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Message from Rosemary Coates WAS President

The World Association for Sexual Health (WAS) is a multi-disciplinary organization dedicated to the promotion of sexual rights and sexual health. Our membership comprises a variety of professional societies, educational institutions and non-government organizations. With 156 member societies and 63 individual members the total number of people throughout the world with whom we have contact is in the tens of thousands. Such networking ensures that all aspects of sexology are well represented.

A unique aspect of the biennial World Congresses is that we draw together behaviourists, educators, clinicians, researchers, field workers and other service providers. Over the past three Congresses we have endeavoured to identify topics and invite speakers from different disciplines to share their perspective on that topic. As sexology is a holistic science, this is designed to encourage furthering knowledge across the disciplines, thus benefitting practitioners, clients and society.

The Abstracts presented here are representative of the variety of perspectives from which sexual rights and sexual health are approached. There are papers cover-

ing issues of rights, ethics, the physiology and pathophysiology of human sexual function, behaviour, values and attitudes. Sexuality education from early childhood to adulthood and sexology for professional specialists is also included; as are medical treatments and surgical interventions, therapies and counselling theories and strategies.

There are many notable names amongst the presenters. There are also presenters who represent the younger generation of sexologists. They come from all parts of the world and the tapestry of expertise, experience and cultural perspectives enriches our understanding of human sexuality. We encourage a collegial exchange of views and information to promote a more holistic approach to sexual health through all professions.

Video presentations of many of the authors represented here may be accessed through SexologyVisual.com.



WAS President 2009–2013

Message from Kevan Wylie: Congress President

Sexual health is a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled. This definition has served us well over the last decade and the World Association for Sexual Health (WAS) offers its biannual congress to facilitate clinicians, scientists, educators, advocates and all of those with a legitimate interest in human sexuality to meet and share their opinions and findings. It is the wide diversity of interest in the field as well as within the discipline which offers such variety and opportunity to the delegates at our meetings especially at this time when we are consolidating our understanding of the field of sexual health whether this be sexology, sexual medicine or sex education and training to name only a few. This congress will hopefully offer the chance to progress with our legend of forging the future of our professions by allowing respectful recognition that previous boundaries can sometimes be relaxed to allow us to merge with confluent benefit to all.

The invitation to preside over one of the world's most important congresses in our specialty is a great honour and one which with the support and contribution from my colleagues at both the Sheffield Society for the Study of Sexuality and Relationships (SSSSR) and at the WAS will hopefully remain in your memories in the years ahead. The major contributors to the meeting have been three fold. First, from our carefully selected plenary speakers who have travelled from around the world to provide an insight into an aspect of sexual health from different perspectives. Secondly, from the many groups and teams who have proposed and developed symposia across a wide range of fields.

Our third group, the largest group, is from individuals who have submitted over 800 abstracts from around the globe. Thank you to our scientific committees led by Roy Levin, Alain Giami and Pierre Assalian and supported by our seven UK based track leaders with their members who have all worked endlessly to ensure we try to get the best mix and input across our sessions and symposiums from both experienced scientists and contributors and those who are starting out or developing their career. Yet, the congress cannot be a success without the interaction of the delegates and each and every one of you (including all of the Sassenachs) are very welcome here in Scotland and the opportunity for discussion and expression is warmly encouraged throughout the congress. We are particularly pleased to offer space to meet and interact with each of our 30 plenary speakers in dedicated 30 minutes sessions in order to "meet the expert".

This whole meeting could not have taken place without the input from my colleagues at SSSSR. The society is very much regional in origin but whose aim is to further the opportunities for its members to join the family of sexologists and sexual health workers globally. I want to extend my personal thanks to Roy Levin who has chaired the local scientific committee and to my colleagues Debbie Davies-South, Manolee Shankar, Julie Fitter and Kim Monk who have all worked extraordinarily hard and over and above their daytime jobs to ensure the scientific and social programme is the best we can deliver in these times of austerity here in the city known as that "dear green place" Glasgu. Take some time to explore beyond the city centre and you will discover one of the most beautiful countries in the world before returning home in anticipation of our next meeting in Rio de Janeiro when I hope that we shall all have the chance to meet once again.

Kevan Wylie. Congress President

Scientific Research at the World Association for Sexual Health

What kind of science is presented at the 20th World Congress of Sexual Health held in Glasgow between June 13th and 16th 2011? More precisely, what kind of “sexual science” or “sexology” is presented to illustrate and give evidence to sexual health issues around the world? In order to understand the originality of this congress, it is important to recall a little bit of the history of sexology, sexual health and sex research. Sexual science and sexology have a long history, which started at the end of the 19th century in Western Europe. This sexual science was embedded in the post-Victorian morality based on the legitimacy of sexual activity as long as it was limited to reproduction and located in marriage (Bland & Doan, 1999; Weeks, 1981). But at the same time, sexology started to consider the importance of sexual activity for well-being and to incarnate sexual optimism, particularly with the works of Havelock Ellis (Robinson, 1976). This process culminated in the early sixties with the diffusion of the hormonal contraception and the works of Masters & Johnson about the human sexual response cycle. The occurrence of these events allowed many historians to talk about a process of sexual revolution (Escoffier, 2003). Sexual health started to be defined in the early seventies in the context of a collaboration between the WHO and some groups of professional sexologists from Europe and the USA, until it became fully recognized in 2003 and included in the Sexual and Reproductive Health program of the WHO (Giami, 2002). We should not forget the onset of the HIV-Aids epidemics in 1981, which continues to threaten the life of millions people. Sexual health is the contemporary response to these problems but it goes much beyond the domain of disease and dysfunction and their treatment and the works presented in this conference reflect the range of issues and practices that are involved in this field.

Sexual health is a complex field of activities and practices including education, psychological and psychosocial approaches, therapy, medicine, public health, sexological research, basic life sciences, behavioral sciences, social and anthropological sciences and ethics. It is even more complex since the WAS establishes a central link between sexual health and sexual rights, which opens the way to a whole range of activities related to advocacy, promotion and defense of human rights when these are threatened.

In order to attract researchers, health professionals, educators, social workers, and activists to present their work at the Congress, the WAS Scientific Committee (Alain Giami, Ganesan Adaikan, Yuko Higashi, Charlotta Löfgren-Mårtenson and Pedro Nobre) have organized the scientific field of sexual health and sexual rights into seven tracks which represent the disciplines involved in sexual health and sexual rights.

- **Track 1:** Bio-medical research (basic, physiological, pharmacological). David Goldmeier;
- **Track 2:** Clinical approaches (medical, psychological and sexological). Geoff Hackett;
- **Track 3:** Sexuality Education. Roger Ingham;
- **Track 4:** Social, Behavioural & Historical research (non clinical). Cynthia Graham;
- **Track 5:** Public Health / Epidemiology / Public Policies. Kaye Wellings;
- **Track 6:** Sexual Health & Sexual Rights actions and advocacy. Gill Greer;
- **Track 7:** Ethics, principles, practices and issues. John Dean.

This construction of the scientific field of sexual health and sexual rights facilitated the distribution and repartition of abstracts to the members of the Local Scientific Committee led by Roy Levin (Sheffield, UK) and the International Scientific Committee led by Pierre Assalian (Montréal, Canada) to review and evaluate carefully the abstracts, which were submitted electronically. The abstracts are presented in this volume following this distribution by track (Oral presentations and Poster presentations) so that the reader can have a better understanding of the consistency of the various fields.

This special supplement of the *Journal of Sexual Medicine* offers 861 abstracts to be presented as plenary, special symposia, oral presentation, narrated posters and posters at the 20th Congress of the World Association for Sexual Health. Beyond the multi-disciplinarity represented by more than a hundred faculty who reviewed the abstracts, the selection of the papers reflects the world wide compass and the originality of research and practices which occur under the banner of the link between sexual health and sexual rights.

What is striking in this volume is the diversity of topics that are presented. Of course, as it could be expected, one can find a very large number of abstracts about female and male sexual disorders and their treatment, which form the core of sexological practice and research. These can take place more often inside heterosexual relationship. But one can find an important set of abstracts about gay and lesbian sexualities and the problems encountered by these individuals (stigmatization, sexual problems and gender issues). One can also find some papers about HIV prevention, reproductive health issues such as contraception and abortion, sexual abuse and sexual violence. Sexual education addressed to various groups and using different approaches has also an important presence. Health professionals who are the major actors involved in the sexological and sexual health practice are also approached through the analysis of their psycho-social attitudes towards sexuality, their difficulties in communicating around sexual issues and their training (or absence of training !).

Besides these quite common aspects of sexuality and sexual health, one can find groups and populations less frequently studied in the field of sexology and sexual health which deserve some attention: papers about people with disabilities (intellectual and/or physical), prisoners, transgender and transsexual individuals are the source of some studies. Groups and individuals of various age ranges such as children, adolescents, adults and older people are treated with equal attention regarding a positive approach of sexuality and sometimes the protection against discrimination and denial of the right to sex. Educational and health promotions, HIV prevention, interventions in unusual settings such as theatres, night-clubs and discotheques, are presented also. Sexual health professionals are not afraid to go in the settings where problems may occur. Some papers discuss the topic of male circumcision in the new context of its use as an HIV prevention method. Whereas this approach has been selected by the WHO and UNAIDS as a new prevention device, some papers show that it remains a controversial and problematic issue to be discussed. Last but not least, the abstracts reflect also the diversity of methodological approaches ranging between quantitative using statistical methods, through qualitative working with discourse analyses, some case-studies. More topics are developed in this special issue, which give an idea of the diversity of fields and the creativity of health professionals, social and behavioral professionals, researchers and volunteers. All these indi-

viduals—professionals or non-professionals are dedicated to a positive vision of sexuality and sexual health and have tried to present and validate their work to the community of those engaged in the recognition of sexual health as a positive view of sexuality which needs to be enhanced and protected.

Alain Giami,¹ Pierre Assalian,² Roy Levin,³
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PROCEEDINGS FROM THE 20TH WORLD CONGRESS OF SEXUAL HEALTH GLASGOW, UNITED KINGDOM, JUNE 12–16 2011

GOLD MEDALIST

1

SEDUCTION IS A NECESSARY COMPONENT OF SEX IN LONG STAYING RELATIONSHIPS

A. Vansteenwegen

Cath.Univ.Leuven, Pellenberg, Belgium

Partners are different in most aspects of their sexuality. In the falling-in-love-period sex goes straightforwardly. But in a long staying living together relationship these differences come about. They cannot be solved by negotiation because large parts of human sexuality 'happen' to us. One 'feels' a desire for sex. One 'gets' aroused. One 'gets' an erection, a vaginal lubrication, an orgasm. One 'becomes' satisfied. We cannot negotiate about these aspects because we are not in control over them.

How do couples then cope with their sexual differences? Seduction is a way to manage these differences between the partners. Satisfying sex is only possible if these differences are taken seriously. Sex in a long staying relationship is a result of a seduction wherein the sexual differences between both partners are solved. Sex has essentially to do with seducing and being seduced. Seduction is kind, tender, suggestive and not demanding.

2

HIV AND SEXUAL HEALTH: A MESSAGE FROM JAPAN

C. Ikegami

PLACE Tokyo, Tokyo, Japan

Fifteen years of data shows a continued increase in men infected with HIV in Japan. Ninety percent of people living with HIV/AIDS (PLWHA) are male, with seventy percent of these cases attributed to homosexual contact. Meanwhile, numbers of infected females has flat-lined at less than 10 percent. These factors may provide an explanation: heterosexual couples use condoms to prevent pregnancy (which also prevents infection), and men who have sex with men (MSM) have only recently become a focus of HIV prevention programs. However, PLACE Tokyo has been developing and spreading a message aimed at everyone that goes beyond differences in gender and sexual orientation.

First, "Sex feels better when you feel safe about sex."

Second, "Love won't protect your sexual health."

Third, "If you make a mistake, it's not the end of your life."

The basic message is to think positively about sex, not be deceived by love, and accept those who are infected. It is the same for everyone, but the interpretation changes drastically depending on the viewer. Moreover, care and prevention are a pair; research shows that environments rife with discrimination against PLWHA indicate that prevention efforts are not progressing. Therefore, with PLWHA, we have been developing and implementing Living Together, a plan that joins care and prevention efforts. Through this, cooperation between administration, treatment, and NGOs is becoming possible and public health policy has shifted towards respect for human rights. But problems remain, so we continue our efforts.

3

THE NEUROANATOMY OF SEX AND LOVE

R. Cavalcanti

Cesex, Salvador, Brazil

Where does love live? Is it in the heart or the head? This question was posed by Shakespeare in the Merchant of Venice. In homage to the sexologists and neuropsychologists let's remove sexuality of the heart and put it in the head. But in which part of the head? For Franz Joseph Gall the centers of the love were in the occipital region. Today the neuropsychologists demonstrate that the left hemisphere is the logical side and in the right the creative. Thus, the love as a dreamer must be in the right side and sexuality that is more concrete must be in the left side. Studies of the neurotransmitters, more specifically the dopaminergic system, it is possible to observe that love and sexuality live in the mesolimbic system, that it is related with the system of reward, desire and pleasure. Using Functional Magnetic Resonance Imaging, Bartels and Zeki of the University of London have shown that certain regions of the limbic system are illuminated when the person is falling in love. I say that there is the light of the romantic love. But it is impossible not to also consider the cerebral chemistry of the love, the role of pheromones, and the function of the neurohormones. But leaving the brain for a moment, couldn't the capacity for love depend on the genetic configuration of individuals. Observations in the United States, with mice of the *Microtus* type, found that with *Microtus ochrogaster* they have a monogamous behavior while with *Microtus montanus* the animals are promiscuous. Everything is related with the receptors for vasopressin. The unfaithful males have few receptors and the faithful males have many more. Genetic manipulation can transform unfaithful mice into monogamous ones and also make faithful mice become promiscuous. The fidelity or infidelity depends on the size of the microsatellite of the DNA. I was very apprehensive when I saw that our microsatellite of DNA has the same size of the microsatellite of the unfaithful mice! It was strengthened by studies carried out at the Karolinska Institute where they found evidence that the infidelity of the human being depends on allele 334, gen that manages the vasopressin. I believe that it is better to say that love is in the head, not as Shakespeare said: in the heart or the head?

4

RECONCILING RELIGIONS WITH SEXUAL JUSTICE

W.R. Stayton^{1,2}

¹Community Health and Preventive Medicine, Morehouse School of Medicine, Smyrna, GA, ²Center for Education, Widener University, Chester, PA, USA

All of us are sexual human beings from conception to death. Humans are also spiritual being in that one often looks for meaning to life and experience outside of oneself, including sexual questions. Who am I sexually? What does it mean to be sexual? What is my sexuality all about? Why do I feel this way sexually? What is the meaning of my sexual experience? Almost all of us are also born into some type of religious community. What does one's religious upbringing or community teach about sexuality? Seldom are sexuality, spirituality and religion in harmony with one another. Spirituality may or may not be a part of one's vocabulary and may or may not be considered religious.

Sexual science is often suspicious of religion; religionists often do not trust sexual science, especially in regards to sexual justice issues as outlined in the WAS Declaration on Universal Sexual Rights. One's search for meaning about their sexuality is often not helped by their religious teachings and community.

My career, as an ordained clergy, psychologist, and sexologist has been to reconcile religious belief systems with current scientific knowledge about sexuality and sexual justice issues. This presentation will emphasize the importance of religious systems in promoting sexual health and responsible sexual behavior with the need for sexual science to bring understanding about sexual behavior and sexual justice to enlighten those religious systems. Universal sexual rights and universal moral values are more deeply connected than are the world religions and the field of sexology.

5

THE LIFE WORK OF A SEXUAL HEALTH EDUCATOR AND RESEARCHER

B. Whipple

Rutgers University, Voorhees, NJ, USA

Dr. Whipple will review the past, present and future of her interdisciplinary research concerning women's sexual health. She will discuss how she became interested in sexuality education for health professionals and how that led to conducting sexuality research. She will include her re-discovering and naming of the Grafenberg spot (G spot) and the phenomenon of female ejaculation. The adaptive significance of the G spot will be discussed, that is the strong pain blocking effect produced by anterior vaginal wall stimulation as well as during labor and childbirth. The variety of female sexual responses will be reviewed that have been documented in her human physiology laboratory from vaginal, cervical and imagery-induced orgasm to studies concerning orgasms in women with complete spinal cord injury. The various sensory pathways that are involved in female sexual responses, including fMRI of the brain studies during orgasm will be discussed. Future directions of her research program will be presented.

PLENARY SPEAKERS

6

CULTURAL ASPECTS OF SEXUALITY

P. Aggleton

School of Education & Social Work, Brighton, UK

Over the past three decades, there has been a veritable explosion of work in the field of sexuality. From a relatively limited field, dominated primarily by medicine, sexology and psychiatry, sexuality has expanded across a wide range of social sciences. Many factors have influenced what has taken place. Disciplines such as history, anthropology, sociology, and psychology have sought to find new ways of understanding a world in which sex and sexuality are highly visible. Growing attention towards sexuality has been triggered by a set of increasingly visible social movements (e.g. the women's movement, the LGBT movement). Finally, concern for population and development, sexual and reproductive health, HIV/AIDS, has provided new legitimacy for work on sex, sexuality, and health. Using contemporary examples, this paper reflects on the nature and consequences of some of these changes, and focuses on three recurrent sets of concerns: the search for meaning(s), the importance of sexual culture(s), and the vitality of social structure as a factor constraining and facilitating sexuality in individuals, communities and societies.

7

MINDFULNESS APPLICATIONS TO WOMEN'S SEXUAL DYSFUNCTION

L. Brotto

Obstetrics and Gynaecology, University of British Columbia, Vancouver, BC, Canada

Introduction: Mindfulness is the practice of intentionally being fully aware of one's thoughts, emotions and physical sensations in a non-judgmental way. Although mindfulness is rooted in Eastern spiritual practices, it is rapidly being embraced in Western approaches to both physical and mental health care.

Method: The empirical literature testing mindfulness for sexual problems is limited to two non-controlled studies and one qualitative study in non-distressed couples. Among the latter, a mindfulness-based intervention significantly enhanced relationship satisfaction and reduced distress (Carlson, Carlson, Gil, & Baucom, 2004). In the two non-controlled studies, a 3-session mindfulness-based group therapy significantly improved several indices of sexual function and reduced sexual distress in women with iatrogenic sexual desire and arousal difficulties (Brotto, Basson, & Luria, 2008) and in women with sexual arousal disorder associated with gynecologic cancer (Brotto, Heiman, et al., 2008). The goal of this presentation is to discuss the findings from four controlled trials evaluating a mindfulness-based cognitive behavioral sex therapy in diverse samples of women.

Results: To be presented.

Discussion: Among different samples of women with

- (1) Provoked Vestibulodynia,
- (2) sexual dysfunction associated with gynaecologic cancer,
- (3) iatrogenic hypoactive sexual desire disorder, and
- (4) sexual distress associated with a history of childhood sexual abuse, a 4-session mindfulness-based cognitive behavioral intervention significantly improved several indices of sexual function and significantly reduced distress compared to a wait-list control group.

These studies provide further support for the utility of incorporating mindfulness into an array of complex sexual symptom presentations.

8

EFFECTIVE SEX-ED: CONFESSIONS BY A BELIEVER

I. Vanwesenbeeck^{1,2}

¹Rutgers WPF, ²Utrecht University, Utrecht, The Netherlands

Evidence in support of effectiveness of (school-based) sexuality education is increasing, yet remaining modest. Proof of the effects of sexuality education on biomarkers such as HIV-incidence is notably hard to come by. This paper discusses the many reasons why this is the case. Reasons pertain to, for instance, characteristics of the educational programmes or the way they are taught, to the principal nature of learning, to ('golden standard') research-methodological issues, to the choice of outcome measures employed, or to the multi-determinedness of sexual health. Considering all constraints and limitations, it is almost a wonder that any effects are ever empirically shown at all. However, in light of the general argument on the necessity of sexuality education, such evidence is secondary. Believing in the beneficiality of sex-ed is good sense and legitimate in itself. The same is true for the conviction that young people everywhere are desperate for information about sex and have a right to be educated, or for the notion that adequate sexuality education is a *conditio sine qua non* of sexual health and crucial in light of global development goals. In calling for particular types of evidence, sex-ed's broader objectives are narrowed down, and its many merits put out of sight. Not surprisingly then, the call for 'evidence' is often strategically entered into the political and moral wars over sexuality education. In this keynote I take the opportunity to reflect on sex-ed's rationale, on the promises and challenges it (presently) holds, and on directions for future sex-ed research.

9

SEXUAL PERVERSION? CULTURAL AND MEDICAL VIEWS THROUGHOUT HISTORY

J. Peakman

History, Birkbeck, University of London, London, UK

This paper will explore cultural and medical views on sexual health in the past with a focus on sexual perversion. It takes as its subject matter the dynamics of sex and power, the labelling of certain sexual acts as perverted, and its effect.

So what is sexual perversion? Indeed, is there any such thing? The term ‘sexual perversion’ when applied to an act immediately implies a moral judgement. A ‘perverted’ act is one which is against the norm, breaking away from the acceptable. The labels used to define these acts are usually ‘normal’ or ‘abnormal’. Universally, both historically and today, heterosexuality is defined as the definitive line of ‘normality.’

In this paper, I challenge the concepts of ‘normal’ and ‘abnormal’ as a dividing line for sexual activities through an examination of sexual activities in history—oral and anal sex, homosexuality, bestiality, S&M, self-mutilation. I will raise the question of how power is brought to bear on the decision-making process when applying these labels—or indeed any laws in deciding what is acceptable or unacceptable in sexual interaction. I will see how understanding the past may bring us to a more equal resolution to accepting sexual difference now, and in the future—a must for good sexual health.

10

SEXUAL RIGHTS, PARENTS AND YOUNG PEOPLE

G. Greer

IPPF, London, UK

Investment in young people’s health and education is critical for their wellbeing, resilience and development. The recognition that young people are also human rights holders and sexual beings, entitled to enjoy their sexuality, is a more contentious concept.

In some countries, parents’ desire to protect their children from unplanned pregnancy, STIs and exploitation makes it difficult to accept young people’s desire for meaningful relationships, their need for information and confidential services, and thus deny them rights linked to their sexuality. The outcomes are often negative, shrouding sexuality in fear and guilt. Conversely, in other areas young people may be denied their human rights in other ways as parents seek to impose harmful traditional practices, or forced early marriage.

The role of parents and caregivers is central to young people’s development. Laws and policies further shape the context for creating the desired enabling, caring and respectful environment. IPPF’s Declaration of Sexual Rights considers these issues, based on human rights entitlements and the realities of young people’s lives in the 21st century. Likewise, community based programmes to discourage parents from arranging early marriages and removing girls from school, can be effective and life changing, as IPPF’s recent Girls Decide initiative demonstrates. This paper will examine a number of these issues, and explores how a paradigm of rights and respect between parents and young people can contribute to richer relationships, more positive attitudes towards sexuality for both parents and young people, and the achievement of young people’s potential and resilience.

11

TESTOSTERONE IS A MUST!

M. Kirby

Faculty of Health & Human Sciences, Hertfordshire, UK

Testosterone deficiency can significantly reduce quality life through the symptoms it causes. In addition to its association with the metabolic syndrome and type 2 diabetes, testosterone deficiency has also

been linked to cardiovascular disease, Alzheimer’s disease, all cause mortality and premature death.

Late onset hypogonadism looks set to be an increasingly common problem with our ageing population. As men get older, testosterone levels fall and resistance to its action increases, partly due to rising sex hormone binding globulin (SHBG) levels. This age-related drop in testosterone is made worse by co-morbidities and the drugs used to treat them, particularly the metabolic syndrome and diabetes. In primary care, it would seem appropriate for doctors to consider testing testosterone levels in all at-risk men over the age of 40 years. Advice on the benefits of exercise, weight loss, stopping smoking, moderating alcohol consumption and the optimisation of CVD risk factors should be the initial approach.

Treatment of those patients with signs and symptoms suggestive of testosterone deficiency supported by biochemical evidence, may lead to significant improvements. There should be a discussion of the benefits and risks of treatment and a commitment to long-term follow up, to monitor for prostate disease, polycythaemia and the presence of sleep apnoea.

Currently endocrinologists are seeing an increased number of referrals, and urologist’s workloads are likely to increase as more GP’s refer patients for prostate biopsies.

Long-term hard outcomes and the resultant cost effectiveness is not been established for testosterone therapy and this is an important area for future research.

12

THE SOCIAL ORGANIZATION OF SEXUALITY

J. Weeks

Faculty of Arts and Human Sciences, London South Bank University, London, UK

Sexuality is a profoundly social experience, and sexual activities are best seen as complex, intricately interconnected social practices. Since the 1950s we have witnessed a great transition in the social organization of sexuality. The impact has been uneven both in the west, the epicentre of the transition, and in the rest of the world, but the impact has been profound. Amongst the key elements are the following:

- A democratisation and informalization of personal relations, accentuated both by globalization and cybersex, breaking the connections between sex and reproduction, sexuality and marriage, marriage and parenting, marriage and heterosexuality, and heterosexuality and parenting.
- The development of a new sense of sexual agency, especially on the part of women, but also among hitherto unorthodox, marginalized and minoritized sexual subjects, most famously LGBTQ identified peoples.
- A reordering of the boundaries between what were traditionally seen as public and private activities, leading to the withdrawal of formal regulation from some activities (such as homosexuality) and the emergence of new forms of international regulation (for example, of sexual abuse, human trafficking and child pornography).
- A heightened sense of risk, dramatized by the HIV/AIDS pandemic, but at root shaped by the breakdown of traditional patterns of life. This feeds into wider social conflicts, especially contemporary fundamentalisms.

Understanding these cross currents, and their cultural and political impact, is crucial to the ways we respond to questions of sexuality and health, and develop a sense of our needs and common humanity.

13

INTIMACY, DESIRE AND THE “DIFFICULT COUPLE”

D. Schnarch

Crucible Institute, Evergreen, CO, USA

Sexual desire problems are widespread and therapists often find they are among the hardest sexual difficulties to treat. Couples with severe

relationship or personal problems often fair particularly poorly. When therapists approach desire problems as something is going wrong, it makes difficult couples more difficult. This presentation offers a paradigm-changing view of human sexual desire, explaining why normal healthy couples have problems with sexual desire, intimacy and emotional gridlock-and nothing is going wrong. The non-pathological Crucible Approach integrates sex and marital therapy, self-differentiation, brain science, and interpersonal neurobiology, allowing clients to create desire, passion, personal growth, and better relationships simultaneously (Schnarch, 2009, 1991).

Difficult couples do best when confronted with broadly-based tightly integrated “isomorphic” treatment used by a well-differentiated therapist. Differentiation is the ability to maintain our own sense of self in important relationships with others. Our urge to develop and maintain a *self* is one of the primary drives of human sexual desire. Sex is part of the natural differentiation-driven people-growing processes of emotionally committed relationships. Approaches that harness these powerful dynamics can help the widest range of severely distressed, dysfunctional, and poorly differentiated couples with desire and intimacy problems. However, the ultimate limiting factor in treating difficult couples is the therapist’s personal differentiation.

Schnarch, D.M. (2009). *Intimacy & Desire: Awaken the passion in your relationship*. (New York: Beaufort Books).

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14

PHOSPHODIESTERASE-5 INHIBITORS IN MEN WITH HIV

W. Dinsmore, E. Mccarty

Dept Genitourinary Med, Royal Victoria Hospital, Belfast, UK

Recent reports of PDE5 inhibitors as recreational drugs have raised concerns about of health risks: primarily with drugs of abuse e.g. ketamine and amyl nitrate increasing the risk of dangerous drug interactions. There is also an association between the use of PDE-5 inhibitors and high risk sexual behaviour. Prescribing PDE-5 inhibitors to those with HIV infection is an area of controversy as there may be potential for transmission of infection.

