region Västra Götaland, Sweden. After filling in full identity and address the patient receives a personal code. A test package with a urine specimen container is sent home. Information about Chlamydia infection, the fact that the test does not cover other STIs or HIV as well as instructions for the specimen to be taken is included. The patient sends the specimen to a bacteriological laboratory in the region. After 7-10 days the patient receives the result by filling in the code on the website. If positive, a referral valid for any STI-clinic or primary health care centre in the region can be printed out. Clinics receiving a patient proving positive for Chlamydia with such a referral or personal code offer treatment and counselling. Administrative routines secure that patients with positive tests not appearing for treatment are being contacted. **Results** The number of persons visiting the



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website in June and July were 33 000 and 45 000 respectively. About 350 persons per month were tested, the majority between 20 and 30 years of age. Slightly over 50 percent of the tested population was male. 6 percent of tests were positive for Chlamydia infection. Conclusion This internet based testing for Chlamydia infection achieved the highest male participation rate yet published.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP6-3 COMPLEXITIES CONCERNING HIJRA SUBJECTIVITIES: IMPLICATIONS FOR SEXUAL HEALTH AND HIV INTERVENTIONS**

*Sharful Islam Khan, Shaila Parveen, Mahbulul Islam Bhuiyan, Iftekher Hussain*

Introduction: Hijra subjectivities are often ignored in the AIDS discourse on the ground of its irrelevance to HIV interventions. A social constructionist theory has been applied as the conceptual and theoretical framework where we attempt to dissect hijra subjectivities, and its constructions and deconstructions to demonstrate policy implications for HIV interventions. Methods: A qualitative research is underway where in-depth interviews with 30 self-identified hijra(s), 10 key-informants and eight FGDs with gatekeepers of the hijra community are completed. Tape recorded transcribed findings on self-subjectivities are categorized and segmented by Atlas-ti, and analysis is performed at the thematic and contextual framework. Results: Although study participants are self-identified hijra who are accessed through several hijra- guides, their gender relations and subjectivities, and sexual preferences and responsibilities at familial and social settings are fluid depending on situational requirements and social parameters. They live multiple lives with multiple faces covered by multiple masks which are constructed at the socio-cultural, socio-economic, spiritual, political and structural domains. The confusions and contradictions surrounding their multiple lives result in low self-esteem and self-respect. In the AIDS era, STI/HIV research and interventions further dislocate this apparently hidden hijra sub-population at the societal surface to provide services without deconstructing the dichotomous rigid gendered social structure and institutions. Lack of community cohesion, infrequent attendance to NGO service facilities and non-compliance to safer behaviors cannot be effectively intervened if organizations working with hijra condone to deal with the untold heartache concerning hijra subjectivity in a gender segregated society. Conclusion: In the hetero-normative society of Bangladesh, becoming and maintaining a life of hijra is a never ending challenge for an individual that ruins human dignity and self-reliance of accepting and sustaining safe and healthy sexual life. Thus, a decontextualized sexual health and HIV intervention often achieves questionable success.

Conflict of Interest: None disclosed  
Financial Support/Funding: We Have Funds For Accommodation And Food, We Only Need Air Fare And Registration

### **OP6-4 SEROEPIDEMIOLOGIE OF STD IN CAMEROUN**

*Anne Bellet Koung*

La séroépidémiologie des infections sexuellement transmissibles, ouvre les voies de recherches thérapeutiques et amplifie la recherche des moyens immunoprophylactiques de lutte contre les pandémies infectieuses sexuellement transmissibles. Dans le but: De cerner le profil sérologique des infections sexuellement transmissibles chez l'adulte camerounais. De palier à la carence des études multiétiologiques qui apportent des éléments de synergie immunologique coinfectieuse bactérienne et virale; Et enfin de décrire la variabilité de la séroprévalence des infections sexuellement transmissibles en fonction du sexe et de l'âge. Nous avons effectué des sérologies spécifiques de *Chlamydiae trachomatis*, de *Trepanema pallidum*, de *Mycoplasma hominis*, d'Herpès simplex et du VIH chez 1870 adultes camerounais âgés de 18 à 70 ans répartis selon un sexe ratio de 0,83 en faveur des femmes. L'analyse des résultats par rapport à l'ensemble des germes testés montre une séroprévalence infectieuse globale de 66,8%. ce taux demeure très élevé par rapport à celui décrit par l'OMS(1998) dans les pays d'Afrique Centrale. Les séroprévalences spécifiques des germes se *Chlamydiae trachomatis*, *Mycoplasma hominis*, *Trepanema pallidum*, *Herpex simplex* et *VIH* sont respectivement de 38,4%; 36,2%; 25%; 17%; et de 11,2%. L'analyse des résultats indique une forte prévalence de co-infection ou de multi infection bactérienne et/ou virale évaluée à 43%. Nous n'avons pas noté de différence significative de séroprévalence globale ou spécifique en fonction du sexe rapporté au sexe ratio de l'échantillon testé, mais plutôt une diminution significative de séroprévalence en fonction de l'âge autour de 28 ans. Cependant, les résultats de synergie co-infectieuse tant bactérienne que virale restent un domaine d'exploitation immunologique d'accès à la compréhension du processus multi infectieux centré sur le lymphocyte CD4, pouvant au delà des applications thérapeutiques servir à une immunoprophylaxie de ces cinq pandémies sexuellement transmissibles.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP6-5 HOW IS THE CONCEPT OF SEXUALITY UNDERSTOOD, AND WHAT ARE THE IMPLICATIONS FOR PUBLIC HEALTH CURRICULUM AND PRACTICE IN SUB-SAHARAN AFRICA?**

*Mary Nelly Mwaka*

Introduction and objectives. The concept of sexuality differs from one person to another and also varies from culture to culture, resulting in multiple and shifting meanings. Spurred on by the HIV/AIDS epidemic in Sub-Saharan Africa, sexuality is rapidly gaining strong currency as a domain of study and research in public health. But how is sexuality conceptualized in public health? Different conceptualizations will lead to different responses, actions and results. A survey was carried out among students and



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academic staff in schools of public health in Sub-Saharan Africa, to explore their understanding of sexuality, and the implications for public health curriculum and practice. The objectives of the survey were firstly, to examine the different ways in which sexuality is understood in institutions of public health in Sub-Saharan Africa, and secondly, to explore the implications of these understandings for public health curriculum and practice in Sub-Saharan Africa. **Methods** An open-ended questionnaire was sent to staff and students in schools of public health in Sub-Saharan Africa, to explore their understanding of sexuality. **Findings** Understanding of sexuality among staff and students ranged from narrow to fragmented conceptualizations when compared to contemporary definitions of sexuality. **Conclusion and recommendation** The way in which sexuality is understood varies greatly among staff and students in schools of public health in Sub-Saharan Africa, depending on their subjective positions and experiences. This paper will discuss the implications of these different conceptualizations of sexuality for public health curriculum and practice in Sub-Saharan Africa. It is recommended that the subjective positions and experiences of both staff and students in public health be explored further through qualitative interviews and focus groups in order to come to a more comprehensive understanding of sexuality within public health, instead of relying on generic concepts and definitions.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP6-6

#### **PROFESSIONAL PERSPECTIVES ON THREATS TO (HETERO) SEXUAL HEALTH IN AOTEAROA/NEW ZEALAND** *Virginia Braun,*

**Introduction and Objectives** Despite a Sexual & Reproductive Health Strategy (2001), almost all sexually transmitted infections (STIs) have increased in Aotearoa/New Zealand in recent years, in some cases dramatically. Why might this be? This paper reports professional perspectives on threats to sexual health in Aotearoa/New Zealand. **Methods** Thirty-two Key Informants, with 1 to 40 years experience in sexual health, took part in individual semi-structured interviews. Informants were identified through professional networks of the author, literature, recommendations from experts and other Key Informants, and snowballing. Professional perspectives covered included: Nurses/Doctors, Educators, Health Promoters, Managers, and Researchers. Interviews were audiotaped and transcribed, and data subjected to thematic analysis, to identify patterns across participants responses. **Results** Informants identified sexual health in New Zealand as a key area of concern. Threats to sexual health tended to be identified at broad structural, systemic and cultural levels. Four general categories of threat to sexual health were identified: (1) Lack of governmental prioritising of sexual health, and an associated lack of funding; (2) Conservative social attitudes towards sex, and sexuality education; (3) Lack of adequate sexuality education and information about sexual risk, across a range of age groups; (4) New Zealand cultural attitudes and behaviours, such as binge drinking,

and a laid-back, shell be right attitude. Informants identified a heterosexual HIV epidemic as a looming threat. **Conclusions** Informants suggest that for (hetero)sexual health – and STI incidence – not to worsen, and actually to improve, more priority needs to be given to sexual health in the Health and Education portfolios. Research, policy and practice should not focus just on individual or interpersonal factors, but need to attend to the systemic, structural and socio-cultural factors identified, which work against sexual health, sexuality education, and sexual health promotion.

Conflict of Interest: None disclosed  
Financial Support/Funding: The University Of Auckland Vice Chancellor'S Research Excellence Award

### OP6-7

#### **SHAME**

*Esben Esther P. Benestad*

Humans are conditioned by wrongs and rights. Conditioning systems are those of religion, science and political "isms". They supply different "manuals" of rights and wrongs. Those who behave off the roads of right are prone to feel shame. Shame is a powerful tool. A tool of continuous control that enables those of power within the systems to sustain their own practices. In religious context it has been good business to hand out shame with one hand, and through confession and repentance offer remission of sins with the other. Thus religious practitioners receive clients through painful feelings evoked by the religious systems themselves. This "economical" concept is linked more systems. Medicine, psychology and sexology have promoted shame and offered cures. Diagnostic manuals are labelling expressions of sex and/or gender as mental disorders. One effect is feelings of shame from joyful experiences. "Stickers" of shame cling to your being. Shame induce true wordlessness. Language is scarce and communication likewise. In this shameful silence more pain is likely to grow. Feelings of despair are budding. Thus diagnostic systems add to the production of clients to health practitioners. This is also good business. In their special ways different ideologies have described the right ways to perform femaleness and maleness with paired wrongs as an inevitable consequence. This bureaucratisation of gender performance has also added to the production of guilt and shame in non-conforming individuals. "Forgiveness of sins" rests in uniformations of gendered performances. In culture, religion and scientific/therapeutic systems, the practicing authorities have been the gatekeepers of right or wrong. "Objectivity" has been promoting shame and guilt. These emotions do in their term offer jobs to priests, therapists and other bureaucrats of right and wrong. We need to look closer into the cultural production of shame. The alternative is business as usual.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### OP6-8

#### CONCEPT OF SEXUALITY AND HEALTH AMONG IRANIAN WOMEN LIVING IN AUSTRALIA

*Effat Merghati Khoei, Juliet Richters,*

**Introduction & objectives:** It is widely accepted that cultural differences affect attitudes to sexuality, but there is little written on the sexual understandings of specific cultural groups in Australia to help service providers meet their clients needs. Like other immigrant groups, Iranians face difficulties in using sexual health and family planning services here. Expectations may be affected by experiences of family planning services in Iran that focus on population reduction rather than sexual wellness or sexual rights. **Methods:** In this study using ethnographic methodology, 51 Iranian women in Sydney participated in individual interviews and focus groups in 2003-2004. Recorded interviews were transcribed and translated from Farsi or Azeri into English and subjected to thematic and narrative analysis. **Results:** Concepts of sexual health among respondents centered on reproductive gynaecology: pregnancy, contraception and menopause. Issues around relationships or sexual pleasure or pain were not thought of as sexual health. Communication with caregivers was hampered by the euphemistic, vague and symbolically loaded terminology used by the women in their own language as well as their lack of knowledge of English and medical terms. They were reluctant to use interpreters and also lacked faith in their confidentiality rights. Some women felt advice given that violated religious rules was inappropriate. Some older women were annoyed by what they saw as excessive sexual freedom in Australia. **Conclusion:** Practical suggestions are given for effective ways of eliciting a sexual history and providing appropriate clinical care.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### OP6-9

#### CONTINUATION RATE AND REASONS FOR DISCONTINUATING THE ORAL CONTRACEPTIVE IN TOUYSERKAN, IRAN

*Encieh Jenabi*

**Introduction and objective:** oral contraceptives third among all family planning methods currently used by married women. In Iran, 33% of married women use OC. This paper reports 24-month results from a study of the LD in Touyserkan, Iran, among 243 women. **methods:** Kaplan -Meier analysis was performed for continuation rate. **Results:** Continuation of LD use by women at 1 month, 6 month, 1 year and 2 years was 99.6, 93.0, 84.4 and 0.8 per 100, respectively. Termination due to Anxiety of side effects was at a rate significantly higher than other termination among women using the LD. Overall, 3 pregnancies were reported in the 2 years after insertion. **Conclusions:** these findings indicate that family planning educators and health care providers should give more emphasis to the counseling programs.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** University Of Touyserkan

### OP6-10

#### AWARENESS ABOUT PREVENTIVE MEASURE OF HIV AMONG COLLEGE STUDENTS IN KATHMANDU, NEPAL

*Ramesh Adhikari*

**Introduction and objective:** Little information has been collected about sexual practice and HIV/AIDS in Nepal, where HIV/AIDS prevalence is increasing. Main objective of the study is to investigate the influencing factors on awareness preventive measure of HIV/AIDS among college students. **Method:** A cross sectional study that was carried out in April-May 2006. A structured self-administered questionnaire with 1137 students was administered to college students in Kathmandu. A composite index about preventive measures was developed based on UNGASS on awareness about preventive measure of HIV. Binary logistic regression was used to assess the net effect of the independent variable on awareness about preventive measure of HIV. **Result:** Less than two-thirds of college students (64%) had knowledge about all five UNGASS indicators about preventive measure of HIV prevention. Logistic regression found that sex, caste/ethnicity, level of education, mass media exposure and religion are strong predictors for having awareness about preventive measure of HIV/AIDS. Male student, those who have higher level of education, who have high exposure of mass media and who received RH education in school were more likely for having awareness about preventive measure of HIV/AIDS than their reference category. **Conclusion:** Awareness level of these highly educated group is still low. Lack of the proper knowledge about HIV prevention can lead these people in risky behavior. This problem should be addressed early by targeting these groups who were less likely to be aware about it. HIV/AIDS education and prevention programs are urgently needed for the students.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** University Grant Commission, Nepal

### OP6-11

#### SEXUAL HEALTH EDUCATION IN STI/HIV-PREVENTION AMONG YOUTH IN MULTICULTURAL CITY OF GOTHENBURG, SWEDEN

*Manijeh Mehdiyar,*

**Sexual health education in HIV/STI-prevention among youth in multicultural city of Gothenburg, Sweden** **Introduction and objectives** In the city of Gothenburg live a population with many different ethnical backgrounds. The diversity among population is high and there are a larger group of people with non-European background living in this Gothenburg. Sexual health education is a complicated issues due to taboo and values in different cultures. About 20 different projects work with sexual health and HIV-prevention in different areas of the city such as High school project, project within municipal and NGO with governmental financial support. These projects work mainly with sexual health promotion, information and counselling. Coordinating these projects since 2002 has established some major tools to improve methodology and make the result of sexual health education and promotion more effective. **Methods** • Networking the projects • Implication of evidence based self evaluation within the projects **Result** Networking has proved to



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be an important tools for the staff in different projects to exchange knowledge and experiences among the staff. Networking has also minimizes double work and increase the effectiveness of the different projects. Different experiences in different areas of multicultural sexual health issues have been shared during network meeting and many contacts among the staff have been established. Implication of evidence based self-evaluating method has improved the methods through better analysis and reflection between the staff. Conclusion Coordinating network and self-evaluating have shown to be effective tools to improve the methodology and result in working with sexual –education and promotion among the youth. Some projects have also received more financial support while others hade to change their methods in order to work more effective as the result of self evaluating method. Keyword Sexual health, multicultural, STI/HIV-prevention

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP6-12

#### A COORDINATED PROGRAM FOR THE PREVENTION OF STI AND UNWANTED PREGNANCIES

*Ylva K Fredén Engvall, Karin Stenqvist,*

**Introduction and aims** There has been an increase of the incidence of Chlamydia infections in Sweden since 1995. The number of abortions remains fairly constant indicating that the use of oral contraceptives may be higher than that of condoms. The aim of the program has been to develop strategies for the prevention of sexually transmitted infections (STI) and unwanted pregnancies and in the longer perspective to co-ordinate these strategies. **Target groups and methods** The Department of Communicable Disease Control in Region Västra Götaland co-ordinates a program, starting in 2000, directed to personnel at STI-clinics, antenatal health clinics, gynaecological surgeries, abortion clinics and youth health clinics. The methods include networking, education of personnel and workshops, enabling co-ordination of routines and strategies between different specialities. **Items for the training sessions** have been diagnosis and treatment of STI, partner tracing, counselling, contraception, abortions and unwanted pregnancies as well as other issues concerning sexual and reproductive health. The work is performed in a cross sectional manner and a long term perspective. The program is process orientated, continuously evaluating the results in order to plan further work and necessary action and aiming at durability of routines. Politicians and other decision makers have been continuously informed about the progress made. **Results** Projects like a regional “Chlamydia week” and the introduction of Internet based testing for Chlamydia have been initiated. A political decision has been taken to start a new type of clinic focusing on prevention where different expertise, from for example gynaecology, venereology, sexology and psychology is being represented. A regional centre is being created for research and the spreading of knowledge in the region. The trend is that the incidence of Chlamydia is decreasing.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP6-13

#### NATIONAL ACTION PLAN FOR SEXUAL AND REPRODUCTIVE HEALTH PROMOTION IN FINLAND

*Elise A-L Kosunen, Maija Ritamo*

In January 2006, the Ministry of Social Affairs and Health established a working group for the promotion of sexual and reproductive health in Finland. Governmental goals for national health programmes in Finland are, among others, to promote adolescents health and well-being as well as to diminish socioeconomic differences in health. One of the major goals of this action plan is that sexual and reproductive health promotion would be identified and acknowledged as an important field of activities in achieving the general goals of public health. The stated aims of major international organisations active in this field (UN; WHO; EU) will be taken into account. The promotion of sexual and reproductive health calls for actions in different fields and different levels of society. The action plan will set goals and give recommendations for the issues as follows: • sexual counselling • sexuality education in schools • delivery of knowledge and information to the whole population • reorganization of sexual and reproductive health services • counselling before and during pregnancy • intrapartum and post-partum care • provision of contraception for adolescents and adults • managing termination of pregnancy • treatment and prevention of sexually transmitted infections and chlamydia screening • prevention of sexual violence and abuse, treatment of victims • improving knowledge and skills of professionals in education and social and health care • development of national statistics and registers as well as indicators for monitoring sexual and reproductive health • strengthening research in the field of sexual and reproductive health • national, regional and local co-ordination and collaboration • implementation follow-up of the action plan The national action plan will be ready and published in spring 2007, and the implementation will start immediately.

Conflict of Interest: None disclosed  
Financial Support/Funding: The Ministry Of Health And Social Affairs And National Resarch And Development Centre For Welfare And Health).

### OP6-14

#### REDUCING MATERNAL MORTALITY AND MORBIDITY RATE THROUGH CAPACITY BUILDING OF SAFE MOTHERHOOD LEADERS: A CASE STUDY FROM THE NIGERIAN PARTNERSHIP FOR SAFE MOTHERHOOD (NPSM) NIGERIA

*Olukunle Babatunde Daramola,*

**INTRODUCTION:** The Nigerian Partnership for Safe Motherhood (NPSM) was formed by the Federal Ministry of Health (FMOH) and indigenous non-governmental organizations as a collaborative initiative, not-for-profit, and non-governmental organization devoted to confront the inordinately high rate of maternal mortality in Nigeria. Despite Nigerias insignificant contribution to the World population (about 0.1%), available data show that 10% of the annual global estimates of maternal mortality ratio (MMR) occur in



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Nigeria. Accordingly, this therefore, stimulates the Partnership to develop a multisectoral approach through involvement of relevant stakeholders in promoting safe motherhood programmes in Nigeria. Consequently, the Partnership embarked on a project to develop leaderships for Safe Motherhood in 6 States of Nigeria with financial support from MacArthur Foundation. The overall objective of the project is to reduce the high rate of maternal mortality in Nigeria, and to promote the health and social well being of Nigerian women. **METHODS:** In achieving its set objectives, the Partnership conducted a training needs assessment survey in each of the six pilot states, representing the six geopolitical zones of Nigeria. The states are Borno, Cross River, Enugu, Kano, Lagos and Plateau State. The outcome of the situation analysis was used to develop Safe Motherhood leadership training curriculum. **RESULTS:** The training curriculum developed was used to train about 180 identified safe motherhood advocates in the project states. This further encouraged formation of NPSM Partners network, grown in membership to about 230 individuals and corporate organizations. Other developments include; official launch of the Partnership; bi-annual publication of NPSM Newsletter; and formation of yahoo e-forum listserv. **CONCLUSION:** The initiative has served as an eye-opener to various underlying causes of persistent maternal deaths increase in Nigeria. Moreover, it has further identified multisectoral collaboration as one of the fundamental efforts to reduce maternal mortality and morbidity rates in developing countries.

Conflict of Interest: None disclosed

Financial Support/Funding: 1. Macarthur Foundation 2. Ford Foundation 3. Nigerian Partnership For Safe Motherhood (Npsm)

### OP6-15

#### **SEROEPIDEMOIOLOGY OF HEPATITIS C ANTIBODY BETWEEN RURAL AND URBAN PEOPLE : A RETROSPECTIVE STUDY IN JUNE TO DECEMBER OF 2005 IN MALEKAN CITY , IRAN**

*Asghar Tanomand, Hassan Montazam, Maghsoud Kafshnooch*

**Introduction:** HCV, HBV, and HIV infection are common especially during recent decades. Co-infection between these three different diseases shows similar ways of transmission. The prevalence rate of HCV infection and of various HCV genotypes has significant geographic variability. HCV infection rates are approximately 1-2% in the United States and Europe. Some countries in South America, Africa and Asia have rates from 2.5-10%. Patients infected with HCV have an 80-85% chance that the HCV infection will persist and that they will go on to have a chronic HCV infection. Chronic HCV infection have multiple manifestations, the most common of which is chronic, progressive liver disease associated with inflammation and fibrosis that in some patients may progress to cirrhosis .and also hepatitis is a STD, therefore study of it is very necessary. Evaluation of HCV by serologic methods can plan an important role to provide prevention programs. **Aims and methods:** In a cross sectional study from June to December of 2005, Blood samples of 346 people, who were stayed in Malekan city,(west of Iran) were collected. After serum preparation, HCV Ab Total was

estimated by ELISA method by double check. Then we analyzed information by SPSS version 14 in the base of sex, age groups, socioeconomic factors related to disease included in their questionnaire. **Results:** The results show the presence of HCV Ab Total 3% for males and 1.5% for females. There was no significant difference in HCV prevalence between males and females (p- 0.17). The age-specific rates, which were similar in both sexes, indicated the lowest rate in 0-6 years group (0%) with a strong increase in the older age group (6%). There was the good relation between educational rates of cases with prevalence rate. **Conclusion:** There was a marked regional variation in anti-HCV prevalence; rural inhabitants had a higher prevalence than urban residents but there?