Aim: The study aims to determine the use of PDE5 within a cohort of HIV positive men..

Results: 50 patients were prescribed PDE-5 inhibitors at HIV clinic during the study period. The median age was 46 years (range 27–64). 20% were heterosexual and 80% were MSM. 46% were in a monogamous relationship, 42% were single and 12% described being in an open relationship. 27 (54%) patients accepted an STI screen. Of these, 5 were diagnosed with early syphilis, 1 with late syphilis, 2 with urethral chlamydia and 2 with urethral gonorrhoea. Advice on the use of recreational drugs and “poppers” was documented in only 28% and 16% respectively. Discussion regarding safe sex and information on post-exposure prophylaxis (PEPSE) was documented in 80%.

Conclusions: PDE-5 inhibitors in HIV infected men is controversial. It may however be argued that condom use is impaired by inability to achieve and sustain an erection. Caution should be exercised in those on ritonavir-based antiretroviral regimes and avoidance in those using particular recreational drugs.

15

STEM CELL RESEARCH IN ED

T.F. Lue

Urology, University of California, San Francisco, San Francisco, CA, USA

Stem cells hold great promise for regenerative medicine because of their ability to self-renew and to differentiate into various cell types. Although embryonic stem cells (ESC) have greater differentiation potential than adult stem cells, many hurdles regarding ethical concerns and governmental restrictions limit its progress to clinical application. Bone marrow stem cells (BMSC) are the best-studied adult stem cells (ASC) and have the potential to treat a wide variety of dis-

eases, including erectile dysfunction (ED). Adipose tissue derived stem cells (ADSC) are virtually identical to bone marrow stem cells in differentiation and therapeutic potential. These cells can be harvested in larger quantities, and have the associated benefit of reducing obesity. Therefore, ADSC appear to be a better choice for future clinical applications. We have shown that ADSC could restore the erectile function in rat models of ED from nerve injury (Albersen et al, 2010), diabetes (Garcia et al, 2010) and hyperlipidemia (Huang et al, 2010). We also noted that mesenchymal stem cells exist in bone marrow and in vessel wall of small blood vessels throughout the body. We and others have recently propose that they should be named “vascular stem cells” (Lin et al, 2008, 2010). They are likely the precursors of endothelial cells and pericytes and are thus important in vascular health and diseases. Better understanding of the biology of these cells may be the key to prevention and reversal of various types of ED.

16

SEXUAL PROBLEMS AND PELVIC FLOOR HYPERACTIVITY IN WOMEN

E.T. Laan

Sexology and Psychosomatic OBGYN, Academic Medical Center, University of Amsterdam, Amsterdam, The Netherlands

Pelvic floor hyperactivity is associated with complaints on all three ‘outlets’ of the pelvic floor: obstructive or frequent micturation, IBS-like complaints, and dyspareunia. We propose two possible etiological pathways for pelvic floor hyperactivity: (1) primary pelvic floor hyperactivity (trauma, neglect, toiletraining, ‘overtraining’, psychological ‘make-up’), and (2) secondary pelvic floor hyperactivity (after sexarche) associated with repeated painful ‘unaroused intercourse’.

In this talk I will present a questionnaire that we developed to measure symptoms associated with pelvic floor hyperactivity. It’s 7 scales were found to reliably discriminate between women with and without a hyperactive pelvic floor as assessed by a gynaecologist using ICS guidelines. Women with dyspareunia and vaginismus were found to have more symptoms associated with pelvic floor hyperactivity than women without sexual problems. In addition, I will present work with a vaginal probe that we developed that measures genital arousal (vaginal pulse amplitude), sensibility of the vaginal wall and pelvic floor EMG simultaneously. In a first study this probe was found to be a very sensitive measure of pelvic floor muscle tone in asymptomatic women. The probe will enable us to study whether (chronic) pelvic floor hyperactivity is directly related to reduced vaginal blood flow, and to directly assess the relationship between pelvic floor EMG, pelvic floor symptoms and sexual complaints.

17

COMMON SEXUAL COMPLAINTS IN CONSERVATIVE SOCIETIES: UNCONSUMMATED MARRIAGES & SMALL PENIS

H. Ghanem

Andrology, Sexology & STDs, Cairo University, Cairo, Egypt

Objectives: To highlight 2 sexual complaints that are prevalent in conservative societies of the Middle East. These include Honeymoon Erectile Dysfunction (ED) and Body Dysmorphic Disorder (Penis). The high prevalence is probably related to cultural myths and lack of sexuality education.

Methods: We review the etiologies and management for unconsummated marriage.

We also review the literature and evaluate the evidence about what the normal penile size is, what patients complaining of a small penis usually suffer from, benefits versus complications of surgery, penile stretching/traction devices, and patient education and counseling versus surgery.

Results: Six to 17% of patients presenting to sexual dysfunction clinics in Egypt and Saudi Arabia complain of unconsummated marriages.

Most cases are diagnosed to be mainly psychogenic in origin (performance anxiety or Vaginismus), and are managed through a combination of psychosexual therapy, sex education and short-term use of PDE-5 inhibitors.

Research from Egypt shows large numbers of patients presenting with concerns regarding penile size. We propose a practical approach for evaluating and counseling patients complaining of a small sized penis. Based on the current status of evidence, surgery is still considered experimental.

Conclusion: The prevalence rates of these 2 disorders remain alarmingly high and warrant serious public awareness and sex education programs in the Middle East and in countries with Immigrant populations from the Middle East.

18

MALE GENITAL MODIFICATION—AN HISTORICAL AND CONTEMPORARY REVIEW

K. Browne

HIV Prevention in Rural Development Enclaves, ADB & PNG NDOH, Port Moresby, Papua New Guinea

The modification of the ‘natural’ body has been occurring ever since concepts and perceptions of self and other shifted to an understanding of attraction and competition for mates became established in early homo sapien cultures. Hair removal through cutting and shaving, face and body painting, tattooing, neck, lip and ear lobe elongation, foot binding, ear and nose piercing, corsetry, body building, and dieting, have a well documented history across diverse cultural contexts. Genital modification may not have as long a documented history or acknowledgement in popular culture, but, the types of modifications listed above are also performed on the genitals of women and men.

This paper will attempt to review the complexity of male genital modifications and compare western European modifications with those occurring historically and currently in the developing country non-Western context. The paper will explore the rationale behind modifications and discuss the benefits and harms associated with their use.

19

THE SEXUAL TIPPING POINT®: A MIND/BODY MODEL FOR THE PAST, PRESENT & FUTURE

M.A. Perelman

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The Sexual Tipping Point (STP) Model® arose from approximately two decades of collaboration with Kaplan, at NY Weill Cornell Medical Center. Kaplan (1995) described a “psychosomatic” dual-control model of sexual motivation emphasizing “inhibition/excitation” processes. Yet, by 2000, worldwide media seemed exclusively focused on the “robust” efficacy of sexual pharmaceuticals. It seemed critical to advance a model that would help professionals and the public alike, understand that sex is always both “mental and physical”. STP was intended to easily describe the mind/body concept (underlying all psychophysiological phenomena): “mental” factors can “turn you on” as well as “turn you off”; the same is true of the “physical” factors. Although explained in earlier presentations, STP gained a larger audience with the JSM (2005) publication of “The Sexual Tipping Point” abstract, that described this etiological model for sexual function and dysfunction. The STP model complemented the early seminal work of Bancroft and later Jansen, Graham, & Sanders who provided erudite articulation of “dual-control” theory, psychometrics, and comprehensive research. However, STP remains a very convenient heuristic device when advocating for sexual counseling to be integrated with current and future “translational” medical advances, in-order to provide a combination treatment having the best benefit/risk for patients with sexual disorders.

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CRIMINAL RESPONSIBILITY AND THE PARAPHILIAS

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In most jurisdictions assessments of criminal responsibility by mental health professionals requires a consideration of whether the accused has a mental disorder and whether that mental disorder resulted in impairment of the accused’s ability to perceive the world correctly and rationally and whether it impaired the ability to control their behaviour.

A brief overview of the typical legal tests of criminal responsibility will be given as well as some examples of the ways in which individuals with paraphilias have attempted to argue in court that their disorder rendered them not criminally responsible. Those cases of paraphilia which are successful do not usually succeed in claiming that the paraphilia itself impaired their legal responsibility but rather some other co-existing mental disorder.

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SEXUAL RIGHTS FROM A YOUTH PERSPECTIVE

A. Singh

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Introduction: What do Sexual Rights mean to young people around the world in different situations and cultures? The paper attempts to explore—through practical examples and voices from the ground—the implications of Sexual Rights on the lives of adolescents and young people, while detailing the history of Sexual Rights in the International Planned Parenthood Federation (IPPF).

Objective: To increase understanding of what Sexual Rights for young people means in practice

Background and aims: IPPF has long supported the Sexual Rights of young people. In 1996 young IPPF volunteers developed a poster on their Sexual Rights while in 1998 they wrote the Youth Manifesto. Once the IPPF Declaration on Sexual Rights was adopted, they developed a guide that enables other young people understand what Sexual Rights means for them. This practical application will be highlighted for programme and service providers.

Methods: The paper will take practical examples around providing sexual and reproductive health services to young people and study some of the dilemmas that service providers may face. Case studies will also be used to examine the notion of ‘parental rights’.

Conclusion: These dilemmas refer especially to the evolving capacity of the child (as mentioned in the Convention on the Rights of the Child) and its relation to the need for protecting children and young people versus the need to enable autonomous decision making among children and young people.

References: Exclaim! Young people’s guide to Sexual Rights (2010)
 Sexual Rights: An IPPF Declaration (2008)
 Voice! IPPF/Youth Manifesto (2000)

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WHO SUPPORT TO COUNTRIES IN IMPROVING SEXUAL HEALTH

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WHA in 2004 adopted the WHO Global Reproductive Health (RH) Strategy that includes “promoting sexual health (SH)” as one of its core aspects. To assist Member States in evaluating progress towards the attainment of international RH goals a framework for implementing the Strategy was published in which detailed actions and process and outcome indicators are suggested for implementation at programme levels (http://www.who.int/reproductivehealth/publications/general/RHR_06.3/en/index.html). In 2010 WHO launched a holistic, multi-sectoral and interdisciplinary approach to planning and services delivery for sexual health entitled “Developing sexual health programmes: A framework for action” (http://www.who.int/reproductivehealth/publications/sexual_health/rhr_hrp_10_22/en/index.html). A detailed explanation of possible SH interventions covers the following areas: laws, policies and human rights; education; society and culture; economics; and health systems. The WHO Regional Office for Europe in collaboration with the Ministry of Health, Social Policy and Equity of Spain, the IPPF EN and BzGA, a WHO collaborating centre in Cologne, carried out an analysis of the SH of adolescents, older people, migrant populations, people living with HIV and people with disabilities, that was discussed during a meeting of national counterparts from more than 30 countries and international partners working in the area of SH. “Standards for sexuality education in Europe: A framework for policy makers, educational and health authorities and specialists” was presented and the standards have already been adapted and adopted by several countries of the WHO European Region. Further possible assistance from WHO to improve sexual health will be based on the requests of its Member States and the governing bodies of WHO.

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“HOMOSEXUALITIES” AND “HOMOPHOBIAS” IN LATIN AMERICA: BALANCE AND PERSPECTIVES

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Latin American countries are highly patriarchal and are characterized by a machismo culture of male dominance and a rigid characterization of masculinity. Different studies have shown that significant changes are taking place in sexual and gender values in Latin American countries, but attitudes towards the LGTB population have changed more slowly. This presentation formulates a synthesis of the uses and concepts of “homosexuality” and “homophobia” in Latin America, particularly in the last three decades, and demonstrates that the stigma and discrimination towards LGTB populations persist in the region. The presentation shows the evolution of attitudes towards gay men and lesbians in different Latin American countries, using data from various sources (World Values Survey, Gay Pride studies and specific studies in each country). In addition, it provides a synthetic analysis of the legal framework existing in the countries of the region in relation to LGTB population, showing the problems in different areas (for example: same sex-unions, same-sex marriage and anti-discrimination laws).

Next, it makes a critical review of social research regarding “homosexualities” in the region (and the roles that the LGBT movement, social sciences, universities and sexologists have played in it). It also describes the use of research tools to establish public policies related to sexual diversity on a regional basis. Only in the 80s, when HIV/AIDS appeared in the region, was this theme considered a legitimate line of scientific research. LGTB organizations helped supply effort and resources to this task. The public policies didn't do anything, except help to HIV-related problems. Only in the last few years have

some countries like Brazil and Argentina made important changes to improve the social situation of the LGTB population (anti-discrimination laws and efforts to fight towards discrimination, and same-sex marriage in Argentina) This presentation also deals with the main regional advancements and retrogressions concerning homophobia and its effects on the LGTB population, particularly those referring to quality of life and welfare.

Finally it analyzes the main challenges of the next few years and it analyzes the social, cultural, and political conditions of the region that may or may not influence the amount of respect for differences and the role of sexology and sexologists in this area.

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THE MIND AND THE GENITALS

M.P. McCabe

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Research has clearly indicated that biological, psychological, social and cultural factors impact on sexual response. This paper will examine the contribution of psychological factors to the development of sexual response in both men and women. Both long term and current psychological factors will be considered, as well as differences in the responses of men and women to the factors. I will also discuss the extent to which it is possible to link particular psychological variables to particular problems in the response cycle, or whether the factors have a more general association with sexual dysfunction. Examples of variables that will be discussed are sex-specific variables (e.g., sex guilt or shame, sexual anxiety, and performance anxiety), mood variables (e.g., depression, anxiety, stress) and responses to the relationship (e.g., relationship satisfaction, conflict, communication). The way in which psychological variables can enhance or impede sexual functioning will be discussed.

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NEEDS OF ‘MOST-AT-RISK POPULATIONS’ (MARP) INCLUDING SEXUAL MINORITIES VERSUS POLITICS OF PROTECTION

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Background: Under the trademark of targeted HIV interventions, social and sexual needs of MARP including sexual and gendered minorities are quietly buried. Studies mostly measure behavioral risks and explore ‘superficial’ reasons for not practicing safer behaviors resulting in questionable outcome of HIV interventions.

Methods: Data of this article came from various studies conducted in Bangladesh since early 1990s. This article has described diverse crisis encountered by MARP including gendered and sexual minorities, and argued that unless structural interventions are implemented, HIV prevention goal remains unachieved.

Findings: Since early 1990s, millions of dollars are spent for purchasing condoms/lubricants and safer injection equipments but little has been spent to improve water and sanitation of brothels; millions are spent for operating drop-in-centers and STI treatment, but limited has been done to strengthen health systems to be inclusive. Any diverse form of gender and sexualities challenging bi-genderism or heteronormativity are condemned by political and religious leaders, whereas significant funds already have been spent in the name of advocacy meetings. Economic, social and sexual well-being of sexual minorities are entrapped into politics of STI/HIV transmission.

Conclusion: In the context of multi-dimensional social and structural crisis, ‘wrapping’ genitals with condoms/lubricants has no meaning to vulnerable people. Multi-million dollars’ interventions in a low HIV setting cannot be confined to condom promotion. Individual risk reduction model must be accompanied with community and social development initiatives with multi-sectoral involvement. We should not forget that ‘genital safety’ has no meaning if life of the vulnerable people remains unsafe.

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BETTING ON FUTURES FOR SEX RESEARCH

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Research on sexuality has the ambivalent advantage of needing and benefiting from the best of many areas of scholarly expertise. Yet sex research efforts are usually remarkably limited in the degree to which researchers work with others from diverse disciplines and specialties, or at least draw from the theories, methods and data generated from, for example, biology, psychology, neuroscience, economics, social sciences, medicine, information technology and humanities. There are good reasons for staying within one's intellectual identity but the field is not developing at a pace that justifies this as the main strategy of inquiry. The present talk critically considers the value and cost of collaborating beyond area boundaries and proposes that the most impactful sex research, with the greatest promise of deeper knowledge over the next decade will be incited by allied areas of expertise. These areas will pursue a fresh look at theory, method, measurement, data analyses, and participant qualities which include more refined sensitivity to environmental contexts. A topical case study is that of decision making, particularly the combination of risk, emotion and rational decision making. This is an area well-researched from a variety of frameworks in economics and increasingly psychology and neuroscience, and has applicability to a wide range of behaviors that have sexual health outcomes. There is now a science of risky behavior. This work has not gone entirely unnoticed by sex researchers. Selected samples of recent promising work will be discussed with an eye toward future potentials.

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SEXUALITY, OBESITY & GENDER

N. Bajos^{1,2}

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Objectives: To analyse the association between body mass index (BMI) and sexual activity, sexual satisfaction, unintended pregnancies, and abortions in obese people and to discuss the implications for public health practices, taking into account the respondents' and their partners' BMI.

Design and Setting: Random probability survey of sexual behaviours. National population based survey of 12,364 men and women aged 18–69 living in France in 2006.

Results: Obese women were less likely than normal weight women to report having a sexual partner in the past 12 months. Obese men were less likely than normal weight men to report more than one sexual partner in the same period and more likely to report erectile dysfunction. Sexual dysfunction was not associated with BMI among women. Obese women aged under 30 were less likely to seek healthcare services for contraception or to use oral contraceptives. They were also more likely to report an unintended pregnancy.

Conclusion: There is a link between BMI and sexual behaviour and adverse sexual health outcomes, with obese women less likely to access contraceptive healthcare services and having more unplanned pregnancies. Prevention of unintended pregnancies among these women is a major reproductive health challenge. Healthcare professionals need to be aware of sensitivities related to weight and gender in the provision of sexual health services.

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SEXUAL POLITICS AND THE “SCIENCE OF SEX”: COMMON THREADS, FRACTURES AND POTENTIALLY VIRTUOUS LIAISONS IN THE 21ST CENTURY

S. Sonia Correa

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In the last five decades, clear gains have been achieved in societies, both South and North of the Equator, in regard to the social acceptance of sexual plurality, agency and enjoyment. Political struggles have also occurred resulting in the enlargement of rights in relation to sexuality in various national contexts, but also at the level of international norms. Nonetheless, laws, cultural norms and religious prescriptions still persist, almost everywhere, which restrict the ability of persons to express and experience their sexuality without shame or be subjected to violation or coercion. The realms of gender and sexuality have become battlegrounds, as dogmatic religious forces and other conservative voices systematically invest discourses and resources to contain the transformations that are underway.

This landscape has similarities with the European scenario of the late 19th century that witnessed the birth of the science of sex, as exemplified by current struggles against sodomy laws, dogmatic religious revivals and the recourse to science as a way to contest existing orders. But the two eras also differ in many aspects. Contemporary sexual politics is not exclusively European. It is global and traversed by postcolonial tensions. Bodies and voices engaged in these battles are much more diverse and much precaution is required when resorting to scientific arguments in seeking to propel sexual freedoms.

This paper will examine this complex scenario and explore the possibilities to reconnect a “science of sex” and sexual politics within a perspective capable of keeping pace with the transformation of existing sexual orders.

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GOOD CATHOLIC SEX

J. O'Brien

Catholics for Choice, Washington, DC, USA

Contraception, abortion, masturbation, sex outside of marriage, gay rights and sexuality education . . . for centuries the hierarchy of the Catholic church has denounced all things sexual. The question is still pertinent: why does the Catholic hierarchy still have a problem with sex? Irishman Jon O'Brien, a longtime reproductive health activist and leader of Catholics for Choice takes you on a biblical, theological, political and hysterical journey to try and understand the mindset of the bishops. The mindset that not only tries to inculcate guilt into Catholics but attempts to influence the public policy agenda on everything from opposing condoms to prevent the spread of HIV to a woman's right to abortion to comprehensive sexuality education.

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ETHICAL WORK OF REGULATORY AGENCIES

J.L. Fourcroy

Urology, Uniformed services University Health Sciences, Bethesda, MD, USA

“The first step in the evolution of ethics is a sense of solidarity with other human beings” (Schweitzer). Change came with the Nuremberg Code (1947) including informed consent, need for scientific merit, right of patient to withdraw, and understanding the benefit balance. To sign an informed consent one must have the ability to give consent, understand the circumstances and the information given (1964 World Medical Association and the Declaration of Helsinki). Dr Jay Katz was important in addressing the complex issues of medical ethics and the interaction of ethics, law, medicine and psychology

laying the foundation for clinical and regulatory research. The purpose of biomedical research involving human subjects must be to improve diagnostic, therapeutic and prophylactic procedures and understanding of the etiology and pathogenesis of disease. Progress is based on research, which ultimately involves human subjects. On July 12, 1974, the U.S. National Research Act (Pub. L. 93-348, created the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research. This Belmont Report attempts to summarize the basic ethical principles identified in the course of its deliberations. The basic principles are respect for persons, beneficence, and justice. The voluntary consent of the human subject is essential. In clinical research, the safety of research subjects is important. The charge is to minimize the likelihood of harms. Human subject protection includes Health Organizations worldwide. Ensuring Ethical Promotion of Pharmaceutical Products is essential worldwide.

30B

SURVEYS OF SEXUALITY AND SEXUAL PRACTICE

Juliet Richters

School of Public Health and Community Medicine, University of New South Wales Sydney, Australia

Large-scale sex surveys are sexy—from a media point of view. Journalists love to cite figures on how many people say they have seen a porno in the past year (and if they were alone at the time), how often the average person has sex, how many gay people there really are, and so on. At the same time, journalists also attack or make fun of the published results, claiming that “no one tells the truth in those things anyway”.

Survey teams bring together epidemiologists, psychologists, sociologists and demographers. All approach the task of designing the survey questions and analysing the answers in different ways. People from different disciplines make different assumptions and draw on different conceptual frameworks. The multidisciplinary team approach naturally creates tensions, if often productive ones. Even in this multidisciplinary team framework, however, one important perspective is often missing: linguistics. An interview or written questionnaire is, after all, a discursive interaction in which the question-setter and the respondent try to understand each other.

This is especially true in crafting text for computer-assisted telephone interviews. What do terms like “sexual contact” or “sexual partner” mean to an ordinary person responding? Does it match with what a sex researcher means? How do you word questions about specific sexual practices so that they are simple enough for uneducated respondents to understand but at the same time are appropriately formal so as not to sound sleazy?

There are also political pressures on any sex survey. Lobby groups from rights activists to religious groups engaged in anti-rights activism, not to mention governments and pharmaceutical companies, all have uses for the results of sex surveys. How do science teams negotiate their way through these competing pressures?

We know more about these issues than the journalists think. In fact these questions can all be answered more or less successfully. With care we can indeed ensure that most of the time people tell the truth, or at least the truth as they understand it.

Juliet Richters is part of the team that conceived and ran Australia's first large-scale national sex survey of 19,307 men and women interviewed by telephone in 2001–2002. The same team is conducting the 2012 survey. She also has experience in surveys of gay men and lesbians, college students and prisoners, and in-depth interpretive research on sexuality.

SYMPOSIA

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HOW CAN A SMALL NATIONAL SOCIETY INFLUENCE SEXUAL HEALTH?

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Introduction: This symposium will give a flavour of what a small national society (British Society for Sexual Medicine BSSM) can offer concerning the important topic of male and female sexual dysfunction.

Background and Aims: It will illustrate how its diverse membership (which includes medical practitioners of many specialisms, nursing specialists and psycho-sexual therapists) can be a strength or weakness. Issues concerning organisation of such a group from an administrative, funding aspect and running a national conference will be discussed. There will be separate presentations demonstrating what the society has actually achieved recently. This will include the BSSM androgen guidelines for both men and women which have recently been updated. Guidelines on the use of vacuum erection devices on patients with Ca Prostate is another example of how locally written articles can be useful to health care professionals. The important role of psycho sexual therapists and how they fit into the BSSM will be presented.

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LOW FREE TESTOSTERONE, ERECTILE DYSFUNCTION AND THE FREQUENCY OF THE ERECTIONS IN 1,706 MEN

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Objective: To corroborate the association of low testosterone (LT), erectile dysfunction (ED) and age with frequency of erections.

Method: Patient records of 1,706 men at the Porterbrook Clinic and the Royal Hallamshire Hospital with erectile dysfunction were analysed for correlation between LT levels and erection frequency over three age groups: 18–49, 50–64 and 64+ years. Frequency of erections was noted by patients as occurring ‘every day’, ‘2–3 times a week’, ‘once a week’ or ‘less than once a week’ in a variety of situations. Free testosterone was low <8 nmol/L (LT), borderline 8.1–12 nmol/L and normal 12.1+ nmol/L (NT).

Results: A clear association was noted between LT and age; 10.9% aged 65+, 8.6% aged 50–64 & 6.9% aged 18–49. Erections occurring ‘everyday’ on waking were more prevalent within NT men; 4.8% in the youngest age group (18–49) (27.8% in NT men), 10.9% (20.0% in NT men) aged 50–64 and 5.1% (11.4% in NT men) aged 65+. Similarly, erections occurring ‘2–3 times a week’ on masturbation happened more frequently in NT than LT men; with 7.1% (46.5% in NT men) aged 18–49, 43.8% (45.2% in NT men) aged 50–64 and 17.9% (33.1% in NT men) aged 65+. Furthermore, erections occurring ‘2–3 times a week’ during oral sex were more prevalent in NT men; 7.1% (24.6% in NT men) aged 18–49, 1.6% (19.2% in NT men) aged 50–64 and 5.1% (6.6% in NT men) aged 65+.

Conclusions: A correlation exists between ED, LT, age and the frequency of erections.

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SYMPOSIUM: RELIGION AND SEXUAL HEALTH

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Syposium:

- (i) **Some Biblical Principles for Sexuality**
- (ii) **Sexuality and Hinduism**
- (iii) **Sexual Health, Sexual Ethics and Islam**

Aims: To explore how sexual health and sexual ethics are represented in major world religions and how these are relevant to the 21st century.

A panel of experts will present an overview of sexuality, sexual health and sexual ethics from the perspective of Christianity, Judaism, Hinduism and Islam. Each presenter will then be allowed short ‘speech bytes’ on hot topics in sexual health including issues such as abortion, same sex marriage/adoption, sex education, gender roles, prostitution/sex trade, pornography.

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THE MEDIA: SEXUAL HEALTH SAINT OR SINNER

S. Quilliam¹, P. Hall², M. Barker³, R. Findlay⁴, S. Nasserzadeh⁵, Y. Obbrichs⁶

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Over the past decade in particular, the public media—radio, television, print, the internet as well as social networking such as Twitter and Facebook—has been blamed for many of the problems in our sexualised society. Banner headlines, celebrity shock stories, pornography of all kinds—none of these are helpful to the cause of sexual health, sex education and a mature view of sexuality.

But is there another side to the story? For the media also communicate positive, helpful sexual messages, provides accurate sex education, and offers confidential routes by which those with sexual problems can be supported.

This symposium presents a wide range of evidence and viewpoints from all sides of the media and sexology communities worldwide, to give delegates a comprehensive appreciation of the dangers but also the benefits of the media. This will not be a formal debate, but a round table of current practice that informs the audience, allows them the opportunity to interact, question and challenge—and also resources them to work with the media to present sexual issues effectively.

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ORGASMS ACROSS CULTURES

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Private Practice, New York, NY, USA

Cultural differences in understandings of orgasm.

Different cultures with their particular views about gender role within a relationship might have diverse views on Orgasm, how it should feel, what it represents and who is entitled to it. This brief talk will be an overview of the subject with a couple of case reports to shed some light on the topic.

Take home messages:

- Orgasm could send different messages men and women in the context of a particular culture
- Presenting problems about orgasm could be worded differently by different clients based on their cultural values and linguistic abilities (both in English and in their native language)
- The concept of mutual pleasure is a core concept to be discussed when discussing orgasmic abilities

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MULTIPLE MEANINGS OF ORGASMS

M. Barker

Psychology in Social Sciences, The Open University, Milton Keynes, UK

Diagnoses and therapy with people who are struggling with orgasms tends to assume that orgasms are a positive experience which adults should be having during sex. This brief presentation considers the multiple possible meanings of orgasm for people, both between different people and within the same person at different times. Drawing on Peggy Kleinplatz’ ideas that bodies which struggle to have certain kinds of sex may carry a message, it highlights the importance of understanding what orgasms—and their lack—mean to clients before working with them to make any changes.

Take home messages:

- Orgasms mean different things to different people at different times
- Understanding the individual meaning of orgasm is vital to therapy
- Bodies that do not orgasm in expected ways may be carrying a message
- Opening up the possibilities for orgasmic, and non-orgasmic, experiences can be valuable

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BESIDES ORGASM: BROADENING THE PATH OF SEXUAL INTIMACY

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Many people who seek sex therapy see orgasm as an essential goal to be achieved. Yet, this can often become an obstacle to interventions that challenge clients to broaden their definition of sex. It can also hinder people’s search for intimacy, which often seems to be a motivating factor when seeking therapeutic help in relation to sexual issues. This seems to be a central issue in particular when working with individuals and couples working within an heteronormative paradigm. Drawing on queer theory and insights from research carried out with people who identify as queer, polyamorous, asexual and/or BDSM practitioners, this brief presentation will highlight how many people and communities have found several alternative paths to intimacy besides orgasm and how using those insights and experiences in both therapy and research could benefit the broader community.

Take home messages:

- Orgasm can become a hindrance to therapeutic improvement for some clients.
- Heteronormative discourses have traditionally considered orgasm as the privileged path to sexual intimacy.
- Many people within non-mainstream communities have created other ways in which sexual intimacy can be obtained and valued.
- Recognizing broader concepts and experiences of sexual intimacy in both clinical and research contexts can be beneficial.

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WORKING WITH ORGASMS BIOPSYCHOSOCIALLY

T. Barnes

Private Practice, London, UK

Sexual motivation, arousal, response and satisfaction need to be understood in a biopsychosocial context which factors in cultural and personal meaning, not only function. Two conceptual models will be presented which assist the clinician in assessing and understanding the key sexual and relationship issues as experienced by the individual and/or couple.

Take home messages:

- Sexual difficulties and disorders may be identified and understood in terms of a “sexual circuit” which encompasses sexual motivation, arousal and response systems.

- Clinical assessment of sexual problems should address predisposing, precipitating and maintaining factors within a biological, psychological; emotional, relational and cultural framework.
- Sexual problems in the woman may be a functional and protective mechanism in response to sexual disorders experienced by her partner, or to relationship and/or sexual conflict.
- Choice of therapeutic options should be informed by their efficacy, sustainability, tolerability and acceptability, as well as availability and cost.

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BETWEEN GLOBALISATION AND NATIONAL CULTURE: THE TRANSFORMATIONS OF SEXOLOGY INTO SEXUAL MEDICINE IN EUROPE AND LATIN AMERICA

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Objectives: Sexology is a field of knowledge, science and professional practice that has been developed since the beginning of the XXth century in various regions such as Europe, USA and Latin America. Beyond this global development, national and cultural versions of sexology have been developed in each of these countries. The presentation will include a comparative approach between six Latin American countries and seven European countries.

Methods: Social-historical analysis of professional and scientific publications, contextualization in the larger cultural and political context, ethnographic studies including participation in congresses and conferences, interviews with key informants and field professionals, were carried in the six Latin American countries. On the other side, a multi-centric survey was carried in seven European countries.

Results: The results offer a comprehensive overview of the field, where sexology, sexual health, sexual rights and sexual medicine appear in complex interaction, showing different configuration in each country and above that in each region. The political context, the social organization of medicine, psychology and other health disciplines, the development of psychoanalysis, the importance of religion influence the national construction of sexology nationally and give to each country a specific profile.

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CLINICAL SEXOLOGY IN CONTEMPORARY BRAZIL: THE PROFESSIONAL DISPUTE AMONG DIVERGENT MEDICAL VIEWS ON GENDER AND SEXUALITY

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This paper is based on an extensive investigation of the Brazilian sexological field. The research team interviewed twenty four leading Brazilian sexologists, participated in several congresses and seminars, and examined the most relevant publications in the sexological area. The discussion will focus on the dispute between the two medical specialties that dominate Brazilian sexological field: gynecology and urology. We intend to show how the original profession of the sexologist is related not only to the way sexuality and gender are conceived, but also to the way sexology itself is defined and practiced. We believe that the divergences and tensions between professional views and practices point to the complexity of contemporary medicalization of sexuality and gender.

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PROFESSIONALS IN CHILE OR THE DIFFICULTY OF BEING CALLED SEXOLOGISTS: WHO ARE THEY? WHAT DO THEY DO?

J. Barrientos

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The aim of this paper is to describe the professional group of sexologists in Chile. Findings show that 53 Chilean professionals define themselves as such. Eleven of these professionals were interviewed. Most of them have trained themselves by practicing in the field, not in academic or specialized institutions. They call themselves specialists but not sexologists: their practice is very similar to classical sexual therapy, but it is not defined as such. They participate in the mass media to educate, reeducate, demythologize, indicate, and recommend; however, they feel mutually suspicious of their motivations. They have modeled a kind of intimate conversation in the mass media, from educational formats first, then self-help formats, and the development of the so-called docu-reality lately.

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THE EVOLUTION OF SEXOLOGY IN NORDIC COUNTRIES

O. Kontula

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Nordic countries are an encouraging example how collaboration between neighboring countries can improve sexology. An important agency for this evolution has been the Nordic Association for Clinical Sexology (NACS) that was founded soon after the World Congress of Sexology in 1978 in Rome. The first NACS conference was organized already in 1979. It was decided that NACS will be mainly an umbrella organization with the main task to invite people from the national organizations to an Annual Conference. First Statutes were drafted for NACS in 1980.

First members of NACS Board were Preben Hertoft, Thore Langfeldt and PO Lundberg. The first Nordic multidisciplinary sexological journal was called in 1983 Nordisk Sexology. In 1994 NACS meeting was organized in Copenhagen in co-operation with the second Meeting of the European Federation of Sexology (EFS). Since 1998 Scandinavian Journal of Sexology was published for four years.

In last years of the 1990s NACS applied economical support from the Nordic Council. It created in collaboration with Sweden, Norway, Denmark, and Finland an educational program for sexual counselors and clinical sexologists. This consensus was accepted as a common Nordic program in six Nordic countries in the NACS meeting of 1999. In 2000 common requirements and criteria for authorization was accepted in the NACS meeting. First Nordic sexologists were authorized in 2002. Today there is a possibility to become authorized in addition to Sexological Counselling and Clinical Sexology also in Sexual Education and Sexual Health Promotion, and in Sexual Science.

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THE STATE OF THE ART OF CBT FOR MEN'S SEXUAL DYSFUNCTION

P.J. Nobre

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Despite the emergence of some therapeutic proposals, sex therapy continues largely missing the potential positive effects of the cognitive theory principles. In addition, there is a lack of research on treatment outcome for sexual dysfunction. Empirically supported psychological treatments for sexual dysfunction are scarce and mostly based on Master's and Johnson sensate focus techniques, systematic desensitization or specific behavioural procedures (masturbation training, squeeze, etc.). Surprisingly, no randomized control trial studies have been

published so far testing the efficacy of cognitive behaviour interventions for Erectile Dysfunction. CBT has been successfully used for a variety of psychological problems and are by far the most listed empirical supported psychological treatment. Most significantly, CBT has proved to yield more durable benefits than different pharmacological interventions for depression (DeRubeis & Crits-Christoph, 1998; Hollon et al., 2005), panic disorder (Craske et al., 1991), and bulimia nervosa (Shapiro et al., 2007). The author will present a RCT project testing the efficacy of a Cognitive-behavioural intervention for Erectile Dysfunction in comparison to oral medication (PDE5 Inhibitors) and a waiting list control group.

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MINDFULNESS-BASED CBT AND WOMEN'S SEXUAL DYSFUNCTION: APPLICATIONS FOR LOW DESIRE, SEXUAL DISTRESS, AND PROVOKED VESTIBULODYNIA

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Mindfulness is the practice of intentionally being fully aware of one's thoughts, emotions and physical sensations in a nonjudgmental way. Although mindfulness is rooted in Eastern spiritual practices, it is rapidly being embraced in Western approaches to both physical and mental health care.

The empirical literature testing mindfulness for sexual problems is limited to two non-controlled studies and one qualitative study in non-distressed couples. The author co-developed a 3-session mindfulness-based CBT and tested it in two non-controlled studies. It was found to significantly improve several indices of sexual function and reduce sexual distress in women with iatrogenic sexual desire and arousal difficulties (Brotto, Basson, & Luria, 2008) and in women with sexual arousal disorder associated with gynecologic cancer (Brotto, Heiman, et al., 2008). The goal of this presentation is to discuss the findings from four controlled trials evaluating a mindfulness-based cognitive behavioral sex therapy in diverse samples of women.

Results: Mindfulness-based interventions led to significantly improved measures of sexual response, reduced sexual distress, reduced catastrophizing, and improved indices of mood, anxiety, and quality of life in our diverse samples.

Discussion: Among different samples of women with sexual dysfunction, a 2- or 4-session mindfulness-based cognitive behavioral intervention significantly improved several indices of sexual function and significantly reduced distress compared to a wait-list control group. These studies provide further support for the utility of incorporating mindfulness into an array of complex sexual symptom presentations.

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SEX THERAPY FOR SEXUAL PAIN: DOES IT MAKE SENSE?

Y.M. Binik

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The so-called "sexual pain" disorders, vaginismus and dyspareunia, have been treated quite differently in the past. Women suffering from vaginismus were typically treated via a Masters & Johnson progressive dilatation method. Until recently, this type of treatment was considered a sex therapy success story. On the other hand, women suffering from dyspareunia, were rarely treated via sex therapy but were typically either referred for medical intervention or for treatment of a presumed underlying psychosocial cause for their pain (e.g. abuse, couple dysfunction, depression etc). Unfortunately, both of these treatment approaches were based on theory, tradition or the prevailing influence of important clinicians rather than on data. Recent randomized controlled trials have suggested that the Masters and Johnson treatment for vaginismus is not as successful as had been thought. On the other

hand, recent RCTs for the treatment of dyspareunia have suggested the CBT type treatments combining pain management and sex therapy are very useful. The future of sex therapy in the treatment of dyspareunia and vaginismus will be discussed.

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ADDRESSING THE DISTURBED, LIKE RIPPLES IN WATER. NETWORKING FOR CHILDREN WHO TRANSE

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"Children who transe" , is a group to deserve attention from professional health workers. Since a majority of children who trans grow up to be either lesbians, gays and/or transepeople, they are at risk for suicide and other grave psychological consequences.

When brought to professional attention, children who transe will often be taken to centralized specialists within the health care systems. This goes especially for the somatic boys, since they evoke much more anxiety than the somatic girls.

Centralized offers can but to a minor degree meet these children's special challenges, since those are to be found in their immediate and extended networks.

The clinical work and experience described in this presentation has been collected over a period of 10–15 years. The focus of the work has been all those around the children who are or might be disturbed by them. Like ripples in water, the children's different networks are being schooled into a better and more nuanced understanding of sex, gender and gendered expressions.

This networking has proved to be very effective in relieving the tensions and anxieties in the extended networks of children who transe.

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TRYING TO THINK PSYCHODYNAMICALLY ABOUT A SERVICE FOR TRANSGENDER PEOPLE

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Gender is a core aspect of human experience and crosses biological, psychological, social, cultural, and religious categories. It is difficult to convey the depth of feeling of bodily wrongness that many trans people live with. Mental health professionals may be perceived as gate keepers who hold the key to their salvation or who are denying them their only chance of rescue. Feelings are intense and there is often an urgent desire for action that will bring relief. In such circumstances, maintaining a rational frame-work for thinking can become very difficult.

This paper describes practices and structures in the working of a gender identity clinic that are founded on psychoanalytic work. We aim to understand the subjective experience of patients with gender problems, and how this pain is transmitted and experienced by others, rather than attempting to look for the aetiology of the clinical phenomena. The clinic aims to offer the containing environment that may have been absent developmentally, in an attempt to reflect, contain and modulate anxiety and to assist patients towards a reasoned decision about their future. I will address two main issues, the importance of the assessment process in fostering thought and reflection, and transference and counter-transference issues that are commonly encountered. This will be prefaced by brief consideration of the role of a psychoanalytically-informed mental health professional in a gender identity clinic and will conclude by considering the implications for the development and provision of services.

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TRANSGENDER IDENTITIES AND PRACTICES: PRELIMINARY RESULTS OF A NATIONAL MULTI-CENTRIC SURVEY IN FRANCE

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Objective: A multicentric national survey concerning “trans” identities and practices was carried out in France in 2009–2010. Trans individuals were recruited through Public Hospital Clinics (19%), Private practice health professionals (30%) and Transgender NGO’s (37%). 381 “trans” individuals completed a self-administered questionnaire and mailed it back to the research team anonymously. The questionnaire included socio-demographic items, questions on transgender health and sexuality for a total of 117 questions.

Results: 26% reported that they were female at birth and 73% male at birth. The questionnaire included an open-ended question about “self-defined gender identity”. About 200 different responses were given and categorized via content analysis. Among those assigned as male at birth: 52% defined themselves as “women”, 22% as “trans-women” and 13% as “trans”. Among those assigned as female at birth: 50% defined themselves as “men”, 23% as “transmen” and 12% as “trans”. The various options expressed by the respondents in their own words appear to be more associated with their various modes of transition (hormonal treatment, sex reassignment surgery, other surgery, etc.) than their assigned gender at birth. The presentation will sketch the social and psychological correlates of the various gender identity profiles found in this study.

Conclusion: This survey allows one to describe the wide spectrum of subjective expressions of gender variance among “trans” individuals living in France. It appears that it is more accurate to refer to these individuals in terms of their self-defined gender identity rather than in terms of their assigned gender at birth.

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FROM TRANSEXUALISM TO TRANSGENDERISM . . . CHANGING HEALTH PRACTITIONERS’ CULTURE

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Mental health practitioners in Switzerland were used to handle «trans» people as individuals suffering from a gender identity problems, and access to appropriate care was rare. Their use of the term «transsexualism» reflects their medical view of gender diversity which is somehow a “pathologising” and binary model (Hirschauer, 1998). Their approach of gender diversity expression could be associated to «theoretical mistreatment» (Sironi, 2005). This model is now openly challenged by the trans community, and more and more, by health practitioners themselves. In the traditional model of «gender identity problems», practitioners were constraining themselves to a gatekeeping role in the medical transition process or in reorientation therapies. At the same time, many transgender issues were not taken into account except for transitioning.

As an alternative, the Agnodice foundation implements a pioneering model of multidisciplinary participative care for transgender clients. This session will present the work we are currently doing in Switzerland, along with transpeople and practitioners (private and public), building a network and putting ethical concerns into action. Our work is focused on transgender health issues, transparent and participative actions, education of practitioners, medical staff and social workers, an internet platform, a network of mental health and other professionals, supervisions and the development of empowering therapies for transgender clients. We implement a transition from a medical view -transsexualism- to a social and citizencentered view of gender variety -transgenderism.

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TRAPS OF A HEALTH-BASED APPROACH TO THE TRANSGENDER PHENOMENON IN JAPAN

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Despite numerous historical examples of the roles and acceptance of gender-crossing within Japanese culture from as early as the 4th Century, modernization has come with a stigmatization of the transgender phenomenon and homosexuality outside of the confines of show business. However, with the official recognition of the legitimacy of Sex Reassignment Surgery (SRS) as a treatment for Gender Identity Disorder (GID) given by the ethics committee of a private university in 1996, followed by the enactment of “Law Concerning Special Cases in Handling Gender Status for People with GID” (Law No.111; July 16, 2003), the situation surrounding trans-people changed dramatically and GID has become a medical issue. This health-based approach has been successful to the extent that society has developed a tolerance to discuss at least the needs of people diagnosed with GID who fit in the traditional gender dichotomy. It is hoped that this development is just an initial step for Japanese society to move forward to embrace more diverse trans-people and meet their needs as well. Unfortunately, little evidence can be found to suggest further changes or advances, and members of the younger generation may connect with the medical establishment before they encounter diverse trans-/sexual minority communities and explore different options and possibilities. In this presentation, key historical events related to the transgender phenomena are reviewed leading to a discussion of the impact of the medical conceptualization of GID on the current status and issues surrounding trans-people who fight for sexual rights in Japan.

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SEXUALITY IN THE PALLIATIVE CARE PHASE OF LIFE: THE PATIENT AND THEIR PARTNER

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The Palliative Care Phase of the life cycle is often a sad difficult time when the ending of life for one of the partners is nearing. It is a complex time of ‘saying goodbye’ while at the same time ‘clinging to life’ and the ‘relationship and love’ one has with the other. These intertwining needs are often difficult to manage and our patients and their partners may benefit from professional assistance.

‘Sexuality’ may be especially important at this time as it is ‘sexuality’ rather than ‘sex’ that defines the meaningful relationships people have with themselves and significant others. And when sexuality is lost or changed, important avenues of expression and communication may also be lost.

Research shows that many patients/partners value sexuality throughout their life and want health professionals to assist them in making the best of their sexual potential in this phase of living. Research shows that health professionals acknowledge the importance of sexuality for their patients but have difficulties acting on their beliefs and especially when illness, aging and dying are involved.

Sexuality, as defined by the patient, needs to be given a place in holistic management. It is also important to remember that there are two individuals in the sexual relationship. Maybe the surviving partner also needs assistance.

For patients who mourn the loss of their sexuality, having a health professional raise the issue is a weight off their shoulders.

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SEXUALITY AND INTIMACY AFTER BREAST CANCER IN JAPANESE CULTURAL AND CLINICAL CONTEXT

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Breast cancer is a major cause of morbidity and mortality in Japan, with the age-adjusted incidence rate of the disease being the highest among cancers afflicting Japanese women since 1994. This presentation discusses the prevalence of sexual dysfunction experienced by Japanese BC survivors and its correlative factors. It also discusses the meaning of sexual relationship for Japanese couples based on the survey results that revealed survivors' perceived deterioration of sexual relationship after BC does not necessarily lead to their perceived deterioration of the couple's overall relationship. Support activities by Japanese healthcare providers in clinical and community settings will also be introduced.

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INCORPORATING THE TOPICS OF INTIMACY & SEXUALITY INTO CANCER SUPPORT SERVICES

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Breast cancer rates have increased by more than 50% in the last 25 years, making breast cancer the most common cancer type in the UK at the present time and the second most common across the globe. As screening and treatments have improved, cancer has moved from being seen as a mostly fatal disease towards a recognition of it being a chronic illness, with more than ¾ of breast cancer patients surviving their diagnosis by more than 10 years.

In this context, a gradual shift has taken place towards increasing consideration of the longer term consequences of cancer treatments. Amongst these, the sexual side effects of cancer treatments are amongst the longest lasting if left untreated. Approximately 50% of women recovering from breast cancer are reporting sexual difficulties as a direct consequence of their cancer treatments. These staggering numbers pose a difficult challenge to an already overstretched NHS and other health care systems world-wide in the midst of an economic crisis.

This presentation will explore the specific needs, issues and wishes of the breast cancer population and provide an overview of current service provision models, their advantages and disadvantages. Clinical results and reflections from a sexual rehabilitation service for cancer patients are discussed. Real service models at the present time rely on the willingness of individual practitioners to look beyond their own specialism and promote true MDT working often across traditional boundaries of disciplines, location and individual organisation.

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VAGINISMUS—THE FORGOTTEN PARTNER

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How does the male partner cope when the female partner has severe penetration anxiety resulting in impenetrable spasm of the pelvic floor muscles? Very little attention has been given to the male partner and the few studies that exist are small.

Although it is the woman who experiences the vaginismus, the problem is a relational one experienced by 2 individuals. Single women not interested in sexual relationships rarely present for help.

This presentation will consider the effects on the male partner—the non-presenting patient. Relevant factors may be the personality characteristics of the man, cultural expectations of male /female roles and

behaviours around sex, sex education, knowledge and personal experiences.

There may be differences in response between Western and Eastern cultures especially when considering personal choice/dating scenario marriages versus arranged marriages where the couple has not spent time together and where both may be virgins.

Most men worry that their penis is too small, but what if it is too big? What is the incidence of sexual difficulties in men whose partners have vaginismus? And which comes first?

What are the anxieties faced by the male in this situation and what are his unmet needs? And what is the impact on the relationship and procreation aspirations?

And finally, the non-presenting patient can be an ally or an enemy, and it is better to have an accomplice than a saboteur.

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'LET'S GO DOWN UNDER . . . AN EXPLORATION OF TREATING VAGINISMUS'

K. McAllister

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Botulinum toxin is a powerful neurotoxin which causes flaccid paralysis. It has been used as a therapeutic agent for over 20 years and now plays a role in many specialties. The first report of its use in vaginismus was in 1997. Since then, several studies have shown its potential beneficial effect, although none have been large enough to provide evidence that it should be incorporated as a standard treatment modality. The purpose of this talk is to provide an overview of Botulinum toxin and share my experience in its use.

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COUPLES SEX THERAPY IN FEMALE ANORGASMIA CASES

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The intervention model of the Florence International Institute of Sexology, in the sex therapy couples, devotes significant attention to the relational and socially learned causes. For the evaluation of these areas our operational procedures, in the psychotherapy of sexual dysfunction, provides a working protocol consisting of specific instruments.

The aim of our study was to determine, in the diagnostic phase of sex therapy for couples female anorgasmia, the similarities among female patients, the perception of the body in sexuality with their partners and the similarities between the partners in the way of relationship.

To evaluate the variables related to the sphere of bodily perception, patients were asked to fill the perception of self pleasure discomfort item. To assess how the relationship of partners in the couple works, we used the sexual genogram.

The results will be presented and discussed.

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THERAPIST IN VIVO EXPOSURE; THE BODY-MIND CONNECTION IN THE THERAPY OF LIFELONG VAGINISMUS

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Vaginismus is commonly described as a persistent difficulty in allowing vaginal entry of a penis or other object, despite the woman's expressed wish to do so. Lifelong vaginismus occurs when a woman has never been able to have intercourse starting from first sexual experiences. The aim of this study was to investigate the effectiveness of in vivo exposure therapy for women with lifelong vaginismus. This kind of

therapeutic approach, starts from the hypothesis that working directly with the woman's body can lead to change quickly the catastrophic beliefs related to penetration through the activation of corrective emotional experiences and the construction of a correct genital map representation in the brain cortex. The author presents data from 97 therapies for lifelong vaginismus composed by two steps. In the first step the female participant performed vaginal penetration exercises on herself in the presence and with the direct help of a male therapist. In the second step the couple performed at home vaginal penetration exercises on themselves. Therapist in vivo exposure appears to be an effective and quick treatment for lifelong vaginismus.

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LEGAL AND ETHICAL ISSUES IN SOCIAL & HEALTH SERVICES TO YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES WHO WANT TO BE PART OF THE "SEXUAL SCENE"

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Background: Since 1999 Norwegian law has regulated the use of force in caring for people with ID. The governing principles in these regulations are that force should never be exercised where alternatives, not involving the use of force, may be optional—and force should never be used, unless actual and considerable damage to the individual or his/her physical or social surroundings is a likely outcome of *not* intervening. These legal principles also apply to restrictions that service providers may put on an individual's access to the Internet or using his/her mobile phone in establishing social contacts, which could be potentially harmful—i.e. lead to physical or psychological abuse.

This places service providers in an ethically challenging position: they may observe that an individual puts him-/herself in a potentially dangerous situation—yet the actual danger might not be so concrete or imminent that interventions are warranted. The rights of the individual to make its own choices regarding intimate relationships is held up against the responsibility of service providers to protect him/her against exploitation, STD's and unwanted pregnancies.

Method and discussion: Clinical cases will be presented to illustrate and discuss these legal and ethical issues. Some general points to be considered in such cases will be listed, and implications for clinical practice will be discussed. It will be argued that focusing on legal and ethical issues is important—not only in securing the rights of the individual, but also in guiding the clinician when considering intervention strategies.

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INTELLECTUAL DISABILITIES AND SEXUALITY: PEOPLE WITH INTELLECTUAL DISABILITIES AND THE PARENTING ROLE. A LITERATURE STUDY

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Background: This literature study deals with references in the book "Parents with Intellectual Disabilities. Past, Present and Futures", published in 2010. The book is written after a conference in 2006, where IASSID (International Association for the Scientific Study of Intellectual Disabilities) established a group of professionals called SIRG (Special Interest Research Group) on the subject people with intellectual disabilities as parents. SIRG uses references to the UN Standard Rules (UN Convention on the Rights of Persons with Disabilities), which highlights the right to marry and have children. The individual countries have to "eliminate the discrimination of people with disabilities in all areas related to marriage, family, parenthood and relationships with other people" (Article 23) "... and shall provide assistance to persons with disabilities who have children." The

literature study shows that it involves major challenges in meeting this requirement as it may be a contradiction between being a person with intellectual disability and cope as a parent. Children have their own rights described in the UN Convention of 1986.

Findings and discussion: The results of the study show that children of people with intellectual disabilities are often neglected and that they come under child welfare supervision.

Recommendations: The conclusion recommends a two-part model that deals with the prevention of pregnancy and how various venues can work together to provide parents with intellectual disabilities and their children the best possible assistance. The recommended assistance includes sexual education programs and behavioral training programs.

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THE RIGHT TO SEXUAL HEALTH: A PILOT STUDY ON SEX EDUCATION AND YOUNG PEOPLE WITH INTELLECTUAL DISABILITIES

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Background: In Sweden sex education has been compulsory since 1955. However, access to this still seems to be insufficient in special schools. Worries about unwanted pregnancies, sexual abuse and sexual risk situations make the surrounding insecure about what, how and who are most supposed to deal with the subject. Also, a heteronormative norm in sex education makes young gay people with ID to be an invisible group. In addition, stereotyped gender norms where girls are supposed to be oriented towards love and relationships and boys towards sexuality make it harder for young people with ID to find a more nuanced way to act.

Purpose and research questions: The study aim to strengthen the sexual health among young people with ID, and to develop knowledge from their own experiences that can help teachers in special school to supply sufficient sex education. Which experiences of sex education do young people with ID in the age of 16–21 have? Are there any similarities or differences between boys and girls? In what way, and by whom, should sex education be supplied? What themes do the young people with ID think is of importance?

Methods: Qualitative research interviews with young females and males with ID in the age of 16–21 years.

The use of the study: The results from the study intend to be used to develop an adequate pedagogic model together with the young people with ID for sex education at special schools.

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ONLINE SEXUAL EDUCATION: INTERNATIONAL EXPERIENCES AND EXPECTATIONS

E. Haerberle

Archive for Sexology, Berlin, Germany

The present and future role of "open access" e-learning courses

A "live" demonstration of the multilingual "open access" curriculum in sexual health available at the Archive for Sexology. It combines several unique features and, so far, has no competition in the internet:

— each of its 6 courses (6 semesters) can be studied both at the Bachelor's and the Master's level.

The choice is up to the teachers or students depending on whether they concentrate on the body of course itself or, in addition, follow up every internal and external link and read the entire recommended literature (also online at the Archive).

— the curriculum also provides links to current scientific news about sexual health in general and specific journalistic news reports about

various topics covered in the individual courses. Thus, the Archive combines the advantages of an electronic textbook with those of a constantly updated news desk. This unique combination is designed to stimulate discussions and to emphasize the practical relevance of each subject studied.

Finally, additional current possibilities and likely future developments in e-learning will be discussed.