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP6-16

#### **EFFICIENCY OF EDUCATIONAL PROGRAMMS ABOUT STI. A RETROSPECTIVE STUDY IN 2005, IRAN**

*Seyed Hassan Montazam , Aliasgar Sany, Maghsoud Kafshnochi, Asgar Tanomand,*

**Introduction and objectives;** STI are common especially during recent decades. Co-infection between various STI shows similar ways of transmission. In the mention of exist of STI and its developmental centers in the third world countries especially Asia, we chose the students as a good samples of young part of society. Then, their knowledge about STI was studied based on their studied courses, before and after educational program. **Methods:** In a descriptive cross- sectional study, the awareness of 400 men and women were studied by questionnaire with 25 questions in Bonab Islamic Azad University. After educational program 520 men and women participated for awareness studying. Results were analyzed by SPSS software version 14. The questionnaire included socioeconomic and knowledge about STI (HCV, HBV, HIV, Tricomonas, HSV, syphilis, PID, and urethritis). **Results:** Before educational program, the most of students have good awareness about STI topics (80.12% with 10.09 standard derivations). The Less information were about the ways of the transmittance and risk of disease in their life environment. There was significant relation (p=0.029) between awareness and educational course but no relation with gender. Also awareness was not related to their parents literacy (P>0.05). The most awareness was seen for HIV, but the low rate was showed for HSV and trichomonas. After educational program, the awareness about the ways of transmittance and risk of disease in life area were 96.1% and 95.9%. There was significant relation (P= 0.011) between awareness rate and education. **Conclusions:** Education is the best way of STI prevention between Students (a group of young people, who make a big part of developmental countries). Because in Iran and other countries of Asia, STI have been expanded. In the present time, the most transmittance rate of STI was seen by sexual intercourse.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



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### OP6-17

#### UNUSUAL SEXUAL RELATIONSHIP OF SOME COUPLES IN GORGAN

*Tayebe Ziae*

Introduction and objective: Oral, anal sex and or having sexual relationship during menstruation are types of relationship that, in some cultures seen as a normal relationships in some period of time, and in other cultures, they are forbidden and wrong. In Islamic countries like Iran, there are no referable scientific statistics of these couples behaviours. Therefore, this study was done with the object of determining the existence or lack of it from the view of female. Method: Descriptive study was done in Gorgan (83-84). Although, there was no valid statistics, number of sampling was 110 people which calculated by statistical calculation. Questionnaires which assessed reliability and validity of it was used. Data were analyzed by descriptive statistics. Results: 66.7% of couples used different sexual activities during menstruation. Because each study unit could name more than one activity, these were: vaginal intercourse 18.59%, anal sex 10.49% and oral sex 15.14%. Although, 75.56% of sexual activities were without any intercourse (kissing and touching). Couples who had anal intercourse claimed that it was a request from their husband and about 26% said request was from themselves. Couples who had oral sex, 50% said the request was from their husbands, 44% from themselves, and 6% from both of them. Conclusion: By looking the result of the research, one can see the sexual behaviours which are unacceptable or wrong from the point of view of culture and religion (Islam), (anal sex). And or, there are special circumstances which this kind of sexual activity is permitted (oral sex during menstruation), so apart from religious and cultural point of view the possibility of infectious diseases such as AIDS are more. It is recommended that the above mentioned activities should be corrected with the help of educational models and cooperation of medical and religious experts.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP6-18

#### BECAUSE THERE IS A MORNING AFTER: EMERGENCY CONTRACEPTION CAMPAIGN DIRECTED AT YOUNG WOMEN 16-24

*Barbara Kemp Huberman,*

Over one half of all pregnancies are unplanned. They may be due to contraceptive failure or to lack of contraceptive use. It has been well documented that access to contraception has many barriers for young women especially. Emergency Contraception could significantly reduce these pregnancies if it were accessible and affordable. This presentation will describe a unique, privately funded, statewide Emergency Contraception (EC) social marketing campaign directed at young women 16-24 in one southern state in the USA. The key components include: -development of public education materials for youth and for providers. training youth as peer educators to promote EC -training health, social service, and education professionals about EC -web site developed specific to the

state wide campaign .seed grants for EC promotion to college campus groups and community health education organizations .media materials and strategies -surveys pre implementation of the Campaign of pharmacy access, teen knowledge, and provider availability to dispense EC. All surveys to be repeated annually after campaign has begun Campaign materials, including print and electronic will be shared as well as the impact to date.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP6-20

#### THE FACTS OF LIFE LINE

*Diane C Lees, Laura Tayler-Hanson*

The Facts of Life Line is a toll-free sexual health information and referral line located in British Columbia, Canada. The goal of the line is to provide anonymous, confidential, unbiased service to clients of all ages and backgrounds. This line is unique in Canada and is staffed by registered nurses and trained volunteers. The objectives of the presentation are to: - provide a brief history of the Facts of Life Line - outline the skills and training needed for staff to successfully provide specific sexual information - show examples of successful advertising strategies - describe the database developed to collect information on calls - provide examples of the types of calls taken on a typical day on the Facts of Life Line. Throughout the presentation; the challenges, limitations and benefits of a phone line on sexual health will be discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP7-1

#### SEXUALITY, INFERTILITY AND FERTILITY TREATMENTS

*Catherine A. Mahoney*

Today one out of 6 couples are believed to have a fertility problem in our society. Sexuality and fertility are linked both culturally and physiologically so when people are diagnosed with a fertility problem it can have a direct link to sexual difficulties. It can also have a direct link to one's sense of masculinity or femininity. The current affront to people's sexual self and relationships is dualistic and derives from their response to 1) the infertility and 2) the demands of treatment. So at a time when people are feeling particularly vulnerable, how can individuals/couples maintain connectedness, intimacy or eroticism in sexuality, when they really do have to perform to solve the problem of reproduction in a medical context which is highly invasive and public. The psychological impact of this unseen physical problem which renders people unable to participate in a life available to the dominant culture impacts sexually on people in several ways and this will be outlined in the presentation. Add to this sometimes pre-existing sexual concerns and traumas; the impact of loss and failure on self-esteem, self-identity, body image, relationships, cultural beliefs; the impact of medical treatment and invasive procedures; the accompanying loss of control and the





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chronic long-term nature for many before a resolution evolves in a pregnancy or facing alternative life options. Catherine Mahoney, previously a sex therapist at Relationships Australia for 13 years and now working at Repromed, a Reproductive Medical Unit in Adelaide, brings insight into the intimate issues presented by clients and offers some ways of thinking and working with individuals and couples around the sexual dilemmas they face - how to remain sexually connected while living with chronic sorrow and under extraordinary pressure to perform.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP7-2** **RIGHTS, RESPECT, RESPONSIBILITY: A NEW** **PARADIGM FOR ADOLESCENT SEXUAL HEALTH**

*Barbara Kemp Huberman*

In 1998, Advocates for Youth, based in Washington DC, began to explore why America had such high rates of pregnancy and STI's to teens compared to other developed countries. An annual 21/2 week study tour to Germany, France and the Netherlands has become the cornerstone for the creation of a dynamic campaign based on the lessons learned from these study tours. Adolescent health professionals, policy makers, educators, community volunteers, media representatives, funders, and youth themselves have had the opportunity to experience the cultural, social, educational, and policy differences between the countries. The Rights.Respect.Responsibility. {3R's} Campaign is a public education and social change model that empowers young people to acquire the knowledge, skills and motivation to make healthy responsible choices in their sexual lives. The impact of this 3R's campaign from 1998 to present will be shared as well as specific examples of how Advocates for Youth and over 200 study tour participants have changed policy and practice in their agencies, communities and/or states.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP7-3** **SOME CHANGES IN SEX DURING MENOPAUSE PERIOD OF WOMEN IN HANOI**

*Nguyen The Luong*

Introduction : Menopause is a natural physiological phenomenon. Menopause usually accompanied with some changes in psychology, trouble vasomotor, urinary disease and other long-term diseases such as osteoporosis, cardiovascular diseases. The changes in sex is also a problem occurred with women in this period. This problem needs our attention, however it has not been studied in Vietnam yet. Subject: The subject is women who have natural menopause for 2 years and above. Method: A cross-sectional survey was carried out in Hanoi. The data were processed in computer by software EPI-

INFO 2002 Result : 1. Characteristics of the Subject :1,006 women participated in this research have average age of  $59.36 \pm 6$ : The mean of menopause age is  $47.87 \pm 3.4$ . Menopause in women aged from 46 to 50 years makes up highest percentage (53.7%). 2. Some troubles in sex and reproductive organs The menopausal women have sex life are 51.6%. This rate is reduced with the time of menopause. The differences are statistically significant. ( $P < 0.01$ ). The rate of women with lessened sexual desire is very high (95.8%). The rate of menopausal women having transitional dyspareuria is 61.7%, this rate of the groups having menopause for < 5 years, 5-10 years and >10 years is 58.3%; 59.1% and 71.4% respectively. The rate of menopausal women having genital prolapse is 11.3%. The women having anterior prolapse make up highest percentage (4.4%). The rate of vaginal prolapse of third degree was 1.4% and this symptom almost happened with the group having menopause for more than 10 years. It means that the longer menopause period is, the more serious vaginal prolapse becomes. Conclusion It is recommended that effective strategy should be promoted to increase the sexual health care for this period of life.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP7-4** **COMPARISON BETWEEN FERTILE AND INFERTILE** **COUPLES FOR SEXUAL SATISFACTION AND DYADIC** **ADJUSTMENT**

*Isabel Leal*

OBJECTIVES: In Portugal infertility is becoming an important public health problem. Couples start to have children near the age of 30's, and the modern stressful life style does not facilitate to become a parent: the result is the decreasing fertility ratio that for the Portuguese people is one of the lowest in Europe. The aim of the present study is to compare two groups of couples-fertile and infertile couples-for marital satisfaction and sexual satisfaction. METHODS: Participants were 242 couples, 120 fertile and 122 infertile, belonging to similar age group. Inclusion condition for infertile couples is that infertility is of unknown cause. Data collection of infertile couples took place in Maternidade Dr. Alfredo da Costa, Lisboa (Maternity Hospital). The Sexual and marital satisfaction was assessed with two specific developed questionnaires for Portuguese participants: The Index of Sexual Satisfaction and the Dyadic Adjustment scale. We used also a sample characterisation questionnaire. The study was comparative and correlational. RESULTS: Results show statistically significant differences for sexual satisfaction and dyadic adjustment between the two groups. CONCLUSIONS: Infertility seems to impact the couples psychosocial functioning not only in sexual satisfaction but also in the different levels of the dyadic adjustment. The repercussions of this situation need more deeply research.

Conflict of Interest: None disclosed  
Financial Support/Funding: Instituto Superior De Psicologia Aplicada & Sociedade Portuguesa De Psicologi D Saude



### OP7-5

#### SEXUAL EXPERIENCE AND PASSAGE OF TIME

*Tayebe Ziaei, Elham Khoury*

**INTRODUCTION AND OBJECTIVE:** The quality of sexual relationship in marital life is affected by organic and non organic factors. The most important factors of non organic are social-religious beliefs and experiences. What is experience? Does it only result from the passage of time? And/or, beliefs of other people's experiences in our mind that can make up previous knowledge. This previous knowledge makes a ground for sexual behaviours and new experiences. Does the passage of time play a role in sexual relationship? For gaining an appropriate reply, sexual experience of married women in Iran-Gorgan city in two different times was taken in to consideration. **METHOD:** Descriptive study was done on women who were sexually active. Questionnaire were distributed amongst 400 qualified women volunteers, which 129 were received by the researchers. Specific questions were in this category that how was the experience of women in their first intercourse and next ones (at least one year after marriage). Data were analysed with the use of descriptive statistics. **RESULTS:** The most experience of samples in the first intercourse were respectively: fear of harm (40.3%), pain (36.4%), pleasure (31%), shame (30.2%). Experiences in the next intercourse were not only they mentioned fear of harm but also percent of pain and shame decreased respectively to 3.1 and 5.4 and simultaneously pleasure was increased (48.1%).

**CONCLUSION:** Compared with sexual intercourse experience the most outstanding point has been the replacement of negative feelings with positive ones. Therefore, it is probable that the cause of more accompaniment of the first intercourse with fear and pain is the beliefs that are created in mind by other people. Then, it seems that we can change negative experience to positive in the first intercourse by giving necessary information and solutions for having the quality of sexual relationship. For achieving this goal we recommend use of pre-marriage counselling meeting.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP7-6

#### HIV-INFECTED MOTHERS REASONS FOR CHOOSING INFANT FEEDING METHOD: THE DILEMMA POSED BY HIV

*Ugrasen Pandey*

This study investigated HIV-infected mothers choice of infant feeding method; the factors mothers considered in making the choice and their compliance to the feeding methods chosen. The data are drawn from in-depth interviews with 17 HIV-infected mothers participating in a prevention of mother to child transmission (PMTCT) trial in Mainpuri and Firozabad in the western region of UP. The local feeding guide was: 3 to 6 months exclusive breastfeeding followed by abrupt weaning or the use of infant formula. Safe breastfeeding practices were also encouraged. Infant formulas were not provided by the trial. Among the 17 mothers, seven had exclusively breast-

fed for three to six months and weaned, six were practicing mixed feeding, and four were exclusively breastfeeding at the time of the interviews. The reasons mothers chose to breastfeed were poverty, to avoid disclosure of their HIV status and the risk of stigmatization. Mothers were also constrained by poverty to use replacement feeds of nutritional adequacy. It was apparent that the mothers had not received adequate information to understand the PMTCT strategies. Complete avoidance of breastfeeding is the safest way to prevent MTCT, yet avoidance of all form of breastfeeding by the HIV infected mothers was impossible. Exclusive breastfeeding for 3 to 6 months was the most feasible, practical and culturally acceptable feeding method.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP7-7

#### A CONTRASTIVE RESEARCH ON THE BEFALLING OF CHILDHOOD SEXUAL ABUSE AMONG CHINESE TEENAGERS IN CHINA AND AMERICA

*Mingyu Deng, Shiyao Lao, Li Ding*

**Objectives:** To find out about the prevalence of childhood sexual abuse among Chinese teenagers in China and America, and to explore related influencing factors of childhood sexual abuse. **Methods:** Two hundred teenagers in China and one hundred eighty Chinese teenagers in America were surveyed by self-made anonymous questionnaire of childhood sexual abuse, Achenbach Child Behavior Checklist and SCL-90 in May 2006. **Results:** The survey results showed: In China, 19.3% of teenager had experienced one or more following sexual abuse before twelfth age: verbal sexual harassment is 12.5%, petting and kiss of the nipples and buttocks is 11.2%, petting and kiss of the genitalia is 9.8%, someone's genitalia exposure is 7.2%, attempted sexual intercourse (rape) is 3.6%, and sexual intercourse is 2.5%; In America, 33.2% of Chinese teenager had experienced one or more following sexual abuse before twelfth age: verbal sexual harassment is 31.4%, petting and kiss of the nipples and buttocks is 27.6%, petting and kiss of the genitalia is 25.2%, someone's genitalia exposure is 22.7%, attempted sexual intercourse is 8.4%, and sexual intercourse is 6.3%. Multinomial Logistic Regression Analysis showed childhood sexual abuse were significantly associated among China and America ( $P < 0.05$  or  $P < 0.01$ ). **Conclusions:** childhood sexual abuse is common in China and America, which strengthen sexual education in kindergarten, school and communities, especially prevention education to childhood sexual abuse.

Conflict of Interest: None disclosed

Financial Support/Funding: International Association Of Chinese Medical Specialists & Psychologists (Iacmsp)



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### OP7-8

#### SEXUAL BEHAVIOR EXPLAINED FROM A SOCIAL CAPITAL PERSPECTIVE: RESULTS FROM THE NATIONAL LONGITUDINAL STUDY OF ADOLESCENT HEALTH

*Eric R. Buhi, Patricia Goodson*

**Introduction and objectives:** Programs aiming to prevent teen pregnancy in the U.S. have largely attempted to influence individuals behaviors by increasing knowledge, shifting attitudes, and changing beliefs about sexuality. Efforts which maintain a narrow focus on individuals risk behaviors fail to acknowledge, however, that behavior is also influenced by multiple determinants including social and physical environments. The purpose of this study was to explore the issue of adolescent sexual behavior from an alternative viewpoint, that of a family, school, and neighborhood social capital perspective (Coleman, 1988). **Methods:** This study draws on nationally representative data from the U.S. National Longitudinal Study of Adolescent Health. We conducted a logistic regression analysis, using the SUDAAN, to determine whether social capital variables predicted the odds of virgin 7-12th grade adolescents transitioning to nonvirginal status, over time. **Results:** Of the 3,120 adolescents who reported never having had sex at Wave I, 610 (19.6%) responded that they had had sex 1 year later. Only 1 of the 6 family social capital variables was associated with sexual behavior at Wave II. Communication with parents emerged as a statistically significant predictor, however, in the unintended direction. Adolescents reporting stronger communication with their parents were more likely to report ever having had sex at Wave II (OR = 1.38,  $p < .001$ ). Family bonding, family cohesion, shared activities, parent-reported bonding, and parent involvement in civic activities failed to emerge as meaningful predictors. The 2 school social capital variables, school connectedness and participation in school activities, were not significantly associated with sexual behavior. Neighborhood social capital, operationalized as adolescents connection to their neighbors and neighborhoods, also failed to emerge as a meaningful predictor. **Conclusions:** Although very useful in other literatures, social capital, as conceptualized in the current research, may not explain youth sexual behavior change over time.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP7-9

#### RESULTS OF THE MONTREAL ALL ABOUT USS SURVEY (THE UNIVERSAL SEX THERAPISTS, EDUCATORS AND RESEARCHERS SURVEY)

*Moshe Mock, Mijal Luria, Susan Voyer, Sandra Byers*

**INTRODUCTION AND OBJECTIVES** Although there is now considerable research on sexual attitudes and behavior around the world, little is known about Sex Therapists, Educators, and Researchers (STERs) themselves. STERs are continually exposed to human sexuality in all its different expressions. On one hand, they often have a comprehensive sexual education and harbor few misconceptions about sexual behavior. This training often provides

legitimacy for their own sexual behavior and may even enhance their personal sexual motivation. On the other, they may deal on a regular basis with stories of sexual and emotional abuse and distress. The objectives of our study were to explore in this group some background aspects, beliefs and behaviors, relationship characteristics, sexual function, and the perceptions of change as a result of their work. **MATERIAL AND METHODS:** 1200 participants in the XVII World Congress of Sexology held in Montréal, Canada, in July 2005, received the questionnaire. The questionnaire was available in English, French and Spanish versions. Ballots boxes were located in the main hallways for collection. **RESULTS:** 252 (21%) responded to the questionnaire. On average, STERs rated the sexual education provided to them by their parents as neither good nor bad. In terms of sexual difficulties, 18% of female and 10% of male STERs reported having had at least one sexual difficulty in the last 6 months. Almost two-thirds (65%) of the women reported having experienced orgasm by vaginal penetration (without clitoral stimulation). The most prevalent reasons for becoming a STER were because: this field is interesting, this field needs more professional attention, I want to help people/ students with sexuality problems. According to our results, working in this field is perceived by STERs as a positive influence on their sexual function.

Conflict of Interest: None disclosed

Financial Support/Funding: Bayer Ag Israel, Katzat Israel

### OP7-10

#### ROMANTIC LOVE AND SAFER SEX: USE OF THE MALE CONDOM IN ADOLESCENTS AND YOUNG PEOPLE

*Leah S. East, Debra Jackson, Louise O'Brien, Kathleen Peters*

Sexually transmitted infections (STI) are a major international health issue, and adolescents and young adults are particularly vulnerable. Efforts to address the rapid spread of STI have largely focussed on promoting the use of condoms as a protective safer sex measure. However, despite widespread public campaigning promoting safer sex through condom use, the use of the condom is still inconsistent, and the incidences of STI continue to increase. This paper explores the literature to gain understandings into issues influencing condom use in adolescents and young adults. A number of issues are identified that impede decisions to use protection against STI. These include a lack of knowledge about STI and their prevalence, confusion because of ambiguous language around contraception and safer sex practices, and the difficulty faced by young women in negotiating safer sex and insisting on condom usage. In addition the notion of romantic love confounds the assessment of risk and can render young people, particularly young women ineffective in negotiating safer sex practices. Implications for theory and practice are drawn from the findings of this paper. Recommendations include the need to ensure clear unambiguous messages for young people to reduce confusion about the roles of contraception and safer sex, and recognition of the issues specific to adolescents and young adults negotiating sexual encounters.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



### OP7-11

#### SEXUALITY BELIEFS AND BEHAVIORS AMONG MEXICAN UNIVERSITY STUDENTS

*Laura T Flores-Gonzalez, Osmar Matsui-Santana, Fabiola Angel-Baltazar, Araceli Cortes-Camacho*

**Introduction:** In México, cultural influences develop beliefs and values that modify attitudes and behaviors among youngsters and between women and men. Parents and teachers don't know when and how to apply sexual education for youths that could help them to develop abilities to take responsible and right decisions about sexual life. **Objective:** To explore sexual development characteristics and sexual behaviors among university students. To identify gender differences associated to cultural influences. **Methodology:** Observational and descriptive study by a self-administered, anonymous and confidential questionnaire applied to students randomly selected at Universidad de Guadalajara, Mexico. **Data analysis include CTM and X2 Results:** 560 valid questionnaires. 66% of them correspond to women and 34% to men. Average age 20.3 y/o + 3.06. 61.8% they never or few talk about sex with family; 32.1% they talk about sex questions with peers, 24.8% with mother, 5.2% with father and 4.1% with their teachers. Almost 60% they agree with coital practice before marriage. 41% have had coitus and only 30% of them used some STDs or pregnancy prevention methods. 25% they practice oral sex and 10% anal sex. About 45% they think that men have more sexual needs than women and most of them are women. More than 40% think that homosexual behaviors are wrong. 60% they practice autoeroticism with gender differences. About 20% they have had unfaithful behaviors. **Conclusions:** These students have more confidence with friends to talk about sex than with parents as well as teachers are not able to talk about it. Cultural gender differences reinforce myths. It is necessary to provide sexual education and information guided toward the change of attitudes that let young people to assume the right to take a sexual life and to make responsible and successful decisions in this respect.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP7-12

#### ADOLESCENT SEXUALITY INFORMATION IN KENYA

*Nancy M Njambi*

The fact that some adolescents are sexually active is often constructed as problematic. Attempts to moderate or govern adolescent sexuality involve legislation, education and the promotion of abstinence. The provision of comprehensive school-based sexuality education to adolescents is often controversial with opposition being frequently based on the erroneous assumption that sexuality education acts as an incitement to behaviour rather than a moderator of behaviour. An oppositional strategy of promoting only abstinence and foregoing any balanced discussion of contraception and realistic strategies to avoid or manage sexual behaviour, while appealing to some, shows little evidence of improving the sexual safety of young people. Young people's sexual cultures are extremely

dynamic – a fact that challenges the provision of education that adequately reflects young people's experience. The redefinition by young people of oral sex as being something other than sex is an important example of the ways in which sexual cultures can change in ways that create fundamental challenges to the design of appropriate interventions. Similarly, the need to include sexual diversity in dealing with young people further exacerbates the already controversial nature of sexuality education in some quarters. Drawing on a range of recent, and not so recent, studies of young people's sexual behaviour, some evidence will be presented of progress to date and some potential current and future challenges will be identified.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP7-13

#### THE RELATIONSHIP BETWEEN DEPRESSIVE SYMPTOMS AND SEXUAL RISK BEHAVIOURS IN ADOLESCENTS LIVING IN SOUTH WESTERN SYDNEY

*Joey Q N Le, Andrew M Pethebridge, Vikki Sinnott, Philip B Ward,*

**AIM:** The present study investigated the rates of self-reported depression and sexual behaviours amongst adolescents in South-Western Sydney, and examined the relationship between these behaviours in this population. **METHODS:** Seventy-six adolescents aged 16 to 19 years completed an anonymous questionnaire between July and August 2005. This assessed demographics, depression status (using the Centre for Epidemiological Studies Depression Scale), and sexual behaviours. Sexual behaviours were assessed using a modified version of the Secondary Students and Sexual Health questionnaire. **RESULTS:** The sample consisted of 45 males and 31 females of mean age 17.25 years (s.d. 1.12). Rates of depression (29%) and sexual behaviours (73% reported sexual intercourse) were higher in this sample than representative Australian samples. Depressed adolescents were significantly more likely to: 1. Not agree that they had good relationships with their mother ( $p = 0.02$ ) or father ( $p < 0.001$ ), and not agree that their families were supportive of them ( $p < 0.01$ ). 2. Not agree that they were confident in refusing unwanted sex ( $p = 0.04$ ) and not agree that condoms were important for preventing pregnancy ( $p = 0.02$ ); 3. Have experienced at younger ages; sexual touching of a partner ( $p = 0.01$ ) and by a partner ( $p = 0.02$ ), giving and/or receiving oral sex ( $p = 0.01$ ), and intercourse without condoms ( $p = 0.02$ ); and 4. Report fewer positive feelings after experiencing sex ( $p = 0.03$ ). Although the rates of depressed adolescents reporting risky sexual behaviour were higher than for non-depressed adolescents, this was not significant (all  $p > 0.05$ ). **CONCLUSIONS:** Attention should be directed to identifying adolescents who are depressed, particularly males, so that appropriate treatment can be offered. Psychiatric service providers should inquire about the sexual health of depressed adolescents. Policy makers should consider providing sex education at younger ages.

Conflict of Interest: None disclosed

Financial Support/Funding: Hiv And Sexual Health Promotion Unit, Sydney South West Area Health Service (Western Zone)



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### OP7-14

#### **EMPOWERMENT THROUGH STORYTELLING: INCREASING AT-RISK YOUTHS HEALTH THROUGH AN HIV/SUBSTANCE USE PREVENTION PROGRAM**

*Andrew S. Walters, Annabelle Nelson*

We report developmental outcomes for Latino-identified adolescents participating in a community-based intervention. Participants included 300 Latino/a youth ages 12-15 living in Phoenix, Arizona (USA). Neighborhoods where youth lived are characterized by high unemployment, poverty, and availability of drugs. The Storytelling for Empowerment intervention was developed and implemented. The program integrates cultural affiliation and identity, cognitive problem-solving skills, and peer-led diffusion theory. A quasi-experimental research design compared participants pre and posttest responses to HIV knowledge, HIV/STI prevention, and items assessing personal efficacy for delaying sexual behavior. We report analyses from multiple cohorts of the intervention. At pretest, youth generally report little to no substance use or partnered sexual activity. In addition, youth report lower ratings of self-confidence in deflecting unwanted sexual advances and offers of alcohol/other substances by peers. Post test analyses reveal that intervention participation increases perceptions of harm for alcohol and other substances, increases knowledge of HIV/STIs, and increases perceptions of self-efficacy in declining offers of sexual activity or substances by peers and friends. Intervention curricula include activities designed to increase pride in cultural identity; outcomes from these components of the intervention are related to youths reported commitment to avoid substance use and unsafe sexual behavior, and to the development of positive life-goals which students share with their families. We address the successes of this intervention for both youth and their parents. This project was funded by SAMHSA/CSAP and is listed by the US government in the National Registry of Effective Prevention Programs.

Conflict of Interest: None disclosed

Financial Support/Funding: Samhsa/Csap (United States Federal Government)

### OP7-15

#### **PREDICTORS OF ADOLESCENT SEXUAL BEHAVIOR AND INTENTION: A THEORY-GUIDED SYSTEMATIC REVIEW**

*Eric R. Buhi, Patricia Goodson*

**Introduction and objectives:** To better understand why adolescents initiate sexual activity at early ages, we conducted a systematic literature review guided by 8 key elements outlined in Fishbein's integrative theoretical framework. **Methods:** Using the matrix method for literature reviews, we extracted, from 69 published studies, statistically significant and non-significant findings (related to the attempted explanation of adolescents' sexual behavior/intention) and organized them using the various integrative model elements. We also assessed these publications' methodological quality including each study's deployment of theory, appropriate design, and data analytic techniques. **Results:** Intention, or motivation to have sex

was the most stable predictor of all integrative model elements in this body of literature. Such finding constitutes further test of the validity of this theoretical framework (and of other frameworks such as the Theory of Planned Behavior positing intention as the primary predictor of health behaviors), and adds to the theoretical developments within the field of adolescent sexual health. Youth perceptions of norms (peers' sex behaviors, peers' attitudes toward sex, and parental attitudes regarding sex) were fairly stable predictors of sexual behavior/intention outcomes in this literature. Lastly, studies found increased time alone with the opposite sex to be associated with increased sexual activity and early initiation of intercourse. This analysis revealed, however, a literature that has remained rather stagnant regarding its methodological quality, over time: We are faced with research that remains anchored in convenience-type samples and in analytical techniques which, for the most part, do not reflect the complexities of adolescent sexual behavior. **Conclusions:** Programmatic activities focusing on 3 elements in particular—intention, perceived norms, and time home alone (possibly through after-school programs)—may yield more desirable effects than efforts targeting other elements, according to this reviewed literature. Implications for adolescent sexual health promotion practice and research are discussed.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP7-16

#### **"I LOVE SEX BUT I'VE NEVER HAD IT..." : ADOLESCENT GIRLS WONDER AND WORRY ABOUT SEXUALITY**

*Melissa Kang, Bianca Cannon, Louise Remond, Susan Quine*

**Introduction and objectives:** Adolescence has a central place in the study of human sexuality and sexuality is recognised as a core aspect of adolescent development. Global imperatives to understand more about adolescent sexuality followed the advent of the HIV/AIDS era and much research today continues to focus on "risk", "safety" and associated behaviours. Self-reported concerns of adolescents about sexuality suggest that their concerns are broader than this, and that feelings and relationship issues are as important as concerns about reproductive and biological outcomes of sexual behaviour. The aim of this study was to further explore and categorise the concerns of Australian adolescent girls about sexuality. **Methods:** 1,000 unsolicited, emailed questions to a health advice column of a popular Australian teenage girls magazine were randomly selected over a 6 month period. The magazine targets Australian girls aged 14 – 17 years. Content analysis was used to code the main health concern, the orientation of the question (about self or relationship) and the primary advice being sought (information only, reassurance about normalcy and personal advice). Three independent coders categorised all the data. **Results:** The majority of questions were concerned with some aspect of sexuality. Broad categories include pubertal development, sexual arousal, same sex attraction, contraception, sexually transmitted infections and relationships. Analysis is still being completed. Final categories and subcategories will be described in detail. Final data will be compared with previous content analyses from unsolicited questions



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from magazine and radio media. The proportion of questions about sexuality appear to be increasing over time and becoming more explicit. Conclusions Adolescent girls have a wide range of concerns about sexuality. Sexuality education and research that focuses only on risk and safety fails to acknowledge the breadth and depth of adolescent sexuality, the individuals experience and construction of their own sexuality.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP7-17** **ALCOHOL AND ADOLESCENCE SEXUAL BEHAVIOR.** **PRELIMINAR STUDY**

*M. Cruz López, Antonio López, Encarna Sueiro*

**OBJECTIVE:** The objective of this work is to know the relationship between the consumption of alcohol and the sexual practices in the adolescence. **MATERIAL AND METHODS:** Descriptive, transverse study with a population of 389 students (until 19 years) of Pontevedra county (Galicia-Spain). They made a structured, voluntary, autoadministred and anonymous questionnaire with social, consumption alcohol and sexual behaviours variables. We use SPSS 12.05 for analysis of data. **RESULTS:** 24.2% is 16 years old, 26.2% 17 years, 24.7% 18 years old and 24.9% 19 years. 55.3% is girls. 96.4% is single. 294 youths consume alcohol. 37.07% consume alcohol occasionally and 60.8% the weekends. 47.6 % began to drink between 13 and 15 years old, 43.19% began between 16 and 18 years old. Usually drink with their friends (61.2%). The places where they consume alcohol are bares, pubs and discos (59.8%). 70.06% drinks at night. 74.14% is worry about the problems of health that are derived of the abusive consumption of alcohol. 211 began sexual practices. First coitus happened when they are among 16-18 years old (57.8%). In the last year, 14.2% had coitus 1-3 times/month. 15.6% had two couples. 81.5% used the condom. 87.2% is worry about the problems of health that are derived of the sexual practices without protection. We investigated the significant differences between sexual behaviours and consumption of alcohol. **CONCLUSION:** It is necessary to foment values, attitudes and healthy behaviors to reduce or to eliminate the behaviors of risks in the youths.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP7-19** **SEXUAL PRACTICES IN TWO GROUPS OF YOUNGS**

*Encarnación Sueiro, José Luis Diéguez*

**Objectives:** To know and to compare the sexual life the youngs under and over 20 years. **Method:** It's a descriptive transversal investigation realized with youngs under and over 20 years. All made a structured, voluntary and anonymous questionnaire with social and sexual variables. We make the data analysis with SPSS/Windows. **Results:** We make a descriptive analysis of social

characteristics and sexual behaviors of two groups of youngs and a comparative analysis between both. **Conclusions:** There's significant differences between the two groups of youngs in some of the sexual behaviours studied.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP7-20** **SEXUAL EXPERIENCE OF PARTNERS AFTER** **SUBTOTAL COMPARED TO TOTAL HYSTERECTOMY**

*Risa Am Lonnee-Hoffmann, Berit Schei*

Sexual experience of partners after total and subtotal hysterectomy Hoffmann R, Schei B. Department of Obstetrics and Gynecology, St. Olavs University Hospital, Trondheim, Norway **Introduction and objective:** Hysterectomy is the most common major gynecological procedure. The potential influence particularly on male sexuality has been sparsely examined. There is still ongoing debate about subtotal (SAH) versus total hysterectomy (TAH). The aim of this explorative study was to assess if mens sexual experience after hysterectomy changed and if there was a difference between SAH and TAH. **Method:** A random sample of patients having undergone SAH(n=60) and TAH(n=60) matched for oophorectomy was selected, based on the register in the operating theatre. Two sets of questionnaires were sent; one for the patient and one for her partner. Questions related to general satisfaction with treatment and specific questions about sexuality were addressed. **Results:** The response rate was 46%. One third of the partners had not discussed sexuality neither pre- nor postoperatively. Most patients and partners reported increase or no change in frequency of sexual activity after hysterectomy; no difference was observed between the SAH and TAH group. Sexual satisfaction was mostly reported to be the same or improved after the intervention both among women and their partners. Type of operation, age and oophorectomy did not have significant impact. Partners who reported poor sexual satisfaction before the operation were significantly more likely to report poor sexual satisfaction after the operation. **Conclusion:** The study shows that for the majority of women and her partner, subtotal or total abdominal hysterectomy does not negatively influence sexuality quantitatively or qualitatively. However, for partners with poor sexual satisfaction, the intervention does less frequently have a positive impact. This question needs to be addressed in preoperative consultations.