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ONLINE SEXUAL EDUCATION: INTERNATIONAL EXPERIENCES AND EXPECTATIONS

M.L. Ng

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International cooperation in online sexual health education

In 2006, by the joint effort of sexologists in China, Taiwan and Hong Kong, the online sexual health curriculum of the Archive for Sexology was successfully translated into Chinese (simplified and traditional) and adopted as a “Multilingual open-access online curriculum in sexual health” (MOOCSH) and made available to all Chinese communities all over the world. Teaching departments in many universities or institutes in China, Taiwan, Hong Kong and Macau have since made use of MOOCSH to assist in their undergraduate or professional training curricula in sexual health and related topics. It has been used as:

1. standard reading material
2. reference material
3. a source of discussion topics for class or internet debates
4. a source of topics for class or internet tutorials
5. a reliable source for the Chinese-English translation of sexology terms
6. a source for topics in student projects or study reports.

In these curricula which included MOOCSH as reading or reference materials, all students reported that it was the first and most frequently read material during their study period, more than the notes their teachers developed and gave to them. The reasons were convenience, comprehensiveness, multilingualism and simplicity. Our experience shows that although MOOCSH is only a web-based open-access course on basic sex education, it is a precious aid to professional sex health training programs which for practical reasons have to rely on web-based learning more and more.

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ONLINE SEXUAL EDUCATION: INTERNATIONAL EXPERIENCES AND EXPECTATIONS

A. Palha

University of Porto, Porto, Portugal

Translating a curriculum in sexual health—Problems and rewards

Our university team has, by now, translated half of the courses constituting the online curriculum in sexual health of the Archive for Sexology. Our intention is to provide a unique and important free educational resource not only for Portugal, but also for Brazil and other Portuguese-speaking countries. We will discuss our methods used in recruiting volunteer translators, the translation work itself, the difficulties involved in the translation, and our experiences with it up to this point. We will also describe the potential role of this curriculum in Portuguese general sexual health education. Finally, we will present an outlook on the future of e-learning in our and other Portuguese universities.

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ONLINE SEXUAL EDUCATION: INTERNATIONAL EXPERIENCES AND EXPECTATIONS

A. Hakobyan

Yerevan State Medical University, Yerevan, Armenia

Translating a curriculum in sexual health—Expectations in Armenia

Due to a lack of comparable materials in our own country, our university in Yerevan has decided to translate the sexual health curriculum of the Archive for Sexology into Armenian. Since this translation, like the English original, will be freely accessible, it will benefit not only our own students, but the general public as well. The presentation will discuss the present sexual health needs in Armenia, the difficulties involved in our translation, and the role it may play in our educational system.

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PHILOSOPHICAL SEXUAL ETHICS

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Sexual ethics is a branch of applied ethics that concentrates on sexual behaviour and relationships. It can be either theoretical or applied, while theoretical approach aims to find universal principles and methods of solving ethical problems, and applied approach deals with individual cases, professional ethics or sexual politics.

Basic questions of sexual ethics are

- 1) what kinds of sexual acts are morally acceptable, and
- 2) what are justified grounds for banning certain acts?

Answering these questions should be based on a philosophically sound system of sexual ethics, which consist of coherent definitions, principles and methods that can be used to assess the ethical status of any sexual act.

The system must be general enough to adapt to differing situations and circumstances, hence it must be derived from ethical theory concerning human interaction in general. My research is based on John Stuart Mill's ethical liberalism, which argues that there is only one plausible moral principle: no one has the right to intervene into individual's affairs if they are not harmful to others.

In this framework sexual activities are seen as morally neutral, therefore ethical evaluation doesn't depend on the question, whether an act is sexual or not. Instead, it is based on assessing whether the act causes harm or violates someone's rights. This position leads consistently to appreciating human autonomy, freedom, rights and sexual diversity.

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NORDIC SYMPOSIUM IN SEXUAL ETHICS: SEX WORK—AN ETHICAL AND HUMAN RIGHTS PERSPECTIVE

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The predominant attitude toward sex work worldwide is that it is immoral and exploitative of women. As a result it is most often both morally condemned and stigmatized. Sex work, however, is not a single phenomenon but rather a most complicated issue which can only be understood in its social and historical context.

The aim of my paper is to investigate the question of sex work from an ethical and a human right perspective. I will depart from a Nordic context, more specifically from recent prostitution legislations pointing out the main moral arguments that occur in those. I critically discuss the Nordic moral argumentation, arguing that it is impossible to view sex work in isolation from the social and economic situation of the sex workers in society generally. Criminalization of the client,

which is the way chosen by some of the Nordic countries, does not apply as the solution to all moral problems connected to sex work. It is even important to listen to human rights approaches to sex work which draw attention to the relationship between criminalizing sex work and human rights violations that result from these laws and policies.

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IS THERE A FUTURE FOR CHRISTIAN SEXUAL ETHICS?

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During its lifespan the church has struggled with questions concerning right and wrong. Sexuality has always been a fundamental part of its ethical teaching in theory and in practice. For centuries the church has told people what is permitted and prohibited in their sexual life. The Reformation in the 16th century brought a radical change: Martin Luther divided earthly and spiritual regime and stated that ethics belongs to earthly matters.

In Lutheran theology morality is considered to be the responsibility of an individual person. Thus moral decisions can be made using human reason without referring to religious dogma. Also sexual appetite belongs to the earthly regime and is one of the natural functions like eating.

However, Lutheran church, along with the majority of Christian churches, still insists that sexuality issues should be addressed according to religious conventions. Because of this churches have major problems in dealing with homosexuality and non-marital relationships, for example. In these issues their attachment to "Christian sexual ethics" seems to promote inequality and even support hate-speech.

In Protestant tradition religious dogmas are seen as unchanging, but ethics is subject to temporal and cultural changes. However, above-mentioned issues often contradict this and evoke arguments based on scripture and divine world-order. The value of such religious approaches in ethical research and discussion are very questionable and it must be asked if there is any future for them at all? Surely loving one's neighbor is valuable, but its message is not convincing unless it is verified in practice.

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PREMATURE EJACULATION AND ERECTILE DYSFUNCTION: A COMPARISON OF THE TWO MOST FREQUENT MALE SEXUAL DYSFUNCTIONS

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Premature ejaculation (PE) is the most common male sexual dysfunction, ranging in prevalence from 20% to 30% through all ages of men and appears to be heritable. Erectile dysfunction (ED) is highly correlated to advanced age and may be acquired. Like ED, PE can be organic or psychogenic in origin. However, the neuro-physiology and the mechanism of primary PE is fundamentally different.

Ejaculation latency and tumescence depend on different physiological signalling pathways. Parasympathetic transmission (both cholinergic and nitric) predominates in the erectile process. Sympathetic transmission is active during ejaculation but is also antierecile. The role of serotonin in modulating ejaculation is complex but it is clear that increased serotonin levels centrally can prevent/delay ejaculation. Selective serotonin reuptake inhibitors (SSRIs) are used to treat PE, including dapoxetine, an SSRI specifically approved for the treatment of PE. Treatment of ED depends on enhancing proerectile signalling through the nitric pathway by inhibition of the breakdown of cGMP—a secondary transmitter involved in nitric transmission—by PDE-5.

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IMPACT OF METABOLIC SYNDROME ON SEXUAL FUNCTIONING

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Metabolic syndrome has been identified as an important organic risk factor for sexual dysfunction. In males, obesity per se increased the overall risk of erectile dysfunction by 30–90% compared to normal individuals. Similarly, women with co-morbidities of metabolic syndrome had higher incidence of arousal and desire disorders. As the prevalence of hypertension, hyperlipidemia and atherosclerosis increases disproportionately with obesity, genital arteriosclerosis has been identified in almost 50% of the elderly individuals. Animal studies have confirmed that atherosclerosis precipitated sexual dysfunction through morphological and cellular changes; pathophysiological alterations in endothelium-dependent and endothelium-independent vaso-reactivity and smooth muscle/collagen ratio have been shown to result from long-term exposure to high-cholesterol diets. In our studies, dietary induction of hypercholesterolemia resulted in histological manifestations of early atherosclerosis and anti-erectile changes to neurotransmitter-mediated cavernosal responses in rabbits. Similarly, experimental hypertriglyceridemia compromised erectile function with direct detrimental effects on sexual behavior and intracavernous pressure response to nerve electrical stimulation in rats.

Holistically, sexual health and function are important determinants of quality of life. Hence, appropriate interventions to maintain body weight and lipids within the normal limits can have significant impacts on the management outcome and long-term prognosis; where possible adequate treatment should also be initiated. Lifestyle changes to incorporate regular physical activity and balanced diet are effective and safe ways to handle the modifiable risk factors in all population groups. Recently, there is evidence to show that early management of the co-morbid factors of metabolic syndrome is likely to correct and/or reverse the ongoing pathology in both genders.

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PSYCHO-SOCIAL AND SEXUAL CONCERNS IN HYPOGONADAL MEN

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Objective: To examine psychosocial and sexual concerns of hypogonadal men.

Methods: Men aged \geq 40 years in the Klang Valley, Malaysia participated in the a community-based Subang Aging Male (SAM) study. The participants completed questionnaires on demography, DASS-21, IIEF-5 and Quality of Life scale (SF-12). Hypogonadism is defined as total testosterone $<$ 11 nmol/L. Erectile dysfunction (ED) is defined as IIEF score $<$ 22. DASS-21 measures depression, anxiety and stress, scores range from 0–42 for each index—high score suggests worse psychological morbidity.

Results: 1007 men participated (response rate 53.6%), mean age 56.6 \pm 8.3 years. Prevalence of hypogonadism was 15.3% (n = 154). No difference in socio-demographic characteristics between men with and without hypogonadism. About 65% of hypogonadal men who had

sexual activity in the past 4 weeks, (n = 753) had ED; 35.8% mild ED, 21.1% moderate ED, 4.6% moderate-severe ED, and 3.7% severe ED. Using DASS-21, among the hypogonadal men, 10.5% had moderate depression, 3.9% had severe/extreme depression; 14.3% had moderate anxiety and 9.7% had severe/extreme anxiety; 3.9% had moderate stress, 2.6% had severe/extreme stress. No significant differences in the prevalence of ED, depression, anxiety and stress between hypogonadal and non-hypogonadal men. Hypogonadal men had significantly lower scores in SF-12 compared to non-hypogonadal men: physical functioning, general health, vitality and bodily pain and their physical composite score were also lower. Mental composite scores were similar in both groups.

Conclusion: Hypogonadal men showed lower quality of life related to physical health but not psychological health or erectile function as compared to non-hypogonadal men.

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SCIENCE BEHIND GENITAL SEXUAL AROUSAL RESPONSES

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Sexual arousal responses following sexual stimulation are complex neurovascular processes that are regulated by both central and peripheral mechanisms. In male, genital sexual arousal is manifested by penile erection while in female it is characterized by engorgement and swelling of genital tissues, an increase in tactile sensitivity and production of lubrication mucus and fluid transudate from the cervix, periurethral glands and vagina.

Current knowledge based upon immunohistochemistry, organ bath studies and animal models indicates that these haemodynamic events are intricately modulated by adrenergic, cholinergic and nitric pathways, neurotransmitters, neuropeptides, and endocrine milieu. The sex steroid hormones are critical in maintaining the structural integrity of the genital tissues, contractility of vascular and non-vascular smooth muscle and vaginal lubrication in the case of female. Aquaporins, the water channel proteins that regulate the transport of vaginal fluid transudate are also estrogen dependent. Vascular insufficiency, disruption of neural pathway and imbalances in endocrine milieu are thus likely contributing factors for genital sexual arousal disorder.

A few effective treatment options are available for male erectile dysfunction. However, to date, there is no approved pharmacotherapy for the treatment of female genital arousal disorder. Research is ongoing seeking novel efficacious peripherally acting agents. Recent observations suggest that chloride channels and P2Y₂ receptors may be potential alternative target for development of new therapy for restoring genital sexual arousal responses in older women and menopausal women.

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SEXUAL ASPECTS OF HORMONES AND THE FEMALE BODY

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Introduction: In the animal kingdom certain hormones are signals to the body (brain and other parts) to behave “sexually”. They are linked to what we call instinctive behavior, which seems to be inborn with very little learning to it. The question arises to what degree this “sexual function” of hormones is also present in human women.

Methods: Review of the literature.

Results: Ovarian hormones direct the menstrual cycle and are essential for reproduction. They do not seem to be directly linked to sexual behavior and function which seems to be strongly influenced by cognitive processes like thinking, imagining, learning etc. Observational and interventional studies with ovarian hormones indicate that the effects of hormones seem to be more indirect and permissive rather than “causal”. Oestrogens help maintain structural integrity, receptivity for sensual stimuli and seem to be linked to “attractivity”. Testosterone

seems to enhance interest in sexual activity. Progesterone’s function is to a large degree unclear. Other hormones like thyroid hormones, adrenal hormones etc. can modulate sexual behavior by their general effects on mood, activity level etc.

Conclusion: Hormones have an indirect modulating effect on sexual behavior and function with a large intraindividual variability which is probably due to the impact of cognitive processes.

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INTEGRATING PSYCHOLOGY INTO THE SEXUAL ANATOMY AND PHYSIOLOGY

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Research suggests that sexual problems are more common in women than in men. More specifically, many studies find women to be less motivated for sexual activity, and to have greater difficulty in becoming sexually aroused. Also, sexual pain problems seem more prevalent in women than in men. It is unclear to what extent these differences in prevalence represent individual vulnerabilities on the part of women, perhaps related to factors associated with reproductive success, or whether these differences are related to the challenges inherent in having sex with an individual from a different sex.

In this talk, anatomical factors are forwarded as one of the often neglected determinants of sexual problems in heterosexual couples. Anatomical differences between men and women make women more vulnerable than men to developing sexual problems. Many women don’t know what excites them or when they have reached ‘normal’ or high arousal. Unfortunately, unlike men, women have the capacity to ‘compromise their genitals’, driven by the mistaken belief that sex is equivalent to intercourse. This ‘capacity’ is hypothesized to be one of the determinants of the difficulties that heterosexual couples encounter in their bedrooms. Therefore, the author will argue that sexual arousal is not merely a ‘bonus’ but a necessary requirement for pain free and pleasurable sex.

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SEXUAL ASPECTS OF THE PHYSICAL IMPAIRED FEMALE BODY

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Objective: The disturbances in female sexuality and intimacy cover a wide range, with some groups receiving much professional attention, whereas other groups seem nearly forgotten.

Frequently overlooked are the women with a physical impaired body due to stroke, traumatic brain injury, spinal cord lesion, multiple sclerosis or a neuromuscular disease. That group, apparently less sexy, attracts far less attention from the sexual health professionals, in spite of extensive impact on their sexual function, sexual identity and sexual relationship.

This presentation aims to diminish the fear to deal with this group.

Method: Review of the scarce literature and additions from clinical practice in the physical rehabilitation setting.

Results: Next to the direct damage to sexual function, physical impaired women have to deal with various other determinants influencing sexual health. Examples are the visibility of the impairment (less visible ailments being more disturbing), reaction of the partner, sexual abuse (found more in physically impaired women), the sexual education received (usually insufficient) and the attention for sexuality and intimacy paid by the medical and educational professionals (usually absent or insufficient).

Nevertheless the majority of these women have normal sexual desire and they want a normal sexual life.

Conclusions: Listening to this group, it is clear that sexuality is not only for the healthy. Sexual health professionals should be aware of the needs of this group of women, and develop strategies to include them in their care.

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SEXUAL ASPECTS OF THE FEMALE BODY

*M. Wasserman**Sexual Health Center, Cape Town, South Africa*

Sexual Aspects of the Bruised, Battered and Infected Female Body

Introduction: About 17 million women over the age of 15 years are infected with HIV worldwide. In Sub-Saharan Africa young women are three times more likely to be infected than men. The disease is spread by a complex interplay of sexual behaviour and biological factors that affect the probability of HIV transmission. Gender based violence (GBV) is the most significant reason for women's greater vulnerability to HIV. Partial explanation is women's inability to negotiate terms and conditions of sex plus high levels of sexual and domestic violence. Focus on sexual aspects of these women are sorely neglected.

Methods: Literature review.

Results: Within this contest of violence, shame and silence, the sexual aspects of women are seldom raised by the health care provider or the women. Despite female HIV infection being associated with sexual dysfunction scant attention is given to this aspect. Microcosmic factors including peer pressure, sensation seeking, behavioral intention, condom use at first sexual intercourse and sexual victimization + macrocosmic factors including subordinate position of women, impoverishment, wars, rapid urbanization and decline of social services need prioritized attention in the treatment of the sexual aspects of infected women.

Conclusion: Sub Saharan women between the ages of 15–25 are most vulnerable to HIV/AIDS/STIs. The intersectionality of GBV/impoverishment/biological vulnerability/alcohol lead to this dual epidemic on women: HIV/AIDS/STI and GBV. Management includes clear microcosmic and macrocosmic interventions which require the participation of civil society and government.

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SEX AND NORMALITY: A HISTORICAL VIEW

*F. Attwood**Sheffield Hallam University, Sheffield, UK*

As a lecturer whose teaching frequently focuses on issues of sexuality, I often find that students' understandings of sex are underpinned by very strong, though usually unarticulated feelings about what is normal; 'normal' being most commonly related to an idea of 'sexual health' which in turn depends on a view of 'sickness' as deviance. These understandings draw less on an evidence-based approach to sexuality and health and much more on a commonsense acceptance of customs and taboos, usually supported by very strong and visceral feelings of disgust or desire. In this presentation I consider a range of accounts of sexual normality and their social implications (Rubin, 1984; Warner, 1993; Ozimek, 2010). I discuss how a historical view of sexual practices and discourses illuminates these accounts and how it can contribute to the interrogation of normality. Finally, I ask what more we can do to lay bare the mechanics by which a normality of sexual health is constructed, and how we can deal with the evidence that its interrogation is so troublesome.

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WHAT IS (NORMAL) SEX?: DEFINITIONS FROM DSM, SEX THERAPY AND ALTERNATIVE SEXUAL COMMUNITIES

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Working as a sex therapist for the past five years I have been struck that the unifying feature of virtually all the clients I have worked with is the intense desire to be 'normal'. Indeed, having 'normal' sex is frequently privileged over sex being in any way pleasurable or fulfilling. This presentation examines the cultural context of understandings of

normal sex today, drawing on mainstream media and popular discourse. It then considers psychiatric and psychological definitions of functional and dysfunctional, normal and abnormal sex, which underlie and reinforce popular understandings. Finally, the presentation turns to alternative definitions of sex which are emerging in various sexual communities (notably amongst those in bisexual communities, slash writers, kink communities and asexual groups) in order to extend and re-evaluate our standard definitions of sex. It is suggested that an expanded understanding of sex as something multiple and constantly in process may be a more beneficial starting point for therapy.

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RETHINKING 'NORMALITY' IN RELATION TO YOUNG PEOPLE, SEXUAL HEALTH AND POPULAR CULTURE

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Discussions about young people, sex and popular culture often start from positions of concern regarding the possible promotion of 'at risk' behaviours leading to pregnancy, abortion and sexually transmitted infections. Thus official discourses are often couched in terms of protecting young people from 'sexualisation', 'pornographication' and sexual 'predators'—concerns which frame young people as continually at risk, but often fail to recognise young peoples' own interests in negotiating the complexities of sexuality, being sexy and having sex and their relationship/s with popular culture. This paper explores the framing of sexual health in relation to young people, examining how particular concerns are legitimised and made plausible by recourse to fears of increasing sexual exploitation. We look at the ways in which young peoples' voices are drowned out by adult concerns, how young people define and consume sexualised media/culture and suggest implications for future research and practice.

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AM I NORMAL? PUBLIC ANXIETIES AND UNDERSTANDINGS OF SEX AND RELATIONSHIPS

*P. Boynton**University College London, London, UK*

In this talk I draw upon my dual roles of sex researcher and media advice giver. Using examples from questions asked by the public of researchers and advice columns I will focus on how concepts of 'normal' sex are understood by the public and reinterpreted by the media. In particular I will focus on what is seen as 'good' sex, anxieties people report over sexual response and 'performance' and how unhelpful messaging around sex and relationships can often fuel people's concerns over normality, in turn causing anxiety, stress and relationship problems. From this I will suggest ways we can address, subvert and reinvent concepts of 'normality' in both research and mediated advice giving in order to empower people and expand their views of sexual possibilities.

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TRAINING PROGRAMS FOR SEXOLOGISTS IN EUROPE

*O. Kontula**Population Research Institute, Helsinki, Finland*

Some important improvements took place in sexological education in many European countries already in the 1970s. The second important wave in this progression was realized in the 1990s when training for sexologists was activated in many countries.

An inventory of training in sexology in Europe in the 2000s was conducted in 2007 and this data collection continued till 2010. By that date information was available from 25 countries.

Based on the admission criteria the following models in training in sexology were created:

1. A medical model,
2. A clinical model, integrating medical and psychological approaches,
3. Separated education in clinical sexology and human sexology,
4. Sex therapy model, and
5. Human sexuality model including its common Nordic model.

The most common model in European training for sexologists is that run by a national association or by an institute; which extends up to two years, where contact education takes place during the week-ends, and where there is a final exam. Those who complete this all will receive a certificate from the organisers of the education. There is a need for training programs in sexology to build and adopt some common standards and requirements in Europe. For the future of sexology in Europe a common certificate in sexology would be highly recommendable.

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MASTER IN HUMAN SEXUALITY STUDIES. 50 YEARS EXPERIENCE WITH TRAINING SEXOLOGISTS

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In this presentation the history (overarching 50 years), theoretical background (sexuality is a multidimensional phenomenon so education about sexuality should be multi-disciplinary too), aims (a scientific introduction to the field of sexology), content (the courses currently being given in the 2 year master program) and limitations (financial, recognition of the diploma in the work field) of our two year master program will be presented and discussed.

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TRAINING PROGRAMMES IN SEXOLOGY IN THE UK. 35 YEARS ON—THE EVOLUTION OF THE INTEGRATED, BIOPSYCHOSOCIAL APPROACH (SEXOLOGY TRAINING SYMPOSIUM CONTRIBUTION)

J. Fitter

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Porterbrook clinic in Sheffield, is one of the only remaining institutions offering training programmes in sexual and relationship psychotherapy in the UK. The MSc/Post Graduate Diploma programme is approved by the College of Sexual and Relationship Therapists (previously the British Association of Sexual and Relationship Therapists), and is validated by Sheffield Hallam University. The evolution of the training programme over more than 35 years will be discussed in the context of other training programmes that have been, and are currently, offered in the UK.

Alongside other training providers of this type of clinical and academic training, the Porterbrook Clinic programme grew out of what was initially a pilot interest speciality of a few clinicians. It has evolved today into a biopsychosocial model of training and clinical interventions. It integrates MIST, systemic and medical approaches to the assessment and treatment of individuals and couples with sexual and relationship difficulties.

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TEACHING SEXOLOGY IN ITALY

R. Rossi

Istituto Sessuologia Clinica, Rome, Italy

Sexology, as a distinct science, is a complex meeting point for many disciplines, approaches and professionals of different fields. This multidisciplinary approach draws its basic assumptions from a psychosomatic/somatopsychic perspective towards sexuality itself. The specialized training of the operators who deal with these issues is fundamental to the understanding and resolution of the sexual disease.

The teaching of sexology in Italy has historically been the prerogative of private institutions, which for over thirty years, have entrusted their training courses to psychologists and medical doctors working under various titles in the field of sexology. It is only during the last years that Italian universities have offered courses in sexology and master's degrees in clinical sexology in departments of medicine and psychology.

The Italian Federation of Scientific Sexology, bringing together the most important Italian organizations, through the work of the Training Commission has led to the definition of a set of educational criteria for the qualification of Expert in Sex Education, Sexual Counsellor and Clinical Sexologist, identifying the basic topics and specific experiences essential to each. In addition, the Federation has worked on a Code of Ethics for professionals in the field of sexology.

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HEALTH-CARE PROVIDERS AND HOMOSEXUALITY IN LEBANON: A PROBLEMATIC APPROACH

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Background: Lebanon has an increasingly open LGBT community which demands acceptance and equality within Lebanese society.

Methods: A convenient sample of 72 doctors was selected via a physicians' network from different specialties: obstetrics/gynecology (OB-GYN), family medicine and internal medicine. These doctors practice in urban and semi-urban locations. This was a cross-sectional study and the survey used was written in both English and Arabic. Data collection took place between July and August 2009. Data analysis was conducted using SPSS by chi-square or Fisher's exact test as appropriate and significance was defined as $p < 0.05$.

Results: In assessing their attitudes, physicians were asked how they would define homosexuality, most of which said that homosexuality as a disease requiring medical assistance (42 participants; 60.0%) or psychological counseling (51 participants; 72.9%). A minority of physicians had a more positive view, seeing homosexuality as an acceptable behavior (9 participants, 12.9%), a personal preference (20 participants, 28.6%) or a natural orientation (11 participants, 15.7%). Participants had more the option of having more than one definition of homosexuality which is why the percentages do not add up to 100%. Interestingly, physicians practicing in semi-urban (75.9%) areas were more likely to perceive homosexuality as "a disease that needs medical assistance" than those practicing in urban areas (48.8%) ($p = 0.023$).

Conclusion: This construct of homosexuality causes profound health inequalities and obstructed access to health-care for the LGBT community in Lebanon. This discriminatory approach poses a real problem in achieving sexual health and sexual rights.

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A PRESENTATION BY THE MIDDLE EASTERN SEXUAL HEALTH COMMITTEE (MESHC)

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This Symposium consists of several presentations from various countries in the Middle East to give the audience an overall knowledge of the sexual health education, therapy and research status in the region.

The audience would be introduced to this new Committee at the World Association for Sexual Health and be invited to join depending on their areas of interest.

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BARRIERS TO SEEKING AND RECEIVING HELP FOR SEXUAL CONCERNS IN MID AND LATER LIFE

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Object of study: The sexual health needs of people at mid and later life tend to get overlooked at both a political and professional level. This presentation will explore the reasons why, by looking at barriers to seeking and receiving help for sexual concerns and difficulties.

Method: Evidence from a range of sources, including a literature review of twenty-five articles on medical help-seeking and doctor-patient interactions, was examined.

Results: Patients reported a number of barriers to seeking help for sexual concerns including thinking that sexual changes were 'normal with ageing' and assuming that their doctor would think that sex was not important to them 'at their age'. Health care professional (HCP) barriers to providing sexual health care related to limited knowledge of mid and later life sexuality issues, as well as inadequate training at medical school. Doctors tended not to take a proactive approach to sexual health with 'older' patients, but patients were more likely to seek help if their doctor had asked about sexual function during a previous consultation.

Conclusion: The implications for sexual well-being if the doctor does not ask and the patient does not tell are clear. Providing education about sexuality for doctors and other HCPs is crucial if we are to meet the needs of 'older' patients in useful and effective ways.

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FINDINGS FROM ORIGINAL RESEARCH, CONDUCTED IN SHEFFIELD, ON THE ASSOCIATION BETWEEN TESTOSTERONE LEVELS AND PSYCHIATRIC FACTORS

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Objective: To Explore the Association between Low Testosterone Levels and Psychiatric Illness in Patients presenting, in Sheffield, with Erectile Dysfunction.

Method: During a Service Evaluation Study, data was reviewed from the MED database, in Sheffield.

1638 patient records, for whom testosterone values were recorded, were reviewed.

They were divided into three age categories, 18–49, 50–64 and 65+.

For each of these age groups we looked at their testosterone levels and categorised those into Low, Borderline and Normal.

We then looked for each age group, at the comparative levels of psychiatric illness and whether these varied with testosterone levels of Low, Borderline or Normal.

Results: In our youngest age-group of 18–49 year-olds, 26.9% of those with low testosterone had a psychiatric disorder compared with only 14.6% who had a normal testosterone. In the middle age group of 50–64 year-olds, 17.5% of those with low testosterone had a psychiatric disorder compared with 14.7% who had a normal testosterone. In the older age patients 13.2% of those with low testosterone had a psychiatric disorder compared with only 7.4% who had a normal testosterone.