Conflict of Interest: None disclosed  
Financial Support/Funding: Clinical Research, During Clinical Work. No Other Funding.



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### OP7-21

#### HOW WOMEN MANAGE SEXUAL DIFFICULTY

*Cath Hakanson*

**Introduction and objectives:** The impact of sexual difficulties on well being and quality of life is well recognised. This research explores how women with previously satisfying sexual relationships manage sexual difficulty ie change in or absence of orgasms, sexual desire, sexual arousal, vaginal lubrication; and pain. **Methods:** The qualitative approach of Grounded Theory was used to interview 11 heterosexual women living in rural and metropolitan Western Australia. Women were recruited through chain referral sampling and theoretical purposive sampling. **Results:** All women gave narratives that included how they managed sexual difficulties. Sexual difficulties were managed through a number of strategies including information seeking, communication, renegotiation and recreation of the self. The majority of women sought help from health professionals in managing their sexual difficulty but were unhappy with the outcome. Readily available information on sexual difficulty was found to be lacking. **Conclusions:** Sexual difficulties appeared to be managed independently by the women through a number of strategies. These management strategies enabled the women to begin the process of self transformation to a position of being able to live with their sexual difficulties. This research highlights the need for health professionals to be more aware of the impact sexual difficulty as well as the need for information on sexual difficulty to be more readily available.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP8-1

#### PROSTATE CANCER AND SEXUALITY – FROM A PSYCHOLOGICAL POINT OF VIEW

*Hani Miletski*

In this presentation, the basics of what every Sex Therapist, Counselor, and Educator should know when dealing with a person or a couple who were diagnosed with Prostate Cancer will be presented. The diagnosis process and the treatment options and their possible complications, will be briefly discussed, while the focus will be given to the sexual and psychological issues men with Prostate Cancer and their partners face. Prostate Cancer treatment creates damage to nerves and blood vessels, thus getting sexually excited takes much longer, orgasm may feel different, ejaculation may be different or missing. It may also make a difference when it comes to erections; the rigidity of erections, how long the erections last, and the ability to get an erection in the first place. 70 to 90% of Prostate Cancer survivors have erectile dysfunction (ED) for some time or permanently. In addition, stress incontinence, fatigue, depression, and lack of sexual desire make sexuality a challenge for many survivors and their partners. The sexologist has to help the Prostate Cancer survivor and his partner to re-discover sexuality and sensuality. Prostate Cancer can be used as a

wake-up call to motivate the Prostate Cancer survivor and his partner to change their sexual habits and to revive their intimacy. In many ways, it is a golden opportunity for the couple to work together toward a much better sex life for both of them. The couple needs to learn that there is more to sex than intercourse, and that they could have fabulous erection-free sex. Ways to better the couples sexual and sensual relationship will be discussed, as well as specific tips for incontinence and erectile dysfunction treatments.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP8-2

#### THE BREAST CANCER WOMEN AND THE INTIMACY, SEXUALITY, AND BODY IMAGE SATISFACTION

*Ivone A.M. Patrão, Isabel P. Leal, João Maroco*

**Introduction/Objectives:** Dealing with breast cancer, an important cause of death in Portuguese women, can bring various negative consequences at relational level. To help women go through this experience it is important to assess the consequences in the marital relationship and body image after surgery. A study was conducted to assess the intimacy, sexuality, and body image satisfaction after surgery. **Methods:** In this exploratory study 120 women were assessed after surgery, at Dr. Alfredo Costa Maternity (Lisbon). **Results:** We found that, women that do a mastectomy, have less intimacy, sexuality and body image satisfaction. **Conclusions:** Data suggests that a psychological intervention with these women and the husband should be focus on emotional expression, to enabling a beneficial emotional response to breast cancer diagnosis of the couple.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP8-3

#### SURROGATE THERAPY WITH A PERSON AFTER TRAUMATIC BRAIN INJURY

*Shlomo Katz , Ronot Aloni, Miriam Brenner*

When a survivor after Traumatic Brain Injury (TBI) seeks help with sexual problems but does not have a partner and the therapist is convinced that initially finding a partner with whom to express his sexuality is difficult or impossible, it may be appropriate for that person to work with a surrogate partner, (Aloni, Katz (2003). W was 31 when he came to the clinic on the advice of his therapist from whom he was receiving cognitive as well as psychotherapy because of social and intimacy problems. When W was 23 he was involved in a traffic accident and as a result sustained head and severe facial injuries for which he underwent extensive medical treatments. Prior to the accident, he had never had a relationship with a woman, never masturbated and only ejaculated in wet dreams. W explained that he had decided on sex therapy mainly to increase his confidence, by learning and practicing what he was



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expected to do at each stage of a relationship. Therefore, the surrogate sex therapy process concentrated more on W's ability to develop trust, to date, to get closer and to become intimate with the opposite sex. During the therapeutic sessions it also transpired that W was suffering from retarded ejaculation, but the therapeutic team on the basis of their experience with W, concluded that it would be more effective to treat this problem while W was involved in an ongoing relationship. On concluding the surrogate experience, W met a lady and they decided to come for couple therapy. After six months, W had an orgasm with ejaculation for the first time in his life and this positive experience helped the couple to decide to get married.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-4 ELECTROEJACULATION AND ASSISTED REPRODUCTIVE TECHNIQUES IN MEN WITH SPINAL CORD INJURY**

*Tatjana Sramkova, Martin Sutory, Pavel Travník*

**Introduction and objectives** Every year there are more men (80-100) with spinal cord injury (SCI) in Czech Republic most often due to road accidents. Infertility in men is caused by two factors: anejaculation and poor sperm quality. It is necessary to obtain sperms medically through artificial ejaculation or surgically. Methods of artificial ejaculation include electroejaculation and vibrostimulation. **Objective:** To help anejaculatory men with spinal cord injury to be biological father. **Methods** Education and sexological counseling of the couple were first important step. The sample includes 30 infertile couples, where the man had SCI (26 paraplegics, 4 tetraplegics). For electroejaculation we used an electroejaculation unit – Seager Model 14. Based on sperm quality we recommended selection of assisted reproductive techniques – at acceptable sperm quality IVF (in vitro fertilization), at poor sperm quality the only suitable method of choice was ICSI (intracytoplasmic sperm injection). **Results** We carried out the sum of 199 electroejaculations in the years 1998 – 2005. First sperm examination showed necrospemia in 69% (18 men). After a series of stimulations astenospermia was the dominant spermiologic finding. We found improvement in time in reference to parameter of concentration in 69% (18 men); motility had improving tendency in 85% (22 men), but only in 2 men did it reach physiological levels on a regular basis. Out of 30 couples we have the total of 18 children: **Conclusions** Combined use of electroejaculation and intracytoplasmic sperm injection is excellent management for the paraplegic men who wish children.

Conflict of Interest: None disclosed  
Financial Support/Funding: Granted By Ministry Of Health, Czech Republic

### **OP8-5 THE RIGHT TOUCH - ENABLING SENSUAL TOUCHING**

*Alexa Rosengarten*

The diagnosis of Spinal Cord Injury (SCI) removes patients from accustomed personal, social and sexual interactions, both physically and emotionally. Touch and sensuality are important aspects of relating sexually. Loss of sensation and movement significantly affect the experience of touch, and may make it more difficult for people living with quadriplegia to both give and receive sensual touching. This can be very confusing and distressing for patients and their sexual partners and may put strain on sexual relationships. The issue of touch and sensuality needs to be considered as a legitimate part of rehabilitation to support patients quality of life and their sexual wellbeing. This paper will describe the development of creating sensuality products to assist people living with quadriplegia to expand their sexual repertoire by applying the concept of "sensual touching." This concept led to a multidisciplinary team approach being born to facilitate the adaptation of massage, art and craft items into sensual toys/aides. Health professionals in this process include: the sexual therapist, occupational therapist, and allied health technician for designing these sensuality toys/aides. **Conclusion:** The aim of this paper is to enable people living with quadriplegia to have more ways to offer sensual touching to their partner/s or themselves, and feel more empowered to expand their sensual/sexual repertoire and choices. \* Development and creation of sensuality products in relation to the concept of sensual touching has been developed by Alexa Rosengarten, Sexual Therapist © Copyright.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-6 SEXUAL REPLEASURING: MALE SUBSTANCE ABUSERS WORKING SEXUAL PLEASURE AS RELAPSE PREVENTION WHILE LIVING IN A THERAPEUTIC COMMUNITY**

*Jesus M. Estrada*

This work stresses on how a small male substance abuse group living in a therapeutic community was taught to use sexual pleasure as relapse prevention. The lecture shows the group process which was worked through the use of different counseling and therapeutic models such as Masters and Johnson, the PLISSIT model, the Difference Model, Mourier and Herriots sexual archetypes, trust exercises, socio-sexual scripts and socialization. This work aimed not to set a specific therapeutic modality between sex therapy and drug users in rehabilitation, but to give sex educators and counselors ideas that may be useful to explore sex as a relapse prevention strategy. The process was divided into five major phases: a) Playful/integration phase devoted to build trust and group integration. It worked in a playful, child-like spirit Mourier/Herriot's sexual archetypes, and PLISSIT's Permission to explore the possibility of new sexual patterns; b) Socialization and sexuality phase to work with the Puerto Rican culture view of male sexuality and





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Ira Reis social scripts; c) Physiology/physical phase which worked the physiology of sex out of drugs, Masters and Johnsons ejaculatory control, and Zilbergelds conditions for good sex theory to get each participant to know which physical conditions fit their physical-sexual needs/performances the best; d) Enrichment/sensory phase in which two sexological programs of The Institute for the Advanced Study of Human Sexuality in San Francisco, California (the Sexual Enrichment and Education and Sensorium programs) are applied to help participants experience new, drug-free levels of sexual enhancement-sensations. Participants worked also with what they understood were their own-as well as their social- incapacitating sexual concerns; e) Closing Phase in which recapitulation took place to help the experience have sense for participants. The lecture shows via testimonials, pictures, and documents this group sexual enrichment/enhancement process.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-7 SEXUAL HEALTH AND MEN WITH AN INTELLECTUAL DISABILITY: A POPULATION HEALTH APPROACH DRAWING UPON MASCULINITY THEORY.**

*Nathan John Wilson*

Introduction: Men with an Intellectual Disability (ID) and high support needs are reported in the ID specific literature as experiencing pathological and problem focused sexuality issues. These include sexual offending, inappropriate masturbation, anti-libidinal medication and inappropriate touch. Men with an ID and high support needs live in a service system dominated by females and a feminist view of mens health. This paper reports on a research project aimed at drawing upon theories of masculinity and population health to develop a salutogenic (positive, strengths-based) construction of the sexual health needs of men with an ID. Problem: A growing body of positive work exists concerning the sexuality and sexual health needs of women with an ID. This is in contrast to a small body of work concerning men with an ID lacking such a positive focus. Further, theoretical approaches to masculinity are embraced within a sexual health construct by an emerging mainstream movement – this has yet to be considered for men with an ID. Method: An ethnographic design aimed at discovering whether mainstream ideas of mens health and masculinity theory are considered for men with an ID by their carers. It is hypothesised the disability is acting as an impenetrable barrier towards the recognition of men with an ID as masculine beings with gender specific sexual health needs. The future: Data collection commences September 2006. It is hoped this research will contribute towards men with an ID being viewed from a strengths based perspective that celebrates masculinity and recognizes that as sexual beings, these men automatically have sexual health needs. A population health approach will be used to formulate a framework to enable support staff recognize and meet these needs.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-8 THE EFFECTS OF PROSTATE CANCER ON SEXUAL INTIMACY**

*Maria G Caetano, Peter Knight, Patricia Weerakoo*

The Effects of Prostate Cancer on Sexual Intimacy in Heterosexual Relationships M Caetano, P Knight, P. Weerakoon, University of Sydney; Introduction The aim of this study is to assess the effect of the diagnosis and management of Prostate Cancer on couple intimacy, such as to offer men and their partners recovering from Prostate Cancer a better understanding of what they may face, and inform health professions on how prostate cancer treatment outcomes are likely to affect a couples intimacy levels in relationships. Methods The methods used for this research project is Qualitative Research in the form of semi structured, in-dept interviews. Interviews are recorded and transcribed for the purpose of data analysis. Couples need to have been married or partnered for at least 15 years and be in a heterosexual relationship. Each person is interviewed separately and interview is recorded for data collection. The questions are designed to address specific areas of health, sexual intimacy, self-confidence, and relationship and Quality of Life satisfaction. Outcomes: This study will focus on the ways in which intimacy needs can be met in response to the psychological, physiological and behavioural changes resulting from the disease. This information will provide an evidence base for the production of educational materials that will assist sufferers of prostate cancer adapt to the changes resulting from their disease, and help their spouses and health professionals treating them develop strategies that ensure intimacy needs are met

Conflict of Interest: None disclosed  
Financial Support/Funding: Sydney University Of Australia

### **OP8-9 PLEASURE AND RISK: UNSAFE SEX AND CRYTAL METHAMPHETAMINE USE AMONG GAY MEN IN SYDNEY AND MELBOURNE, AUSTRALIA.**

*Sean F Slavin*

Introduction and objectives: This paper explores the social and cultural contexts of unsafe sex and methamphetamine use among a sample of gay men. It aims to provide a thick description of the sub-cultural milieu in which the practice of barebacking is popular and seeks to understand the productive social effects of these behaviors without denying the widely researched negative effects, such as addiction and HIV infection. Methods A combination of ethnographic fieldwork including participant observation conducted over a two year period and in-depth interviews were used to elicit detailed descriptions of sex and drug use practices and events. Data were kept as field notes and interviews were recorded and transcribed. A grounded theory approach was taken to analysis. A sample of twenty men is considered here. Results Participants gave accounts of intense pleasure associated with unsafe sex, drug use and risk taking. The latter was sometimes employed as a strategy for intimate bonding between sexual part-



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ners or simply to heighten the excitement associated with sex. Some participants did become infected with HIV or hepatitis C as a result of their behaviours but they saw these outcomes in the context of what were generally regarded as positive experiences. Conclusions Participants understandings of risk contained elements drawn from public health messages and this led to attempts to reduce potential harm to self and others. But participants also placed a significant emphasis on the pleasures associated with risk taking. A more sympathetic account of these behaviors, it is hoped, will stimulate efforts to reduce HIV infections and drug related harms among these men.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-10** **WORKING THROUGH THEIR BODIES: WOMEN, THEIR BODIES AND THE CANADIAN SEX INDUSTRY** *Leah Shumka*

Building on theoretical frameworks that conceptualize the body as a material and symbolic entity, this paper examines how women involved in the Canadian sex industry use their bodies to mediate the conditions of their social and cultural environment. The sex industry in Canada is, in addition to being a highly sexualized, stressful and economically marginalized occupation, entrenched with a complex and often contradictory set of cultural meanings. Women working in this industry are expected to provide pleasure in the form of beauty and sex. To be successful, they must navigate a fine balance between getting paid for providing a professional service while satisfying a customers need for intimacy and personal pleasure. Moreover, women are expected to conform to a highly idealized vision of femininity, which, in many instances, is in direct contradiction to the reality of women working in these jobs. The inherent difficulty of fulfilling cultural and societal expectations while maintaining personal integrity in jobs that are poorly compensated, potentially dangerous and physically demanding cannot be underestimated. Women were interviewed using life history and body mapping methodologies. What was revealed is that women are using their bodies to mediate feelings of inadequacy, incompetence, loneliness, alienation, frustration and dissatisfaction. However, these women are also acting on and reflecting cultural beliefs about health, work, the body and the flexibility and potential for recreating the self. In particular, the women in the study show resiliency through discursive ideas that they have the option (and indeed the personal responsibility) to transform, change, control, and reshape themselves.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-11** **PEOPLE LIVING WITH HIV/AIDS (PLWHA) BEING UNTO CONDEMNATION AND DEATH** *Ekierovie Ogheneochuko Josiah*

Issues: when we view the danger against the backdrop of death, we become demoralized and wait for the ultimate end to come, waiting for death. People living with HIV/AIDS (PLWHA) are greatly challenged in every society; they experience feelings of rejections and isolation, because many people show negative attitudes towards them. Sadly, many people who have already signed their death certificates by their families and society. However, we should remember that people living with HIV/AIDS (PLWHA) have the same right as every one else in our society, therefore they deserve to be treated with respect and fairness, regardless of the route of their infection. Discrimination is a violation of peoples fundamental human right; it may lead to isolation, loss of care, support and love of families and friends. Loss of jobs and financial difficulties. Discrimination increases the negative impact of the HIV epidemic. The principle of non discrimination is central to the human rights philosophy and practices and natural justice. All states governments, communities and individuals have the same responsibilities to respect and ensure human right for all individuals. Support them by not discriminating them, and we need to change our thinking abilities and help (PLWHA) reduce self-stigma, by helping them fight against the spread of the HIV virus into the society. Show them love at all times. A 1week special program for (PLWHA) was organized and was advertised as a time out for (PLWHA) where some vital issues were discussed. 1. Encouraging them to always disclose their status to their partners 2. Stress their indispensable roles in the fight against HIV/AIDS 3.

Conflict of Interest: None disclosed  
Financial Support/Funding: Volunteers Proactive Youth Network(Vpyn) Organization

### **OP8-12** **WOMEN, CRACK COCAINE ADDICTION AND THE SEX TRADE INDUSTRY: A STANDPOINT ANALYSIS** *Lauren M A Eakin*

Women, Crack Cocaine Addiction and The Sex Trade Industry: A Standpoint Analysis Lauren Casey, M.A. Coordinator Canadian National Coalition of Experiential Women The use of crack cocaine among sex workers has increased in Canadian society (Cooper, 2006). The purpose of this presentation is to explore the lives of crack-addicted women who have engaged in sex work. This research provides women with the opportunity to speak of their own experiences, limitations and concerns regarding crack cocaine addiction and sex work. More importantly, the research makes female crack-addicted sex workers more visible by providing a better understanding of the structural and material conditions surrounding their lives, including their own sexuality. Based on audio tape-recorded qualitative interviews, this research allows womens voices to be heard, offering a different approach than traditional methods of inquiry. Through the constant comparative method of analysis, the womens standpoint on crack cocaine addiction and sex work are



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developed based on their needs. A feminist standpoint that juxtaposes the current treatment community's response to crack cocaine addiction and sex work with women's experiences is then developed. The usefulness of this presentation lies in its ability to contextualize the practices and processes of the women's lives. By offering alternative treatment solutions and choices for women, this research offers innovative ways to address the complex issue of addiction and sex work, outlining the need for community, peer-based programming offered by various sex worker-specific agencies across Canada. The Canadian National Coalition of Experiential Women (CNCEW) is a national consortium of women activists committed to the advancement of equality and human rights for sex workers. The distinction of the CNCEW is that women with direct experience in the sex industry are in active leadership roles and challenge the idea that sex workers are victims without agency or capacity, promoting broader social and systemic change.

Conflict of Interest: None disclosed  
Financial Support/Funding: Status Of Women Canada

### **OP8-13** **PREVALENCE OF DYSpareunia IN THE Gynaecology OUTPATIENT CLINIC**

*Harvinder Kaur, Judith Goh, Hannah Krause*

**Introduction:** There are few studies on the incidence or prevalence of dyspareunia or pain associated with sexual intercourse in women. A search of the English literature revealed no reports of general rates of dyspareunia in the Australian setting. **Objectives:** To determine the prevalence of dyspareunia in the general gynaecology outpatient clinic. **Methods:** A prospective observational study was undertaken. All women attending the gynaecology outpatient clinics at the Gold Coast Health Service District over the 4 month period from May to August 2006 were invited to participate. Ethics approval was obtained prior to commencement of the study. Inclusion criteria were English speaking women over 18 years of age. The questionnaire was a structured interview conducted by a medical officer. Data obtained included type of dyspareunia (superficial, deep, both, unknown), and diagnosis of dyspareunia if known. **Results:** One hundred and seventy-two women participated in this study. Only 4 women attended with the presenting complaint of dyspareunia. Of the total 172 women, 101 (59%) complained of current or previous dyspareunia. One hundred and eight women (63%) were currently sexually active and of these, 74 complained of dyspareunia. The most common type of dyspareunia was deep (48%), followed by combined deep and superficial (32.6%), and lastly, superficial (13.9%). The diagnosis of dyspareunia was unknown in 70% of women. In the 30% of women who had a known diagnosis, the most common reasons were prolapse and endometriosis. **Conclusions:** Dyspareunia is very common in women attending the gynaecology clinic but is rarely the presenting complaint. It is vital to raise the awareness of this condition to health care workers in an attempt to improve sexual health outcomes for women.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-14** **IS YOUR CLITORIS IN YOUR VAGINA OR THE VULVA? WHAT IS A VULVA? A WOMAN'S PERSONAL PERSPECTIVE AND EXPERIENCE OF WHAT IS MISSING IN SEXUAL HEALTH AND SOCIETY – THE VULVA**

*Kath Mazzella*

This presentation aims to bring life to the vulva, bringing it out from the unknown or un-mentionable and giving it the recognition and status it deserves. It will highlight the stigmas, misconceptions and taboos that surround the vulva and ask how women, educators, health professionals and society can break down these barriers and move to a healthy and accurate knowledge of this vital part of female genitalia. These questions will be posed and related to you through the perspective of one woman. A woman who's experience of gynaecological cancer has taken her on an inspiring journey. A woman who went from knowing nothing about down there, to one who is now an empowered, assertive, understanding individual. The presenter will relate how her own experience alerted her to how women in the community suffer in silence and of the need to give these women a voice. She will take you through her quest to raise the profile of this issue within Australia, her successes - which include the establishment of the Gynaecological Awareness Information Network (GAIN), National Gynaecological Awareness Day - the lessons learned and the work that is yet to be done. She was also involved with the Australian Senate Gynaecological Cancer Enquiry. Key themes of the presentation include: i. Giving women better knowledge of, and responsibility for their sexual health. ii. Educators seeing it from a health consumers point of view. Working together. iii. Calling a spade a spade, a vagina a vagina, and a vulva a vulva. How by not speaking about or acknowledging this part of the body can suppress emotions, disempower women and cause significant psychological and physical health problems. iv. Encouraging women to be proud of their vulva instead of calling it something it is not: a vagina. Come and get inVULved!

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP8-15** **MIRTAZAPINE AND SEXUAL DYSFUNCTION**

*Milan B Stojakovic, Nada Banjac, Sanja Vukadinovic*

**Summary:** This pilot study investigated sexual functioning and antidepressant activity in depressed patients taking mirtazapine. Sexual dysfunction may be exacerbated by stimulation of post-synaptic serotonin 5ht2 receptors, a side-effect of most widely used antidepressant medications, especially the selective serotonin reuptake inhibitors (SSRIs). Mirtazapine is an atypical antidepressant with alpha 2 adrenergic antagonists and serotonin 5ht2 and 5 ht3 receptor blocking activity. In theory it should not result in sexual dysfunction. In open label study mirtazapine was administered for 8 weeks to 38 (20 women and 18 man) sexual active adult outpatients. Mirtazapine was titrated from 15 mg to 45 mg daily. Sexual functioning was measured weekly with the Arizona Sexual



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Experiences Scale (ASEX), and depression was measured weekly with the HAMD (Hamilton depression Rating Scale). In start of treatment, the individual 21-item HAMD scores were between 17 and 29, and none of them experienced any sexual dysfunction prior to treatment. Efficacy was assessed weekly by 21-item HAMD. After 6 weeks of treatment, the individual 21 item HAMD score was between 8 and 14. After 8 weeks of treatment the individual 21 item HAMD score was between 5 and 11, indicating significant improvement in depressive symptoms. Other adverse events, mild and transient in nature, were reported only by 6 patients, (somnolence in two, and weight gain in 4 patients). In conclusion, treatment with mirtazapine was effective in both depressed women and men and demonstrated no effect on sexual function.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP8-16

#### **SEXUAL DESIRE IN HYPOGONADISM: EFFECT OF TREATMENT ON COUPLES**

*Helen M Conaglen, John V Conaglen*

**INTRODUCTION & OBJECTIVES:** Hypogonadism, a condition principally due to very low levels of sex hormones or high prolactin, is treated by replacing testosterone or countering high prolactin levels. This condition typically causes low sexual desire and treatment offers an opportunity to assess the validity of measures of sexual desire in patients undergoing standard therapy to address their hypogonadism. In addition the impact of those changes on the patients partner is also important to understand. We present two studies of patients with hypogonadism, examining the effect of treatment on them and their partners in comparison with the desire and function of control couples. **METHODS:** All participants completed questionnaires related to sexual desire and sexual functioning at 3-month intervals during treatment. Hyperprolactinaemic and hypogonadal participants also had blood tests at 3-month intervals. **RESULTS:** When treated the women with hyperprolactinaemia all experienced significant increases in sexual desire and overall sexual function. There were no significant changes in their partners sexual desire during the treatment. However the men showed a tendency for their sexual satisfaction to improve. Men with hypogonadism all experienced significant improvements in sexual desire and sexual function with treatment. Their partners also experienced significant increases in sexual satisfaction following the mens treatment. **CONCLUSIONS:** Measures used reflected differences in desire that accompany changes in prolactin in women with hyperprolactinaemia, and serum testosterone levels during correction of hypogonadism in males. The implications of the results of each study in relation to the control couples will be discussed. We suggest that this study emphasizes the importance of understanding the dynamics of a couples relationship and not assuming that sexual function or frequency reflects sexual desire.

Conflict of Interest: None disclosed

Financial Support/Funding: New Zealand Foundation For Research Science & Technology

### OP8-17

#### **MASCULINITY, GANGS AND GENDER INEQUALITIES: AN EXPLORATORY STUDY OF GANG-AFFILIATED MALES PERCEPTIONS AND EXPERIENCES OF SEXUALITY AND GENDER RELATIONSHIPS**

*Evelyne Fleury, M Fernet*

**Introduction:** It is widely acknowledged that in gangs, there are gender inequalities and violence towards women. However, data on sexuality and relationships are rare, and viewpoints of gang-affiliated males virtually inexistent. **Objectives:** This qualitative study aims to explore gang-affiliated males perceptions and experiences of sexual exploitation and violence against women, gender relationships, sexuality and love. **Methods:** Ten males (18-25 years) with current or previous affiliation to gangs associated with crime or violence participated in semi-directed individual interviews. These interviews were analysed according to grounded theory procedures. ATLAS-TI v.5 software was used. **Results:** Results suggest that violent behaviour against women varies from gang to gang and among individuals in gangs. While some participants disagree with violence, no one voiced clear opposition to avoid peer rejection and violence. Most participants follow implicit rules that foster insensitivity, dominance or violence towards women. To prove their virility, they engage in multiple sexual encounters or gang rapes, sometimes against their will. However, the majority dream of being with a girl unaffiliated to a gang and who has traditional values. But their criminal, violent and sexual activities curb girls interest or create conflict in couples; in addition, peers pressure them to end their relationships in order to remain fully invested in gang activities. **Conclusions :** Gang-affiliated males experiences of sexuality and gender relationships cannot be reduced to violent behaviours. It appears necessary to further explore the sexological, affective and relational stakes of their experiences. Their diverse experiences demand rigorous evaluation of the degree of commitment to the gang, their violent and sexual behaviours and their relational needs, to name a few.

#### WITHDRAWN

Conflict of Interest: None disclosed

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### OP8-18

#### **PERIPHERAL IMMUNE PROFILES DURING MENSTRUAL CYCLES**

*Sibel Akyol, Sezai Sahmay, Ahmet Dirican*

**Background:** The effect of estrogen and progesterone on the reproductive organs, cellular immune system and cytokine response has been extensively investigated. **Objective:** This study, apparently the first, investigates the effect of these steroids on peripheral immune profiles in healthy women with regular cycles. **Material and Methods:** The subjects were 45 healthy women from the intake of our department, of age range 25-35. Peripheral blood samples were



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taken from each woman on the following days: 1)early follicular: 3rd, 2) late follicular: 8th, 3) periovulatory: 13th and 4) luteal: 18th. Levels of the following parameters were determined: (a) Peripheral lymphocyte subgroups: CD45/14, CD4, CD8, CD19, CD56 (b) Cytokines and receptors: IL-1B, IL-2, CD25 (IL-2r), HLA-DR (MHC-Klas II) and (c) hormones: estradiol, progesterone, b-hCG, cortisol Immune cells and receptors were determined by the Flow cytometric method and cytokines and hormones by the ELISA method. Results : CD45/14 cell counts did not change with phase. CD4, IL-2 and IL-2R levels were significantly higher during the periovulatory and luteal phases than in the follicular phase. ( $p < 0.001$ ), the highest levels being in the luteal phase, which was possible evidence of CD4-TH1 activity. There were no significant differences among phases for CD8 and MHC-II (HLA-DR). CD19-B lymphocytes and CD 56 (NK) cell counts, were significantly lower during the luteal phase than during any of the other phases ( $p < 0.001$ ). However cell counts during the late follicular and periovulatory phases were higher than those during the early follicular phase ( $p < 0.001$ ), which was possible evidence of CD4-TH2 activity. For all subjects , estradiol and progesterone levels were within the normal ranges for each phase, estradiol levels in the periovulatory phase and progesterone levels in the luteal phase being significantly higher than in any other ( $p < 0.001$ ). The progesterone level determining b-hCG and cortisol levels were within normal physiological limits. Conclusion: These healthy subject findings may help the understanding of

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### OP8-19

#### SEXUAL FUNCTION IN BREAST CANCER PATIENTS

*Roland Reitsamer, Silvia Glueck, Florentia Peintinger, Elisabeth Gschwandtner*

**Introduction:** The most common problems related to sexual dysfunction are reduced sexual desire, inability to become aroused during sexual activity, insufficient vaginal lubrication, lack of orgasm or pain during intercourse. We evaluated the sexual function in patients with different adjuvant treatment modalities for breast cancer. **Patients and methods:** Assessment tool was the female sexual function index (FSFI), a questionnaire evaluating six domains (desire, arousal, lubrication, orgasm, satisfaction and pain). In this longitudinal study patients answered the questionnaire prior to surgery (visit 1), and 3 months (visit 2) and 6 months (visit 3) after surgery while adjuvant treatment. 85 patients were included in the study and answered the first questionnaire. Nine patients, who had no sexual activity at visit 1, were excluded from the study. 36 patients did not answer the questionnaires at visit 2 or visit 3. 40 patients answered the questionnaires at visit 1, 2 and 3 and were eligible for evaluation. 10 patients (25%) received adjuvant chemotherapy (FEC x 6), 15 patients (37.5%) received antihormone therapy with tamoxifen and 15 patients (37.5%) received ovarian suppression with goserelin and antihormone therapy with tamoxifen. **Results:** The FSFI total score decreased to 55.9%,

95.6%, 94.5% at visit 2 and 74.9%, 97.8%, 92.4% at visit 3 in patients receiving chemotherapy, Tamoxifen, or GnRH analogues and Tamoxifen, respectively. Female Sexual Function Index, Total Score: CTX: Visit 1: 24,46; Visit 2: 13,68 (55,9%); Visit 3: 18,34 (74,9%) Tam: Visit 1: 20,89; Visit 2: 19,97 (95,6%); Visit 3: 20,43 (97,8%) GnRHa + Tam: Visit 1: 29,96; Visit 2: 28,30 (94,5%); Visit 3: 27,69 (92,4%) **Conclusions:** Female sexual functioning is reduced in patients receiving chemotherapy compared to patients receiving Tamoxifen only or GnRH analogues plus Tamoxifen.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP8-20

#### ROLE OF PRANAYAMAS IN CHRONIC DISEASES AND ERECTILE DYSFUNCTION

*Giridhar Karajgaonkar, Sudhkar More*

The stress – disease – stress is vicious circle and is to be broken. Modern science has certain remedies on these problems in the form of medicines. But it has side effects and limitation. Unfortunately some of the diseases like hypertension, diabetes are not curable but can be controlled only with the help of modern Science. There is no medicine, which controls the mind, which causes disturbance in psychology. The ancient Rushies has formulated the infrastructure of lifestyle through which a good quality of life with disease free body and mind can be lived. The Pranayama means pran shakti, (energy or vital force) which is required for each and every action. This energy is expanded or generated. The generation and expansion of energy is ayama. Patanjali defined pranayama as tasminsati shwas -prashwas-yogartiviccheda: pranayama meaning to control the normal rate of respiration i.e. inspiration and expiration. In pranayama more oxygen is available to the body for cellular metabolism, which in turn will create more energy. Increase in oxygen levels in blood, Increase in flow of blood by vasodilatation, Increase in circulation by increase of venous return and cardiac output. The present study enrolled n=400 patients of diabetes, hypertension, obesity, and depression. The parameters studied were, Blood pressure, FBSL, PPBSL, Serum Cholesterol, body weight and body mass respectively. The Patients were subjected to the various Pranayamas for a period of 1 month. All the previous medicines were stopped, no other procedures were allowed. Results indicate that the pranayama reduces significantly ( $P < 0.001$ ) all the parameters studied of both the sexes. Pranayama improves all the above disorders and it was also observed that erectile dysfunction in patients was improved accordingly, which needs further evaluation and research so that a new era in the effective treatment of sexual disorders by pranayama will begin.

Conflict of Interest: None disclosed  
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### OP8-21

#### BREAST CANCER AND SEXUAL INTIMACY

*Josée S. Lafond, José S. Lafond, Isabelle Lepage*

The purpose of this research is to identify the relations and influences that exist between the variables "body image" and "intimacy" on the breast cancer women and the couple, as well as between the women and the men their sexuality. For women, the body is a strong way for social control. In fact, women are being more judged for her physical appearance, this is a good indicator of her value and sexual attractiveness. Breast cancer women who have undergone a radical mastectomy are more affected by this social control of the body. This surgery, like other treatments used to handle breast cancer, changes in the body image can occurred for those women. In the field of sexology, these changes of the body image can influence intimacy (unease for certain types of touch, modification of the perception of being sexually attractive...) and sexuality, (changes of sexual behaviours range, loss of sexual interest...) of the breast cancer woman and their couple. In this study, a non-probabilistic sample of eight women were interviewed using the half-directed method. We have recruited the participants in organisms from Montreal who are helping breast cancer women. To be eligible to participate, the women, aged between 30 and 45 years old have to had a mastectomy since six months and have to be married or in a stable couple since 2 years at the time of research. These women have a poor body image perception. Furthermore, our preliminary results demonstrate that these women will experience more problems with sexual intimacy than emotional intimacy. Finally, we think that the partner can have a great influence on the body perception of breast cancer women who have undergone a mastectomy. A positive perception of the partner concerning the women body will influence future intimate relations.

Conflict of Interest: None disclosed  
Financial Support/Funding: Financement Interne

### OP9-1

#### DEMOGRAPHIC, PENAL AND PSYCHOPATHOLOGICAL CHARACTERISTICS OF SEXUAL OFFENDERS. A STUDY IN ONE PRISONS OF SPAIN

*Maria-esther Castro-Gonzalez, Antonio Lopez Castedo, Encarnación Sueiro*

In this investigation a description of the demographic, penal and psychopathological characteristics of 20 men who are in prison because of having committed a sexual crime was carried out. Furthermore, a comparison of all the variables studied between the participants with sexual crime against adults (N=11) and sexual crime against minors (N=9) was done. The evaluation instruments used to measure the demographic, penal and psychopathological characteristics were: an interview, the Scale of Knowledge -ABEL- (Abel & Becker, 1984), the Interpersonal Response Index (Davis, 1980), the SCL-90-R (Derogatis, 1975; Spanish version created by González de Rivera, 2002), the State-Trait Anger Expression Inventory -STAXI- (Spielberger, 1988; Spanish version created by

Miguel-Tobal, Casado & Cano-Vindel, 2001) and the Impulsivity Scale (Barrett, 1985), the Self-Esteem Scale (Rosenberg, 1965). The results showed the existence of irrational beliefs both, about women and violence as a strategy to cope with everyday difficulties, as well as a general maladjustment to daily life. However, from a psychopathological point of view, in spite of not observing a high degree of symptomatology in the sample, the psychiatric and penal antecedents and current emotional instability were much more frequent and severe in people who had committed sexual crimes against adults.

Conflict of Interest: None disclosed  
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### OP9-2

#### ADVICES FOR THE SEXUALS DIFICULTIES

*Encarnación Sueiro*

OBJECTIVES: To know the sexuals problems more habituals in the elderly. To know the solitions to the sexuals problems. METHODS: We show, with images, the sexuals problems of the elderly and yours likely solutions. CONCLUSIONS: The sexuals problems have solutions. The elderly have of know it.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP9-3

#### KNOWLEDGE AND PRACTICE OF EMERGENCY CONTRACEPTION AMONG PRIVATE PRACTITIONER IN NIGERIA

*Hammed M. Afolabi*

Introduction: The study was developed based on evidence that private practitioners are an important group of health professionals that provide necessary information on emergency contraception to women and adolescents in most parts of Nigeria. Medical practitioners were expected to be familiar with the concept of emergency contraception and endorse its practice owing to the nature of their job as they are ranked highest when it comes to health service delivery but their knowledge in line with the concept of emergency contraceptive and practice is scanty or they lacked the detailed information about the method. Objective: This study assays the knowledge and practices of emergency contraception among the private practitioners in Nigeria. Methodology: A descriptive cross sectional study using semi-structured questionnaires was employed to retrieve responses from private practitioners from eleven states of the federation, sample size of 174 private practitioners was determined by simple random cluster sampling procedure. Quantitative data were analyzed using Special Package for Social Sciences. Discussion: Statistics showed that 160(92.0) claimed to have offered family planning services to their clients while contraception method mentioned were pills-140(25.6), condoms-



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109(20.0), Injectables-131(24.0), IUCDs-135(24.7), Foaming tablets-18(3.3), and the least mentioned was Diaphragm-13(2.4), others method mentioned were vasectomy, Norplant, implant, and natural method. Almost of the private practitioners claimed to have heard about emergency contraceptive while only 40(23.0) had it available in their clinic. Different brands of emergency contraception were mentioned while only 32(17.3) mentioned the correct brands. Conclusion: Majority of the private practitioners had sparse knowledge or lacked the detailed information about this method of preventing unwanted pregnancy after unprotected heterosexual intercourse. In view of this the capacity of private practitioners has to be built in delivery the emergency contraception services effectively and efficiently.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP9-4

#### DEVELOPING SEXUAL AND REPRODUCTIVE HEALTH SERVICES FOR ADOLESCENTS

*Sóley Sesselja Bender*

Introduction: No public policy on preventive strategies and services regarding adolescent sexual- and reproductive health (SRH) within the health care system in Iceland has been formulated by the health authorities. Adolescent pregnancy rates over the past decades have been considerably higher than in the other Nordic countries and abortion rates mostly been rising. Both showing the need for preventive services. Recently (1999) the first youth clinic was established within the primary health care (PHC) in Iceland. Method: A national survey was conducted among 2500 adolescents 17-20 years old to explore attitudes towards SRH services and to study what factors might be of importance in providing such services. The results were followed up with focus group discussions. Results: The results showed that majority wanted specialized SRHS. Half of them chose to have the services provided within clinics and one third within PHC. Majority wanted to have a daily access to the services and half desired service hours to be in the late afternoon and evening. Adolescent girls especially valued to have a comfortable environment, friendly staff, absolute confidentiality and enough time for discussion. The focus group interviews generally supported the quantitative results. They further revealed several hindrances in accessing and obtaining services and contraception. Conclusions: Developing sexual and reproductive health services for adolescents needs to be based on their attitudes and beliefs towards such services. Hindrances in the form of service availability and accessibility need to be reduced and the quality of care of the services emphasized.

Conflict of Interest: None disclosed

Financial Support/Funding: Research Fund At The University Of Iceland

### OP9-5

#### FEMALE SEXUAL FUNCTION QUESTIONNAIRE, LINGUISTIC AND PSYCHOMETRIC VALIDATION FOR JAPANESE VERSION OF FSQ

*Reiko Ohkawa, Takeko Oishi, Tomoko Maeda, Yoichi Li*

Female Sexual Dysfunction "FSD" is a multidimensional disorders combining biological, psychological and interpersonal factors. Considering the characteristics of FSD, we need suitable tool to evaluate patients, which is internationally accepted. The authors established the Japanese version of FSQ (FSQ-J) which is originally in English (Quirk et al; J Womens health & Gender Based Medicine.11(3), 2002). Method: 1. Linguistic validation: For cultural adaptation, the authors took conceptual analysis, forward translate, and backward translate. Then pilot study was conducted with 6 Japanese female to examine the comprehensibility, feasibility and acceptability of the instrument. 2. Psychometric validation: A total 140 female subjects were tested by FSQ-J, Japanese version of Hospital Anxiety and Depression Scale (HADS) and Fugel Meyer Life Scale. Finally 54 FSD and 82 non-FSD female were statistically examined. Results: The linguistic validation reviewed that the questions were easy to understand in general but several items needed to be revised. Though our sample size was rather smaller than expected, the SFQ-J demonstrated similar psychometric properties as original version, with a similar factor solution and good validity and reliability. Conclusion: The FSQ-J can be useful in clinical setting as well as in medical or sociological investigations as a tool to evaluate SFD.

Conflict of Interest: None disclosed

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### OP9-6

#### IS MALE CIRCUMCISION GENITAL MUTILATION? THE ANATOMY AND PHYSIOLOGY OF THE PREPUCE

*Steve Scott*

Most relevant medical texts contain little or no information about the nature or function of the prepuce. This lack of information serves to reinforce the perception of circumcision as a Benign surgery that removes functionless tissue. Primary research tells us otherwise. Clusters of specialized nerve endings, sensitive to fine touch, are found in the crests of the ridged band of the inner prepuce. This band is continuous with the frenulum and upon erection lies in an oblique circumferential position on the shaft of the penis. In the inward motion of intercourse, the nerve endings in the ridged band are stimulated by contact with the vaginal wall and the restraint of the frenulum. In the outward motion of intercourse, they are stimulated by the motion of the prepuce folding over itself and by contact with the corona glandis. Manual circumferential pressure on the penile shaft skin, combined with distal motion, allows the prepuce to enfold the glans of the erect penis. This mobility is an important component of sexual foreplay and masturbation. Stedmans Medical Dictionary defines mutilation as: "Disfigurement or injury by removal or destruction of any essential



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or conspicuous part of the body." Circumcision diminishes the penis, removing half or more of the penile integument. This loss inhibits penile skin mobility during sexual foreplay, intercourse, and masturbation. Circumcision desensitizes the penis by ablating large numbers of specialized nerve endings. Circumcision discolors the penis. In the intact individual the glans is often a venous purple and the highly vascularized ridged band displays a typical vascular blush. In the circumcised, the ridged band is absent and the glans is rather dull and grey. Circumcision calluses the penis. Without a prepuce the epithelium of the glans keratinizes, further eroding penile sensibility.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP9-7** **REFUTING MASTERS AND JOHNSONS CLAIM THAT CIRCUMCISION HAS NO EFFECT ON SENSITIVITY**

*John W. Travis, Tina Kimmel, Hugh Young*

In their 1966 book "Human Sexual Response", William H. Masters, MD, and Virginia E. Johnson include a short, four-sentence paragraph in which they cursorily describe a study of penile sensitivity. They conclude: "No clinically significant difference could be established between the circumcised and the uncircumcised glans during these examinations" (p. 190). Despite the fact that their tools, methods, and analysis were not disclosed, and that their study was never subjected to peer review, 40 years later this paragraph still remains the accepted wisdom on the topic. For example, the American Academy of Pediatrics refer to it in their most recent policy statement on the appropriateness of routine infant circumcision. We attempted to determine precisely what type of data Masters and Johnson's conclusion might be based upon. We read carefully their publications and other relevant documents, and investigated the tools that were available that fit their loose description. We also interviewed William Masters just before his death in 2001, as well as his close associates. We concluded it is extremely unlikely that Masters and Johnson used any tests that would have allowed them to discern a two-sided difference in sensitivity, as they claim. At best Masters and Johnson found that circumcised penises are NOT MORE sensitive than intact penises—a one-sided result. In fact, all other relevant studies (histological, qualitative, etc.) suggest that circumcised penises are actually significantly LESS sensitive than normal intact penises, but this would not have shown up on the tests that were likely used. Thus, Masters and Johnson's published conclusion of "no difference" is, at best, sloppy wording, and at worst, deliberate fraud. In view of the enormous significance of their publication, our finding that it is not based on science has far-reaching implications for clinical sexology, pediatric practice, and the law.

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Financial Support/Funding: None disclosed

### **OP9-8** **WHAT DRIVES CIRCUMCISION IN NORTH AMERICA? CIRCUMCISION MYTHOLOGIES IN CONFLICT WITH LOGIC, REASON, AND COMMON SENSE**

*Steve Scott*

Many myths are employed to justify the circumcision of newborn males in North America. A few examples include: "The foreskin is a superfluous part of human anatomy." "Its difficult to keep an uncircumcised penis clean." "Infants are incapable of feeling pain." "A son will suffer psychological damage if his genitals are not altered to match his father." An analysis of these myths reveals two distinct mythologies: one, a collection of old spouses tales that defy common sense and have no scientific bases, and another, an accumulation of archaic medical theories that contradict modern medical knowledge. These myths often represent the opposite of what is known and are so senseless and illogical they crumble under the slightest scrutiny. Circumcision, then, is an example of a social custom whose survival requires the suspension of rational thought. Until these myths are dispelled, strapping down a newborn human and cutting off parts of his genitals will continue to be considered a logical and rational part of American neonatal care.

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Financial Support/Funding: None disclosed

### **OP9-9** **THE EFFECTS OF PSYCHO-PHYSICAL FACTORS ON PROSTITUTE PRISONER WOMEN: A CASE STUDY IN WES AZARBAYJAN - IRAN**

*Marzieh Arefi, Zahra Yekta*

The present research was designed to study the effects of psycho-physical factors on prostitute women prisoner in comparison with three other groups including: drug addicted, murderer and normal women with same social-economic status. The available sample included 60 prison women (31 drugs addicted, 10 murderers, 19 prostitutes) in Urmia Central Prison and 25 normal women. Three inventories for assessment of personality have been used in this study as the following: - Rutter's Locus of Control Scale - Cooper Smith \ Self-Esteem Scale - Minesota Multiphasic Personality Inventory (MMPI) And also two physical tests as the following: - Prolactin Examination - Testosterone Examination The results of data analysis by using one-way analysis of variance showed that: there are significant differences in self-esteem in prostitute and drug addicted and normal women. In addition the results indicated that there are not differences between four groups in locus of control. We also found significant differences in groups of prison women in six scales of MMPI (depression, hysteria, psychopathic deviation, schizophrenia, paranoia, hypochondriasis) The study showed that the depression scale in prostitute women is higher than the other groups. Also we found there are not differences in Prolactin and Testosterone Examination between four groups.

Conflict of Interest: None disclosed  
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### OP9-10

#### ASSESSING THE USE OF SEXUAL ASSAULT EVIDENCE COLLECTION IN INDIA

*Niharika Chaturvedi*

Rape is a serious and common problem in INDIA. However there is no research available on the quality of evidence collected after rape and on the completion of sexual assault evidence collection kits (SAECKs). There is also no information on priority setting and quality control within the Forensic Science Laboratories. Research on the completion SAECKs and priority setting within the forensic laboratories would assist in developing better training for sexual assault examiners and would provide insight on the use of scientific evidence in rape cases. Objectives: 1. To determine the proportion of kits received by the lab with suboptimal evidence collection procedures. This would include the suboptimal use of the kit (not all parts completed), incorrect labeling and improper sealing of the kit. 2. To identify factors associated with better completion of kits and quality of evidence: including the facility, province and professional category. 3. To describe the gender-based violence and rape management training that health care providers have received. 4. To describe health care providers knowledge and self-reported skills in maintaining the chain of evidence and completing SAECKs. 5. To explore whether there is a relationship between provider knowledge and skills at specific facilities and the completion of SAECK. 6. To describe the factors that determine the priorities for kit testing within the forensic laboratory and how decisions are made around this. Methodology: This is a cross-sectional retrospective analytic study with a qualitative component. The study will include document reviews, coding of sexual assault evidence collection kits, standardized face-to-face interviews with health care providers and semi-structured interviews with laboratory staff.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP9-11

#### FOR A SEXUAL EDUCATION CORRECT

*Vincenzo Puppo*

In sexual education the sexologists must explain to teen-agers that: The female orgasm is caused by the female penis at all ages and that vaginal orgasm doesn't exist. "Complete sexual intercourse" means "orgasm for both the partners" (with or without vaginal intercourse), not only "penis-vagina intercourse". The terms "preliminary" and "petting" do not need to be used anymore because kissing and mutual caressing leading up to orgasm are already part of making love, at any age. Masturbation, male and female, is normal at any age. Sexual virginity in women doesn't have to be identified anymore by the hymen and first penetration, and not even by the presence of blood or pain during her "first time" (see also girls in whom the hymen is absent or lesbian women or those that have suffered a rape). During the "first time" it is important to learn to give and to receive pleasure using one's hands, therefore to teach boys that it isn't obligatory to have vaginal intercourse: It is better not to have vaginal intercourse the first few times but to have mutu-

al orgasms without penetration, and meanwhile "to prepare" the vagina for defloration manually, then it will be a much calmer experience. The dimensions of the male penis are not important not because the vagina "adapts" as is often explained, but because the penis alone doesn't have the ability to cause the orgasm in the partner, it is with his hands that boys have to know how and where to move. If during vaginal intercourse the clitoris is contemporarily stimulated manually, orgasm is easily experienced by all women, in fact one of the best positions is that of the woman on top posture (but also "a posteriori") as Grafenberg wrote in 1950, also and especially during the "first time".