Conclusion: Within our service, data appeared to indicate some association between Low Testosterone and Psychiatric Disorder, particularly in younger men.

Take home message: There may be an association between low testosterone and psychiatric disorder, in patients with erectile dysfunction.

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CURRENT GUIDELINES ON TESTOSTERONE REPLACEMENT IN MEN AND WOMEN

K. Wylie

Porterbrook Clinic, Sheffield, UK

The British Society for Sexual Medicine, along with several other organisations, have issued new guidelines for the management of testosterone deficiency and the treatment of sexual disorders in men and women. These are the first guidelines developed by UK organisations on the subject of the diagnosis and treatment of sexual disorders in women. There remains a lack of awareness and a reluctance from clinicians and patients to discuss sexual symptoms. These guidelines result from a thorough review of the published research on the symptoms, diagnosis and treatments of testosterone deficiency and sexual disorders in men and women and present a number of recommendations summarised below.

Women should be routinely asked if they have any sexual concerns at consultations at contraceptive and sexual health clinics and at cervical screening, postnatal and menopausal assessments. This especially applies to women at higher risk, such as those who have premature surgical menopause, vaginal dryness, depression or a history of sexual abuse. Likewise, there are many opportunities to ask men about any sexual problems. Assessment may be undertaken over several consultations and should cover sexual and medical history and may involve use of validated questionnaires to assess female sexual function. Care should be taken to rule out pre-existing medical conditions such as diabetes, which may affect sexual function. Treatment should be based upon clinical symptoms and individually tailored. All patients diagnosed should be offered the opportunity to attend psychosexual and/or couples counselling or sex therapy. Additionally, patients may be offered a number of pharmaceutical options.

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STRIVING FOR IDEALS: THE INTERSECTION OF SEXUAL AND ROMANTIC DOMAINS

E.S. Byers

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Symposium overview: This international symposium includes four papers examining the sexual and romantic relationships of adolescents and adults. The first paper, presented by Lucia O'Sullivan, Ph.D., examines the contributions of dating and sexual experience to Canadian adolescents' perceptions of the quality of their current relationship. The second paper, presented by Deanne Simms, examines cognitive and behavioural components of the sexual script for sexual initiations among dating couples in Canada. The third paper, by Patricia Pascoal, investigates the personal definitions of sexual satisfaction of Portuguese individuals living with a partner. The final paper, pre-

sented Pablo Santos-Iglesias, examines the contributions of various forms of verbal and nonverbal sexual communication to the sexual satisfaction of dating couples in Spain.

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THE ROLE OF VERBAL AND NONVERBAL COMMUNICATION IN COUPLES' SEXUAL SATISFACTION

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Sexual satisfaction is determined by sexual communication, however only the role of sexual self-disclosure has been tested. Other forms of sexual communication such as sexual assertiveness or nonverbal sexual communication have never been tested before. The aim of the present study is to analyze the extent to which sexual satisfaction in couples is individually and uniquely related to various forms of sexual communication, such as verbal and nonverbal communication and sexual and nonsexual self-disclosure. And also to test whether there is an instrumental pathway between each of these forms of sexual communication and sexual satisfaction in both male and female partners. One hundred couples will be surveyed online from both a Canadian and a Spanish university to collect data on sexual and nonsexual self-disclosure, verbal and nonverbal sexual communication, as well as sexual satisfaction according to the instrumental pathway. Results will provide evidence for the contribution of different forms of sexual communication over and above sexual self-disclosure to couples' sexual satisfaction and how these forms contribute to the components of the instrumental pathway. Also they will allow to compare Canadian and Spanish samples and to analyze cross-cultural differences. Results will also provide valuable information for therapeutic interventions.

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TURNING SEXY THOUGHTS INTO SEXY BEHAVIOURS: HETEROSEXUAL DATERS' SEXUAL INITIATION BEHAVIOURS

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Introduction: Sexual initiation behaviours contribute to sexual satisfaction in long-term couples (Byers & Heinlein, 1989). To explore this relationship in short-term daters, the current study used the Theory of Planned Behaviour (Ajzen, 1992) to investigate daters' sexual initiation behaviors, and their association with sexual satisfaction.

Method: Participants were 151 young adults (75% female; M = 20.9 years) in heterosexual dating relationships. All completed an online survey.

Results: Compared to women, men initiated more frequently, had stronger sexual initiation intentions, and perceived more positive social norms regarding initiation. However, the men and women did not differ in their attitudes towards initiating or perceptions of their competence to initiate. Finally, more frequent sexual initiations were associated with greater sexual satisfaction for both men and women.

Discussion: While cognitive aspects of the initiation script are egalitarian, initiation behaviors are guided by gender-discrepant sociosexual norms. Additionally, initiation behaviors are associated with sexual satisfaction within dating relationships.

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DEFINITION OF SEXUAL SATISFACTION, A QUALITATIVE ANALYSIS OF ON-LINE RESPONDENTS IN COHABITATION: THE ROLE OF GENDER, SEXUAL ORIENTATION, RELIGION AND SEXUAL PROBLEMS

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Objective: Definitions of sexual satisfaction have been derived from theory or research-driven conceptual definitions, but little is known about how people in relationships conceptualize sexual satisfaction for themselves, using their own words. Our goal was to assess differences in personal definitions of sexual satisfaction associated with gender, sexual orientation, and the presence of sexual problems.

Method: Participants were 973 individuals (59% women and 41% men) living with a partner who completed an on-line survey.

Results: Thematic analysis using NVivo indicated that two major themes: one related to pleasure and one related to relationship and intimacy. It also identified some subthemes. There were some differences in definitions based on whether individuals identified as male or female, were in a mixed-sex or same-sex relationship, and had or had not sexual problems.

Discussion: The results are used to highlight the strength and problems associated with existing definitions and measures of sexual satisfaction.

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SYMPOSIUM TITLE: GID AND BRAIN FUNCTION: INTRODUCTION AND OVERVIEW OF CURRENT RESEARCH IN GID

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Research in the field of gender dysphoria is lacking overall. This review paper will briefly introduce the concepts associated with gender dysphoria and gender identity disorder. The main body of the paper will provide commentary on the strengths and limitations of the prior research in the field. Finally, emerging research in the field will be highlighted including several ongoing research collaborations.

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GENDER IDENTITY DISORDER & BRAIN FUNCTION. PSYCHIATRIC CHARACTERISTICS OF GID PERSONS: A MULTI-CENTERED TRANSVERSAL STUDY IN FOUR EUROPEAN COUNTRIES

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Objective: To investigate whether adult patients fulfilling GID criteria show more Axis I or II disorders compared to non-gender dysphoric persons.

Methods: Applicants (n = 389) in 4 European gender teams (European Network on the Investigation of Gender Incongruence) were consecutively included. The patients with a GID diagnose were interviewed by means of MINI+ and SCID II within the first 6 months after

application, before hormonal treatment. They were also evaluated by the GAF-score. Due to drop-outs, ongoing data collection and analysis 288 patients were interviewed for Axis I and 205 patients for an Axis II diagnosis (DSM-IV-TR).

Results:

Axis I: Compared to a normal population 75 % of the applicants have an Axis I diagnosis (affective symptoms current and/or lifetime in app. 50 %, anxiety disorders in 32%, substance related problems in 16%).

There are no differences in age nor degree of gender dysphoria between patients with or without an associated Axis I diagnosis. MtF's and FtM's are equally affected. Regarding Axis I there are significant differences between 4 countries.

Axis II: An overall prevalence of 17, 2% is found (Cluster A: 5,9%, cluster B: 6,3% and Cluster C: 9,3%).

Applicants with a personality disorder are younger compared to those without, but have the same degree of genderdysphoria. There are no differences between MtF's and FtM's except for borderline personality disorder which occurs more in FtM's.

The GAF score is comparable in MtF's and FtM's.

Conclusion: GID-patients have more affective symptoms than the general population.

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DIAGNOSTIC MANUAL FOR SEXOLOGICAL DISEASES. DMSD-III. FLASSES. WAMS. IAMS

E.J. Bianco

Medical Sexology, CIPPSV. Postgraduated Center, Caracas, Venezuela

The work in this Classification started back in 1985.

The methodology has as initial point:

The Definition and Conceptualization of the field of Sexology.

After that the physiological mechanisms of Sex (Gender) and Sexual Function was carry out, it allow to make an approximation to the physiopathology and the study of their clinical manifestation in term of Symptoms and Signs.

Sexological Syndromes are them conformed.

This methodology allows us to make the current Classification of the different Syndromes (Disorders) that are present in Clinical Sexology.

The present Classification has been endorsed by Latin American Federation of Sexological and Educational Societies-FLASSES, by the World Association for Medical Sexology-WAMS, and by the International Academy of Medical Sexology-IAMS.

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THE PSYCHIATRIST AND SEXUAL MEDICINE PRACTICE

R.J. Hernandez^{1,2}

¹Psychiatry, UCV, ²Medical Sexology, UTES, Caracas, Venezuela

Despite the beginning of Sexology ,following the German School (Kraft-Ebing, Moll,Marcuse,Block and Hirschfeld) , Psychiatrists are afraid of SEX and SEXUAL HEALTH.

We saw until Ellis, Kinsey and Masters and Johnson (1966), a complete stage of oscurantism and ignorance, even rejection by Psychiatry.

Few reason may explain this:

1. Lack of recognition
2. Stigmas
3. Lack of Research.and Academic studies
4. Absence of Posgraduate Courses and Full Training
5. Defficiency of themes in Curricula for Medical Students and Psychiatry trainees

Founding of a WPA Section Psychiatry and Human Sexuality occurred in WCP Hamburg in 1999.

Since then we have been pushing for spaces in WPA, APA, and Local Societies, presenting a 8 hours Course on Human Sexuality Issues, and several Symposia.

J Sex Med 2011;8(suppl 3):84–299

This paper present a Summary of this and a strategy for coming back to this important track.

So many issues are present

1. Effect of antidepressants and antipsychotics in Human Sexual response.
2. Adequate treatment of Sex Offenders and Paraphilias.
3. Co-morbid or dual pathologies with sexual issues and Psychiatry.
4. Importance of knowledge of new aspects in Sexology.
5. Couples and Marital Therapy and sexual issues.

This is a way to come back, and to do research and comparative studies regaining prestige and recognition of our field.

We must do it.

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THE UROLOGIST AND THE MEDICAL SEXOLOGIST

E.J. Bianco Jr

Urology and Robotic Surgery, Columbia University Division of Urology at Mount Sinai Center Miami, Coral Gables, FL, USA

The Urologists and Medical Sexologist share common interests in the medical field. Thus, from a genital perspective, these fields of medicine rather complement each other much a-like urology and nephrology do when the kidney is assessed. In females, Urologist focuses their exams to the genital organs, the pelvic floor and its relationship with thebladder. Incontinence is one of the most common complains in women, and onethat portends a tremendous effect in sexual activity. Its etiology is quiterich in causes. Urologists have shifted increased attention and research to female sexual dysfunction. We confidently predict that this area will growth in the field of Urology and Medical Sexology will be pivotal for such event. For males, the similitudes are blunt. Men with erectile dysfunction have benefitted from research and have witnessed first hand thetremendous change in public perception and quality of life in the era of the PDE5 inhibitors. Of interest thought, was the initial transition when thesedrugs came to the medical field, and in the United States, direct marketingtailored to patients, whom were advice to discuss with their doctor, these new options. Much experience has been gained in penile implants and their role for men with ED. Of interest, outcomes research hasestablished that penile implant surgery as one with the lowest rates of procedure regret (<5%). Notwithstanding, the urologists clear focus on ED surgical fix, increasing research with stem cells may change the spectrum in the near future. It will not happen without strong collaboration between Urologists and Medical Sexologists.

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SEXUAL HEALTH PUBLIC HEALTH

A.J. Wabrek

Dean Office, International American University College of Medicine, Cove Avon, CT, USA

How should the Public Health Model be applied so it really contributes to improved sexual health for all?

Public Health recognizes three levels of prevention—Primary, Secondary and Tertiary.

Primary prevention involves prevention of the disease or injury itself.

- Fluoride
- Immunization
- Education to Avoid Smoking and Substance Abuse

Secondary prevention blocks the progression of an injury or disease from an impairment to a disability.

- An impairment has already occurred, but disability may be prevented through early intervention.
- Use of the Papanicolaou smear to look for early cellular changes that are thought to be precursors of cancer is a good example of secondary prevention.

◦ Treatment of certain streptococcal infections with penicillin can prevent the occasional development of rheumatic fever and serious heart disease.

Tertiary prevention blocks or retards the progression of a disability.

- The early detection and effective management of diabetes can prevent some of the complications associated with the disease, or at least slow their rate of progression

Public
Health
Sexual
Health
Primary
Prevention
Fluoride
Secondary Prevention
Screening Tests
Tertiary
Prevention
Slows/Decreases Disability

Look at the sexual difficulties/dysfunction and think about how they can be prevented using the Public Health Model

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EARLY ONSET GID AND ITS EFFECTS ON HIPPOCAMPUS MEASURED BY NEUROPSYCHOLOGICAL TESTS AND MRI

I. Haraldsen

Neuropsychiatry, Oslo University Hospital–Rikshospitalet, Oslo, Norway

Patients with early onset Gender Identity Disorder (GID) are treated chronically with a GnRH receptor agonist to delay puberty, however the effects of such treatment on physiology, behaviour and cognition are unclear. Especially focus has been directed recently on age development modulated by GnRH. Therefore, we explored GID children/adolescence under the age of 18 with regard to their neuropsychological (cognitive testing) and morphological brain function (MRI) before starting GnRH blockage treatment.

Results and discussion: Astonishingly we found highly significant differences between GID and controls in cognitive function showing reduced verbalization and executive function abilities by at the same time significantly atrophic hippocampus and cerebellum tissue in GID patients. Whether these effects will be reversible by treatment, or whether they could be correlated to psychological functioning in those kids has to be shown by our group over time.

Nevertheless in summary, before starting long-term treatment with a GnRH agonist, effects on cognitive function and brain morphology should be carefully explored before long term exposure and because of the recent increasing literature on those functions in other study populations.

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GNRH RECEPTOR BLOCKAGE ALTERS THE ACTIVITY OF THE REPRODUCTIVE AXIS IN MALE AND FEMALE SHEEP

J.E. Robinson, N.P. Evans

Institute of Biodiversity, Animal Health and Comparative Medicine, University of Glasgow, Glasgow, UK

Patients with early onset GID are treated chronically with a GnRH receptor agonist to delay puberty, however the effects of such treatment on physiology, behaviour and cognition are unclear. To explore these an animal model of GID was established using sheep given monthly implants of the GnRH agonist goserelin acetate (Zoladex; 3.6mg) from immediately prior to puberty (male; 8 weeks: female; 28 weeks) until they were euthanized at 11 months of age. GnRH treatment (T) did not alter body weight, however it reduced the weights of the gonads compared to controls (C). Testes: C, n = 21, 76.01 ±

3.67g; T, n = 20, 55.55 ± 4.49g, p = 0.002. Ovaries: C, n = 20, 0.69 ± 0.04g; T, n = 20, 0.55 ± 4.49, p = 0.004. The number of immunoreactive GnRH neurones was also significantly (p = 0.04) reduced in the T animals. Although the weights of the pituitary glands was not altered by treatment in either sex the cellular populations were altered. Specifically, GnRH agonist treatment altered the proportion of gonadotrophs expressing oestrogen receptor alpha (ERα) in a sex specific manner. Thus, the percentage of gonadotrophs co-localising ERα was lower in the treated females (p = 0.001) but did not differ in the males. Further, the percentage of ERα immunoreactive pituitary cells was reduced by GnRH agonist treatment in both sexes (p = 0.001). In summary, long term treatment with a GnRH agonist affects all levels of the reproductive axis and provides us with an excellent animal model to explore other physiological, behavioural and cognitive processes that might be altered by such long term exposure.

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SYMPOSIUM: WORKING WITH SPECIAL POPULATIONS, PART ONE OF THREE—“CHALLENGES TO RECOVERY FOR SEVERELY WOUNDED VETERANS OF WAR”

W. Stayton

Morehouse School of Medicine, Atlanta, GA, USA

This presentation will report on sexual issues encountered by the severely wounded veterans returning from the wars in Afghanistan and Iraq, including those with PTSD and Traumatic Brain Injury through the “Road to Recovery” program. For four years, a group of sexuality professionals have met with individuals, couples, and families to help them to discover their challenging sexual potential. This presentation will be a report on the challenges to their religious, spiritual, physical, relational, and emotional life on that “Road to Recovery.”

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SYMPOSIUM: WORKING WITH SPECIAL POPULATIONS, PART TWO OF THREE—“THE USE OF SEX COACHING IN THE TREATMENT OF PRE-ORGASMIC WOMEN”

P. Britton

Sex Coach U, Beverly Hills, CA, USA

Sex Coaching is an effective methodology for working with pre-orgasmic women. Sex Coaching offers women a unique opportunity to reach orgasm, by using observational body-based sex coaching methodologies; psycho-educational techniques such as cognitive restructuring/reframing; guided imagery for overcoming sexual trauma, guilt or fears; body-based self-help activities to assist women in moving past deeply held body shame; and step by step orgasm training such as pelvic muscle contraction or PC exercises, fantasy enhancement, inclusion of vibrators, lubricants and breathing techniques. Dr. Britton, trained by renowned orgasm-directed coaching expert Betty Dodson, will talk about the 9 steps to orgasm, along with case examples of effective treatment methods for helping women to reach their orgasmic potential.

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SYMPOSIUM: WORKING WITH SPECIAL POPULATIONS, PART THREE OF THREE—“CONSIDERATIONS FOR TREATING POLYAMOROUS CLIENTS”

P.M. Sugg^{1,2}

¹P. Michele Sugg, MSW, LCSW, CST, Branford, CT; ²Alexander Foundation for Women’s Health, Berkeley, CA, USA

Polyamory, or honest non-monogamy, is now an acceptable relationship choice for many. Traditional monogamy-based treatment models

are a poor fit with polyamorous relationships. How might clinicians best address the often complicated nature of polyamorous relationships? What is polyamory? How does a therapist approach work with a polyamorous client? Common misconceptions and assumptions about polyamorous relationships will be covered. Case studies will be provided, as well as helpful resources in working with polyamorous clients.

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SYMPOSIUM: "WORKING WITH SPECIAL POPULATIONS"

S. Pillai-Friedman

Council for Relationships Couple and Family Therapy Program, Thomas Jefferson University, Penn Valley, PA, USA

Dr. Sabitha Pillai-Friedman moderates this fascinating three-part symposium which challenges our thinking and explores effective therapeutic strategies with special populations. The expert speakers include: Dr. William Stayton on "Challenges to Recovery for Severely Wounded Veterans of War," Dr. Patti Britton, "The Use of Sex Coaching in the Treatment of Pre-Orgasmic Women," and P. Michele Sugg, MSW, "Considerations for Treating Polyamorous Clients."

In this three-part symposium, a better understanding will be developed in finding one's sexual potential from from youth to old age, including those severely wounded and traumatized by war. Women will discover a rapid, reliable and direct approach for experiencing orgasmic fulfillment through sex coaching methodologies. Sexuality professionals will become knowledgeable about polyamory and treatment approaches in order to effectively work with the polyamorous client.

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QUALITATIVE KNOWLEDGE FROM PSYCHOTHERAPEUTIC PRACTICE AS A BASIC FOUNDATION FOR TREATMENT OF SEXUAL PROBLEMS

E. Almås

Faculty for Health and Sports, University of Agder, Grimstad, Norway

Evidence based treatment has become a mantra for therapists, resulting in strong focus on treatment methods and techniques. Research on treatment of sexual problems is convincing, showing that sex therapy ad modus Masters and Johnson is among the very best approaches to treatment of sexual problems. There are, however, important factors that may not be addressed in efficacy studies, as research criteria requires randomization and control groups, requirements that are difficult to obtain in most clinical settings. There are no doubt important experiences in development of good treatment that are acquired in clinical settings even if ordinary research criteria cannot be met. Other qualities of therapy may be in focus. In a therapeutic setting, therapeutic methods and techniques are important tools, but they are continuously bent and adapted to new situations, and not used as strict manuals, as is necessary in research settings.

In clinical practice, there is a continuous development of therapeutic methods. The clinician must have a sharp eye for the individual needs and resources of the clients. Each clinician has his or her individual therapeutic training that may include different theories and approaches, skills and ability to adapt particular methods into a general therapeutic context.

In this symposium we have asked experienced clinicians to tell how they approach sexological problems, what is their training, theory, and use of therapeutic techniques? This is the necessary "other side of the coin"—where evidence concerning treatment methods is the one side that is most often looked at.

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A CHARACTER ANALYTIC APPROACH TO WORKING WITH DESIRE PROBLEMS

S. Schaller

Institute for Clinical Sexology and Therapy, Engstrand, Norway

Treating sexual desire problems is often a time demanding, complicated and difficult process, in particular if the lack of desire is caused mostly by the great bulk of what we call relational factors. Very often the outcome of therapy does not correspond with the initial request of the client(s).

Traditional sexological treatment of desire problems, often grounded on variations of CBT, may sometimes increase symptoms or consolidate the condition.

Working with desire as connected to the brains motivational system, it may often be necessary to focus on the deeper aspects of motivation and aversion.

To understand some common factors in desire problems, like anxiety and depression, I build on Wilhelm Reich's theory of how we, due to traumas in childhood, inhibit our vitality and life energy thru developing more or less chronic muscular tensions, and how this influences and puts restrictions on our experience of desire and therefore also on sexual desire.

I will present character analytic approach as it is developed in Norway after Reich's influence in the late 1930's in Oslo. With a case I will illustrate some character analytic and body oriented ways of working with the clients sexuality, that in my experience, targets the deeper aspects of motivation and sexual desire.

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AVOIDING THE DOWNSIDES OF THE "GOLDEN STANDARD"

A. Lindskog

Private clinic at Villa frisk, Greåker, Norway

The golden standard for therapeutic research is randomized independent control groups. This type of clinical research has shown that it gives the most reliable results, but it has its downsides. The biggest downside is the time-delay for introduction of a new method. One example is that the first thoughts of cognitive therapy were formulated by Beck in the 1960s. Today 2011, after more than 50 years, it is finally coming to broad use in Norway! How do we shorten this time-delay between ideas and clinical praxis so clients can benefit from new ideas much earlier? Is it ethical to apply the golden standard resulting in 50 year delays? Another downside is the high cost of the long term studies. What are our responsibilities as clinicians in this context? The golden standard demands group samples from diagnostic groups. At the same time most clinical therapists agree that choosing treatment method form diagnostic groups is less effective than trying to adapt therapy after the individual client. This problem is closely related to the fact that clinically, the origin of a symptom often is more important to the most effective solution than the symptom category. Behind a symptom like impotence there can be extremely different origins and an increased understanding here helps the therapist to choose the most efficient treatment. Based on experience from Neuro-linguistic programming (NLP) the lecturer will show how you can avoid or reduce these downsides. And at the same time maintain an ethical, safe and high clinical standard.

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WORKING INTERACTIVELY USING A SYSTEMIC SEX THERAPY MODEL FOR COMMON SEXUAL PROBLEMS WITHIN A MODERN HEALTH SERVICE SETTING

B.-A. Hutchin

Porterbrook Clinic, Sheffield, UK

Working interactively using a systemic sex therapy model for common sexual problems within a modern health service setting.

I shall be covering the ideas put forward in the article of the same name which was published in *Sexologies* 2010. In doing so I shall highlight how we have developed our systemic approach within the clinic over the last two years. I will explain how this process has been a part of the training course for first and second year trainees. In doing so I will explain how we have used the systemic approach with regard to couples presenting with both sexual and relationship problems. The exchange of ideas with the audience will be encouraged and appreciated.

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CLINICAL SEXOLOGY: AN INTEGRATED APPROACH BETWEEN THE PSYCHOSOMATIC AND THE SOMATOPSYCHIC

A. Fabrizi

Institute of Clinical Sexology, Rome, Italy

The training of the sexologist, a figure often not officially recognized in spite of growing client demand, is still a critical issue.

During the past three decades integration of sexology in international research between specialists, models and intervention techniques has increased markedly, both in clinical practice and contributions.

This paper describes the Italian situation through the 20-year experience of Rome's Clinical Sexology Institute in training doctors and psychologists interested in acquiring the specific competencies required to work in the sexology field.

The clinical experience of the ICS team, for a long time available only to patients in private clinics but today extended to patients in a public hospital, serves as natural basis for transmitting flexible theoretical and technical knowledge, as required by the integrated approach. The context in which the clinical practice is carried out, also underlines the limits and resources of the integrated approach, a modality which takes ideally into consideration and puts on the same level of importance body, mind and relationship.

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SEXUALITY EDUCATION IN THE ACADEMY: AN UPDATE ON UNDERGRADUATE AND GRADUATE INSTRUCTION IN THE UNITED STATES

B. Crane

Widener University, Chester, PA, USA

This presentation will provide an update regarding sexuality instruction in the United States at the undergraduate, graduate, and post-graduate levels, based on a survey of faculty who are members of AASECT, SSSS and SSTAR. Human Sexuality courses are offered at the undergraduate level in a variety of disciplines such as Health, Psychology, Sociology, Nursing, and Public Health. At the graduate level, students typically study sexuality as a concentration in another disciplinary degree program, however a few programs offer Masters and Doctoral degrees in Human Sexuality. Perceptions of faculty regarding current issues related to the provision of sexuality instruction will be addressed as well as their observations about trends in the field.

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SEXUALITY EDUCATION IN SCHOOLS AND FAITH BASED SETTINGS

D. Haffner

Religious Institute, Westport, PA, USA

Debra Haffner will examine the current status of sexuality education in schools, community organizations, and faith based organizations in the United States. Her paper will present an overview of how the new federal teenage pregnancy prevention program and the curtailing of the federal abstinence-only-until-marriage program may affect sexuality education in communities in 2011, as well as identify trends and challenges in programs at the local level. She will provide information from an online survey for 100 experienced sexuality educators and trainers on the challenges they face as well as an update on how faith communities are embracing sexuality education in the 21st century. She will also offer reflections on how the Internet is changing young people's needs for sexuality information and how it can be used to respond to obstacles faced by more traditional programs.

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SEXUALITY COUNSELING: WHO BECOMES A COUNSELOR AND WHY?

T.Y. Rosenbaum

Inner Stability, Ltd., Bet Shemesb, Israel

The field of sexuality and sexual health involves a variety of disciplines. Outdated models of sexual health care have implied that medical practitioners address only physiological aspects of sexual health while sex therapists address the psyche. Newer more integrated approaches recognize that practitioners involved in sexual health require basic counseling skills in order to evaluate and treat their clients with empathy and respect, and provide permission, limited information, and specific suggestions in accordance with the PLISSIT model. This presentation will address the necessity of the sexuality counseling field and highlight trends in certification over the last several years. In addition, examples will be provided as to how sexuality counseling is integrated in to sexual health practice.

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WHAT IS NEW IN SEX THERAPY? PROPOSED CHANGES IN THE DSM V AND THE EXPANSION OF THE PLISSIT TREATMENT MODEL

S. Pillai-Friedman^{1,2}

¹Institute for Sex Therapy, Council for Relationships, ²Couple and Family Therapy, Thomas Jefferson University, Philadelphia, PA, USA

Dr. Pillai-Friedman will examine the proposed changes in DSM V related to the diagnosis of certain sexual dysfunctions. She will also explore how sex therapists are increasingly expanding the PLISSIT model by using alternative therapies such as EMDR, hypnosis, guided imagery and tantra to treat sexual dysfunction. She will examine each of these alternative therapies and their clinical implications. She will present findings from an online survey of AASECT certified sex therapists on their use of alternative therapies.