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP9-12

#### WHAT WOMEN WANT WHEN FACED WITH AN UNPLANNED PREGNANCY

*Jan Michelson*

INTRODUCTION/OBJECTIVES Unplanned pregnancy is a key health issue for Australian women. Objective was to collect data in regards to: ·womens experience of/desire for emotional support and information when faced with an unplanned pregnancy; ·womens desire for counselling to support their decision-making, and the kind of counselling they want. METHODS: ·6,593 women received an email invitation to complete the online survey. ·2,003 responded. ·1,022 had experienced an unplanned pregnancy, therefore qualifying. ·Participating women were of reproductive age, drawn nationally. RESULTS: Key findings, published in November 2006, indicated: ·At any given time amongst a sample of women of reproductive age, just over half (51%) have experienced an unplanned pregnancy. ·19% of women turned to doctors for emotional support, 16% families, 12% anonymous pregnancy counsellors by phone. ·21% of women sought information to assist their decision-making from their spouses/partners/biological father, with 17% from their local GP. ·75% of women did not wish to speak to a counsellor before making a decision on how to proceed with an unplanned pregnancy. ·Parenting was the most (56%) and adoption the least (2%) popular choice for resolving an unplanned pregnancy. ·81% of women said it was important that pregnancy counsellors refer for all three options – abortion, adoption and parenting. ·90% of women believed women should be able to obtain an abortion in all or some circumstances. CONCLUSIONS: Findings indicated: - increased resources need to be directed towards lowering contraceptive failure rates, and greater access to sexual health services. - while pregnancy counselling should be available to women, it would be mistaken to see it as desired or required in all circumstances. - with reliance on pregnancy counsellors accessed by phone or in person for support, there is a need for regulation to ensure integrity and quality of care.

Conflict of Interest: None disclosed  
Financial Support/Funding: Marie Stopes International And Conducted By Websurvey.



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### OP9-13

#### DEVELOPMENT AND EVALUATION OF SPECIALIST SERVICES FOR FEMALE DRUG USERS IN IRAN

*Effat Merghati Khoei, Bradley Mathers, Kate Dolan, Bijan Nasirimanesh*

Background: Iran's sizeable population of injecting drug users infected with HIV is alarming. Incarceration is a major risk factor associated with HIV infection among IDUs. In Iran marginalised female drug users, who commonly engage commercial sex work, have an increased risk of HIV/AIDS among women. This core risk group represents an unknown potential for broader HIV transmission to the general population. The improvement of the health and social functioning of female drug users, regarding the effect of drug use and imprisonment on their sexual behaviours, is of particular interest for the establishment of the clinic for women in Tehran, Iran, the first clinical service specifically for female drug users and sex workers in Iran – and possibly in the Middle East. Aim and Scope: This community-based project aims to design, deliver and evaluate a co-ordinated range of services to meet the immediate health and welfare needs of this vulnerable population of female drug users and sex workers. Research-based activities will examine the efficacy of clinics activities. The findings will inform future funding and planning of policy and activities. Implementation: Four major activities will be implemented in this project: 1) A women's clinic; 2) a pre-release prison methadone maintenance program; 3) delivery of the sexual health services; and 4) research to evaluate the activities. A range of outcomes is proposed: improvement of social functioning and the general and sexual health status of women; reduce mortality and re-incarceration rate and seeking for funding to ensure the continuation of the project activities. Implications for STI and HIV/AIDS prevention efforts and further research in Iran will be discussed.

Conflict of Interest: None disclosed

Financial Support/Funding: Program Of International Research And Training, National Drug & Alcohol Research Centre, UNSW

### OP9-14

#### WHAT ADOLESCENTS WANT TO KNOW ABOUT SEX: THE MAIN DOUBTS

*Laura Muller*

INTRODUCTION AND OBJECTIVES – The goal of this research was to investigate main doubts that teenagers between 12 and 18 years old have in relation to sex, in order to direct future actions of sexual education. METHODS – 629 questions were formulated by 521 students and collected in a box of doubts left from October 15 to 31, 2003 in five schools in São Paulo, Brazil. 56% were formulated by girls and 44% by boys. The age group that sent more questions was that of 13 to 15 years old (71,5%); 34% came from 14 years old students; 20% from 15 years old; 17,5% from 13 years old; 16% were sent by 17 years old; 10% from 16 years old; 2% from 18 years old; 0,5% 12 years old. RESULTS – The main questions collected have to do with three major themes: secure sex (21%), pregnancy and how to avoid it (17%) and variable sexual

practices (oral sex, anal sex and masturbation) (17%). Other themes discussed were: erotic body (penis, vagina, erection, ejaculation) (10,5%); tips for sexual practices (positions, duration, sexual frequency) (9%); first time (7%) and reactions of pleasure (desire, orgasm) (7%). Other themes were homosexuality, menstruation, lack of desire or pleasure, each of them having 2%. Abortion, hook up with, talk about sex with other people, gynecologist, sex with animals received each one of them 1% of the questions. CONCLUSIONS – Data obtained confirm the need of actions of sexual education that give emphasis to the three main themes that cause anxiety and worry among teenagers: 1. secure sex, main sexual transmitted diseases and sexual health; 2. premature pregnancy, how to avoid it and how to deal with it; 3. sexual practice, affection and pleasure.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP9-15

#### ADOLESCENTS SEXUAL HEALTH EDUCATION IN PAKISTAN

*Ehsan Ullah*

Pakistan has the largest cohort of young people in its history, estimated approximately as 25 million (15-24 years) and subsequent cohorts are projected to be even larger. Recognizing the dearth of attention to young people critical life issues that relate to series of transitions to adulthood: school-leaving, employment, greater responsibility, PAVHNA is proposing a new 3 years intervention to be implemented jointly with two other Pakistani NGOs, MSS and SACHET, under the supervision and coordination of the umbrella project, UPSU/UNFPA. PAVHNA intends to give the opportunity to youth and adolescents (15-24) by providing them with a space (Youth Friendly Center), where they can talk freely, enjoy recreational activities, learn new skills, improve their literacy and get information on ASRH. The centers will offer a variety of youth oriented activities based on the needs assessment with the individual communities. A series of activities will also focus on advocacy, community mobilization, training and capacity building at district and national level in collaboration with RHIYA partner NGOs and UPSU in order to create a supportive environment for the ASRH interventions. The activities will also encompass quality ASRH service provision at the referral health center and by the identified RH service providers. Output 1: Increased political, community and family support for adolescent and youth interventions. Output 2: Increased awareness and improved ARH knowledge among adolescents and youth. Output 3: Improved access to quality youth-oriented services. Output 4: Enhanced technical, planning and managerial capacity among Government and local NGOs/CBOs in the provision of ARH information and services. So I would like to present the situation regarding the ASRH in Pakistan.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed



### OP9-16

#### SEXUAL ACTIVITY DURING AND AFTER PREGNANCY

Tayebe Ziaei

**Introduction and Objective:** Couples take some changing in their relationship, specially in sexual relationship during pregnancy. Between different people sexual needs have wide range and fluctuation pattern. This study was among to looking into the sexual activity during and after pregnancy from the view of married women of Gorgan. **Methods:** Descriptive study was done. Questionnaire distributed amongst 400 qualified women volunteers, which 129 questionnaires were received by the researchers. Data were analysed with the use of descriptive statistics. **Results:** 70.5% of samples said that in regard to number of the times that they had intercourse during pregnancy was less than before pregnancy. The reason for this they said was fear of danger to the fetus. And 6.2% of them said that they had more intercourse than before. The question of at what period of pregnancy intercourse should be stopped? Most of them (36.4%) answered that the last month. Also, related to earlier time of restarting of doing intercourse after delivery, majority of them said 1-3 months (53.5%) and minority said more than 3 months (2.3%) after. Most of them claimed that the first intercourse after pregnancy was done by the request of their husbands (67.4%). While 30.2% said that it was mutual. There was no difference in measure of sexual tendency before and after pregnancy amongst 50.4%. Although there was a 31% decrease and 18.6% increase of tendency reported too. **Conclusion:** This study and some other studies show that higher percentage of women claimed decrease in sexual tendency. Fear of harm to the fetus was the most important factor for this decrease. Therefore, we can help the couples with correct education on the basis of changes in sexual activity during pregnancy and how they can have sexual activity during this time.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP9-17

#### EFFECT OF SOME ARTIFICIAL SWEETENERS ON REPRODUCTION IN MALE WISTAR RATS

Neera Mathur, Meenal Mehta, Shweta Gupta

The artificial sweetener viz., aspartame and saccharine are finding increasing use as a low calorie substitute for sugar in day to day human life. Aspartame in particular has been found to be a multi-potential carcinogen even at a daily dose which is much less than the current ADI for human in India, Europe and United States. The experimental data is not currently available about the safety and potential reproductive effects of aspartame for human. This inadequacy motivated the design of this study. Experimental animals divided into six groups were fed with 3 doses of aspartame and saccharine (7, 35 and 70 mg/kg body weight) incorporated into pellet diet and water provided ad libitum. The reproductive health of male rats was assessed by body weight, testis weight, histopathology of testis, tubule diameters, testicular cell counts, sperm density, motility and percentage of abnormal sperms. Oral feeding of sweeteners to separate group of animals for 90 days caused a significant decrease in spermatogenesis. The body and testis weight decreased considerably in dose related manner. The testicular cell count also

decreased in number of both primary and secondary spermatocytes and spermatids in the treated groups. The histometry and percentage of normal and abnormal tubules confirmed these results. Sperm motility and density were also significantly reduced ( $P < 0.01$ ) in cauda sperms of treated groups. There was significant increase ( $P < 0.05$ ) in the frequency of abnormal sperms at higher dose level with both the sweeteners when compared to control value. Serum testosterone concentration declined significantly resulting in malfunctioning of testis. The above observations suggest that aspartame and saccharine are capable of producing adverse effects on reproductive health of male rats at different dose levels when given daily. Aspartame was found to be more harmful in terms of toxicity as compared to Saccharine. These results in Wistar rats are consistent predictors of human health/cancer risks.

Conflict of Interest: None disclosed

Financial Support/Funding: Department Of Zoology, University Of Rajasthan, Jaipur India

### OP9-18

#### SEXUALITY EDUCATION IN A PSYCHOLOGY CURRICULUM

Sia Tjundjing, Hari K. Lasmono

**Introduction and objectives.** The assumption that people who are already active in sexual life-including free sex-master more knowledge on sexuality than the "old fashioned" generation seems to be just a myth. The sex formation explosion nowadays is not always followed by responsible enhancement of scientific sexual knowledge. To confirm this phenomena, a preliminary survey and workshop was conducted to fulfil the ultimate aim of this research i.e. to compose sexuality education modules, which is proposed to enhance our students scientific knowledge. **Methods.** Participants are psychology students of our faculty (N= 510; 470 girls and 40 boys) who completed a pre- and post-test questionnaire to depict their knowledge on sexuality, which are then represented as scores of sexual intelligence, christened as sexual quotient (SQ). An interactive workshop was conducted immediately after the pretest, then followed by the posttest. **Results.** Results show a low score on the pretest and a significant enhancement in their scores on the posttest. These are compared with results in other experts reports published earlier. **Conclusion.** With the conviction that a happy sexual life would be based on a high SQ, and based on the results obtained, the modules should comprise subjects as follows: (a) Introduction: Reasoning of the need to include sexuality education in a psychology curriculum, to be able to cope with AIDS and other STDs, trafficking, sex exploitations, hedonic lifestyles, unsuccessful family planning; (b) Basic anatomy & physiology of sexual organs of both sexes, and gender issues, as well; (c) Sexual behavior (love, communication, relation), and sexual orientation; (d) Sexuality across the life span; (e) Pathophysiology, prevention, and therapy of sexual diseases/ disorders/disfunctions of males and females; (f) Paraphilias; (g) Sexual victimization (rape, abuse, and harassment), pornography, and prostitution. With these contents, the aim of this research hopefully could be met successfully.

Conflict of Interest: None disclosed

Financial Support/Funding: Research Center Of Surabaya University



## Abstract Book

### **OP9-19** **EFFECTS OF BISPHENOL A ON THE ENDOCRINE SYSTEM OF RAT**

*Seyed Mohammad Hosseinipناه*

**Introduction:** Environmental estrogens (Xenoestrogens) are chemicals that bind to estrogen receptor, mimic estrogenic actions and may have adverse effects on both human and wildlife health. Exposure to estrogenic chemicals induces morphological, functional and behavioral anomalies associated with reproduction. Bisphenol A (BPA), a monomer used in the manufacture of epoxy resins and polycarbonate and known to have estrogenic activity. Human are routinely exposed to BPA that leaches from dental materials, plastics industry, canned food and beverage containers. **Method and Material:** The aim of the present study was to determine the effects of BPA on male reproductive system in Albino-Wistar rats. We report that exposure to 1 or 2 gr/kg body weight/gavage of BPA to adult rats for 10 days. **Results:** Abnormalities were observed in endocrine system. They include decreased of testosterone and dehydrotestosterone in their serums. **Conclusion:** Estrogenic effects of BPA on the reproductive tract induced alterations that specifically affect hypothalamic-pituitary-gonadal axis function.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Hamadan University Of Medical Sciences

### **OP9-20** **ROMANIAN EXPERIENCE WITH VIAGRA: 7 YEARS FOLLOW-UP**

*Petrisor A Geavlete, Gheorghe I Nita, Dragos T Georgescu,  
Serban I Bancu*

**OBJECTIVES:** Our goal was to analyze a single-center experience with Viagra in a long-term follow-up period. **MATERIAL & METHODS:** Between January 1999 and July 2006 we treated 687 patients with ED (23 to 84 years old). All had ED more than 6 to 12 months. All cases were evaluated by IIEF-5 score. History, clinical and neurological evaluation, penile Doppler ultrasonography (PDU) measurements of peak arterial velocity and end diastolic velocity were the main investigations. We also gave Viagra in ED high-risk diseases like severe diabetes, spinal cord injury and chronic renal failure. Patients were given Viagra 50 mg. and re-evaluated 1 month later to determine its efficacy. If ineffective, the dose was increased to 100 mg. and patients were reassessed. **RESULTS:** The overall response rate was 78% (536/687 cases). We found that 26% of sildenafil-treated patients had erections after 30 min. The median time to erection leading to successful intercourse sildenafil dosing was 50 min. Initially, 161/536 patients (30%) were 50 mg. sildenafil responders. After dose increasing (100 mg.), we obtained good responders in 375/536 patients (70%). For ED diabetes patients (96 cases) the overall response rate was 57.3% (55 cases) using 50 mg. and 75% (73 cases) using 100 mg. For ED patients with chronic renal failure (39 cases) the overall response rate was 51.3% (20 cases) using 50 mg. and 66.6% (26 cases) using

100 mg. For ED patients with spinal cord injury (17 cases) the overall response rate was 64.7% (11 cases) using sildenafil 100 mg. The mean follow-up period was 41 months (range 3 to 74). **CONCLUSIONS:** After a long-term follow-up sildenafil, has been demonstrated safe and effective in a large series of ED patients, even in ED high-risk diseases.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### **OP10-1** **ENDORSEMENT OF HEGEMONIC MALE SEXUALITY APPEARS TO BE ASSOCIATED WITH A MORE NEGATIVE EXPERIENCE OF SEXUALITY IN HETEROSEXUAL MEN**

*Julie D Mooney-Somers*

Sex therapist Bernie Zilbergeld suggests "that men have been duped about sex. They have accepted unrealistic, and in fact, super-human standards by which to measure their equipment, performance, and satisfaction." (1978, p. 17). Zilbergeld described nine myths depicted in popular culture; these make up a fantasy model of sex. A small number of empirical studies have examined the role of these myths in the aetiology and maintenance of sexual dysfunction - demonstrating the importance of sociocultural factors in men's understandings of their own sexuality and masculinity. This paper aims to examine the relationship between men's endorsement of the culturally hegemonic account of male sexuality described by Zilbergeld, and their own sexual wellbeing. **Method:** 457 heterosexually identified men completed questionnaires covering sexual satisfaction, sexual interaction and communication, sexual functioning and participation in unwanted sexual activity. Pearson product-moment correlations were used to examine the relationship between men's endorsement of hegemonic male sexuality and their sexuality across these four domains. **Results:** Overall, men neither endorsed nor rejected this account of sexuality. Men who tended toward endorsement of the hegemonic account, reported more negative experiences of their sexuality. These men reported lower sexual and relationship satisfaction, higher sexual anxiety and insecurity, and more dissatisfaction with their sexual functioning; there were no differences in sexual functioning or participation in unwanted sexual activity. **Conclusions:** The findings reported were generally in line with previous research and theoretical predictions. However, the absence of relationships between hegemonic male sexuality and (a) participation in unwanted sexual activity, and (b) decreased sexual functioning, was unexpected and possible explanations for these theoretically unexpected findings are examined.

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** Arc, Spirt



## Abstract Book

### OP10-2

#### HOOKING UP: THE NATURE AND CHARACTERISTICS OF CASUAL SEX IN ADOLESCENTS AND COLLEGE STUDENTS.

*Marisalva Fernandes Fávero, Alice Pereira Cardoso, Adriana Andrade, Daniela Loreiro Himmel*

The present study aims to in-depth our knowledge on certain aspects of adolescents and college students sexuality. In a narrowed way, aims to understand more about attitudes and sexual behaviours of both adolescents and college students that are assuming a new format of relationship: the hooking up. Through a both male and female students sample we have tried to characterise this behaviour and understand the differences in social and psychological aspects between those students that have sex outside of the dating context, and those who dont. To achieve this main goal of the study, we've assembled a specific questionnaire that included: demographic data, specific aspects of hooking up, general sexuality and three more instruments that were very important to obtain concrete results. It was the case of SES, Self-Esteem Scale by Rosenberg (1986), measuring the self-esteem of the sample, a translation of ECR-R, Experiences in Close Relationships – Revised by Fraley, Brennan and Waller (2000), to identify attachment style patterns in our sample, a translation of LAS, Love Attitudes Scale by Hendrick and Hendrick (1986), to identify characteristic love styles; and a Portuguese version of EPI – Form A, Eysenck Personality Inventory by Eysenck (1968), to identify the predominant factor on the college students sample and the Self Reporting Questionnaire from OMS that assesses the tendency to mental illness in the adolescents sub-sample. The results have enabled us to conclude that hook up experiences are really happening in both adolescents and college culture, and have helped us to better understand these experiences. We found that there are some social and psychological variables that seem to predict the hooking up.

Conflict of Interest: None disclosed  
Financial Support/Funding: Maieutica

### OP10-3

#### THE JADE LOTUS TANTRIC MASSAGE AND PSYCHOTHERAPY FOR SEXUAL ENHANCEMENT AND SEXUAL DYSFUNCTION

*Brian Hickman, Suheyl Yekenkurul*

A holistic approach that combines psychotherapy with 3 level Jade lotus Tantrtic massage is outlined for sexual enhancement and sexual dysfunction in individuals and couples. The three level jade lotus tantric massage is described with emphasis on the chakras, breathing and meditation techniques. These techniques are used in conjunction with psychotherapy to enhance the emotional and physical experience. A survey of clients evaluated the effects on dimensions of perceived benefits of sexual desire, relationships effects, control of ejaculation, orgasm and sexual confidence. The results suggest a high degree of satisfaction with the approach and suggest it should be integrated into more traditional sex therapy.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP10-4

#### SEXUALITY AND TOXIC HABITS

*José Luis Diéguez, Encarnación Sueiro*

Objective: To know the relation between sexuality and the consumption of drugs. Methods: It's a descriptive transversal study realized with a diana population of scholares of 12 at 18 years old. All made a structured, voluntary and anonymous questionnaire with identification, sexual and the consumption of drugs variables. We make the data analysis with SPSS/Windows. Results: In this moment we are introducing the data in the computer for to be presented in the congress. Conclusion: They are pending of the results.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP10-5

#### MILD GENITAL PROLAPSE AND FEMALE SEXUAL FUNCTION

*Su Yeun Kim, Hyun Hee Jo, Chung Ra Jun, Min Her,*

The object of this study is to evaluate the relationship between the degree of the prolapse and sexuality. 280 women were enrolled. We checked their POP-Q stage and had them fill FSFI questionnaires. Patients were grouped into three by scores of each categories of POP-Q system and statistical differences of FSFI scores among groups were evaluated. Aa, Ba, Ap, Bp were checked below -1 in all women. Aa (-1) had higher frequency, less difficulty and higher satisfaction in orgasm than Aa (-2) and Aa (-3) ( $p < 0.05$ ). Ba (-1) and Ba (-2) showed much frequent orgasm than Ba (-3). Ap (-1) had higher frequency and less difficulty in orgasm than Ap (-2) and Ap (-3). Bp (-1) and Bp (-2) had higher frequency and less difficulty in orgasm in Bp (-3). ( $p < 0.05$ ) Pelvic organ prolapse with minor degree dose not always disrupt female sexual function.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP10-6

#### PHASE 1 OF STUDY OF ANXIETY IN THE PATIENTS OF SALAN & E-RAHA-ANXIETY IN PATIENTS WITH VAGINAL DISCHARGE

*Muhammad Khan, Shala A Gohmun*

Introduction: In the Indo-pak subcontinent DHAT syndrome is a well established entity. Studies suggest that DHAT is an Indianized version of anxiety and depression. In HAKMIT female counterpart of DHAT is SAALA & E- RAHAM, which is characterized by excessive watery vaginal discharge. Indigenous people also call it Leucorrhoea. Patient exhibits symptoms of lethargy, loss of energy, pain and aches and etc. SALAN-E- RAHAM is not a well defined terms mostly it includes excessive physiological vaginal discharge and to some extent chronic pathogenic vaginal discharge. Objectives: To evaluate anxiety levels in the patients with excessive vaginal discharge. Method: Eighty five patients with symptom of



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excessive vaginal discharge were studied in the GURKI hospital Lahore. Cases of malignancy were excluded. Beck anxiety scale was administered to evaluate the anxiety levels. Patients were given standard treatment of pathogenic vaginal discharge. **RESULTS:** Out of 85 patient 45 patients 52.94% exhibited, more than normal levels of anxiety. 20 patients 23.53% had mild levels of anxiety 14 patients 16.47% had mild level and 10 patients 11.76% showed severe levels of anxiety. **DISCUSSION:** Pathophysiology is vaginal discharge is more complicated than urethral discharge. It is very difficult to distinguish between pathogenic and non pathogenic leucorrhea. Anxiety involves autonomic nervous system which directly effects secretions of glands. Like disease of acne with 60% anxiety level, there is possibly some common underlying mechanism which explains correlation between leucorrhea and anxiety. Even stronger correlation is expected to emerge between anxiety and excessive physiological leucorrhea. **CONCLUSION:** There is visible high level of anxiety seen in the patients of SALAN-RAHAM Patients of SALAN-RAHAM need psychiatric evaluation and treatment. **KEY WORDS:** SALAN-E-RAHAM, VAGINAL DISCHARGE, ANXIETY

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP10-7 FEMININE SEXUAL CRITERIA TO THE CHOICE OF SHORT AND LONG TERM PARTNER**

*Marisalva Fernandes Fávero, Fátima Ferreira*

This investigation intends to analyse the feminine sexual criteria under the evolutionist theory. To understand the value of this theory in the current feminine reality, we have focused on the criteria differences between a short and long term partner. We have applied a questionnaire about preferred features on these two kinds of partners to a sample of one hundred women. The conclusions achieved revealed the misapplication of the evolutionist theory, when we are dealing with the choice of a short term partner, because women seem to prefer men who offer them a good and stable emotional relationship. Regarding long term partners, we are still finishing our research.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP10-8 THE ANALYSIS OF SEXUAL LIFESTYLES OF ADULT AUSTRALIANS: THE RELATION BETWEEN REAL AND PREFERRED SEXUAL BEHAVIOUR.**

*Dariusz P Skowronski, Patricia Weerakoon*

Introduction and objectives Although there are studies on values and attitudes in sexuality (Sperry et al., 2005; Izdebski & Ostrowska, 2003), there is a paucity of research on the relationships between real and preferred sexual activity and perceived sexual attitudes (Skowronski, 2003). The objectives of this study

were: • to investigate sexual life styles and attitudes in Australia. • to examine if there are any relationships between sexual attitudes, preferred and actual sexual behaviour. **Methods** A questionnaire consisting of 136 items was developed and validated by the authors. It was administered online through the university website and required approximately 45 - 60 minutes for completion. The volunteers were recruited through search engines and the links established through the Graduate Program in Sexual Health, The University of Sydney. **Results** There were 283 volunteers (59% males and 41% females). • 78% respondents presented permissive attitudes toward watching pornography and sex for money. • 65% participants agreed that adoption and assisted reproductive technology should be easily available to homosexual couples or single women. • 59% respondents presented permissive attitude toward sadomasochistic practices. However, there were only 9% active participants. • Although 23% respondents declared taking part in anal sex, there were 64% respondents imagining involvement in this activity. • 87% respondents reported that their most desired sexual activities differed from their actual sexual behaviour. **Conclusions** Results indicated that many respondents presented permissive attitudes toward sexually related issues and expressed willingness to experience new forms of sexual activity. However, there was a significant lack of congruence in desired sexual practices and actual, real sexual behaviours.

Conflict of Interest: None disclosed  
Financial Support/Funding: Bio Research Initiative Grant, School Of Biomedical Sciences, Faculty Of Health Sciences, The University Of Sydney

### **OP10-9 COMPARATIVE ANALYSIS OF SEXUAL BEHAVIORS IN ONE GROUP OF YOUNGS**

*Encarnación Sueiro, José Luis Diéguez*

**Objectives:** To know and to compare the characteristics of sexual experiences of one group of youngs. **Methods:** It's a descriptive transversal investigation realized with universitarias youngs. All made a structured, voluntary and anonymous questionnaire with social and sexual variables (first and last sexual experiences). We make the data analysis with SPSS/Windows. **Results:** We have found significant differences ( $p < .05$ ) between the first and the last sexual experiences. **Conclusions:** Some sexual risks increasing with the age and other decreasing. This results have of considered it in the develop of the Sexual Education Programmes.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



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### **OP10-10** **THE SEXUALITY OF AGEING PEOPLE AS DESCRIBED BY NURSING PROFESSIONALS**

*Eija M Rautasalo*

**Introduction:** The nurses' perception of the sexuality of ageing people is based on first, how nurses recognise and understand the sexuality of ageing people. Second, how nurses take into consideration and solve situations involving expressions of ageing people's sexuality in their work. Third, what effect does encountering of ageing people's sexuality have on nurses themselves. **Objective:** The objective of this qualitative research is to study the sexuality of ageing people from the nurses' perspective as encountered in their everyday work. **Method:** The research material is gathered by interviewing 22 nurses. The method used is content analysis. **Results:** According to this research, sexuality of ageing people is gendered and can also be institutional and asexual. Nurses understand gendered sexuality as male sexuality and female sexuality. Institutionalized sexuality is perceived as the sexuality of married or unmarried couples. It is also perceived as near relatives' and childrens' experience in sexuality of their parents. Asexuality is perceived as the sexuality of an ageing, ill or religious person. Nurses can respond to the sexuality of the ageing person by offering means to encourage sexuality and thereby reinforce their own professional skills. Unfortunately there are also situations, where nurses carry out underestimating professional behaviour. **Conclusions:** Encountering ageing people's sexuality can promote, maintain or diminish nurses' professional skills. Innovative nurses are able to separate professional functions from their own identity and personalism. They are able to make decisions agreeing on mutual conduct and ways of working. Nurses' professional abilities to encounter the sexuality of ageing people develop through self recognition and qualification that can be gained by education and experience. When ageing people's sexuality is considered as everyday work, nurses are able to maintain professionalism. By questioning sexual needs, the ageing people's sexuality can be undervalued.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** The Diaconia University Of Applied Sciences

### **OP10-11** **SEXUAL INTEREST, SEXUAL AROUSAL, RELATIONSHIPS & SEXUAL DISTRESS IN OLDER AUSTRALIAN WOMEN.**

*Jane R Howard, Sheila O'Neill, Catherine Travers*

**Introduction & objectives:** This study investigated the sexual relationships, sexual satisfaction, sexual dysfunction & sexual distress in a population of older urban Australian women. **Method:** In 2004, 474 randomly selected women aged 40-80 years, who were participating in the LAW Study, completed a series of questionnaires. **Results:** Women with partners ranged from 83.3% in the 40-49 year age group to 46.4% women in the 70-79 year age group & 43.8% women aged 70-79 years were widowed. Divorce rates ranged from

6.3% women aged 70-79 years to 12.3% women aged 60-69 years. By age 70-79 years 94.4% women did no paid work outside the home, whereas 47.6% women aged 40-49 years were in full time work & 37.1% were in part time work. Whilst 91.2% partners of women in their 40s were capable of sex, only 26.9% partners of women in their 70s were capable. Only 4.8% of all partners used medication to enable erections. 2.5% women reported low relationship satisfaction. 5.3% women reported high sexual distress. Sexual distress scores were highest in women with partners. In women aged 40-49 years 26.7% were neither satisfied nor dissatisfied with the frequency of sexual activity. Indifference to sexual frequency rose with age & 72.3% women aged 70-79 years were indifferent. Women with high levels of satisfaction & low levels of satisfaction were more prevalent in the younger age groups. Vaginal dryness was present half the time or more than half the time in 43% women across all age groups. Dyspareunia was experienced half the time or more than half the time in by 14.6% women. The lack of sexual thoughts and fantasies increased with age: 8.3% women in their 40s lacked fantasies & this figure rose to 54.5% women in their 70s.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** Royal Womens Hospital Foundation

### **OP10-12** **AGING WOMEN AND SEXUALITY - EVOLVING ISSUES AND CONCERNS**

*Sabitha S Pillai*

Women across the globe have traditionally accepted, and adapted to, the stereotype of "the aging women," drifting into an asexual state in their senior years. They have often tolerated, with stoicism, their partners involvement with younger women. Influenced by this acceptance, adaptation and tolerance, medical and mental health professionals have overlooked or ignored sexual concerns of aging women. Although developed countries are starting to address the sexual concerns of aging women, prejudices, stereotypes and ignorance remain widespread. This workshop will focus on challenges in the treatment of the sexual concerns of the aging women. In particular, we will address: 1. The androcentric model of sex that influences the medical community's treatment of sexual dysfunction (e.g., treating the males erectile dysfunction with sildenafil while ignoring his aging female partners vaginal health - a common scenario). 2. Stereotypes in different culture about aging women and sexuality. 3. Family scripts about aging and sexuality from families-of-origin. 4. Internalized ageism and the resulting low self-esteem. 5. Alternative medical and sex therapy treatments. 6. Future directions for research.

**Conflict of Interest:** None disclosed

**Financial Support/Funding:** None disclosed



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### OP10-13

#### **FEMALE GENITAL MUTILATION - AN EMPIRICAL STUDY FOR COASTAL AREAS IN YEMEN (HODEIDAH, ABIS, MEEDI, HARRID)**

*Fatima Mohamed Al Homid*

**Purpose:** To better understand the practices and beliefs about Female Genital Mutilation in coastal areas of Yemen  
**Background:** It is not well known that in Yemen, Female Genital Mutilation (FGM) is practiced on infant girls (of one week of age). This habit is common in certain areas of Yemen (coastal regions including the cities of Hodeidah, Abis, Meedi and Harrid). This practice leads to significant morbidity and mortality amongst young girls. They are amongst millions of women around the world who have been subject to this ancient practice.  
**Method:** This research was carried out by the researcher and a team of assistants in Yemen. The study took six months to complete and covered an area in Yemen where FGM was practiced. One hundred families where FGM had been carried out, were evaluated. Other sources of data and information include hospitals and health centers.  
**Findings:** In Yemen, women from very strict traditional backgrounds are more likely to be circumcised and particularly women of black African descent. These areas usually have low income and educational backgrounds where circumcision is often mixed with magic related practices. These people make up 30% of the Yemeni population. In the Arabic language, there are three words used for female genital mutilation. The first is khitan which refers to the circumcision practiced in Africa and describes mutilation which totally removes the labia minora and clitoris which is then reapproximated by sewing (otherwise known as infibulation). The young girl is left with a very small opening for the vagina and the rest of the perineum and urethra are covered over. The second term tahara refers to the removing of the clitoris and then the labia minora is sewed over the gap. Tahara bears the meaning of being clean or virginal.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP10-14

#### **CLERGY SEXUAL BOUNDARY VIOLATIONS**

*Edward A Robinson, Gerardine A Taylor-Robinson*

The clergy hold an important place within societies in general and within their parishes in particular. Like any group of people, some clergy will commit either criminal or ethical breaches within their parishes. Fraud and child sexual abuse are examples of criminal activities that some clergy commit in a parish setting. Other behaviours might not be criminal but would be viewed as unethical or unprofessional conduct such as intimidating use of anger and religious authority or a sexual affair with a parishioner. This paper explores the different types of sexual professional boundary violations committed by clergy including child sexual abuse and adult boundary violations. It then explores the different types of clergy who commit such violations and the range of impacts on victims when a clergy person sexualises a pastoral relationship. Treatment and supervision issues are discussed.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP10-15

#### **THE ROLE OF SELF-VERBALIZATION AND RESOLCING OF MIND PATTERNS ON THE WAY TO MORE SEXUAL PLEASURE: RESULTS FROM THE NEW TRAINING PROGRAM THE ORGASMIC WOMAN**

*Yvonne Zehnder, Sartorius Annina, Aba Aziz Makaj*

“The Orgasmic Woman” is an intensive three months self-training program for healthy women who would like to enjoy more sexually and enhance their sexual well-being. The training consists of techniques from the cognitive-behavioral and hypno-therapeutic field and from Komajas yoga school. The training was significantly successful in improving sexual satisfaction ( $p < 0.05$ ). It is an obvious fact that the learning experiences we have during childhood and adolescence principally form the mind patterns, emotions and body images (incl. genital images) we have. They of course also determine, to a large extent, how we experience sexuality. In the first part of the training we gave exercises to enable participants to become conscious about their mind patterns and body image. In the second part we, among others, included enhanced exercises on how to change these patterns and images. The participants of the training gave very positive feedback regarding exercises such as the “Queen Exercise” where women worked with visualizing and experiencing their power, beauty etc. and the Love-training exercise, the first part of the basic Komaja meditation technique from Komajas yoga school, where the importance of love is experienced and magnified. The following is an example of the changing of mind patterns described by one of the participants: “I gained the insight that before doing the training I always connected my sexuality with a man and that I was not allowed to enjoy, that I was not allowed to be satisfied, without him. That made me always dependent on one or another man. The training showed me that my sexuality is totally mine, that I can also enjoy alone and that it is my own ability to enjoy. It is so liberating!”

Conflict of Interest: None disclosed  
Financial Support/Funding: Komaja Foundation, Switzerland

### OP10-16

#### **USAGE OF ONLINE PORNOGRAPHY WITHIN COMMITTED RELATIONSHIPS**

*Kristian Daneback, Bente Traeen, Sven-Axel Mansson*

This study aims to investigate the usage of online pornography within committed relationships. Most of the current research in the field has focused on the contents of online pornography and its usage by individuals, mostly men and adolescent men. Nevertheless, recent research has shown that even though online pornography is the primary online sexual activity among men, women also use the Internet to view pornography, particularly younger women. In cases where prior research on online pornography has involved relationship issues, this has mainly focused on one partner. The study comprises a representative sample of 399 couples (798 individuals) aged 20 to 67 years. Data collection was carried out by self-administered postal questionnaires. The results showed that most couples did not view online pornography (59%). Among those couples who viewed online pornography it was pri-





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marily the man who engaged in this activity (31%). It was less common for couples to view online pornography together (4%) and women rarely engaged in this activity alone (2%). It was more common to keep secrets within those relationships where either the woman or the man viewed pornography (44% and 53%) compared to couples where none or both viewed pornography (29% and 27%). However, the results showed no significant differences between the groups regarding extra dyadic activities. The results suggest that while online pornography is mostly viewed by men, women also engage in this activity either alone or with their partners. In addition, viewing pornography might be part of own fantasies and experimenting and because of moral standards kept as a secret. Further results are forthcoming.

Conflict of Interest: None disclosed

Financial Support/Funding: The Norwegian Newspaper Dagbladet Financed This Study.

### OP10-17

#### WHO GOES ONLINE FOR SEX IN POLAND?

*Dariusz P Skowronski, Marika Nowicka*

Introduction and objectives: Although the popularity of the internet is steadily increasing in Poland (Batorski, 2005), the characteristics of online sex users are not known. This study focuses on personal characteristics of men and women who perform cybersex. Objectives: The study investigated: • forms of cybersex and possible differences between males and females. • impact of personal characteristics on online sex use. Methods: Three questionnaires were distributed among 124 university students (33% males and 67% females) in both paper and online versions: • Empirical Level of Social Alienation Questionnaire (Kmieciak-Baran, 1993). • Temperament Questionnaire - Formal Characteristics of Behavior (Zawadzki and Strelau, 2004). • Internet Addiction Scale (Young, 1998). Results: Of the 124 respondents 50% used cyber sex. • 46% men and 10% women visited erotic sites. • 14% men and 17% women engaged sex chat. • 33% men and 36% women dated people met online. • 55% claimed that the Internet helped overcome communication barriers and sexual taboos (sexual fantasies, minority sexual activities). • 37% of online sex users and 7% of non-users saw easy access to pornography as an Internet advantage. • 70% of the respondents spend 1-4 hours a day having cybersex. Conclusions: These results indicate that sexual activity on the Internet is more popular among men than women. There were no relevant differences between sexes except for visiting erotic sites. However, there were significant differences between online sex users and non-users with reference to anomy (purposelessness experienced by a person as a result of a lack of standards, values, or ideals) and alienation. Higher levels of alienation indicator were correlated with time spent online.

Conflict of Interest: None disclosed

Financial Support/Funding: Faculty Of Educational Sciences, Adam Mickiewicz University, Poland

### OP10-18

#### FREQUENCY AND TYPES OF SEXUAL AGGRESSION IN DATING RELATIONSHIPS

*Manuel Gámez, M. Pilar González & Marina J. Muñoz-Rivas*

Introduction and objectives: Sexual aggression in the context of dating relationships is defined as any attempt at some form of sexual activity in spite of the partners refusal. Different types and contexts of sexual violence in courtship situations should be considered to guide dating violence prevention efforts. Because little is known about the extent of dating aggression in Spain, the purpose of the present study is collect descriptive information on the rates and forms of sexual aggression among Spanish dating couples. Method: The participants were 4052 adolescents and young adults, comprising 54.3% males and 45.7% females. The average age was 20.6 years (SD=2.95). All respondents reported that they had been involved at least in one dating relationship and that they had never married. Participants completed The Scale for Sexual Aggression among Adolescents and Young Adults, a standardized instrument which assesses the frequency of behaviour as regards both self-report of perpetrated aggression and victimization. Results: Thirty-four percent of males and fourteen percent of females reported that they had engaged in some form of aggression among dating couples. Averaging reports suggest that males were more sexually aggressive than females. The Scale identified the most common methods to force sex; namely, verbal insistence even though the other person refuses to have sexual relations, the threat to end the relationship, and the use of alcohol or drugs to break down the resistance of the partner. Conclusions: The findings from this research suggest that forms of sexual aggression in dating relationships are more common and serious than it is thought. Moreover, results provide useful introductory information to design prevention and intervention programs.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP10-19

#### FIRST AND SECOND ORDER SEXUALITY – A COMPLEX UNDERSTANDING OF SEXUAL MOTIVATION.

*Elsa Mari Almaas, Esben Esther P. Benestad*

Many conundrums are linked to human sexuality. One example is how the same medication effective in one, fails in another A possible guide through conundrums is to introduce two orders of sexuality: First order and second order. First order sexuality describes sexuality as an act of satisfying biological sexual needs, as modelled by Masters and Johnson in the classical excitement - plateau phase - orgasm - resolution. This model has been more descriptive of male than of female sexual experiences and has contributed to feelings of sexual inadequacy in many. Consequently alternative models for sexual arousal have been suggested (Basson, 2000; Graziottin, 1999; Whipple, 2002). Circularity has been introduced as a more adequate description of sexual response. First order sexuality can account for the effectiveness of the PDE-5 inhibitors in males. The same drugs have not attained the same success in



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females, and they are still insufficient where erectile dysfunctions involves more complex psychological interactions. To understand this, models of greater complexity are needed. In addition to circular models, we suggest "second order sexuality". Second order sexuality seeks to connote a complex feedback- interaction between push and pull factors in sexual motivation. It understands sexual responses through probability rather than prediction. Behavioural factors play important roles in inhibition or enhancement of sexual satisfaction. We name behaviours as "Pro" or "Con"-actions. They can be inspired by erotophilic or erotophobic attitudes, and be linked to different states of receptiveness. Two identical studies on sexual motives will be presented. The motives that are included are: Fulfilment of a social role; Excitement and relaxation; Intimacy; Love, and Procreation. The results of the studies imply that females and males differ less than commonly perceived, even if sexual practice still may suggest otherwise. First order and second order sexual motivation can co-existent and possibly be co-dependent.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP10-20

#### **YOUTH - ADULT PARTNERSHIP FOR INCREASED YOUTH INVOLVEMENT ON HIV/AIDS PREVENTION IN INDIA**

*Ugrasen Pandey*

Background Young people are often underrepresented in stakeholders planning processes, the reasons varies from age-phobia to lack of knowledge of HIV community and funding streams. Researches have shown that young people gain experiences when they are actively involved in youth development programmes. The essence of youth and adult involvement in youth development, sexual and reproductive health programmes is the formation of a viable partnership that will promote greater youth involvement in HIV/AIDS prevention in INDIA. Hypothesis / Method Against this backdrop, two youth focused organization, and an adult led health communication organization, organized a forum with the primary aim of engineering a sustainable partnership between youth and adult in addressing HIV/AIDS in INDIA. The forum drew participation from stakeholders such as the government, NGOs, young people and media to brainstorm on ways of promoting effective partnership between adults and youth, designing strategic alliance that would ensure youth are an integral part in addressing issues on the overall development of the INDIAN youth. Results/Conclusion A partnership between youth and adults that will bring about new ideas and different perspectives to prevention strategies in either rural or urban setting was birthed. Young people were encouraged to build their capacity in HIV/AIDS prevention programming. Increased synergy from professional skills and experiences between youth and adults created the needed balance for collaboration on HIV/AIDS. This session will also model youth/adult partnerships with its facilitators

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP10-21

#### **A MODEL OF A SEXUALLY HEALTHY SOCIETY**

*Aba Aziz Makaja*

Can a micro-society which lives successfully as the Komaja community does, serve as a model for building a sexually healthy society? Many societies profess to be the model of a healthy society, which would therefore also mean sexually healthy; let us only consider the examples of communist China, the Islamic world and the USA with their "Sexual Abstinence Only" education. 25 years ago we began to build a model of a healthy society paying special attention to the aspect of sexual well being; in order to do this we used the following methods: 1) Love-erotic education with three main facets: the physical and the psychic aspects of sexuality and the spiritualization of sexuality; 2) Komaja meditation; 3) Love meditation; 4) Polytherapy (a form of spiritual therapy); 5) Special sexual technology on the basis of prolonged coitus and the development of love; 6) The founding and the development of Tantric (love-erotic) circles; 7) The use of *zajedna* (a form of group marriage) instead of the classical monogamous partnership; 8) Contemporary love-erotic rules between individuals, couples and groups on the basis of natural ethics. Until today the results are: a) a stable and dynamic polyamorous community; b) a high level of social and sexual health, pleasure and respect; c) confirmation of the importance of the Tantric circles for the realisation of the full sexual potential of the individual (on the basis of the four largest tantric circles *Cherry Blossom* (1986 to date), *Little Door* (1990 to date), *Rhythm of Love* (1997 to date), *New Heaven* (2005 to date) with a total of ca. 110 members); d) this micro-society has a strong influence in disseminating sexual health and sexual rights in approximately 10 European countries. Conclusion: A healthy society can be established only by a profound sexual education which includes the human need for sexual freedom and love-erotic commitment

Conflict of Interest: None disclosed

Financial Support/Funding: Komaja Foundation Switzerland

### OP11-1

#### **SEXUAL RISKS FOR HIV+ MSM IN PRIMARY AND SECONDARY PARTNERSHIPS**

*Scott M Jacoby, Keith Horvath, Laura Hatfield, B. R. Simon Rosser*

Introduction: Although Men who have Sex with Men (MSM) continue to be disproportionately affected by the HIV epidemic in the United States, relatively little attention has been focused on MSM living with HIV when it comes to secondary prevention. In an effort to better understand the unique needs of HIV+ MSM, especially men of color, the Positive Connections Study was launched. This paper discusses the relationship between primary partner status, sexual risk behavior, and HIV risk co-factors. Methods: Between January 2005 and April 2006, we recruited 675 HIV+ MSM from six US epicenters, over-sampling men of color. Participants had to engage in unprotected anal sex with another man within the previous year. Men participated in a weekend seminar and completed



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baseline surveys that included questions about primary partner status, sexual behavior, social support, alcohol and drug use, internalized homonegativity, mental health, and other risk related questions. Results: Men with primary partners, for 3 months or longer (N=238) reported higher levels of social support and higher amounts of anal sex acts with all partners when compared to men without a primary partners (N=342). No differences were found between the two groups of men in mental health, alcohol and drug use, and internalized homonegativity. Of the men with serodiscordant primary partners who also had serodiscordant secondary sex partners (N=134), only 7% reported unsafe anal sex (UAI) with their primary partner, vs 21% who reported UAI with their secondary partners. Conclusions: Men in primary partnerships have more social support than men without primary partners. Men in primary partnerships are having higher amounts of sex overall than men without primary partners, but they are more likely to use a condom during sex with their serodiscordant primary partner than they are when engaging in sex with a serodiscordant secondary partner.

Conflict of Interest: None disclosed

Financial Support/Funding: National Institute Of Mental Health

### OP11-2

#### EXTRADYADIC SEXUAL ACTIVITY IN A SAMPLE OF NORWEGIAN HETEROSEXUAL COUPLES

*Bente Træen*

Objective: This research aims to study the prevalence of extradyadic sexual experience during the present relationship in Norwegian heterosexual marriage/cohabiting couples, and to identify factors associated with such experience in men and women. Methods: The study comprise a representative sample of 399 couples (798 individuals) aged 20 to 67 years. Data collection was carried out by self-administered postal questionnaires. Results: The majority of the couples (77%) did not report extradyadic activity. In 13% of the couples the husband had had a parallel partner, in 6% of the couples the woman had had the affaire, and in 4% of the couples both spouses had had extradyadic sexual contact. A total of 46% of the men and 43% of the women told their partner about the affaire, and 35% of the men and 29% of the women claimed their permanent relationship had improved after telling the partner about it. Extradyadic experience was associated with lower coital frequency and thinking about another during sex with the spouse in both men and women. Conclusions: Further results are forthcoming.

Conflict of Interest: None disclosed

Financial Support/Funding: The Norwegian Newspaper Dagbladet Financed This Study

### OP11-3

#### DEVELOPMENT OF THE PREGNANCY SEXUAL RESPONSE INVENTORY(PSRI)

*CVC Rudge, IMP Calderon, I Maesta, A Dias, GP Lopes, JE Corrente, MAM Brasil, MVC Rudge*

INTRODUCTION AND OBJECTIVES: Pregnancy and birth mark a distinct period in womens life. There is no specific questionnaire

to evaluate sexuality during pregnancy, based on Bassons new model of female sexual response. The objective was develop a PSRI with the following characteristics: brief; easy to administer; broad in scope; applied by the health care team; tested and validated; full access. MATERIAL AND METHODS: This longitudinal study was conducted from July, 2004 to December, 2006 at the Department of Obstetrics & Gynaecology of Botucatu Medical School-UNESP, Brazil, IRB approved, and informed, written consent was obtained from all participants. There were five phases in the development of the PSRI: (1) item selection (2) item development (3) administration to a clinical sample to determine internal consistency reliability (4) content validity (5) inter-interviewer reliability. RESULTS: Phase 1: It was a quali-quantitative questionnaire developed and  $\alpha$ -Cronbach coefficient was  $\alpha=0.72$ . Phase 2: beta questionnaire, a 38-item semi structured interview resulting from the phase 1 testing was developed with three possible answers for each question. Phase 3: Sixty-two(62) Brazilian pregnant women from prenatal care were recruited. The  $\alpha$ -Cronbach  $\alpha=0.79$  showing a good consistency. Phase 4: the survey questionnaires were mailed to 25 PhD academics, Among the 18 PhD who returned the survey (72%), 16 partially or totally validated the content of PSRI with Kappa index upper than 0.65. Phase 5: The inter-interviewer reliability showed similarity between the principal research and other interviewers in all domains. The final version of PSRI is a 38 items questionnaire in 10 domains of sexuality. CONCLUSIONS: The PSRI is a 38-item clinical instrument, a brief, semi-structured interview for assessing the impact of pregnancy on sexuality. Initial face validity testing of questionnaire items, content validity by an expert panel, was followed by an inter-interviewer reliability. Its further use as research instrument remains to be investigated.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP11-4

#### WOMEN METHAMPHETAMINE USERS SEXUAL EXPERIENCES AND BEHAVIORS

*Alison B Hamilton, Richard A Rawson*

While a considerable amount of research has been conducted on the effects of methamphetamine on homosexual mens sexual experiences and behaviors, relatively little research has focused on the methamphetamine-sex link among women users. This study involves in-depth interviews with 30 women methamphetamine users who have been in residential drug treatment for at least six months. Participants are asked in open-ended fashion about their history of using methamphetamine (e.g., who introduced it to them, how it has affected their lives generally), their personal and sexual histories (including any history of trauma and violence), their intimate relationships while using methamphetamine, and their perceptions of how their life experiences are related to the ways that methamphetamine affected their relationships. One of the main topics of interest is how they feel methamphetamine affects their sexual relationships. Another focus is whether these women see methamphetamine as compounding the effect of trauma (when present) on their decision-making and behaviors in intimate rela-



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tionships. While data from homosexual methamphetamine users suggests that methamphetamine almost invariably enhances sexual encounters, data collected thus far in this project indicates wide variability in the degree to which methamphetamine contributes to more satisfying sexual encounters. Much of the variation seems to relate to the changing appeal of the male partner once he has become a chronic user. Some participants noted having long-term steady methamphetamine-using partners, but engaging with other sex partners in order to fulfill a high sex drive. This finding has potential public health implications with regard to sexually transmitted diseases. Other participants described having low sex drive compared to their partners who became demanding sexually, and violent when sex was not "provided." Further data collection and analysis will take place to more fully develop a phenomenological understanding of the effects of methamphetamine on women users' sexual experiences and relationships.

Conflict of Interest: None disclosed  
Financial Support/Funding: NIH NIDA 1K01 DA017647-01A2

### **OP11-5 CHOOSING A PARTNER**

*Regina M Teixeira*

Choosing a Partner and the Relationship Author: Regina Mara Teixeira Psychologist and Sexologist - Brazil  
Introduction and Objectives: This is a topic that arouses the interest of everyone for we will all, at some point in our lives, be looking for a partner to start a family, which is the basis of many societies. When partners get together there are many consequences, positives and negative feelings in different kinds of relationship which can be official or not. The objective of this network is to analyse, through biographic reviews, the psychological, biological and social factors which determine the choice of a partner as well as the reasons that motivate the human being to carry on a relationship. Results and Conclusion: Psychological factors which can influence the choice of a partner have been verified, such as consistent and inconsistent reasons, maternal and paternal identification and wishes of the couple. Studies have shown that people who share the same attitudes and have similar interests attract each other, as well as those with similar physical aspects and personality traits. The author has made a biography review concerning physical attraction which brings affective components from social relationships, from attitudes and emotions, besides the learning process itself, since the human behaviour can act as stimulus to reinforce the approaching of a partner. The results obtained by Buss (1985), show that the characteristics which are associated to affability, comprehension and intelligence come first for both men and women when it comes to choosing a partner. Also that these characteristics go against the provisions of Evolutionary Biology which claims that the choice of a partner is based on a physical attraction, health, wage, etc, denoting the cultural evolution where the human being begins to prefer qualities concerning personality rather than physical ones.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP11-6 NONMONOGAMY: A MULTIPLICITY OF RELATIONSHIPS**

*Eufemio V. Macalalag, Michael Eufemio L. Macalalag*

Introduction: Infidelity (Websters Dictionary) is any form of sexual activity between a married person and someone other than their spouse. What about relationships outside unmarried people such as homosexuals, lesbians, gays and co-habiting heterosexuals? Blumstein and Schwartz (1983) have used the term "non-monogamy" to describe sexual activity outside a couples relationship so that they can examine such behavior in married couples, cohabiting heterosexual couples and homosexual and lesbian couples. The multiplicity of relationships stemming from different cultures and walks of life has correspondingly grown. Its incidence and existence remains to be common knowledge but with paucity of its documentation. Methodology Questionnaire on sexual relationships, practices and beliefs for different ages and sex (male and female) were given. Anonymity ensured for respondents. Results: There were a total of 2355 respondents (1357 male and 998 female). Age range from 16 to 89 years old. Data was divided into the heterosexual (married, live-in and/or cohabiting) and homosexual (gay and lesbians) group. Results show that 52% of male and 14% of female of the heterosexual group had nonmonogamous relationships. On the other hand, homosexual relationships with gays have 25% and lesbian had 33% with nonmonogamous relationships. Among the heterosexual group, married individuals show a higher rate of infidelity. Peak age of nonmonogamous relationships occurred between 30-60 years old. Further data show that the highest frequency of nonmonogamous relationships is with the husbands and male cohabitators group (for unmarried people). Conclusion: Nonmonogamy is used to describe multiplicity of relationships outside or in excess of the present and/or recognized relationship. There is a higher incidence of nonmonogamy in male heterosexual relationships compared to female heterosexual relationships. Amongst homosexual relationships, lesbians show higher nonmonogamous relationships compared to gays. The peak incidence of infidelity and nonmonogamous relationships occur between 30-60 years of age.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP11-7 A QUEER POSITIVE AND DECENTRALISED APPROACH TO ATYPICALLY GENDERED YOUNGSTERS**

*Esben Esther P. Benestad*

Some children and youngsters experience the world as incomprehensively loaded with gendered requirements. However hard they try, they cannot cope. The requirements are based upon appearance of genitals, not on subjective conceptions of self and gender. They are as convenient for many, as they are sources of great distress for some. They become more prone to anxiety, depression, drug abuse and suicide than are other same age individuals. There are no established international therapeutic guidelines concerning this group. This presenter has background from family medicine, systemic and



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narrative therapy and from sexology. In this presentation the distress in these youngsters is not caused by the state of their gendered talents, but in feelings of being wrong or misfit. The group is diagnosed as suffering from gender identity disorder in childhood/adolescence, but there is no proof of any actual disorder other than their desire for atypical gendered behaviour. They are not necessarily disordered, but they surely create disorder in cultural systems of belief. To assist these young people in their most challenging narratives, the presenter has focused on those who are being disturbed; namely parents, siblings, teachers, fellow pupils, friends and health professionals. Networks are gathered and offered local seminars on the subjects of gender and sexual orientations. This in order to leave them more at ease with atypical gender development, whether it advances in the direction of atypical sexual attraction and/or atypical gender identity. Sometimes the networking has lasted for years, other times concentrated in one focused seminar. The networking has been very rewarding to all parties, it has earned some resistance, but much more good and valuable experience that will all be presented. The clinical experience is growing into insights that may render guidelines useful for therapist who get in contact with this group of clients.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP11-8 SEXUAL EXPERIENCE AND FANTASIES OF HOMOSEXUALS AND TRANSEXUALS IN IRAN**

*Fereidoon Mehrabi, Mehrdad Eftekhari Ardebili, Nahaleh Moshtagh Bidokht*

**Introduction:** In the Islamic Republic of Iran, although homosexual acts are condemned as an unnatural and sinful behavior, hundreds of people are having their gender changed legally. There is very limited scholarly work conducted with homosexuals and transsexuals in Iran while studies in the Western societies show that HIV and STDs, disproportionately affect this community. Considering the dearth of information on sexual behavior of homosexuals and transsexuals, this study was designed to enhance our knowledge on sexual experiences and fantasies of these individuals. **Method:** 36 individual (15 transsexual and 21 homosexual) were selected through available sampling from the clients of a private sex clinic in Tehran during February- June 2006. All of them completed Derogatis Sexual Functioning Inventory. **Results:** In homosexual group, 81% had experienced mutual oral sex. 86% masturbated during last 60 days and 95% experienced anal intercourse. 48% fantasize about having more than one sexual partner. 9.5% had fantasies around having sex with animals. Masochistic type fantasies like being tied to the bed, being sexually humiliated and being forced to have sex were noticeable (14.3%, 9.5% and 38.1% respectively) Among transsexuals, 40% masturbated in last 60 days and 47% had anal sex. The most prevalent sexual behavior were kissing (93%) and kissing the sensitive body parts (93%). None of them fantasized about animal sex or masochistic type behaviors with the most prevalent fantasy being cross dressing. **Conclusion:** While the numbers resemble those of western studies,

it is clear that homosexuals show more novelty seeking behavior under influence of pornography. This is leading to more extreme behaviors being considered as sexually arousing in homosexuals fantasies which would affect their actual behavior and will leave them vulnerable to different problems like HIV and STDs.