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SYMPOSIUM: COST, COST-EFFECTIVENESS AND SCALE-UP OF SEXUALITY EDUCATION

J. Herat

Section on Education and HIV & AIDS, UNESCO, Paris, France

This symposium will focus on presentation of the results and discussion of a ground-breaking study into the cost and cost-effectiveness of sexuality education (SE) in six countries, commissioned by UNESCO

in 2010. Why an economic analysis? Policy-makers all over the world, involved in decisions on school-based sexuality education (SE) programmes, are facing three important economic questions: what are the costs of developing the programmes, what are the costs of implementing and scaling up the programmes, and do the programmes provide value for money?

The study fills a critical gap in the evidence base for sexuality education, and demonstrates that, when planned and implemented carefully, comprehensive sexuality education rolled out through schools is a cost-effective way of mitigating poor health outcomes for young people. Costs of implementing programmes vary greatly and are influenced by a number of factors such as whether the programme is intra- or extra-curricula, the scale of the programme (including numbers of teachers trained per learner), and finally, whether a programme is developed from scratch or adapted from an existing model. The evidence presented is relevant not only to the SE programmes under scrutiny but conveys important lessons for other countries that are planning, or considering, the roll-out of sexuality education.

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COST AND COST-EFFECTIVENESS ANALYSIS OF SCHOOL-BASED SEXUALITY EDUCATION IN SIX COUNTRIES

E. Ketting

Nijmegen International Center for Health Systems Research and Education (NICHE), Radboud University Nijmegen Medical Center, Nijmegen, The Netherlands

This presentation will examine the way that key cost drivers that have an impact on the cost and cost-effectiveness of school-based sexuality education and the implications for scaling up the programme in different scenarios. The study, commissioned by UNESCO, looks at the cost of sexuality education (SE) programmes in four developing countries (Nigeria, Kenya, India and Indonesia), one country in transition (Estonia), and one developed country (The Netherlands). The cost-effectiveness is analysed Kenya and Estonia.

The SE programmes studied vary widely in terms of their scope (abstinence-only vs. comprehensive), position in the school curriculum (mandatory vs. optional, and integrated vs. stand-alone), duration (from a few months to several years), their age (from just starting to 20 years old), and several other characteristics. The cost per student reached is highly dependent on the developmental stage of programmes. Because teacher salaries are the most important cost component, the cost per student highly depends on the programme duration, class size, and teacher salary level. Other important cost components are operational, teaching materials, M&E, and advocacy, which may be costly in a context of low acceptance of SE. Through scaling-up and increased coverage the cost per student reached can be reduced significantly.

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COMPREHENSIVE SEXUALITY EDUCATION IN LATIN AMERICA. AN INVESTMENT IN SOCIAL AND PERSONAL WELL-BEING

E. Corona

World Association for Sexual Health, Mexico City, Mexico

Looking at one region, Latin America, where sexuality education has a long history and is present in most countries of the region. This presentation will analyse some of the supporting factors at the policy and political level that have enabled scale-up of sexuality education programmes such as the Ministerial Declaration "Educating to Prevent". By understanding the political influences and the advocacy undertaken to ensure roll out of sexuality education, conclusions can be drawn about the different kinds of investments required, economic and political, to enable school-based programmes to be taken to scale.

The presentation will also highlight examples of widespread teacher training programmes, curriculum development and implementation in

different countries in the region. It will also discuss the need to consider the contribution of comprehensive sexuality education in the exercise of human rights and personal and social well-being.

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NATIONALLY ROLLED OUT SCHOOL-BASED SEXUALITY EDUCATION PROGRAMME AND DECREASING RATES OF STI, HIV AND UNWANTED TEENAGE PREGNANCIES—THE CASE OF ESTONIA

K. Haldre

West Tallinn Central Hospital Women's Clinic, Tallinn, Estonia

This presentation highlights a compelling example of how a nationwide school-based sexuality education programme combined with the availability of youth-friendly sexual and reproductive health services, has led to dramatic improvements in reproductive health indicators among young people over the past two decades in the country.

Major socio-economic changes took place in Estonia immediately after the country regained its independence from Soviet occupation in 1991, including the creation of democratic political institutions, changes from a planned to a market economy, health care reforms and changes in the school curricula. In 1996 new school curricula were introduced including sexuality education lessons, which were integrated in a compulsory subject called Human and Civil Studies (renamed as Human Studies in 2002). The Human Studies curriculum is based on the principle of social skills education. Part of the curriculum deals with building general attitudes and skills, and the other part is explicitly sexuality related. Simultaneously, youth counselling services addressing reproductive and sexual health matters were set up resulting in 20 counselling centres offering individual counselling and health education for schoolchildren by 2010.

Teenage fertility rates and abortion rates started to decrease immediately after sexuality education, contraceptives and youth-friendly services became available. The abortion rate among 15–19 year-olds declined by 61% and the teenage fertility rate by 59% between 1992–2009. The annual number of registered new HIV cases among 15–19-year-olds declined from 560 in 2001 to just 25 in 2009, a 95% drop.

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FROM OYSTERS TO STEAK: HEATING UP MEN'S SEXUAL PLEASURE AND PERFORMANCE WITH APHRODISIAC FOODS

L. De Villers^{1,2}

¹Graduate School of Education and Psychology, Pepperdine University, Los Angeles, ²Aphrodite Media, Marina del Rey, CA, USA

Contemporary body-mind approaches in psychology and medicine offer support for the long-standing belief that aphrodisiac foods can stir passion. Two online Aphrodisiac Food Surveys (nearly 2500 respondents) further elucidate

- 1) current beliefs about the effectiveness of aphrodisiac foods;
- 2) knowledge about the reputation of specific aphrodisiac foods,
- 3) personal preference for specific aphrodisiac foods; and
- 4) key features of memorable aphrodisiac meals shared with a partner.

This presentation highlights male responses, with emphasis on statistically significant gender differences, as revealed by chi square analyses of the data. Specific strategies are offered to clinicians to assist them in encouraging male clients to regularly enjoy aphrodisiac meals with their partners to boost their sexual pleasure, performance and long-term sexual health.

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BEYOND WALTER MITTY: PSYCHOTHERAPY AS SOCIAL BOND SUBSTITUTE FOR MIDDLE-AGED DIVORCED MEN

K. Resnick Anderson

Center for Sexual Health/Psychiatry, Summa Health System, Akron, OH, USA

Considerable research suggests that men are at greater risk of suicide following divorce than women. Newer research suggests that the incidence of suicide among middle aged men, in general, has increased. This puts middle-aged divorced men in a vulnerable category. This paper will highlight the therapeutic journeys of three men who were oblivious to the depths of their wives' contempt toward them; and found themselves facing an unwanted divorce. Each man experienced suicidal ideation regarding the loss of his marriage. As a result of psychotherapy, each man "discovered" the benefits of psychological intimacy and is now in a more emotionally and sexually satisfying relationship. The author will share clinical observations regarding "trends" among men age 45-60 from her hospital-based sex therapy practice. These observations include complacency among middle-aged men regarding their wives' marital/sexual satisfaction, an untapped capacity to engage in psychological intimacy, and a post-therapy climb in self esteem/sexual confidence.

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THE IMPACT OF PROSTATE CANCER ON MEN'S SEXUAL WELL-BEING

E.S. Byers¹, C. Letts², K. Tamlyn³

¹Psychology, University of New Brunswick, ²Operational Stress Injury Clinic, ³Nursing, University of New Brunswick, Fredericton, NB, Canada

Objective: Past research has not provided a comprehensive picture of men's sexual well-being following treatment for prostate cancer. Therefore, we assessed the impact of prostate cancer and its treatment on a broad range of aspects of men's relational and sexual well-being including expressions of affection, relationship quality, self-concept, sexual desire, erections, orgasmic consistency and sexual satisfaction.

Methods: Interviews were conducted with 19 men who were 1 to 5 years post-treatment and ranged in age from 49 to 74 years. Transcripts were analyzed using the framework methodology.

Results: Some but not all aspects of men's sexual well-being were affected by treatment; there was considerable variability between men in the specific aspects that were affected as well as their emotional impact. Following treatment, most (but not all) of the men reported no change in the amount and type of affection expressed, the quality of their romantic relationship, their self-concept as a man, or their sexual desire. In contrast, nearly all of the men described negative changes that were distressing to them in erections, orgasmic consistency, and sexual satisfaction. Further, most of the men had stopped engaging in any sexual activity with their partner because of erection difficulties, although one third of them continued to masturbate. Five themes emerged with respect to factors that either contributed to or buffered the emotional impact of changes in sexual well-being.

Conclusions: These results are discussed with respect to the importance of facilitating sexual communication between partners and between patients and health care providers.

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THE SEXUAL SELF: A MEASURE OF MEANINGS, APPLICATIONS, AND FUTURE DEVELOPMENT

A.L. Cotten

Psychology, Self-Employed, Durham, NC, USA

This presentation reports on a Scale of "The Meaning of My Sexual Self". Using the techniques of Osgood, C. E., Succi, G. J., &

Tannenbaum, P. H. (1961) for semantic dimensions, bipolar adjectives were determined. Development was a continuation from previous dissertation research which included 125 college students who responded to 18 bipolar choices, 9 of which measured the 2 dimensions of meaning: Evaluation, potency, activity.

For reliability and validity, a second sample ages 17-87, divided into 3 age groups, showed that the 3 dimensions had principal component analysis and accounted for 45% of the variation with essentially equal coefficients. With reliability and validity established and easy scoring (based on 9 of the 18 items in the bipolar scale), it is hoped that it will have multiple uses as in hospitals, educational institutions, and community programs. It could be especially useful for prescreening for such traumatic events as cancer diagnosis. Neither age gender, nor marital status were significant; however, sexual experience and religiosity were significant. Further tests will tap other variables such as masculinity and femininity for usage and validity.

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A NEW APPROACH FOR SEXUALITY EDUCATION IN THE EUROPEAN REGION: 'STANDARDS FOR SEXUALITY EDUCATION IN EUROPE'

C. Winkelmann

WHO Collaboration Centre for Sexual and Reproductive Health, Federal Centre for Health Education, Cologne, Germany

The "Standards for Sexuality Education in Europe" were developed by a group of 20 experts from nine European countries under the guidance of the Federal Centre for Health Education (BZgA) in Cologne, Germany and the WHO Regional Office for Europe. The Standards are an important instrument to overcome huge differences in quality and scope of sexuality education in the European region. In many countries sexuality education concentrates solely on the communication of biological facts, neglecting social and psychological aspects as well as skills. This one-sided orientation and the poor quality have negative consequences for young people: many countries are recording substantial numbers of sexually transmitted infections, teenage pregnancies and sexual violence.

The Standards are based on a positive interpretation of sexuality, which they consider to be a part of physical and mental health, and on the acknowledgement of sexual rights. Topics as HIV/AIDS, unintended pregnancies and sexual violence are embedded in all-embracing education that focuses on the self-determination of the individual and people's responsibility for themselves and others. Furthermore the 'Standards' are based on the assumption that holistic sexuality education needs to start at birth, continue through childhood and adolescence into adulthood. The new guidelines not only indicate what information should be given but also which specific skills children and young people should acquire, and which attitudes should be promoted at specific age periods.

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IT'S ALL ONE CURRICULUM: GUIDELINES AND ACTIVITIES FOR A UNIFIED APPROACH TO SEXUALITY, GENDER, HIV, AND HUMAN RIGHTS EDUCATION

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This presentation will introduce participants to this exciting new resource for developing or revising their curricula. (Developed by an international working group, this two-book set responds to the Millennium Development Goals and conforms with guidelines and priorities established by UNESCO, WHO and UNAIDS). The resource contributed to the development of the 'Standards for sexuality education for Europe'.

The resource package is based on research and data suggesting that young people who develop a belief in gender equality have better sexual health outcomes (including with regard to rates of unintended pregnancy, STIs, and HIV); develop critical thinking skills valuable to their academic achievement and to their capacity for meaningful citizenship; and are better positioned to contribute to democratic and prosperous societies. The evidence base for what makes sexuality education effective, comprehensive and rights-based will be presented. For example, conservative views about gender and unequal power in intimate relationships are associated with earlier sexual initiation, more sexual partners, more frequent sexual intercourse, lower rates of condom and contraceptive use, and higher incidence of HIV. Yet a review of some widely used sexuality education programmes found too little attention to gender. Gender issues most commonly addressed were male behaviour and coercion, but few took into account larger issues of discrimination on the basis of gender or sexual orientation. Moreover, sharing a shortcoming with many sexuality education programmes, consideration of gender norms tended to focus on individual behaviour, not addressing the social and cultural barriers that young people face. IAOC addresses these issues.

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NEW APPROACHES IN SEXUALITY EDUCATION—INCLUDING A SPECIAL FOCUS ON THE ROLE OF EUROPE

J. Herat

Section on Education and HIV & AIDS, UNESCO, Paris, France

International Technical Guidance on Sexuality Education: from framework to action

The International Technical Guidance on Sexuality Education (International Technical Guidance on Sexuality Education, 2009, 2 volumes), developed by UNESCO together with UNAIDS Cosponsors particularly UNFPA, WHO, UNICEF and the UNAIDS Secretariat, can be instrumental in strengthening sexuality education (SE) in educational institutions. While the ITGSE establishes norms and standards for quality SE and provides a solid framework, support has been required in many countries for the implementation of the Guidance. For UNESCO, support has focussed on the four major steps for moving from framework to action: advocacy & building stakeholder engagement; planning for implementation including policy, curriculum and teacher training; partnerships and resource mobilisation; and, monitoring and evaluation of sexuality education. With a focus on building on existing approaches such as Life Skills education, UNESCO has begun working in a range of countries to engage with this Guidance, to develop evidence on the cost-effectiveness of sexuality education and to support countries in the different stages of implementation as is appropriate. As each country and its approach to sexuality education is diverse, so is the response to analyse and strengthen this important component must be diverse—there is not a standard approach to implementing this global framework. This presentation will offer some perspectives on supporting national level engagement with sexuality education in countries from different regions around the world highlighting critical steps in advocacy, planning, partnership and monitoring.

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NEW APPROACHES IN SEXUALITY EDUCATION IN FINLAND

D. Apter

Väestöliitto, Helsinki, Finland

The experience from Finland reflects the interconnectedness of school-based sexuality education and the availability of sexual health services in response to the needs of the population. Sexuality education became obligatory in schools in 1970. In 2004 a new subject 'health education' was introduced in most schools, and has been obligatory since 2006. Health education in Finland includes theoretical, social,

emotional, functional and ethical skills along with information acquisition skills. Health competence involves the ability to assume responsibility for the promotion of one's own health and that of other people. From age 7–12 health education is integrated into environmental and natural studies. At age 13–15 a total of 114 lessons over 3 years are taught as an independent 'health education' subject. Sexuality education is a part of this, with a mean of 20 lessons, and includes human relations, sexuality, behaviour, values and norms. Students' knowledge of this field is assessed as for any other topic.

After the introduction of the new curriculum, self reported use of contraception among adolescents increased, the percentage who started to have intercourse by the age 15 decreased (STAKES annual school health surveys), and the rate of abortions among 15–19-year olds again gradually decreased, from 16.3 in 2002 to 12.7 in 2008.

Having a clearly stated national curriculum thus supported the improvement of sexual health indicators. After introduction of the national curriculum specific teacher training also ensued.

Education and comprehensive sexual health services are needed and the political will to provide both.

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THE DUTCH APPROACH—STARTING AS YOUNG AS POSSIBLE

S. van der Doef

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Although many people believe differently, the Netherlands do not have a long history of mandatory school-based sexuality education. Only since the 1990ies sexuality education became part of the curriculum of secondary schools. But sexuality education in the Netherlands is in another way rather unique: many schools introduced sexuality education voluntarily long before it became mandatory. Dutch teachers perceive adolescents as persons who can take their own decisions even concerning sexuality if they are equipped with the right information and skills. In the Netherlands it is also widely believed that sexuality education should start at a very early age. It is acknowledged that young children are sexual beings too, although their sexuality is not developed at the same level as in adolescence or in adulthood. Sexuality education for young children should therefore be age- and developmentally appropriate, but can consist of the same topics as sexuality education for adolescents. In this presentation some examples of sexuality education in the Netherlands will be presented, as well as examples of the Dutch approach in Asian and Africa.

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TACKLING SEXUAL HEALTH INEQUALITIES IN GLASGOW: THE STORY OF SANDYFORD—DEVELOPING ACCESSIBLE SEXUAL HEALTH SERVICES IN THE WEST OF SCOTLAND

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This presentation will discuss the largest integrated sexual health service in Scotland, the Sandyford Initiative in Greater Glasgow and Clyde. This service pre-empted the first sexual health strategy for Scotland in integrating family planning and genitourinary medicine in 2000, and the presentation details local conditions that informed the development, much of which are linked to previous multi-agency working concerning inequalities and health. The presentation, by one of the original founders now a public health academic, reviews this merger between family planning, GUM and a women's health service, drawing on direct experience, and internal and external documentary evidence including a recent independent evaluation. It will describe how integrating understandings of health and social inequalities into planning and delivery of the service was seen as critical. It aims to map progress against the original aims to discover how successful Sandyford has been in embedding an inequalities sensitive approach—both as part

of mainstream services, and through expanding the reach of specialist services including for MSM, male survivors of childhood sexual abuse and women involved in prostitution. The presentation concludes that Sandyford has maintained a high level of understanding about inequalities, and has reached a wider range of service users than before integration, yet the current economic climate may prove increasingly challenging in ensuring that the ethos continues to remain central. Take home messages :1. Integrating sexual health services requires careful planning2. A shared vision is critical3. Mainstreaming inequalities requires multi-disciplinary ownership4. Community engagement underpins sexual health improvement

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SUPPORTING VULNERABLE ADULTS ATTENDING SEXUAL HEALTH SERVICES—THE SANDYFORD APPROACH

T.M. Groom

Sandyford, NHS GG&C, Glasgow, UK

Introduction: Sandyford is an integrated Community Sexual and Reproductive Health Service serving Greater Glasgow & Clyde; and has developed its services overtime, to support clients who may face barriers to addressing or recognising their sexual health needs.

Aims: To raise awareness of the challenges faced by excluded and vulnerable groups.

To demonstrate the need for developing specific ,client-centred, holistic services.

To highlight the difficulties in providing such services; including the importance of multiagency working and when to breach confidentiality.

Case presentations will be used to highlight the above and lead discussion.

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TACKLING SEXUAL HEALTH INEQUALITIES IN GLASGOW: WORKING WITH MEN INVOLVED IN PROSTITUTION

J. Heng

Open Road Service, NHS Greater Glasgow & Clyde, Glasgow, UK

Aim: To highlight the opportunities and challenges faced when working with men involved in prostitution.

Description:

- Understand prostitution as a form of commercial sexual exploitation
- Discuss culture of “sex work” as a perceived form of sexual expression within LGBT communities and contrast with project’s experience
- Explore issue of prostitution as a form of questioning sexuality and contrast with project’s experience
- Outline the challenges within the implementation of partnership working in a policy vacuum.

Results: Men involved in on-street prostitution are highly likely to view this experience as a survival behaviour, while the life experience of men involved in off-street prostitution is less well understood. There has been a lack of clear strategic direction up until this point in time which the Open Road Project is working to fulfill. Conversations exploring the utility and scope of dovetailing responses to men and women involved in prostitution are in their early stages.

Conclusions: A significant population of men involved in prostitution exists within the Greater Glasgow & Clyde area. Identification of this hidden population and service provision to offer support is achievable and has an impact when backed with the appropriate strategic drivers. Joint work across agencies/directorates is required to achieve a consistent approach with a shared understanding of the life experiences and complexities therein.

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THE WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH: MISSION AND VISION: WPATH: DAY-TO-DAY

G. Knudson

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The World Professional Association for Transgender Health (WPATH) is a professional organization located at the University of Minnesota in Minneapolis/St.Paul. This paper will illustrate the day-to-day operations of the organization as well as the services it provides. Highlights of WPATH’s biennial symposium at the Emory Conference Centre in Atlanta, September 2011 will also be featured.

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WORLD PROFESSIONAL ASSOCIATION FOR TRANSGENDER HEALTH: MISSION AND VISION. RESPONSE OF WPATH TO THE PROPOSED DSM 5 CRITERIA FOR GENDER INCONGRUENCE AND TRANSVESTIC DISORDER

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WPATH is recognized as the leading authority in the field of transgender health and is therefore in an excellent position to give input on the DSM 5 section on gender identity disorders. To streamline the ideas of the membership a consensus-building process was organized to arrive at recommendations for removal or reform of the DSM 5 diagnoses starting in January 2009. This process culminated in a face-to-face meeting during the WPATH’s Biennial Oslo symposium in June 2009. Although no consensus was reached on whether or not the diagnoses should be retained, a consensus was reached that if the diagnostic category related to gender dysphoria and transvestism remained in the DSM 5, the diagnoses should be distress based.

Meanwhile the DSM 5 Work Group on Sexual and Gender Identity Disorders of the American Psychiatric Association published the proposed changes for the diagnosis and the revised criteria on their website. On behalf of the Board Members of WPATH, the authors formulated a response to the proposed DSM5 criteria for Gender Incongruence and Transvestic Disorder, based on the recommendations from the consensus statement for revision of these DSM diagnoses. This response contains agreements as well as points of critique and focuses on name, diagnostic criteria, exclusion criteria, specifiers and location of the diagnoses within DSM.

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CONTRACEPTION AND WOMEN’S HEALTH

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According to WHO “health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. The 1948 Universal Declaration of Human Rights mentioned health as part of the right to an adequate standard of living. The right to health was again recognized as a human right in the 1966 International Covenant on Economic, Social and Cultural Rights. Every woman has the right to a responsible, satisfying and safe sex life, the right to reproduce and the freedom to decide if, when and how often to do so, the right to be informed of and to have access to safe, effective, affordable and acceptable methods of fertility regulation of her choice, and the right of access to appropriate health care services.

Contraception gives women this freedom of choice and so directly influences their health and quality of life. However, health systems in many countries fail to meet women's needs and only in 2006 did the United Nations summit recognize importance of monitoring of the unmet need for family planning and contraceptive prevalence (indicators of the Millennium Development Goal 5B) and affirm that further development is impossible without "universal access to reproductive health".

According to the recent Demographic Health Surveys in countries of the WHO European Region the difference of current use of modern contraception between the lowest and highest wealth quintile groups is around 15%. Links with social determinants of women's health and contraceptive prevalence will be presented.

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THE IMPACT OF CONTRACEPTIVE METHODS ON FEMALE SEXUAL FUNCTION

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Introduction: Contraception aims at the separation of sexuality and reproduction. Thus each family consultation deals indirectly with sexuality. In usual practice the consultation is however focused on the technical aspects of contraception assuming that the sexual experience and sexual function of the patients are either their private matter or somehow normally functioning anyway or a minor problem. Statistics showing the high prevalence of sexual dysfunctions in women of the reproductive age group indicate that this assumption is wrong. It seems therefore necessary that the family planning professional takes a more active role in the care for the sexual health of their patients.

Methods: Regular case discussions and supervision by two trained sexologist elaborating a basic teaching program for family health professionals to provide sexual health care

Results: The professional for contraception needs some special knowledge, understanding, communicative skills and technical competences.

- Knowledge about the types of sexual dysfunctions women may experience during different phases of their reproductive life
- Understanding of the complex interplay between biological, psychological, relationship and sociocultural factors contributing to sexual problems including the possible impact of various contraceptive methods
- Communicative skills to address sexual issues with patients in an open, non-judgemental, structured way
- Technical competences to establish a biopsychosocial diagnosis of the sexual problem(s), provide basic counselling and treatment and refer to other specialists if necessary.

The training program will be presented.

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IMPACT OF SEXUAL FUNCTION ON CONTRACEPTIVE CHOICES: COUNSELLING AND SEXUALITY EDUCATION

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Many factors influencing the choice of contraceptive methods are related to sexual life situation and couple relation.

Age reflects changes in relationships. When starting to have intercourse, condom is the most common method of contraception, with the added benefit of protection against STI. In Finland, up to the age of 16, condom is the most used method. When the relationship gets more stable, there is a switch to hormonal contraception. From 18 to 30, the pill is the most used method. Median age of delivery is 30. After that, IUD is the most used method.

For counselling, contraceptive choices may be divided into method related factors, woman's profile related factors, and context. Each

method is related to a certain profile, intercourse related as the condom, daily intake as the pill, need of doctor intervention such as IUD insertion, and various contraceptive efficacy. Each contraceptive user has her health risks, complaints and findings, as well as wishes and values. Listening is an essential part of counselling. To the context part belongs, sociocultural background, life phase, and relationship. Is it a new relationship or longstanding, do partners frequently change, or no present relationship. For a steady couple having intercourse once a year, the emergency contraception progestin might be a good choice. But if intercourse occurs more frequently, the contraceptive efficacy of this preparation will be very low, and another choice is recommended.

Sexuality education provides a good basis for individual counselling. Particularly for young people, the organized education in schools is essential.

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SEXUALITY AND HINDUISM

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Self-realisation as the predominant preoccupation of Hindu life will be considered first. The four spiritual and normative goals of 'dharma' (righteousness), 'artha' (material prosperity), 'kama' (sensual pleasure) and 'moksha' (liberation) will be discussed. The diversity of schools of thought in relation to sexuality in Hinduism will be highlighted through discussion of 'Charvaka' (hedonistic), 'Tantra' (ritual worship) and 'Advaita' (non-duality) philosophies.

Sexual codes in the oldest surviving literature, the Vedas, the epics Ramayana and Mahabharatha, the oldest surviving erotic text Kamasutra as well as erotic temple sculptures of Khajuraho and Ajanta will be explored. The role of the 'third gender' in mythology and society will be discussed.

The presentation will conclude by highlighting the paradox of contemporary Hindu society in its reluctance to talk about sexuality.

Take home messages:

- Erotic pleasure is a legitimate pursuit in Hindu life as a means to self-realisation
- All pursuits are guided by the over-arching principle of 'dharma' (righteousness)
- Eroticism in all its manifestations was celebrated in ancient India
- Modern Hindu society is rediscovering its erotic past

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SEXUALITY AND ISLAM

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Sexuality is inextricably intertwined with religious rules in Islam. Sexual interests and motivations are presented in Muslim teachings as a natural and necessary part of human existence and acquiring knowledge in sexual matters has been valued. Apart from some Muslims who have adopted a more liberal interpretation of Islam, the dominant Islamic discourse of sexuality focuses on sexual duality. It emphasises the difference, complementarity and unity of the sexes and refers to sexual activity as both recreative and procreative.

In understanding issues concerning sexuality within Muslim communities, the concept of modesty is particularly important. Modesty has been considered to contribute to restrictions in public discourse on sexuality. As a result of cultural sexual taboos, strongly overlaid onto local understandings of Islam, talking about sexual issues is a difficult task for most Muslims. Emphasising on the positive attitude towards sexuality in Islamic teachings and encouraging constructive communication about sexual health issues, while acknowledging and respecting cultural and religious sensitivities, are important strategies in achieving better sexual health outcomes in Muslim communities.

Take home messages:

- Islam has a positive attitude towards sexuality, values sexual activity and believes sexual union gives a foretaste of the joys of paradise.
- There is a distinction between an ‘Islamic value’ and a ‘cultural value, practised by Muslims’. Barriers to promoting sexual health in Muslim communities are mostly cultural rather than religious.
- Facilitating a constructive dialogue on sexual issues, as encouraged and valued by Islam, is an important strategy to achieve better sexual health outcomes.

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SYMPOSIUM: SOME BIBLICAL PRINCIPLES FOR SEXUALITY

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Aims: To explore how sexual health and sexual ethics are represented in the Bible and how these are relevant to the 21st century.

God created humans as physical and relational beings. Sexuality is a good, healthy element of that created physical relatedness, with three functions: relational bonding; mutual pleasure; and procreation. The biblical pattern for sexual expression which best accords with these functions is heterosexual monogamy.