Conflict of Interest: None disclosed  
Financial Support/Funding: Tehran Psychiatric Institute Mental Health Research Center

### **OP11-9 SEXUAL SATISFACTION AND DYADIC ADJUSTMENT IN PREGNANCY**

*Isabel Leal*

**OBJECTIVES:** The aim of this study is to evaluate the difference in the degree of sexual satisfaction among pregnant and non-pregnant women and his partners in different stages of pregnancy and parity. **METHOD:** It is an observational, descriptive and comparative study, using a sample of convenience of Portuguese women and men from different country districts living with their mates, composed of 350 couples of non-pregnant and 348 couples of men and pregnant women of low risk (111 in the first trimester of pregnancy, 114 in the second and 123 in the third). The instruments use to assess the main variables were the Index of Sexual Satisfaction the Dyadic Adjustment scale and a sample characterisation questionnaire, all self-answered. **RESULTS:** The results of the study revealed no statistically significant differences in sexual satisfaction between non pregnant and pregnant women, between primigravidae and multigravidae women, and also along the different stages of pregnancy. The sexual satisfaction between men and women is statistically significant for the non pregnant couples and also for the pregnant couples but with a more moderate correlation. Pregnant couples have a better quality of dyadic adjustment and a statistically significant correlation between sexual satisfaction and the quality of dyadic adjustment. **CONCLUSIONS:** The sexual satisfaction in pregnant women seems related with dyadic adjustment.

Conflict of Interest: None disclosed  
Financial Support/Funding: Instituto Superior De Psicologia Aplicada & Sociedade Portuguesa De Psicologia Da Saúde

### **OP11-10 WHAT DO WE LIKE? WOMENS PORNOPLEASURES**

*Michelle S Mars*

**Introduction and objectives:** With some notable exceptions, pornography as a film genre is typically produced by men, for men, with men in mind. Are there particular kinds of sexually explicit material that women prefer? **Methods:** This project set out to answer this question using methods drawn both from social science and visual arts. The method combined photo elicitation, in-depth



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semi-structured interview techniques, and quantitative rating scales. 50 women were shown a series of images and asked to discuss and rate their enjoyment of different types and styles of pornography. Results: Pornographic images were divided into the following categories: media, actors, sexuality depicted, sexual content, and aesthetics. The majority of the interviews lasted over two hours and yielded significant information rich material. The analysis presented in this paper is based on the interview data and a variety of unsolicited images and writing given to the researcher by the participants. Conclusions: The key finding from this research is that, regardless of frequency of use or degree of affinity towards sexually explicit material and taking into account particular sexual preferences, women do have definite ideas about what they do and do not find sexy. This paper presents a sex-positive feminist analysis of the research results, examples of the kinds of images women prefer, and the future directions of the project.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP11-11

#### REPRODUCTIVE HEALTH PERCEPTIONS AND PRACTICES OF ADOLESCENCE

*Jakkrite Pinyaphong*

Introduction and Objectives: The study of reproductive health perception and practice of adolescence led into effective sex education and reproductive health policies. Therefore, this research explored the reproductive health perception and practices in aspect of sexual behavior, unwanted pregnancy, abortion, AIDs, STDs and family planning. Method: This study entailed obtaining both quantitative and qualitative data. The quantitative method was conducted using questionnaires created out of focus group discussions. Questionnaires were collected from 600 undergraduate. Qualitative data was collected through in-depth interviews. Quantitative data was further analyzed using the chi-square test. Qualitative data were analyzed using content analysis. Results: There is a significant statistical difference in gender role perceptions of both the male and female students in all aspects. Mens sexual practices tended to be in line with their perceived role expectations, largely because it was in their interest to do so. On the contrary, female students role perceptions followed the cultural norm, however their actual behaviors tended to go against this norm. Moreover, male students believed that women should not be as sexually free as men, and they even disliked female students who were so. This reflected a double standard and gender inequality among the sampled male and female students in this study. Conclusion: Female students had comparatively lower decision-making and bargaining power than male students in almost every situation of reproductive health. In other words, male students dominated in all such situations, while female students shouldered almost all the burden.

Conflict of Interest: None disclosed

Financial Support/Funding: United Nation Of Population Fund (Unfpa)

### OP11-12

#### THE FAST ERA , LOVE RELATIONSHIPS, AND SEXUALITY.

*Jaqueline Brendler*

INTRODUCTION AND OBJECTIVES: The 20th century was marked by the "It-is-all-forever Era", the "Divorce Era", and the "Fast Era", which continues today. I propose to rethink the "Fast Era" in personal and couple contexts. PROPOSAL: To think about: - Which is the influence of the globalized world, speed, over the number of hours dedicated to ones profession? Have the hours of "unofficial", "unpaid" work increased? - Can too much internet draw us away from people in our everyday lives? Can the internet disconnect us from our partner, family, and friends? - Can a permanent connection to the world through e-mails and cell phones draw us apart from ourselves? How much free time do we have to take care of ourselves? - Can the absence of geographical obstacles, through the internet, create an illusory increase in the number of affective and sexual partners? - Can the acceleration and provisionality of the world influence the level of investment we make in our affective and sexual bonds? - Can the view that entering a relationship might be "easy and quick" make us think that leaving it is also "easy and quick"? - In sexuality, are men and women making more use of the verbs to act, to impress, to do than to perceive, to feel, to become involved? - Who is sexuality's best friend: idleness or speed? SUGGESTED CONCLUSIONS: Rational use of technologies increases time available for us to take care of ourselves and our affective and sexual bonds, as opposed to excessive use. We can create weekly "idleness islands" in our agenda in order to allow more joy and pleasure.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP11-13

#### EMERGENCY CONTRACEPTIVES: ATTITUDES AND KNOWLEDGE OF THE GENERAL PHYSICIAN AND THE FAMILY DOCTOR WHEN PRESCRIBING THEM

*Lucila Polanco Reyes, Thelma Canto de Cetina, Sandra Ruiz García, Manuel Ordóñez Luna*

INTRODUCTION: The physician is the health care professional who is more frequently sought for clarification and information regarding sexuality. However, usually he or she does not have the necessary knowledge to accomplish this task, and his or her attitudes on this matter do not differ from those of the society in general. Thus, when a woman looks for urgent contraceptive measures she should be able to get proper attention from the family doctor as soon as possible. In fact, there is little information about the attitude of these professionals and it is not known to what extent these resources are prescribed. MAIN OBJETIVE: To evaluate and describe the attitudes and knowledge of the general practitioner in relation to the prescription of emergency contraceptives. METHODOLOGY: The study included a sample of 136 general physicians and family doctors attending an update course in Merida. A questionnaire was given to them regarding their attitudes



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and knowledge on the prescription of emergency contraceptives. RESULTS: Only 9.5 % of the doctors showed ample knowledge about emergency contraception. Those physicians without prior training on sexual education, family planning, and emergency contraception refuse to use this method in cases other than rape or in adult patients. They also reject the option of obtaining these drugs without prescription. The idea that providing sexual information to teenagers promotes the beginning of sexual activity at an early age still persists. CONCLUSIONS: 1.- Although there is a general apparent acceptance or willingness to use emergency contraceptives, only 40% of the studied physicians has prescribed them at least once a year. 2.- This does not mean a total rejection towards the use of emergency contraception. 3.- Rather, there is no consensus about the concepts included in the questionnaire.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP11-14** **BODY, SEXUALITY AND HEALTH: NOTIONS OF FEMININITY AND EROTISM** *Brigitte Bagnol, Esmeralda Mariano*

Introduction: Interventions on women genitalia are referred to in several countries of the Asian, African and American continent. However, with exception of infibulation and excision specific to the African continent they were very seldom studied from an anthropological perspective looking at the motivations, understanding the underlying notions of femininity and local conceptions related to sexuality and reproduction. Elongation of the labia minora and use of product to dry and strengthen the vagina are found in several groups in Southern Africa but exploration into the motivations of this practice is still limited. Objectives: This paper is based on ethnographic data about vaginal practices gathered during 2005 aims to study local notions of femininity that include beauty, sexuality, pleasure, well-being, health, reproduction, fertility and pain that might be connected with the elongation of the labia minora and other vaginal practices carried out in the study area. Methods: Thirty-eight individual interviews and eleven focus groups mainly with women were carried out during 2005 in four communities of Tete province (Mozambique). In total 103 people above eighteen years of age participated in the study (25 were men and 78 women). Results: Notions of closing up/open, wetness/dryness, cold/hot, are extremely important to understanding the phenomena connected to sexuality and reproduction in Southern Africa. Sexuality is very much linked to the possibility of procreation and the notions of pleasure for both partners. Conclusions: Most of the known practices have as one of the motivation to close or reduce the vaginal orifice.

Conflict of Interest: None disclosed  
Financial Support/Funding: WHO, AUSAID, UNAIDS

### **OP11-15** **THE M2M STUDY: EXPLORING THE LOCATIONS WHERE MARRIED MEN HAVE SEX WITH MEN.**

*Jeff Hudson, Garrett Prestage, Patricia Weerakoon, Gary Lee*

Introduction The study of married men who have sex with men (MMSM)(M2M Study) aims to understand the social, sexual and demographical aspects of MMSM, to guide a better understanding of this group, promote education initiatives, support and explore the risk environments to prevent the spread of sexually transmitted infections including HIV. It aims to optimize healthcare by eliminating ignorance of risk factors involved and to understand the extent MMSM find sex. Methods Using an ethnographic approach of naturalistic observation and personal experiences the locations in which MMSM meet sexual contacts and their activities will be described. An independent evaluation using the code of practise for sex on premises venues such as saunas and cruise clubs will access the facilities to identify possible risk factors and services provided which promote sexual health. Results Sex on premises venues need to be conducive to the prevention of HIV and STIs. Some practices that occur in the context of group sex could be potential health risks. These include the use of one condom by the insertive partner during anal intercourse with multiple partners and the act of ejaculating semen on the face or body of a recipient by an individual or group. These practices have not been previously investigated, suggesting a need for future research. Conclusion Knowledge of locations where sex between men occurs is beneficial for health promotion and professional practice. It is important that MMSM are informed of their vulnerability to certain risks in their pursuit for sex including the potential risk to their wives/female partners. Adherence and promotion of the code of practise which set standards for sexual health is essential for sex on premises venues.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP11-16** **SEXUAL DESIRE AND SEXUAL PLEASURE AMONG SINGLE CHINESE WOMEN IN MODERN DAY CHINA** *Hongxia Zhang*

Objectives: This paper explores how young unmarried women in Beijing pursue sexual desire and sexual pleasure. Methods: In-depth interview and participant observation are used among unmarried women ages 25 to 34 years. Results: This study focuses on linkages among dominant sexual discourse, female sexual agency and sexual pleasure. Many young Chinese women in Beijing view sexual desire as both being a normal and a valued part of their lives and pursue sexual pleasure. However, dominant sexual norms do not support the exercise of female sexual agency and therefore constrain their ability to seek sexual pleasure. Women mostly use sexual hints to express their sexual desire to their partners. The women who express their sexual desire more freely report getting more sexual pleasures. Conclusions: Single Womens expression of sexual desire and experience of sexual pleasure are still limited by dominant sexual norms.

Conflict of Interest: None disclosed  
Financial Support/Funding: Rockefeller Foundation And The Southeast Asia Consortium On Gender, Sexuality And Health, Gender And Sexuality Project



## Abstract Book

### **OP11-17** **THE ORGASMIC WOMAN - A TRAINING PROGRAM FOR SEXUAL WELLBEING: RESULTS FROM A NEW TRAINING PROGRAM**

*Annina Sartorius, Yvonne Zehnder, Makaja Milicevic, Aba Aziz Franj*

Empirically validated training programs for women who would like to enjoy more sexually and enhance their sexual well-being are rare. We developed an intensive three month self-training program for healthy women which consists of techniques from the cognitive-behavioural and hypno-therapeutic field and from Komajas yoga school. The effectiveness of the training has been tested in a pilot study of 35 healthy women who, over a period of three months, did daily exercises and regularly filled out a diary on the process. Each woman had an advisor/supervisor who they could contact when necessary. We measured the effectiveness of the treatment (with pre-training and post-training comparisons) and evaluated the training by using the FSFI (Female Sexual Function Index), a validated 19 item multi-dimensional self-report instrument which is extraordinarily useful to determine responses to sexual training programs. Additionally, we also evaluated the diary entries and a final questionnaire with partially open questions. Overall, the training was significantly successful in improving sexual satisfaction ( $p < 0.05$ ), one of the key dimensions of female sexual function and the central focus of our training. Women who had not previously been through Komajas tantric schooling prior to undergoing the training profited more from the training than the other participants who started the training with a significantly higher level of sexual functioning, indicated by the overall score in the FSFI at the beginning. The results of this pilot study confirm the subjective impression of the participants that this training is very promising and effective.

Conflict of Interest: None disclosed  
Financial Support/Funding: Komaja Foundation, Switzerland

### **OP11-18** **CASE STUDIES OF A NEW TRAINING PROGRAM: THE ORGASMIC WOMAN**

*Yvonne Zehnder, Annina Sartorius, Aba Aziz Makaj*

“The Orgasmic Woman” is an intensive three months self-training program for healthy women who would like to enjoy more sexually and enhance their sexual well-being. The training consists of techniques from the cognitive-behavioral and hypno-therapeutic field and from Komajas yoga school. The training was significantly successful in improving sexual satisfaction ( $p < 0.05$ ). In the current presentation we chose four women who by doing our training had crucial experiences in relation to different sensitive sexual topics which were turning points for their sexual life: Woman A: after the birth of her second child she felt severely alienated from her genitals and experienced a loss of sensitivity in her vagina. During the training she recovered the feeling that her genitals are really hers and started to enjoy sexually again. Woman B: While facing the anal massage exercise she experienced a lot of distress and fear. She experienced disgust and physical pain in the anal area. Finally,

she succeeded in touching and sexually enjoying in the anal area. Woman C: By following the training she developed a positive relationship to her aging and overweight body. She gained self confidence, which allowed her to become independent from the negative suggestions of her male surroundings. Woman D: A sexually inexperienced twenty four year old woman, who considers her sexuality to be the main problem in her life, got rid of her self-hatred and tendency towards self-destruction with the help of the training, overcame her fear and shame regarding sex and discovered sexual pleasure and love for herself. Then she fell in love for the first time, started a relationship and had ecstatic sexual experiences. Conclusion: The overwhelming experiences of these four women are representative of the many valuable insights of the participants of our training “The Orgasmic Woman”.

Conflict of Interest: None disclosed  
Financial Support/Funding: Komaja Foundation

### **OP11-19** **THAI YOUTHS FIRST MASTURBATION : 23-YEAR STUDY OF MEDICAL STUDENTS**

*Sompol Pongthai*

Masturbation is the most favorite sexual outlet of young people at the same incidence between males and females in many societies but not in some Oriental society. This study aimed to explore the first practice of masturbation of youths in Thailand and the difference between males and females. First clinical year medical students at Ramathibodi Hospital, Mahidol University during 1982-2004 were asked to voluntarily answered the anonymous questionnaires with the meaning of masturbation as self stimulation resulting in orgasm (with or without ejaculation for males). Most (>90%) males ( $n=1552$ ) and females ( $n=1173$ ) participated. Most (90%) were Buddhist, almost all were not married with mean age 21.14 for males and 20.70 for females. Most males (96%) practised masturbation, starting at 13.57 (2.20) yrs old, 40% females did at 15.09 (3.28). First masturbation was unintentionally self discovered by 54.17% of males and 72.00% of females. Techniques used for first masturbation were genital rubbing by hand (57.52% males, 38.65% females). First masturbation accounted for 59.25% of males first ejaculation and 77.52% for first females orgasm. Almost all males did masturbation while less than half of females did ( $p < 0.05$ ) and at the earlier age ( $p < 0.05$ ) though females reproductive maturation is earlier. Extrinsic factors eg. social culture as well as sexual liberal rather than intrinsic factors should play important role for this finding. Sexual liberal is more accepted for males than females in the Thai society as also evidenced by eg. self discovery of first masturbation happened less among males than females, males learnt how to do masturbation from more various sources than females, males' first ejaculation was experienced via more means than females' first orgasm and genital rubbing by hand was more practicing among males than females.

Conflict of Interest: None disclosed  
Financial Support/Funding: Ramathibodi Hospital Faculty Of Medicine, Mahidol University





### OP11-20

#### **BENEFITS OF TANTRA AND TANTRA MASSAGE ON HUMAN SEXUALITY THROUGH SPIRITUAL AND APPLIED METHODS**

*Jade Lotus, Suheyl Yekenkurul*

National Institute of Tantra - Three Level Jade Lotus Technique. Study on the sexual, health and relationship benefits of the Three Level Jade Lotus Tantra Technique. Session 1 involves: Full Body Massage and knowledge on the Chakras: The chakras are the key to physical health, emotional stability and mental clarity. The chakras are vortexes of moving energy, which then stimulate various endocrine organs in the body to secrete hormones into the blood system. The effects of hormones control our body. They also affect our state of mind. Physiologically each chakra is also connected to an endocrine gland, a physical organ and a bodily function. The location of each chakra corresponds to the location of a neuronal plexus, a network of cells dense with neuro-peptide transmitters and electro – chemical activity Level 2 involves: Pranayama. teaching convergence and synchronization of breath; life force merging into a vortex, physical and subtle energy exchange taking place. entering into a spiritual realm. Level 3: helps awaken the energy which then rises along the spinal column, activating all the Chakras on the way up. This is done through the massage, the breath and a heightened sense of awareness through meditation. Study on Males aged between 26-66. Study on Females aged between 26-66 study on couples aged between 26-66 After the completion of the three level Jade Lotus Technique clients are asked to fill out a research sheet with survey data involving questions on how the three levels have made improvements on 1. Sexual Experience/relationship with Partner 2. Emotional Relationship with Partner 3. Sexual desire 4. Ability to control ejaculation 5. ability to maintain erection 6. Orgasm experience 7. sexual Confidence. Technique involves work on Chakras, energy centres, breath, spiritual elements, sacred sexuality, alternative healing methods involving Massage, Therapy and Pranayama.

Conflict of Interest: None disclosed  
Financial Support/Funding: National Institute Of Tantra

### OP11-21

#### **CREATING RESILIENCE IN ADOLESCENT BOYS AND YOUNG ADULT VULNERABLE TO PROSTITUTION, UNSAFE MIGRATION, EXTREM VIOLENCE AND HEALTH HAZARD IN BIHAR AND UTTAR PRADESH INDIA**

*Agniva Lahiri*

The laundas Of Bihar And UP define and spice up the entertainment barometer at the marriages in the Hindi heartland. But deep within they nurse broken hearts and bruised bodies. They are the young torch bearers of an age -old popular tradition- upholders of the launda naach, an integral part of the weddings in northern India, especially Bihar and Uttar Pradesh, where weddings are elaborate affairs with a fair rustic dose of merrymaking, drinking, music and dance. Here young effeminate boys dance in marriage procession and ceremonies, dressed in womens clothing. Often live-in laundas end up

becoming unpaid slaves. Thus he not only becomes his owners sex slave but also has to entertain his friends. Traditionalist may proudly declare how the dance parties of Bihar and UP are keeping alive in age old tradition through the launda naach ceremonies, hard facts call for urgent intervention and rehabilitation of these talented young impressionable boys who risk daily humiliation and even death, while providing casual moments of cheap entertainment. This adolescents and youths are victims of social stigma and gross human rights violations, and as a result face serious barriers to joining mainstream occupations. This has led to a situation where, in the absence of any other alternative, many join the “hijra” (eunuch) community and undergo illegal, secret and crude castration operations at great risk to their lives. Anecdotal evidence puts the number of deaths due to castration at 50% of those operated upon by quacks and “surgeons” with questionable credentials. In alternative they join the troop as a Luanda dancer and migrate to Bihar and Uttar Pradesh predominantly from various part of West Bengal and in the name of dancing in the rituals they were forced into prostitution and face brutal violence. Their livelihood option as Hijra or as folk

Conflict of Interest: None disclosed  
Financial Support/Funding: United Nation Development Program-Taha

### OP12-1

#### **WHOSE PROBLEM IS IT - AND WHAT IS THE PROBLEM?**

*Raie Goodwach*

When a woman presents with lack of desire, I ask Who is more concerned - you or your partner? She may confide that at this point she wouldn't care if she never had sex again - but she has the problem and her partner wants it (her) fixed. Both may believe the problem is physical and want a medical solution eg testosterone. Both may initially agree that this is their only problem. The couple are often disappointed when medication fails to improve the situation. Then the real work begins. The symbolic meaning of the physical symptom - the language of the body - needs to be translated. The symptom is in one person, but both have difficulties within the relationship that need to be addressed. Case material will be used to illustrate psychosexual therapy with a couple when the woman presents as if her lack of desire is context-free.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### OP12-2

#### **EXPLORING THE RELATIONSHIP BETWEEN FEMALE SEXUAL DYSFUNCTION AND SOCIAL ANXIETY**

*Serena Cauchi, Kymbra T Clayton*

Despite being a significant area of clinical concern, the association between social phobia and sexual functioning, particularly in women, has attracted little research attention. This study involved a survey of 173 heterosexual women, between the ages of 20 and 66, in metropolitan Sydney. Women were asked to complete a structured questionnaire to collect demographics and assessments



of social anxiety (SIAS), psychological factors (DASS depression, anxiety and stress scales) and sexual functioning (8 domains of the SFQ). Correlation and regression analyses were conducted to establish predictors of sexual function to test the primary hypotheses and to develop exploratory predictive models. Results indicated that social anxiety was a more influential predictor of female sexual dysfunction, than depression, anxiety or stress. Marital status and age of first sexual experience and first penetration were also significant predictors of sexual functioning. This suggests that while social phobia may be a primary component in the aetiology of sexual dysfunction when compared to depression, anxiety and stress, demographic variables also need to be taken into account.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP12-3

#### FACTORS THAT CONTRIBUTE TO SEXUAL SATISFACTION

*Antonio Fernandez Lozano, Ileana Sotolongo Vergo*

**OBJECTIVE:** Sexual satisfaction is frequently linked to quality of life. Discussion of sexual concerns appears to be a neglected area in primary health care. Screening for sexual dysfunction is important, but do we really know what factors are most important to our patients in assessing a satisfactory sexual relation? **METHOD:** 206 men (mean age 42, range 18-71 years) and 187 women (mean age 38, range 19-66 years), with a regular sexual activity (>1 a month), with stable partner (112/206 men and 131/187 women), and a good educational level a 64% had finished high school (259/393). Subjects were chosen randomly among the family members of patients who consult at an urology open clinic, and were asked which 10 factors from a questionnaire are the most important at the time of having sexual intercourse, and rating them on a scale from 1 to 10. **RESULTS:** 21/206 men, and 8/187 women reported homosexual activity and were excluded. Men who answered (185) rated experiencing pleasure as the most important factor (8.9), fulfil partner's needs (8.2), achieve orgasm (8.1), maintain a good erection (8.0), having foreplay (6.9), experience sexual desire (6.1), satisfaction after sex (5.6), delay early orgasm (4.7), have romantic relation (3.9) and lastly, not feel anxious before intercourse a (3.4). Women rated having foreplay as the main factor (8.7), together with a romantic relation (8.5) and to experience pleasure (8.1), fulfil partner's needs (7.3), experience sexual desire (7.0), achieve orgasm (6.7), satisfaction after sex (5.7), experience intercourse of desired length (4.6), and to maintain a good lubrication (4.3). In the men's group the answers were similar in all ages, while in the women preferences we noticed a clear difference between decades. **CONCLUSIONS:** There are differences in perception of factors that contribute to sexual satisfaction depending on age, gender, cultural and economic backgrounds. Clinicians should not lose this perspective when facing sexual and couple dysfunctions.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP12-4

#### EFFECT OF MODE OF FEMALE ORGASM INDUCTION ON PERCEPTION OF VAGINAL CONTRACTIONS

*José Antonio Carrobes, Manuel Gámez*

**Introduction and objectives:** Masters y Johnson (1966) proposed that female orgasm is always signalled by rhythmic contractions of the orgasmic platform, regardless of any type of stimulation used to produce it. However, other authors have affirmed that not all women who assert to attain orgasms have experienced these involuntary muscular contractions (Singer and Singer, 1972; see Meston, Levin, Sipski, Hull and Heiman, 2004, for review). The purpose of the present study is to analyse whether perception of contractions in genitopelvic regions is a necessary element in the subjective experience of female orgasm, irrespective of the method of orgasm induction. **Method:** The sample was composed of 202 female participants who were asked to describe in writing one of their subjective experiences of orgasm, indicating whether it was attained either through manual clitoral stimulation or through vaginal intercourse. Descriptions were categorized in groups according to the mode of orgasm induction, either manual clitoral stimulation (MCS-group) or vaginal intercourse (VI-group). A content analysis of the responses was done to identify every unit of content with regard to vaginal contractile sensations or perceptions of genitopelvic contractions. **Test of X2** were performed to evaluate differences in vaginal contractile sensations between MCS-group and VI-group. **Results:** It was significantly less likely that VI-group participants referred to vaginal contractile sensations than MCS-group participants ( $p < .05$ ). No significant differences between groups were found on other important components of orgasm experience (satisfaction, intensity evaluation, emotional closeness, awareness of surround, buildup/release of tension and feeling of inevitability). **Conclusions:** Results suggest that the female experience of orgasm attained through vaginal intercourse with a partner may be different from that achieved through manual clitoral stimulation regarding to the perception of genitopelvic contractile sensations.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP12-5

#### MAHRUKH - BURKI INDEX OF FEMALE SEXUALITY

*Mahrugh Masood, Muhammad H Khan, Mahnoor Masood*

**Background** For last many centuries overwhelming emphasis had been placed on male sexuality. Researches on female sexuality gained impetus during last three decades. It led greater insight into physiology of female sexuality. Scientific studies have revealed many parallels between male and female sexual responses. Nevertheless many important psychological factors differentiate female sexuality from male sexuality. Male sexuality is somatically focused whereas female sexuality is psychologically oriented. Therefore, female sexual functions cannot be evaluated comprehensively on the pattern of male sexuality. There is no powerful tool like International Index of Erectile Function to assess female sexual functions. The ones that are available do not assess female



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sexuality in the context of interpersonal attraction towards the partner. The significance of affective component has been undermined in the currently available tools. Objectives To formulate an indigenous tool that can evaluate female sexual functions including physiological and psychological components. Method Prevalent tools and different aspects of female sexuality were studied from various websites, journals and books. A committee comprising of psychologist, psychiatrist and a translator formulated M-BIFS in Urdu. This test was administered on two groups. Responses of twenty females with mix anxiety and depression, and twenty controls were scored and interpreted. Results Urdu version of M-BIFS comprises of nine questions in six domains pertaining to libido, arousal, orgasm, satisfaction, post coital feelings, and interpersonal attraction. The responses were measured on 5 point scale with the most common (neutral or factual) response falling in the middle scores. Higher scores showed healthier responses. Females with mix anxiety and depression scored less than the controls. This demonstrates ability of this tool to measure sexual function with pit consideration of sexual dysfunction. Conclusion This test would serve as basis of clinical and research studies of female sexual function.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP12-6** **FOR A SCIENTIFIC SEXOLOGY** *Vincenzo Puppo*

Today in sexology the female sexuality is very neglected, it is not scientific, there is especially a lot of ignorance on the sexual anatomy, this explains because there are a lot of hypotheses divulged as scientific reality: The female vagina has little sensitivity and the vaginal orgasm does not have a scientific basis, does not exist and was invented by Freud in 1905. The "vaginal" orgasm that some women report is always caused by the surrounding erectile structures (female penis in erection). The G-spot does not exist, Grafenberg in 1950 discovered no G-spot but reported the role of the whole urethra in female orgasm. Why the sexologists don't have read his article before accepting as reality this hypothesis? The vagus nerve doesn't have terminations in the vagina and in the cervix uteri, it doesn't contain a genitosensory component: it is only a hypothesis. The clitoris is considered the homologous of the male penis, but this is not exact: the clitoris is only a part of the male penis. The homologous of the male penis are all erectile tissues of the vulva: the correct (and simple) anatomical term for the cluster of erectile tissues of the vulva is "female penis" and not "clitoris" or other terms. The term 'periurethral glans' that some sexologists use it is not correct term, the exact term it is "vaginal vestibule". The Halban's fascia doesn't correspond to male corpus spongiosum: it is only a layer of connective dense present in the bladder-vaginal septum. The rhythmic muscle contractions that occur in the outer third of the vagina are caused by bulbocavernosus muscle, not puboccygeus muscle (and the correct terms now used after years of anatomical study are "pubovaginalis muscle" and "puborectalis muscle. In sexology is important to speak scientifically of the female erectile organs, not of hypotheses.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP12-7** **FEMALE ORGASM IN CONTEXT** *Raie F Goodwach*

Women requesting therapy either because of being unable to orgasm by themselves or unable to orgasm with a partner speaks to women's increasing expectation of enjoyment of their own sexuality and rejection of the world of "faking it". It also reflects a world in which expectations of sex are fed by film and media. This paper will use case material to examine difficulties in achieving orgasm in the context of women's lives.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP12-8** **BIOPSYCHOSOCIAL DETERMINANTS OF FEMALE SEXUAL FUNCTIONING AND SATISFACTION: PRELIMINARY RESULTS** *Sandra M.C.S. Vilarinho, Pedro J.S.C. Nobre*

Introduction and objectives Recent theoretical contributions and some empirical evidence have shown that, to specifically understand womens sexuality, beyond the biological determinants, we should also consider psychological variables, namely cognitive and emotional as well as relationship and contextual factors (e.g., Basson, 2001, 2005; Bancroft, 2002; Dove & Wiederman, 2000; Graziottin & Leiblum, 2005; Leiblum, 2001; Sugrue & Whipple, 2001; Tiefer, 2001, 2002). Despite those important contributions, few empirical studies have been conducted according to a larger integrative and biopsychosocial perspective. Following this, the main goal of our project is to explore the relative contribution and interrelation between psychological and relationship dimensions of the female sexual experiences, as well as some contextual and biological aspects suggested by the literature. Methods Participants were 140 women with ages between 18 and 75 years, married or living together (for 6 months or more) recruited from the general population. All participants answered a set of instruments that tried to cover some of the mentioned thematic areas. Results and conclusions Preliminary results will be presented and discussed addressing: 1) The relationship between womens sexual satisfaction and sexual functioning (desire, arousal, orgasm); 2) Differences between women sexually more and less satisfied and between women more or less sexually functional in what concerns general and specific affective state during sexual activity, general well being (self-esteem, sexual self-esteem, satisfaction with life, body satisfaction) and cognitive variables (such as sexual beliefs, focus of attention and sexual fantasies or sexual thoughts); 3) The nature and association between particular aspects of close relationships and women sexual functioning and satisfaction; 4) The relative importance of the contextual and biological aspects considered in the present study for womens sexual functioning and sexual satisfaction.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed



### **OP12-9 FEMALE ORGASM PREPARES A WOMANS BODY FOR CHILDBIRTH**

*Gemma M OBrien, Mark Italiano*

Most research on female orgasm has focused on either its potential to assist fertilization by manipulating sperm or female behaviour, or to increase pair-bonding to support child rearing. The novel hypothesis, that female orgasm is a rehearsal for childbirth and labour, has not previously been investigated. The present report summarises the physiological similarities between orgasm and parturition, available in published sources. Many of the systemic responses involved in human female orgasm are the same as those involved in labour and delivery; differences mainly relate to intensity. Similarities include: • powerful contractions of abdominal muscles; • neurochemical responses including production of oxytocin (oxytocin is released in greater amounts in females than males with orgasm); • contraction of the crico-pharyngeus muscle with laryngeal displacement, apnea and gasping breath; • G-spot stimulation elevates the pain threshold, having an analgesic effect; • regulation via positive feedback; • neuroendocrine reflex loop between mechanical stimulation of the cervix and endocrine response from the hypothalamus (this coital reflex has been best studied in species that are classified as induced ovulators). Other characteristics of orgasm and labour remain to be addressed. To test the hypothesis it will be necessary to compare between orgasmic and pre-orgasmic womens a) duration of labour, b) frequency, strength, and duration of contractions during labour, c) pain levels during delivery, d) concentrations of oxytocin in plasma, and e) euphoria-ratings during delivery. The capacity to rehearse the reproductive system responses associated with parturition, may offer improved maternal safety and infant survival, to orgasmic women. Logically, improved "orgasmic fitness" should reduce time spent in labour, and the associated risks of complication during labour, including infant and maternal mortality.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP12-10 SEXUAL STIMULUS CONDITIONS AND FEMALE SEXUAL RESPONSE: THE ROLE OF RELATIONSHIP, COGNITIVE AND AFFECTIVE VARIABLES**

*Sandra Vilarinho, Pedro JSC Nobre*

The major limitation of most laboratory-based sex research today has been the exclusion of the dyadic aspect of sexuality (Rowland, 1999). Few efforts have been done to investigate the role of relational or intimate variables, by integrating them into the stimulus conditions, for example. Following this, the main goal of our research project is investigate the importance of using different sexual stimulus conditions (erotic and relationship stimulus versus sexually explicit material) and to test some hypotheses on the role of cognitive, affective and relationship variables as mediators of female sexual response. The experimental design will be a 2 (context: erotic and relational/sexually explicit material) X 2 (sexual functioning: Functional/dysfunctional) X 2 (relationship satisfaction: more satisfied/dissatisfied).

Participants will be women with ages between 18 and 75 years, married or living with a partner, recruited from the general population and from public clinics (diagnosed with sexual dysfunction). There will be 4 groups: 2 clinical groups (each of them with 15 women), one with low scores and the other with high scores in relationship satisfaction; 2 non-clinical groups (each with 15 women), one with low scores and the other with high scores in relationship satisfaction; All groups will participate in two experimental conditions. In condition A, participants will be exposed to sexually explicit material for 15 minutes. In condition B, participants will be exposed to erotic and intimate scenes (visual and audio stimulation, accompanied by erotic audio-tape and initial instructions asking to imagine themselves and their partners in the video) for 15 minutes. Participants will be assessed with both physiological measures (vaginal pulse amplitude, vaginal blood volume, labial temperature, heart rate, respiration and galvanic skin response) and subjective measures (self-rating scales of desire, subjective arousal, sexual pleasure and satisfaction); there will be also a measure of affect and thought listing.

Conflict of Interest: None disclosed  
Financial Support/Funding: None disclosed

### **OP12-11 PRENATAL ESTROGEN MAY BE INVOLVED IN THE DEVELOPMENT OF REPRODUCTIVE CAPABILITY OF FEMALE RATS**

*Josefa Vega Matuszczyk*

An attempt to elucidate the possible role of prenatal estrogen on the development of feminine sexual behavior and reproductive function was made by treating females with the antiestrogen CI628 on days 13-19 of pregnancy. Control females were prenatally treated with saline or remained untreated. The offspring were delivered by caesarian section on day 22 of pregnancy and placed with foster mothers who's newborn pups had been previously removed. In adulthood, half of the female offspring remained intact and the other half was ovariectomized (ovx). The intact females in each treatment group were observed for several reproductive measures including the capacity to become pregnant. In adulthood, the ovx females were treated with estradiol benzoate (EB) (1, 1.5, 2 or 4µg/rat) and 0.5mg progesterone (P) and tested for receptivity, proceptivity and sexual partner preference. Two weeks after the completion of these tests, the ovx females were injected daily for 7 days with 0.25mg testosterone and tested for sexual partner preference and mounting behavior. The results obtained showed that prenatal treatment with the antiestrogen caused accelerated vaginal opening and a significantly increased occurrence of infertility. In ovx females, the prenatal antiestrogen treatment caused enhanced receptivity and proceptivity in response to low dosages of EB and P. Sexual partner preference and mounting behavior did not differ among the groups indicating that CI628 did not exert any masculinizing effects during pregnancy. These results suggest an involvement of prenatal estrogen on the development of female reproductive function, but not on the differentiation of feminine sexual behavior.

Conflict of Interest: None disclosed  
Financial Support/Funding: Scientific Foundation University West



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### OP12-12

#### LAPAROSCOPY AND METHYLYN BLUE TEST FOR ASSESSMENT OF TUBAL PATENCY

*Janitha Costa, Jim Moohan*

**Objective:** To find out whether laparoscopy and methylyn blue test (MBT) is appropriate as a first line investigation for tubal patency when less invasive and more cost effective method like hysterosalpingography (HSG) is readily available, and to see whether screening for Chlamydia or administration of prophylactic antibiotics, was carried out before the test, as uterine instrumentation during the test increases the risk of ascending infection of endocervical Chlamydia as well as reactivation of dormant upper tract Chlamydia. **Methodology:** 30 case notes of patients who underwent laparoscopy & MBT for infertility only, during one year period from February 2005 to February 2006 in Altnagelvin Area Hospital, Londonderry, UK, were analyzed retrospectively. **Results:** 10 out of 30 (33%) women who are not known to have co-morbidities (endometriosis, pelvic inflammatory disease, ectopic pregnancy) had undergone laparoscopy & MBT as a first line investigation for tubal patency without any documented offer of HSG in the notes. None of the 30 patients had Chlamydia screening or prophylactic antibiotics before the test. **Conclusion:** Laparoscopy and MBT should be reserved for women who are known to have co-morbidities, while those who are not known to have co-morbidities should be offered HSG as a first line investigation for tubal patency, as it is less invasive and more cost effective than laparoscopy and MBT, and all women undergoing laparoscopy and MBT should be screened for Chlamydia or be treated with prophylactic antibiotics, if not screened before the test

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### OP12-13

#### DEVELOPMENT OF THE FEMALE REPRODUCTIVE ORGANS

*Vincenzo Puppo*

In embryology there is a separation between the development of the internal genital organs and those external, both in the male and in the female: the internal genitals have a reproductive function; while the external ones have the function of giving pleasure and of consequence stimulating also the copulation. The ovary develops from the "indifferent" gonad. The other internal structures derive from the urogenital sinus and from two ducts: of Wolff and of Müller. The body of the uterus and the uterine tubas (Fallopian tubas) are formed by the Müllerian ducts. From the dorsal wall of the urogenital sinus, with the aid of the epithelium of the Wolffian ducts, to the level of the Müllerian tubercle (where the hymen will be formed, and which will become the seminal collicle in the male), the sinovaginal bulb grows from which the female vagina will be formed and the cervix uteri (and the male vagina situated in the male prostate). This has been known for many decades, but according to current opinion in sexology textbooks the female

vagina is still a mixed structure, formed by the urogenital sinus and from the Müllerian ducts, even if we know that the vagina always has the same structure for all of its length, furthermore glycogen is present only in the epithelium of the urogenital sinus, therefore of the female vagina (and male vagina) and of the cervix uteri, while it is missing in the Müllerian ducts. When speaking of the internal genital organs of the woman one must not refer to orgasm, but only to her reproductive organs, just as in the male. The vaginal orgasm doesn't exist, it is only a hypothesis, an invention, of Freud. The "vaginal" orgasm that some women report is always caused by the surrounding erectile structures (female penis in erection).

**Conflict of Interest:** None disclosed  
**Financial Support/Funding:** None disclosed

### OP12-14

#### EVALUATING ORGASM AND ATTITUDE TOWARDS SEXUAL INTERCOURSE AMONG WOMEN REFERRING TO MEDICAL UNIVERSITY CLINICS IN 2005

*Seyed habibollah kavari*

**Introduction Objective:** Satisfaction from sexual intercourse (orgasm) is a physiological need. Regarding different reports about sexual dissatisfaction and lack of information about its real situation, the present study was conducted on women referring to Shiraz Medical University clinic in 2005. **Material and method:** This cross sectional research was carried out on 406 women selected by multi-stage casual sampling. Characteristics like age, education, family dimension, number of children, pregnancy, breastfeeding after child delivery, having private bedroom, access to bathroom, social and economic situation, orgasm phases, and attitude towards sexual intercourse were recorded in information forms for each woman. Reliability and validity of these forms were examined by "split half" and "content validity" methods respectively. Sexual satisfaction was examined based on orgasm phase including having contraction feeling together with pleasure and joy during sexual intercourse attitude towards sexual intercourse, orgasm phase, and orgasm was examined in sample and its real amount in the society was measured besides, role of personal and social characteristics of women in their orgasm and attitude was determined. **Results:** The average age of women under survey was (standard deviation  $\pm$ ) 29.1 $\pm$ 6.8 and their average marriage duration was 9.1 $\pm$ 7.1. They had medium social and economic situation. The present study showed that 63.5 percent of persons under survey were not satisfied with their sexual relations. 2.85% had positive attitudes towards sexual intercourse. There are more orgasms as women's ages grow up to 30, but it declines after that age. Positive attitude towards sexual intercourse augments as women's marriage age increases. A significant statistic relationship was observed between women's social and economic situation and their orgasm and attitude ( $P < 0.05$ ). There existed no relationships between marriage duration and attitude, but marriage duration was conversely related to orgasm ( $P < 0.05$ ). **Conclusion and suggestion:** sexual dissatisfaction appears to be a serious problem.

**Conflict of Interest:** None disclosed  
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## Abstract Book

### OP12-15

#### THE MALE VAGINA – THE FEMALE PROSTATE

*Vincenzo Puppo*

In the male prostate on the seminal collicle (*veru montanum*), a prominence of the dorsal surface of the prostatic urethra, the ejaculatory ducts and the prostatic utricle open. The prostatic utricle is the homologous of the female vagina, with same embryological derivation from the urogenital sinus without the contribution of Müllerian ducts: the “male vagina” is the correct term. The male vagina has a tubular or cystic form, with a squamous or cylindrical epithelium and can suffer from the same diseases as does the female vagina. Within the epithelium numerous endocrine cells were found containing neuron-specific enolase, chromogranin, and serotonin. The female prostate is an anatomical structure and was described with this term for the first time by De Graaf in 1672 and can suffer from the same diseases as does the male prostate, including carcinoma, benign prostate hyperplasia and prostatitis. The secretion of these glands (in which PSA is also present) would be expelled or ejaculated during female orgasm, through the urethral meatus or the orifices of the paraurethral ducts, into the vestibule of the vagina and probably many women don't realise this because it is not ejaculated but emitted without squirting, especially if they have never done the Kegel exercises by which the urethral musculature can also be trained. In the females a ejaculation phase corresponding to that of the male (expulsion phase) is absent, the female ejaculation corresponding to the phase of “emission” in male: could be one of the causes of the lack of the refractory period in women (with the possibility, if stimulation is continued, of following orgasms after the first one), that is the absence of a period of repose after orgasm as happens in males. The female prostate doesn't have an anatomical structure that can cause an orgasm (the G-spot doesn't exist).

Conflict of Interest: None disclosed

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### OP12-16

#### PUBERTAL PROGRAMMING OF SEXUAL FUNCTIONING

*Gemma M O'Brien*

Many cases of primary anorgasmia may be avoided, if genital functions are appropriately activated during puberty to entrain adult functionality. In the embryo/fetus/neonate/child, sprouting by the nervous system produces more nerve endings than are needed; use is rewarded by neurotrophic factors that stimulate growth of nerves that are used. Nerves die if this stabilisation does not occur. Appropriate pruning contributes to fetal programming of adult health. At puberty further remodelling of nerve endings occurs. Use again stabilises synapses, ensuring that appropriate nerve pathways are retained: “pubertal programming of adult health”. Puberty is characterised by growth of reproductive organs, secondary sexual characteristics, secretion of reproductive hormones, and initiation of fertility. The nervous system undergoes a pre-determined period of growth and development. What epigenetic factors would shape

the pubertal patterns of pruning that are necessary for normal adult functioning of the reproductive system? Tingling and throbbing of the genitalia attracts the attention of the adolescent. If the organs are stimulated, then the nerve synapses controlling them should be reinforced, and not lost during pruning. Affected innervation includes sensory and motor nerves in the periphery, as well as central pathways in the brain. Specific brain pathways are activated and/or inactivated during orgasm (Hostege et al. 2005, O'Brien 2004). If orgasm is a normal occurrence in the peri-pubertal period, then the brain pathways that subservise orgasm will be retained into adulthood. Such persons should experience normal sexual functioning. If orgasm is absent during the peri-pubertal period, then brain pathways needed for orgasm may be lost during adolescence. These persons may experience orgasmic difficulties during adulthood. Holstege G. 2005 *World Journal of Urology* 23: 109-114. O'Brien GM (2004) *Proc Australian Physiol Soc* 35: 83P

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### OP12-17

#### THE VAGINAL VESTIBULE ANATOMY

*Vincenzo Puppo*

Anteriorly the vestibule is triangular (part of which corresponds to the dorsal wall of the male cavernosa urethra) and presents the external orifice of the urethra with at the sides the small orifices of the paraurethral ducts (ducts present also in the male, around 0,5-3 cm. long, and are found in the greater part of most women independently from the intraurethral glands (Skenes gland), that have been recently given the term of “female prostate”. The secretion of the female prostate would be expelled or ejaculated during female orgasm, through the urethral meatus or the orifices of the paraurethral ducts, into the vestibule of the vagina and probably many women don't realise this because it is not ejaculated but emitted without squirting (in fact correspond to the phase of “emission” in male). The absence of a true ejaculation phase corresponding to that of the male, could be one of the causes of the lack of the refractory period in women, with the possibility, if stimulation is continued, of following orgasms after the first one. At times it is visible on the middle line of the vestibule, a longitudinal formation of 4-5 mm width, which from the urethral orifice goes up and extends in the sulcus present on the inferior surface of the corpora cavernosa of the clitoris up to the glans, described for the first time by Pozzi in 1884 with the name “*briglia mascolina del vestibolo*”, it corresponds to the dorsal part of the corpus spongiosum of the male urethra: it is the female corpus spongiosum or *pars intermedia*. The Bartholins glands open at the sides of the vaginal orifice, homologous to the male bulbourethral glands, they secretion a sticky liquid similar to the mucus; within them endocrine cells have been found and produce: serotonin, calcitonin, bombesin, katalcalcin, alpha-hCG.

Conflict of Interest: None disclosed

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## Abstract Book

### OP12-18

#### A NICE CLEAN LOOK: DESIGNER VAGINAS

*Michelle S Mars, Michelle S Mars, Jeanie R Douch*

**Introduction and objectives:** A salient feature to emerge from professional and popular culture is an explosion of discourses around the choice of a caesarean section for no clinical reason. In some discourses, caesarean section can be read as a chic possibility and as such a reflection of the self. The study aimed to explore women's talk of concerns about the vagina and its representation in popular culture. **Methods:** This qualitative study used discourse analysis to analyse the text from two focus groups. We draw on the theoretical ideals of post structuralism, to reveal how a plurality of meanings from an ensemble of conflicting discourses around the vagina, affect women's positioning of their sexual selves. **Results:** The vagina emerged as a site of conflict and concern in the transcripts. In this paper we explore three discursive themes to emerge from the research. They include the appearance of the vagina, the desire to remain tight or honeymoon fresh, and the panic around an imagined, imperfect, interior in matters of sexual intimacy. **Conclusions:** Examining ways in which discourses constitute women's genitalia has the potential to unveil the contradictions that occur at the intersection of the prevalent ideas about women's sexuality. Women are defining their normal genitalia through the fantasy of the air brushed pornographic, perfect, young vagina. These ideologies of the vagina have significance in shaping women's experience of childbirth and sexual health, the material effects of which are inherent in the allure of elective surgery, in the absence of clinical indications.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP12-19

#### WOMEN: FIRST COITUS AND VARIABLES ASSOCIATED

*Encarnación Sueiro, Celsa Perdiz, José Luis Diéguez*

**OBJECTIVE:** To know the relation between the first coitus and social, sexual and reproductive variables. **METHODS:** This is a descriptive transversal study by a structured interview, with a population of 336 women, of 30 or more years, whom had started their coitus. We made the analysis of data with SPSS. **RESULTS:** The mean age is 42,07 years and they started their coitus at 20,83 years old. There is significant association ( $p < .05$ ) between the early start of coitus and to be single, married and separated, with to have 7 or more coitus per week, with absence of desire and pain in sexual intercourse, with couple's problems, with to have more pregnancies, children and abortions and with the use of the condom, I.U.D., hormonal contraceptive and sterilization. **CONCLUSIONS:** It is necessary to make Sexual Education before of the first intercourse.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP12-20

#### FEMALE PRIAPISM, PHIMOSIS AND ADHESIONS. CLITOROMEGALY

*Vincenzo Puppo*

The clitoris is formed from two corpora cavernosa and from the glans, covered by the prepuce. In the female is possible, as in the male, a priapism of the clitoris, a rare condition associated with prolonged erection of the corpora cavernosa causing engorgement, swelling, and pain to the clitoris and immediate adjacent area. In fact the erectile tissue of the clitoris is constituted by a system of caverns covered by the tunica albuginea: the two corpora cavernosa of the clitoris introduce the same fundamental structure to those of the male penis. The glans covers like a hood the thinned extremities of the corpora cavernosa from which it is independent. The prepuce covers all or part of the glans, its size varies considerably, and is just like the foreskin of the male penis; during fetal development the prepuce and the glans are fused together, if after the birth they are not separated it is possible, as in the male, a phimosis of the clitoris. It is also possible an accumulation of smegma in infants and preadolescent girls under the prepuce and the irritation caused by the accumulated smegma may result in adhesions forming between the glans and prepuce: for this it is important a proper hygiene of the vulva. The dimensions of the clitoris vary; clitoromegaly has been defined as clitoral area  $>35-45 \text{ mm}^2$  (but this can be considered an exact definition of clitoromegaly?...), is a congenital malformation. Acquired clitoral enlargement is relatively rare in adult women and occurs under a variety of circumstances; clitoral reduction (clitoroplasty) is the procedure in which the corpora cavernosa are partially or totally removed and the glans clitoris remains intact; pseudohypertrophy of the clitoris has been reported in small girls, thus imitating true clitoral enlargement. Congenital absence of the clitoris is a rare entity.

Conflict of Interest: None disclosed

Financial Support/Funding: None disclosed

### OP12-21

#### GRAFENBERG, IN 1950, HAS NOT DISCOVERED A "G-SPOT"

*Vincenzo Puppo*

The G-spot does not exist: Grafenberg, in 1950, discovered no G-spot, he doesn't speak of an orgasm of the female prostate (urethral glands). Why to give to him the name of the spot? Why the sexologists don't have read his article before accepting as reality this hypothesis? Grafenberg in his article doesn't speak of a vaginal spot, but of 'The role of the urethra in female orgasm', not the role of the vagina. The article speaks of the female urethra, situated on the anterior vaginal wall, which is an important erotic zone (the whole urethra) for the women, Grafenberg also describes some cases of urethral masturbation, female and male, and "Analogous to the male urethra, the female urethra also seems to be surrounded by erectile tissues like the corpora cavernosa." Grafenberg also speaks of the female ejaculation and of the intraurethral glands that would release fluids that is not urine to the orgasm; glands, however, cor-



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related with the erotogenic zone along the whole urethra in the anterior vaginal wall. Grafenberg writes a lot of other important things: “The restriction to the vaginal orgasm, however, does not give the true picture of female sexuality”; of the clitoris: “this organ is an erotic centre even before puberty”; “The woman-ontop posture is more stimulating as the erotogenic parts come in contact better”; “Therefore intercourse from the back of the woman is the most natural one ... a posteriori” with “The female genitals have to be higher than the other parts of her body”; “The entrance to the rectum can also become an erotogenic centre”, “orgasm could be achieved with a finger in the anus and the penis in the vagina”; “cunnilingus leads to a more complete orgasm”. Conclusion: who has invented the G-spot it has really read the whole article of Grafenberg?

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