Because of our active rejection of God (“sin”), sexual activity is—like the rest of life—broken and imperfect. Jesus Christ, in repairing our broken relationship with God through his death and resurrection, affirms the goodness of sexuality—he is the bridegroom, the church is his bride—and demonstrates the pattern for healthy sexual behaviour: giving ourselves completely for the good of the other.

Enacting our sexuality for the good of others requires contentment with our sexual partner, and self-control over our desires. We look forward to our sexuality being fulfilled and transcended in heaven.

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A SHORT-TERM PROSPECTIVE STUDY OF FEMALE SEXUAL SUBJECTIVITY, AGE, SEXUAL BEHAVIOR AND ROMANTIC STATUS

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Sexual self-perceptions are important aspects of sexuality, which can undergo significant change during adolescence and early adulthood. The purpose of the current longitudinal study was to describe these changes among girls ($N = 251$; ages 16 to 25) over one year, and to examine associations of sexual self-perceptions (*sexual subjectivity*) with age, and sexual and romantic experience. Body-esteem, perceptions of entitlement to desire and pleasure, efficacy, and self-reflection were investigated as the five dimensions of sexual subjectivity. Perception of entitlement to desire and pleasure increased over 1-year and all sexual subjectivity elements were found to be higher among girls who had more sexual experience and/or had steady romantic partners during the study. Sexual subjectivity increased most for girls who began the study with the least sociosexual experience and self-reflection increased most for girls who had first coitus after the start of the study. Overall, girls who had sexual intercourse the earliest (before age 16) had the highest sexual subjectivity, but subjectivity increased the most among girls without coital experience or who had more recent first coitus. Sexual body-esteem showed the most stability and had minimal associations with sociosexual experiences. These results will be discussed with regards to their clinical and theoretical applications.

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SUBJECTIVE SEXUAL EXPERIENCES AT MOST RECENT SEXUAL EVENT AMONG AMERICAN ADOLESCENTS

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This paper summarizes the subjective sexual experiences associated with the most recent partnered sexual event: sexual arousal, pleasure, orgasm, erectile (males) or lubrication (females) difficulties, and sexual intercourse pain.

Data were obtained from a population-based cross-sectional survey of 5,865 adolescents and adults in the U.S. A total of 2,172 parents (or legal guardians) reviewed a description of the study, including the study instrument, and 62% ($n = 1,347$) subsequently consented to allow their child to be invited via e-mail to participate. Of 1,347 adolescents contacted via e-mail, 831 responded, with 99.0% ($n = 820$) consenting to participate. Of these, 242 (29.5%; 114 males and 128 females) reported at least one partnered sexual behavior in the past year and are the focus of subsequent analyses.

Sexual behaviors were assessed by items describing a range of partnered sexual behaviors. Six sexual behaviors were specifically addressed: frottage; given oral sex; received oral sex; penile-vaginal intercourse; receptive anal intercourse; insertive anal intercourse. Subjective sexual experience of the most recent sexual event assessed *Sexual arousal*, *Sexual pleasure*, *Orgasm*, and *Partner Orgasm*. Participants who reported penile-vaginal intercourse were asked about erectile or lubrication difficulties, and pain.

Major findings were relatively high levels of arousal, pleasure and orgasm across a variety of behaviors, lack of interference with sexual pleasure or orgasm by condoms, and small but important levels of erectile/lubrication difficulties and pain with penile-vaginal intercourse. The data provide a basis for understanding sexual aspects of adolescents’ sexual encounters from a sexual health perspective.

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THE INFLUENCE OF GENDER AND SEXUAL ATTRACTIONS ON YOUTH’S DATING GOALS

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Emerging literature on dating goals suggest that young people have different reasons to “date” and that their dating goals orient both their behaviors and their satisfaction attainment. Four dating goals have received previous empirical support among late adolescents and emerging adults: intimacy, identity, social status and sexuality, with identity being the most salient domain and having important implications for satisfaction. However, up to now, very little research has examined how dating goals may differ according to sexual attractions and gender. This study investigates differences in dating goals and in goal-oriented behaviors among a diverse sample of same-sex and other-sex attracted youth ($N = 208$ Australian youth; 91% Caucasian; 66% females; 43% same-sex attracted; Mage = 23.5 years, SD = 4.1). Contrary to popular belief, males did not report higher levels of sex dating goals than females and females reported higher levels of identity dating goals than males, $F(1, 204) = 3.88, p < .05$. There were no differences between same-sex and other-sex attracted youth in dating goals. Furthermore, although none of the interactions between gender and attractions were significant to predict dating goals, an interesting interaction effect of gender and attraction was found for affiliative behavior, $F(1, 204) = 16.72, p < .01$, with same-sex attracted males and other-sex attracted females significantly higher on preference for affiliation than other-sex attracted males and same-sex attracted females. A main effect of gender was also found, $F(1, 204) = 7.72, p < .01$, indicating that preference for affiliation was higher among females. Clinical implications and future directions for research are discussed.

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SEX AND THE INTERNET: KEY FINDINGS FROM THE MEN'S INTERNET STUDIES (MINTS)

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The *Men's INternet Studies (MINTS I-III)* is a series of NIH-funded studies to research and develop Internet-based HIV prevention programs for Men who use the Internet to seek Sex with Men (MISM) in the US. Key study questions include: Can we recruit high-risk men into research studies? How does seeking sex online change risk behavior? Can we retain men in online sexual health programs so they complete the program? Can we build Internet- programs that can change MISM's risk behavior?

MINTS-I (2001–2004; $N = 1,026$ Latino MISM) was one of the first to evaluate men's risk behavior in online vs offline liaisons. *MINTS-II* (2005–2009) conducted a needs assessment ($N = 2,716$ MISM of all race/ethnicities), developed and tested in a randomized controlled trial, a highly interactive Internet-based sexual health promotion intervention based in persuasive computing ($N = 550$ MISM). *MINTS-III* (2010–2014) is focused on long-term behavioral risk reduction. A video will showcase the intervention. MSM are early adopters of new technology. MISM appear a large virtual community, estimated at between 2.5–6.2 million men in the USA. MISM report twice the number of unprotected anal sex male partners in online liaisons to offline, but also twice the number of partners overall. Less than half have attended offline HIV prevention programs and only 29% use the CDC site for HIV information. MISM want comprehensive sexual health information not condom use promotion. Highly explicit sexual content is universally (97%) acceptable.

MINTS-II is the first trial to demonstrate promising sexual risk reduction and acceptable retention through Internet-based education among MISM.

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ONLINE VIRTUAL FANTASIZING ABOUT UNPROTECTED ANAL SEX AMONG MSM: UNDERSTANDING AND MITIGATING EFFECTS ON REAL-LIFE SEXUAL RISK-TAKING

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Aims: Research shows that seeking sexual partners online is associated with risk-taking among men who have sex with men (MSM). This study explores the social and psychological mechanisms through which online chatting exerts an influence on risk (reduction) practices in real life and aims to identify and test self-regulation strategies to support men in managing their online sex seeking and their sexual practices in real life with partners met online.

Methods: An online survey of MSM in France enrolled 2,058 MSM who completed assessments of UAI with partners met online, responses to erotic chats about UAI, intentions to use condoms, attitudes regarding UAI, sexual risk-taking with casual partners, use of alcohol and drugs with sex, and biographical characteristics.

Results: While intentions to use condoms with casual partners were high, one third (32.1%) of respondents reported UAI with partners met online. Responding positively to online chats about UAI was significantly associated with sexual risk-taking with partners met online, over and above motivational, behavioural and biographical control variables.

Conclusions: Findings suggest that while most MSM do not go online with the intention to take risk, some may engage in unprotected sex after exchanging online fantasies about unprotected sex. This speaks critically to the idea that online fantasizing has no consequences in real

life, and underscores the importance of HIV prevention that addresses the dynamics of online chatting. Evidence from an online RCT will be presented that supports the efficacy of self-regulation support strategies to mitigate sexual risk-taking with partners met online.

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PREPARING FOR THE 'HEAT OF THE MOMENT': EFFICACY OF A SELF-REGULATION APPROACH IN ONLINE PREVENTION FOR HIGHLY SEXUALLY ACTIVE GAY MEN

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Aims: Factors that currently shape sexual risk-taking in men who have sex with men (MSM) remain poorly understood. Informed by a conceptual perspective underscoring the importance of unpremeditated risk-taking, we assessed the role of behavioural willingness to engage in unprotected sex with casual partners and tested an online intervention to promote planning for safer sex.

Methods: Online cohort studies among MSM in the Netherlands ($N = 400$) and France ($N = 5,240$) assessed willingness to engage in unprotected sex with casual partners in 22 situations. An online RCT was then conducted among 1,700 French MSM who were randomly assigned to a self-regulation intervention to support planning for safer sex, a comparison intervention or a control condition.

Results: Willingness to take risk predicted unprotected at sex six and 12 months follow-up (explained variance 35–39%), controlling for condom use and bareback intentions, and past risk and protective behaviours. Willingness varied across situations, and willingness to engage in unprotected sex in sexually adventurous situations was particularly influential in explaining unprotected sex. The *e*-intervention had strong, significant effects on indicators of sexual self-regulation and risk-taking, while the comparison intervention was not effective. Most importantly, at 6 months follow-up the *e*-intervention reduced sexual risk-taking by 30% among sexually adventurous men who previously experienced unplanned sexual risk-taking.

Conclusions: Much of the sexual risk-taking with casual partners among MSM is unplanned. The strong and theoretically sound effects of a brief intervention to promote advance planning for safer sex illustrate the potential of the self-regulation perspective for innovative online sexual health promotion.

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SYMPOSIUM: PROVISION OF SERVICES FOR VICTIMS OF SEXUAL ASSAULT: A MULTI AGENCY PERSPECTIVE

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The principles and structure of a Sexual Assault Referral Centre

A Sexual Assault Referral Centre (SARC) provides a safe discrete venue for victims of rape and sexual assault who need forensic examination and access to specialist police personnel if requested. The role of the Crisis Worker and the Independent Sexual Violence Advocate (ISVA) will be discussed. The process and rationale for the three stage model of SARC services will be outlined and the benefits of therapeutic intervention for victims, and for multi-agency partners delivering SARC services, will be highlighted.

The structure of a victim focussed sexual assault investigation

The decision to report rape or sexual assault is courageous and challenging. When a victim does come forward it is imperative that their needs are put first and that the subsequent investigation is focussed on what matters to the victim as well as the need to secure evidence. The

criminal process is important, but getting support and being believed is as important. Sexual Offence Liaison Officers provide specialist support for the victim and work closely with the Sexual Assault Referral Centre and the Forensic Medical Examiners. **The role of the forensic medical examiner**

Forensic medicine is practised by a variety of doctors including generalists and gynaecologists. Examination of victims of sexual assault requires particular training and sensitivity. The role of the doctor includes collecting evidence, immediate medical care and advising on aftercare such as infection, emergency contraception, prophylaxis for HIV. Education, training and service provision outside metropolitan areas will be discussed.

SPECIAL SESSION

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HISTORICAL, CULTURAL, AND SOCIOLOGICAL PERSPECTIVES ON TRANSGENDER HUMAN RIGHTS ACTIVISM (WITHIN THE WHO SESSION ON (TRANS) GENDER IDENTITY DISORDER, HUMAN RIGHTS AND HEALTH)

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This presentation offers a theoretical framework for understanding the relationship between transgender human rights activism and other forms of social justice activism. It first challenges the notion that transgender activism is pertinent only to a tiny minority of transgendered individuals, and offers instead an account of gender as a disciplinary social apparatus that enables life for those rendered “normal” while diminishing life for those who cannot or will not be normalized. As such, transgender activism provides a point of departure for critiquing operations of power within which we are all enmeshed in various ways. The presentation then briefly surveys the rise of a transgender rights movement in the United States, the global dissemination of “transgender” as a category in public health and NGO/Philanthropic contexts, the emergence of international and regional human rights standards such as those promulgated in the Yogyakarta Principles, or through the work of TGEU (Transgender Europe), or GATE (Global Advocates for Transgender Equality). It will point out several forms of complexity that add to the difficulty of pursuing this work, as well as to the excitement. These include the challenges of working across incommensurable cultural and linguistic conceptions of the relationship between sex/gender/identity/embodiment, the range of national healthcare systems and legal frameworks that impinge upon medical-judicial gender-change processes and procedures, and geopolitical and economic power imbalances between the Global North and the Global South. It ends by asking whether “the human” and “rights” are the best framework for expanding the possibilities of life for individuals designated as “transgendered.”

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GENDER IDENTITY AND THE ICD-11: FINDING THE RIGHT BALANCE (WITHIN THE WHO SYMPOSIUM ON (TRANS)GENDER IDENTITY DISORDER, HUMAN RIGHTS AND HEALTH)

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Health classifications are a core constitutional responsibility of WHO, governed by international treaty with WHO's 193 member countries. The International Classification of Disease and Related Health Problems (ICD) is WHO's most important classification, but has now been without a major revision 20 years, the longest period in its history.

There is no question that the perspectives underlying areas of the current classification characterized by major advances in scientific understanding and changes in social attitudes over the past two decades are seriously outdated, and no question that two such areas are sexual health and issues related to gender identity. Two reasons for representing specific health conditions that may be linked-though not universally so-to transgender identity are:

- 1) As a basis for defining the obligations of WHO member states to provide free or subsidized health care to their populations; and
- 2) As a basis for guidelines of care and standards of practice. WHO is not invested in maintaining a conceptualization of transgender-linked health conditions as mental disorders, and has specifically highlighted changes in social understanding and the reduction of stigmatization as legitimate reasons for changing the classification.

A variety of conceptualizations of health entities that may be related to transgender identity have been discussed, but none is entirely satisfactory and many are pathological. An alternative proposal that meets scientific, health care, and human rights requirements has not been offered. WHO has appointed a Working Group charged with making recommendations in this area for the new classification.

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THE RIGHT TO GENDER IDENTITY: LEGAL PERSPECTIVES FROM EUROPE AND LATIN AMERICA (WITHIN THE WHO SYMPOSIUM ON (TRANS)GENDER IDENTITY DISORDER, HUMAN RIGHTS AND HEALTH)

J. Westeson

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This presentation explores legal approaches to gender identity and gender expression in Europe and Latin America. In particular, the presentation will highlight the tension between a focus on *the right to health services and treatment* and the *problems that a medicalization of non-conforming gender expressions* imply from a human rights perspective. By examining laws and cases from the two regions-including court jurisprudence and legislation from Germany, Spain, Kazakhstan, Colombia and Peru, as well as from the European Court of Human Rights-this paper will address the following questions: How can the law protect the rights of transgendered individuals, and what difference does a human rights perspective make? Is the ‘right to health’ perspective a fruitful way to address gender identity issues at all? If so, how can the right to health and treatment for transgendered individuals be promoted through the law while also protecting their self-determination and right to dignity? For example, the European Court of Human Rights suggests that transgendered individuals should be entitled to state funding for gender reassignment, relying on the definition of ‘Gender Identity Disorder’ in ICD-10 and DSM-IV. However, the same Court has also recognized the freedom to define oneself as male or female as one of the most basic aspects of self-determination. Differing perspectives on this issue partly contradict one other and may result in different logical conclusions with different human rights implications.

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TAKING CARE OF HUMAN RIGHTS: PLACING TRANS* HEALTHCARE IN A FRAMEWORK OF HUMAN RIGHTS (WHO SYMPOSIUM ON (TRANS)GENDER IDENTITY DISORDER, HUMAN RIGHTS AND HEALTH)

J. Eisfeld

GATE—Global Action for Trans Equality, New York, NY, USA*

Trans* activists have called for a ‘depathologization’ of trans* identities, and an introduction of a human rights framework into medical

practice. But how does this work? Departing from the human right to the highest attainable standard of health, trans* individuals need access to healthcare on the basis of autonomy and informed consent. Departing from the experiences of Callen-Lorde Community Health Center, which has worked on the basis of informed consent (rather than a mental health diagnosis) for the treatment of trans* individuals, as well as the model of best practices introduced by the 'Stop Trans Pathologization Campaign', the presentation will lay out alternative healthcare solutions for trans* individuals.

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EROTIC INTELLIGENCE: THE PARADOX OF INTIMACY AND SEXUALITY

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Why does great sex so often fade for couples who claim to love each other as much as ever? Why doesn't good intimacy guarantee good sex? Can we want what we already have? Why does the transition to parenthood so often spell erotic disaster.

Based on her international best-seller, *Mating in Captivity: Unlocking Erotic Intelligence*, Esther Perel probes the intricacies of love and desire—how they relate and how they conflict. Her bold, new take on intimacy and sex, grapples with the obstacles and anxieties that arise when our quest for secure love conflicts with our pursuit of passion?

Perel will address four central themes: paradox of intimacy and sexuality and how social forces inhibit erotic expression; how our emotional history—"how we were loved" shapes our erotic blueprints and, in turn, expresses itself in the physicality of sex— "how we make love"; the language of the body; and the role of fantasy/imagination. We will tackle eroticism as a quality of aliveness and vitality in relationships extending far beyond mere sexuality, and consider how the need for secure attachment and closeness can co-exist with the quest for individuality and freedom.

ORAL PRESENTATION

TRACK 1

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PREMATURE EJACULATION IN MEN WITH LOWER SPINAL CORD LESION

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Spinal cord injuries impair ejaculation. Yet, lower sacral lesions appear to trigger premature ejaculation rather than anejaculation.

Objective: Analyse retrospective data from men with conus terminalis lesions who consulted our center from 1992 to 2010.

Materials and methods: 34 men with conus terminalis lesions varying from L5-S1 to S3-S4.

Results: Patients showed a loss of anal sensation in 6%, diminished sensations in 79%, paresthetic sensations in 12% and normal in 3%. Anal reflex was absent in 30%, diminished in 60% and normal in 10%. Bulbocavernosus and bulbosacral reflexes were absent in 38%, diminished in 41% and normal in 21%. Of the 34 patients, 91% reported ejaculation, but 83% complained of premature ejaculation (eg, upon mere sexual thought or desire) which appeared after the injury. 72% also described the ejaculation as dribbling, and although the lesion was

incomplete in most cases, 78% reported no or little sensations upon ejaculation and 15% painful sensations (eg. electric discharge upon ejaculation). Only 7% reported climax.

Conclusion: Men with lower conus terminalis lesions appear to develop premature ejaculation as a result of injury. Given the impaired perineal innervation, most patients describe the ejaculation as dribbling and lacking sexual sensations. These findings are in marked contrast with men with higher thoracic or cervical lesions, who generally lose ejaculation (with natural stimulation) but when triggered (with vibrostimulation) appears to be propulsive and accompanied with sexual autonomic sensations including climax. The results are discussed in relation to our current knowledge on the neurophysiology of ejaculation.

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THE NEUROBIOLOGY OF SEXUAL ORIENTATION—THE GAY BRAIN

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Homosexuality is a constantly debated issue as to whether it is determined at birth or a choice (nature vs. nurture). The works of the Kinsey Reports and Dr. Evelyn Hooker published in the 1950s resulted in the removal of homosexuality from the DSM4 in 1973. Since then, it has been mentioned as an illness only in the context of being a putative exacerbating factor in anxiety states. Recent studies reveal a clear cut neurobiology to sexual orientation.

Neurobiologist Simon LeVay conducted a study of brain tissue samples from 41 human autopsies performed at several hospitals in New York and California. He found a significant size difference of the interstitial nuclei of the anterior hypothalamus between homosexual and heterosexual men.

In addition, Dr. Ivanka Savic-Berglund and Dr. Per Lindström of the Karolinska Institute, Stockholm, performed fMRI and PET measurements of cerebral blood flow. Using volumetric studies, they found significant cerebral size differences between homosexual and heterosexual subjects; the brains of homosexual men resembled heterosexual women and homosexual women resembled heterosexual men. Pheromonal studies also have added to the scientific knowledge of sexuality. Sex-atypical connections were found among homosexual participants. Amygdala connectivity differences were found to be statistically significant and provided evidence towards sexual dimorphism between heterosexual and homosexual subjects. Extensive controls were performed during testing to exclude analytical variability.

A totally evidence-based medicine presentation will provide current data regarding homosexuality showing differences, or similarities, between the brains of homosexuals and heterosexuals.

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STUDY OF THE PHARMACOLOGICAL EFFECTS OF EUCALYPTUS GRANDIS 'DRY SEX' TRADITIONAL MEDICINE USED IN ZAMBIA

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Introduction: There has been some interest in the "dry sex" practice in Central and Southern Africa, especially with regard to its possible role in HIV transmission. Despite this interest, there has been little scientific investigation of the practice. Hence the need for an ethnopharmacological study of the traditional compounds used in "dry sex". The traditional preparation evaluated in this study is made from *Eucalyptus grandis* and is normally administered locally, intra-vaginally, to reduce vaginal secretions and to constrict the vaginal muscles.

Method: Samples of the traditionally-prepared "dry sex" medicine were obtained from Zambia. The methods used to prepare the water extracts from the traditional compound were as close as possible to those used in the traditional preparation and administration of the "dry

sex” medicine. The extracts were added to isolated guinea pig ileum (GPI) and rat uterus, which were mounted in organ baths filled with Krebs solution.

Results: 0.25–1.25mg/ml of the extract inhibited the GPI twitch and caused an increase in the GPI tone. Both effects were dose-dependent and irreversible. 0.25–4mg/ml of the extract also produced a dose-dependent increase in uterine tone, as well as a reduction in the spontaneous activity of the muscle.

Discussion: Although the pharmacological activity evaluated in this study does not necessarily represent the in vivo effects of the “dry sex” preparation, there was some correlation between the normal use of the compound and the in vitro effects described in this study.

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EFFECT OF *ANACYCLUS PYRETHRUM* ON SEXUAL AND REPRODUCTIVE DYSFUNCTION IN HYPERGLYCEMIC MALE RATS

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Diabetes is considered as a major cause of sexual and erectile dysfunction in human population. Reproductive dysfunction is also consequence of diabetes. *Anacyclus pyrethrum* is considered as a sexual tonic in Ayurvedic system of medicine with potent antioxidant and adaptogenic properties. The ethanolic extract of the herb was evaluated for its effectiveness against streptozotocin induced hyperglycemic stress and subsequent sexual dysfunction due to hyperglycemia in male rats. Five groups with eight male rats in each group were used for the present study and the study was carried out for 28 days. The body and organ weights of the animals were recorded. Behavioral analysis of rats was undertaken to observe the effect on mount, ejaculation and intromission (latencies and frequencies). Blood glucose and serum testosterone levels were determined after 28 days of treatment with *Anacyclus pyrethrum* at 50,100 and 150 mg/Kg doses. This deleterious effect of sustained hyperglycemia and associated stress was significantly ameliorated in animals treated with ethanolic extract of *Anacyclus pyrethrum*. The *Anacyclus pyrethrum* treatment was helpful in ameliorating the damage of sustained hyperglycemia evidenced in the principle parameters viz. male sexual behavior, sperm count, penile erection index and seminal fructose content. Antioxidant and anabolic activities of the extract under investigation could be a major attribute in preserving the sexual functions in hyperglycemic male rats. The study validates the use of *Anacyclus pyrethrum* in traditional medicine for curing diabetes induced sexual dysfunction and compromised sexual potency.

ORAL PRESENTATION

TRACK 2

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SCREENING PROTOCOLS FOR GENDER BASED VIOLENCE IN FAMILY PLANNING & REPRODUCTIVE HEALTH CENTERS: MULTICENTRIC SERVICE DELIVERY INITIATIVE REPORT FROM INDIA

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Gender Based Violence (GBV), is widespread. In India, according to NFHS—III, over 40% of married women face abuse at home. The reported incidence of sexual violence in India is 10%, ranging from 22 % in West Bengal to 2 % in Meghalaya.

There is now increasing evidence linking physical and sexual violence and also in linking the negative health outcomes to violence.

FPA India, a national NGO working on sexual and Reproductive Health issues in India in 17 states has initiated a screening for GBV at its 10 centers for all women seeking reproductive health services. SO far over 2500 women have been screened for GBV.

Findings:

1. A strong link exists between unwanted pregnancies; STIs and other reproductive health outcomes and sexual violence.
2. Often women do not volunteer history of sexual or physical violence with their healthcare providers.
3. Typically women suffering from violence are unable to continue using a family planning method; unable to follow health recommendations; fail to return for follow-up visits.
4. Women feel ashamed and responsible for the violence they encounter; thus they are unable to share it with anyone.

Conclusions: The health sector has a vital role in preventing violence, helping to identify abuse early, providing victims with the necessary treatment, and appropriate referrals.

The services should include care and support and also necessary treatment. The services would be provided as per need of the victims—direct intervention, counseling or referral.

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RISK OF VENOUS THROMBOEMBOLISM (VTE) IN ESTROGEN-TREATED MALE-TO-FEMALE TRANSSEXUALS. A REVIEW OF LITERATURE AND OBSERVATIONS FROM 9 EUROPEAN CENTERS FOR GENDER DYSPHORIA

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Objective: To evaluate the risk of venous thrombosis/embolism (VTE) in male-to-female transsexuals treated with estrogens in the literature and 9 European centers.

Main outcomes: Number and incidence of VTE/10,000 user-years and prescribed hormones.

Results: Published incidence of VTE varied from 0 to 148/10,000 user-years, highest with ethinyl estradiol (EE) 0.1 mg/day. Observational data with estimated numbers of treated patients showed an incidence of VTE 4.8–35.5/10,000 user-years. Four out of 21 VTE's occurred on OC containing EE + cyproterone acetate (CPA) though standard estrogen prescription is 17-estradiol transdermal or oral 2–4 mg/day with CPA. Four cases of VTE with oral estradiol, one on Premarin and five on transdermal estrogen (currently most prescribed E₂), were reported.

One surgical center reported a low but significant incidence of postoperative VTE with LMWH and stopping of hormones. One center did not stop hormones before operation and observed no postoperative VTE in >100 operated patients with only LMWH prophylaxis. No VTE was observed in the other centers which all stopped hormones and used LMWH.

Conclusion: The incidence of VTE in estrogen-treated MtF has much decreased in recent years, probably due lower estrogen dose and avoiding EE. However, the risk of VTE appears still increased compared to women (3/10,000), even to estrogen-using women (OC and HRT). Postoperative VTE incidence is low but significant, even in subjects who stopped estrogen before surgery. Peri-operative prophylaxis with LMWH is mandatory. Stopping estrogens before surgery seems prudent but we have insufficient data to recommend it.

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“ABUSED ABUSER” HYPOTHESIS IN UNDERSTANDING THE AETIOLOGY OF PAEDOPHILIA

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Introduction and objectives: Paedophilia is a complex issue of not clearly defined aetiology. One of the well-known explanation is the abused abuser hypothesis. It suggests that sexual abuse in childhood may lead to the cycle of abuse: having been the victim of abuse as a child is seen as an important factor related to later sexual offending. The author presents the research grounded in three paradigms: biological, psychodynamic and behavioral-cognitive.

Methods: The abused abuser hypothesis has brought about the assumptions that were verified in the presented study. There were some standard measures used (questionnaires: TCI—Cloningers, RSQ—Hazan i Shaver) and some constructed specially for the conducted research (semi-structured interview, CSA Inventory). The sample consisted of 248 child molesters—diagnosed pedophiles (exclusive or non-exclusive), sentenced and jailed. Data was collected during two years (2008–2009) by the highly qualified body of researchers.

Results: A large proportion of child molesters (48%) has been sexually abused as a child. There were no significant differences (considering biological, familial and psychological variables) between abused abusers and non-abused abusers. Nevertheless, having been the victim in childhood affects indirectly and substantially the men's early sexual development and distorts his sexual preferences and their individual expression.

Conclusions: The author presents the innovatory interpretation of the abused abuser hypothesis. Although it is limited, but it contributes a lot to the understanding of a such complex issue as paedophilia.

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DOES FEMALE GENITAL MUTILATION/ CUTTING (FGM/C) AFFECT WOMEN'S SEXUAL FUNCTIONING? RESULTS FROM A SYSTEMATIC REVIEW AND META-ANALYSIS

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FGM/C refers to a traditional practice involving the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons. Estimates suggest 100–130 million girls/women are currently living with various health consequences from FGM/C.

We conducted a systematic review investigating the sexual consequences of FGM/C. We searched 13 electronic databases. Cross-referencing, handsearching organizations' websites, and contacting experts yielded additional records. Two reviewers independently appraised 5,233 records and 36 full-text papers for inclusion and methodological quality.

15 comparative studies (7 countries, 12,671 participants), of variable methodological quality, met the eligibility criteria. The studies reported in total 65 outcomes for sexual consequences of FGM/C, the majority of which were statistically associated with FGM/C status at study level. Altogether meta-analyses were acceptable for seven outcomes: pain during intercourse, satisfaction, desire, initiation of sex, orgasm, reporting clitoris as the most sensitive area of the body, reporting the breasts as the most sensitive areas of the body. Compared to women without FGM/C, women who had been subjected to FGM/C were more likely to report pain during intercourse (RR = 1.52, 95%CI = 1.15, 2.0), no sexual desire (RR = 2.15, 95%CI = 1.37, 3.36), and less sexual satisfaction (St.mean diff = -0.34, 95%CI = -0.56, -0.13). Statistical tests for heterogeneity precluded additional consideration of outcomes.

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Although a causal link cannot be established based on the current evidence, results show that women with FGM/C are more likely to experience increased pain during intercourse and reduction in sexual satisfaction and desire.

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VAGINISMUS: RELATIONSHIP WITH GENERAL AND SEX-RELATED MORAL STANDARDS

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Relatively strong adherence to conservative values and/or relatively strict sex-related moral standards logically restricts the sexual repertoire and will lower the threshold for experiencing negative emotions in a sexual context. In turn, this may generate withdrawal and avoidance behavior, which is at the nucleus of vaginismus.

The aim of our study was to examine whether indeed strong adherence to conservative morals and/or strict sexual standards may be involved in vaginismus. We used two self-report measures; the Schwartz Value Survey (SVS) to investigate the individual's value pattern and the Sexual Disgust Questionnaire (SDQ) to index the willingness to perform certain sexual activities as an indirect measure of sex-related moral standards. The SVS and SDQ were completed by three groups: women diagnosed with vaginismus (N = 24), a group of women diagnosed with dyspareunia (N = 24), and a healthy control group of women without sexual complaints (N = 32).

In this study it was found that specifically, the vaginismus group showed relatively low scores on liberal values together with comparatively high scores on conservative values. Additionally, the vaginismus group was more restricted in their readiness to perform particular sex-related behaviors than the control group. The dyspareunia group, on both the SVS and the SDQ, placed between the vaginismus and the control group, but not significantly different than either of the groups. The findings are consistent with the view that low liberal and high conservative values, along with restricted sexual standards, are involved in the development/maintenance of vaginismus.

Reference: Borg, C., de Jong, J. P., Weijmar Schultz, W. (2011)—Vaginismus and Dyspareunia: Relationship with General and Sex Related Moral Standards. *The Journal of Sexual Medicine*; 8:223–231.

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LAPAROSCOPIC SACROCOLPOPEXY: LONG TERM FUNCTIONAL AND ANATOMICAL OUTCOMES

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Introduction: Assessment of the 4 year outcome of laparoscopic sacrocolpopexy.

Methods: A total of 64 women taking part in a prospective longitudinal study of prolapse who had a laparoscopic sacrocolpopexy between February 2004 and December 2010 was undertaken. Women attended a research clinic where they completed validated quality-of-life questionnaires and were examined at 6 months, 1 year and 5 years. Pelvic organ support was assessed objectively using the pelvic organ prolapse quantification scale (POP-Q). Functional outcomes were assessed using the International Consultation on Incontinence questionnaire for vaginal symptoms (ICIQ-VS), both preoperatively and at 6–56 months postoperatively.

Results: At a mean follow up of 36.5 months with a mean age of 62 years (range, 49–78 years) were studied. At follow-up in clinic, all women had good vault support (mean point C, -8.9; range, 10 to -8). Stress urinary incontinence resolved in the majority of women without

concomitant continence surgery. Bowel symptoms were uncommon, but of those reporting postoperative bowel symptoms, approximately half of them had no symptoms prior to surgery. No new onset dyspareunia was reported in those women sexually active at 4 years.

Conclusions: Our results confirm previous findings that laparoscopic sacrocolpopexy is a safe and efficacious surgical treatment for female genital prolapsed in long term. It provides excellent apical support and good functional outcome with overall improvement in sexual function.

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PREVALENCE AND RISK FACTORS FOR SEXUAL DYSFUNCTION AND DISTRESS IN PREMENOPAUSAL UNCOMPLICATED WOMEN WITH TYPE 1 DIABETES

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Objective: Women with type 1 diabetes mellitus (DM-1) are in higher risk for female sexual dysfunction (FSD). The aim of the present study was to investigate the prevalence and determinants of FSD and sexual distress (SeD) in a group of premenopausal, uncomplicated DM-1 women.

Materials and methods: The sexual function, distress and general health of 44 DM-1 patients and 47 healthy women (CG) were evaluated with the Female Sexual Function Index (FSFI), the Female Sexual Distress Scale (FSDS) and the General Health Questionnaire-28 (GHQ-28). A structured interview and laboratory tests were performed to all women. Non parametric tests were used in statistical analysis.

Results: The prevalence of FSD was 25% in DM-1 patients and 8.5% in CG. The combination of FSD and SeD was present in 15.91% of DM-1 women versus 2.13% of the non-patients. Diabetic women had significantly worse FSDS, desire, arousal, satisfaction and total FSFI scores compared to the controls. In the diabetics, a positive correlation was found between FSD and impaired general health, social dysfunction, anxiety, depression, high weight and BMI and number of children. SeD was positively correlated with low quality of life (physical symptoms, depression, anxiety and social dysfunction) and low educational level. No other correlation was found.

Conclusions: Our study shows that FSD and SeD are common in premenopausal, uncomplicated DM-1 patients. Desire, arousal and satisfaction are the sexual domains affected. Psychosomatic and contextual factors seem to be the major predictors for FSD and SeD.

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THE CHARMS STUDY: PATIENTS' VIEWS ABOUT DISCUSSING SEXUAL ISSUES FOLLOWING CORONARY HEART DISEASE

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Purpose: The aim of this study is to document levels of sexual functioning, extent and causal attributions of sexual problems and the cardiac patient's experience of discussing sexual matters within the healthcare system.

Method: Questionnaires have been administered over the telephone to 200 male and female patients who have met the selection criteria of completing cardiac rehabilitation within the previous two years but not within the previous two months. Data collection is ongoing and we aim to have a patient sample size of 500 by March 2011. The questionnaire includes five sections: (a) demographic information, (b) general health, (c) sexual activity, (d) sexual problems and (e) sexual problems and heart condition.

Results: Early indications would suggest that males predominately over the age of sixty years of age have lower levels of sexual activity following a cardiac event than younger patients with coronary disease, citing problems such as erectile dysfunction and fear of resuming sexual activity. According to patients, sex information following a coronary event is not readily available from healthcare providers. Many patients have expressed a need for an individual counselling programme to be provided as part of the cardiac rehabilitation programme.

Conclusion: This research provides valuable information about the personal experiences of patients in Ireland with coronary heart disease, examining the impact on sexual and interpersonal relationships, their wellbeing and their general quality of life. It will also specifically contribute to the development of practice guidelines on sexual assessment and counselling for patients with coronary heart disease in Ireland.

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ASSESSMENT OF DEPENDENCE BETWEEN HEART RATE RECOVERY AND IIEF-5 TEST SCORES IN PATIENTS WITH ISCHEMIC HEART DISEASE AND ERECTILE DYSFUNCTION SUBJECTED TO CARDIAC REHABILITATION

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The process of erection in men and heart rate recovery (HRR) are related to the parasympathetic system activity. The goal of the study was to conduct an analysis of the dependence between the change of HRR and the change of IIEF-5 test scores in a population of patients with ischemic heart disease (IHD) and erectile dysfunction (ED) subjected to a six-month cardiac rehabilitation (CR).

The analysis has been conducted on 98 patients, at the mean age of 62.35 ± 8.88 (IIEF-5 score ≤21), subjected to a six-month cardiac rehabilitation. Training sessions were five times a week—two days of general rehabilitation exercises and three days of cycle ergometer training. Each training session lasted 45 minutes.

The patients filled in an IIEF-5 questionnaire twice, at the interval of six months, and were subjected to the treadmill exercise test twice. HRR-60 was calculated as the difference between heart rate at peak exercise and heart rate at the 60th second of recovery during the physical test.

The modification of the intensity of HRR and the change of scores in the IIEF-5 test caused by a six-month cardiac rehabilitation cycle in the population of patients with IHD and ED are correlated by a statistically significant Pearson's correlation coefficient $r = 0.706$ ($p < 0.01$).

Conclusions:

1. Modification of heart rate recovery and erectile dysfunction intensity caused by a six-month cardiac rehabilitation cycle are positively correlated in patients with IHD and ED.

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EFFECTS OF ANDROGEN SENSITIVITY, FREE TESTOSTERONE AND MOOD ON THE SEXUAL DESIRE IN CONTRACEPTIVE USERS

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Objective: This study set out to test whether sexual desire levels in contraceptive users are influenced by genetic variation in the androgen receptor (*AR*) gene, serum androgen levels and psychosexual and relational variables.

Method: Fifty-five couples were randomly assigned to three conditions in which women all used three products [Progestin Only Pill (POP), Combined Oral Contraceptive (COC), and Vaginal Ring (VR)], each product during three months and in a differing sequence. Monthly, both partners filled out questionnaires on psychosexual and relationship variables. Serum androgen levels and a genetic marker of androgen sensitivity (*AR* CAG repeat polymorphism) were assessed in female participants.

Results: Mixed models pointed to an effect of CAG repeats on solitary sexual desire (desire to behave sexually by oneself): women with longer CAG polymorphisms reported stronger solitary sexual desire ($p = .008$). Women with a better baseline sexual functioning also presented with a stronger solitary sexual desire throughout the study ($p = .028$); while a more positive mood was marginally associated with a higher dyadic sexual desire (desire to behave sexually with a partner) ($p = .051$). Effects of FT-levels on solitary or dyadic sexual desire could not be established ($p = .777$ and $p = .153$).

Conclusions: It appears not only intrapersonal processes such as mood are important factors to consider in the debate on contraception and sexual desire. While no overt effects of serum androgen levels could be established, a subgroup of women very sensitive to androgenic effects reported a clearly different level of sexual desire.

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PSYCHOSEXUAL COUNSELING IN HIV DISCORDANT COUPLES

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Introduction: HIV is frequently transmitted in the context of partners in a committed relationship, with a rate of transmission among discordant couples 5 to 17 times higher than incidence rate among HIV concordant negative couples.

Objective: The aim of this contribution is to review the literature in order to investigate the role that couple psychosexual counseling may have as an HIV prevention strategy and as a tool to enhance the relational and psychological wellbeing of serodiscordant couples.

Methods: The paper provides a theoretical contribution to HIV prevention interventions. The Authors have consulted the main scientific search engines such as Medline and PsychInfo, taking into account recent publications from 2000 to 2010.

Results: Literature analysis underlines the efficacy of couple psychosexual counseling in HIV prevention. As knowledge is not sufficient to stop risky behaviour, couple counseling should address the dynamic and interactional forces within dyads that contribute to sexual risks (such as gender roles, communication styles and quality of relationship).

Conclusions: There is a growing consensus that HIV prevention should address couples as a unit of behavior change. This kind of intervention represents an effective HIV prevention strategy but it could also be an optimal tool to enhance the relational and psychological wellbeing of serodiscordant couples.

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WHY CONTINUE TO HAVE VAGINAL INTERCOURSE DESPITE PAIN? REASONS AND ASSOCIATED FACTORS AMONG YOUNG SWEDISH WOMEN

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Introduction and objectives: Pain during vaginal intercourse (VIC) is a frequent complaint among young Swedish women, of whom a considerable proportion continues to have VIC despite pain. In the present study we therefore examined the prevalence of women who despite pain continue to have VIC, omit telling the partner, and feign enjoyment; as well as the reasons for such behaviour.

Methods: A sample of 1566 Swedish female high school students (aged 18–22 years) completed a questionnaire concerning body and sexuality.

Results: Forty-seven percent (207/576) of those women who reported pain during VIC continued to have VIC despite pain. The most common reasons were that they did not want to destroy sex for or hurt their partner by interrupting VIC. Feigning enjoyment and omit telling the partner about their pain were reported by 22% and 33% respectively. Continuing to have VIC despite pain was associated with feelings of being inferior to partner during sex, dissatisfaction with their own sex lives and feigning enjoyment while having pain.

Conclusion: Pain during VIC is reported by every third young Swedish woman and almost half of those still continue to have VIC. The major reason given is noteworthy—prioritizing the partner's enjoyment before their own—and demonstrates that young women who continue to have VIC despite pain take a subordinated position in sexual interactions.

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HETEROSEXUAL MALES WHO ACTIVELY EMBRACE FEMINISM AND RESIST HOMOPHOBIA: HOW DO THEY GET THAT WAY? REPORT ON A QUALITATIVE STUDY OF COLLEGE AGE U.S. MALES

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To reduce violence and discrimination by males toward women and gay, lesbian, bisexual or transgender people, it is critical to understand the process through which heterosexual males who self-report as highly accepting gay/lesbian/bi/trans people, and actively embrace feminist values come to hold these values and beliefs. By understanding the processes through which straight males choose not to adopt homophobic and misogynist qualities, it is possible to develop more effective prevention and intervention processes for raising boys and working with males in educational and therapeutic settings. This paper presents the results of in-depth interviews conducted with heterosexual males ages 19–30 who self-report as resisting homophobia and embracing feminism. Interviewers gathered information on family background, relationship history, sensitivity toward sexism, the effects of homophobia on the GLBT population, as well as sexism and homophobia on heterosexual males. Emergent themes include:

- (1) Importance of family relationships including:
 - (a) Strong/feminist mother/sister,
 - (b) Nurturing/feminist/non-homophobic father,
 - (c) Negative exposure to homophobic/sexist father.
- (2) Exposure to non-homophobic/non-sexist environments, including:
 - (a) university classes reflecting similar values/beliefs,
 - (b) Exposure to strong GLBT and feminist populations.
- (3) Personal experience in romantic and friendship relationships, including
 - (a) Female friends/girlfriends who have experienced abuse/acts of discrimination,
 - (b) girlfriends identifying as feminists,
 - (b) Forming friendships with GLBT individuals,
 - (c) Negative exposure to straight males who overtly express homophobic and misogynistic qualities.

Clinical/educational implications: Importance of: Increasing exposure to GLBT populations and women's issues; exposing males to women's leadership; affirming mothers to espouse feminist values and fathers who are nurturing/non-homophobic.

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CLINICAL EVALUATION OF A NEW BIBLIOTHERAPY FOR PREMATURE EJACULATION

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Premature ejaculation (PE) is quite common. Although effective treatments do exist, only few affected people consult a practitioner in order to overcome their problem. On the other hand, studies have shown that reading didactical documents about their PE problem might be useful to men. Such approach is called "bibliotherapy". The aim of the present study was to improve the bibliotherapy approach on the basis of up to date knowledge and techniques. The expected benefits were: (1) an efficient manual shorter than previous ones, (2) therapeutic principles easier to assimilate and (3) a method thereby made accessible to a large public which usually does not consult for this type of sexual problem. A short bibliotherapy named Practical Guide of PE [in French] was tested among 421 PE subjects. Self-reported anxiety, sexual satisfaction, ejaculatory latency time, feeling of control and distress were measured: (1) at baseline, (2) at 4–8 months and (3) at 10–14 months after reading the bibliotherapy. A control condition was composed by 67 subjects left on a waiting-list for two months after baseline. Significant improvements were found for all the parameters after the bibliotherapy. They were associated with an adjustment of sexual cognitions. The response to treatment seemed better when the severity of PE was moderate, but did not seem related to variables such as age, educational level and personality traits.

Conclusion: Its cost/benefit ratio makes the *Practical Guide* an ideal first line therapeutic tool. Its large diffusion might be useful in order to improve sexual health in populations.

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AN EXPLORATORY STUDY TO IDENTIFY OBSTACLES AND ENABLERS TO COMMUNICATION ABOUT ERECTILE DYSFUNCTION FOLLOWING CARDIAC TRAUMA

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Introduction: Previous literature demonstrates a lack of qualitative research into communication between healthcare professionals and patients about issues of sexuality, in the area of cardiovascular disorders.

Aims: To explore changes in sexual functioning following serious heart trauma and resultant psychological effects; as well as barriers and enablers to communicating about sexual difficulties between patients and professionals.

Design: Non-experimental qualitative design using semi-structured interviews, and analysed using IPA aided by the computer software Atlas.ti.

Participants and methods: In total, seven cardiac patients (A) and six cardiac nursing professionals (B) took part in the study. Interview schedule (A) focused on 'Experience of heart problems', 'Psychological experience of heart problems', 'Relationships', 'Sexual Relationship', and 'Communication'. Interview schedule (B) focused on 'Experience in Cardiac rehabilitation', 'Experience of Sexual Difficulties in Patients' and 'Communicating about Sexual Difficulties'. Interpretative phenomenological analysis (IPA) was used to analyse data and identify key themes for both groups.

Results: Over-arching themes demonstrating psychological effects experienced by patients were 'Importance of Sex', 'Lack of Understanding' and 'Psychological Input'. Barriers to communication identified by both groups included 'Culture and Diversity', 'Embarrassment', 'Self-Worth' and 'Professional Issues'. Enablers to communication identified by both groups were 'Information', 'Training and Education' and 'Professional Issues'.

Conclusion: The study highlighted that ease of patient-professional communication was vital for effective treatment and well-being of patients. It stressed the need for focused sensitive information for patient awareness, as well as education for professionals in sexual dysfunction and its association with cardiac trauma, and training in communication skills regarding sexual issues.

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CAN SIMVASTATIN IMPROVE ERECTILE FUNCTION AND QUALITY OF LIFE IN MEN WITH ERECTILE DYSFUNCTION? RATIONALE AND DESIGN OF THE ERECTILE DYSFUNCTION AND STATINS TRIAL [ISRCTN66772971]

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Objective: To describe the rationale and design of the Erectile Dysfunction and Statins (EDS) trial evaluating the effectiveness of simvastatin on erectile function and quality of life (QoL) in men with erectile dysfunction.

Patients and methods:

- Erectile Dysfunction (ED) is a common sexual health problem in men over forty years with a major impact on their, and their partners' QoL. Treatment is expensive and restricted.

- The study is a randomised, double blind, placebo controlled trial, to test the hypotheses that statins improve endothelial function, reduce cholesterol, and may improve erectile function. Study subjects include men aged forty years and over, not receiving lipid lowering or anti-hypertensive medication, with no other CVD risk factors.
- Eligible men with untreated ED are randomised to 40 mg simvastatin or placebo once daily for six months. Data is collected at baseline, mid trial (3 months) and a final follow-up visit (6 months).
- The main outcome is erectile function measured by IIEF-5. Secondary outcomes include sexual health related QoL and endothelial function.

Results:

- Ten general practices have been recruited.
- 173 men have been randomised for 90% power
- To date there have been no serious unexpected adverse events.
- Study findings will be available in September 2011.

Conclusions:

- If simvastatin improves erectile function it would provide an inexpensive treatment for ED suitable for most men and reduce the risk of future cardiovascular disease.

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TRAUMA RELIEF: AN INTEGRATED APPROACH FOR WORKING WITH SEXUALLY ABUSED CLIENTS

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Introduction: Sexually traumatized patients often have problems with flashbacks, nightmares and avoidance. This workshop teaches an integrated method for trauma relief, combining knowledge from NLP, psycho dynamic therapy, cognitive therapy and modern trauma research. The method is based on the human memory storing system, which functions in the same way in all human beings. This means that the method easily can be used cross-culturally and for all gender combinations. I presented the basis of this workshop at WAS 2009 and got very good feedback. It is now updated and I hope I will get a chance to present this new version at WAS 2011.

Action: The workshop consists of the theoretical background, a practical introduction with case studies, a training session and finally a group discussion.

Outcome: The goal of the workshop is that the participants shall be able to use the method and independently give sexually abused patients trauma relief.

Discussions and recommendations: The method yields its best results when integrated in a therapeutic context but it is also possible to use it as a single intervention with good results. This means that the method can be recommended for education of "bare foot psychologists" in humanitarian aid projects.

References:

The lecturer will refer to works of: Richard Bandler, Aaron T. Beck, Bob G. Bodenhamer, John Grinder, L. Michael Hall, Tad James, D. Min, Bessel van der Kolk and Wyatt Woodsmall.

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DYSPAREUNIA AND CHRONIC PELVIC PAIN IN THE POST-PARTUM IN A POPULATION AFFECTED BY SERONEGATIVE SPONDYLOARTHRITIS: A RETROSPECTIVE CASE-CONTROL STUDY

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Introduction: The complement cascade and its ability to activate inflammation and mast-cells are part of the seronegative spondyloarthritis pathophysiology. At the same time, mast cells seem to play an important role in sexual pain disorders and chronic pelvic pain. Therefore, the aim of this study is to find out any correlation between seronegative spondyloarthritis dyspareunia and chronic pelvic pain in the post-partum.

Methods: We selected a cohort of 64 women affected by seronegative spondyloarthritis who delivered in our Clinic between 2004 and 2009, and a random control cohort of 120 women. We collected personal, clinical and obstetric data, and asked them about perineal painful symptoms, persistent after the 6th month post-partum.

Results: The mean maternal age at delivery of women affected by seronegative spondyloarthritis is 32.62 years (± 4.24), and that of controls 33.35 years (± 5.36). The mean age at delivery of women affected by chronic pelvic pain is 38.05 weeks (± 2.38), and that of controls 38.48 weeks (± 2.35). Women affected by seronegative spondyloarthritis present a lower quality of life score based on the Euro-qual 5D ($p < 0.05$), and a lower prevalence of dyspareunia and chronic pelvic pain, but a significantly higher Mc Gill pain questionnaire score focusing on chronic pelvic pain.

Conclusions: Seronegative spondyloarthritis seems not to be correlated to post-partum chronic pelvic pain and dyspareunia, but may exacerbate the painful symptomatology in women already affected by pelvic pain or dyspareunia.

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'THE PIE OF DESIRE' AN INTERVENTION IN COLLABORATIVE SYSTEMIC PSYCHOSEXUAL THERAPY

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A recorded 4 minutes extract from a clinical session with a couple presenting sexual desire discrepancy illustrates a particular therapeutic technique spontaneously developed in the session.

The technique, subsequently named 'The Pie of Desire' consists of drawing with the clients' guidance a chart representing the sexual desire and its components. Therapeutic work is based on an integration between systemic therapy and psychosexual therapy approaches that the author has been practicing and developing over many years. The recorded excerpt illustrates some aspects of this integrated approach and in particular: co-construction of therapy sessions, use of therapeutic active exploratory curiosity in facilitating clients' self reflection, the complexity and multifaceted nature of sexual desire and the social construction of reality.

The technique helpfully engaged the clients with a different perspective and enabled them to appreciate the multidimensional disposition of sexual desire which has positively contributed to successful therapeutic outcomes.

The presented technique illustrates the importance of appreciating clients' expertise in psychosexual therapy and of encouraging their sense of ownership of the definition of sex and sexual desire. It is proposed as an example of the kind of therapeutic interventions that could be applied in psychosexual therapy to broaden and enrich the

existing repertoire of techniques. The relevance of such technique has resonance at the wider levels of therapeutic action and therapeutic relationship and relate to issues of power, knowledge, expertise, ethics and the clients' sexual and therapeutic rights.

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THE CONSEQUENCES ON QUALITY OF LIFE AND SEXUALITY IN CHRONIC FEMALE SCHIZOPHRENIC PATIENTS

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Introduction: The concept of quality of life covers various objective and subjective domains (among the latest are wellbeing, social adjustment, sexual satisfaction), being an indicator of outcome. The intensity of sexual, although present already at the onset, dysfunctions increases following long-term antipsychotic treatment.

Objectives: The examination of various aspects of sexuality in chronic female schizophrenic patients and the evaluation of quality of life.

Methods: 50 female patients suffering from chronic schizophrenia were selected and treated with conventional and atypical antipsychotics. These patients were compared to 50 matched controls. Assessment tools: PANSS, UKU sexual side effects component, GAF, female SDBQ, WHOQOL-BREF.

Results: The patients displayed a range of characteristics in the field of sexual experience. These include hyposexuality and dissatisfaction with their sexual life. Many had also experienced sexual abuse, and few used contraception, thus indicating a high level of sexual conservatism. The evolution of schizophrenia affected their professional and marital status, as well as their general level of functioning and their quality of life.

It was found that even novel antipsychotics are responsible for sexual side effects comparable to those produced by conventional antipsychotics.

Conclusion: This direct investigation of sexuality in this particular group, could, in combination with the management of information, symptoms, and side effects, lead to long term acceptance of—and adherence to—antipsychotic medication by sexually active persons suffering from schizophrenia. The overall quality of life of these individuals, as well as their general functioning, could thus be improved.

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LIFE SATISFACTION AND BODY IMAGE OF TRANSEXUALS AFTER SEX REASSIGNMENT SURGERY

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Objective: More and more registration of life satisfaction is used to evaluate different medical treatments. So far there are only few objective surveys on life satisfaction of transsexuals (TS). Transsexualism is defined as a disorder in gender identity. Treatment options contain psychotherapy and operative sex reassignment, the only possibility for improvement of quality of life (QoL). Therefore, aim of the present study was to investigate for the first time the QoL and body image of transsexuals in comparison to normal population.

Patients and methods: 40 patients took part in this cross section study (24 male-to-female and 16 female-to-male). A demographic questionnaire, a self developed questionnaire, the Life Satisfaction Module (FLZ^M), the Munich version of the Body Dysmorphic Disorder Examination-Self Report, and the "Frankfurter Körperkonzeptskalen" questionnaire were used.

Results: 85–95% of TS were "very satisfied" or "satisfied" with the result of their gender transformation respectively their gender identity. The TS were significantly unsatisfied ($p > 0.001$) in the overall score

of the FLZ^M module "general life satisfaction" as the normal control population. In the overall score of the FLZ^M module "health related life satisfaction" no differences were seen. Finally, after the operative transformation TS have a significantly better satisfaction with their bodies, in contrast to normal control population.

Conclusion: These data show a discrepancy between subjective satisfaction with the new gender identity and the current life situation and identify problems with life satisfaction. Therefore, an accompanying psychotherapy and the advancement of surgical techniques could possibly improve quality of life of these patients.

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SUBJECTIVE OUTCOME MEASURES OF EXTRACORPOREAL SHOCK WAVE THERAPY FOR PEYRONIE'S DISEASE

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Objectives: To assess the efficacy and safety of Extracorporeal Shock Wave Therapy (ESWT) in the management of patients with Peyronie's disease (PD). The subjective results in patients with PD treated with ESWT, over a 2-year period, were evaluated.

Patients and methods: 52 patients with PD were sent a questionnaire to evaluate their subjective symptoms before and after treatment. Pain, change in deformity, the ability to achieve satisfactory sexual intercourse, overall patient satisfaction and IIEF-5 scores were assessed.

Results: 41 patients responded to the questionnaire with a mean age of 57 years (range 32–78 years) and disease duration of 22.7 months (range 12–60 months). The mean number of sessions received was 4 (range 3–6) and follow-up of 9 months (range 1–24 months). 16 out of 26 patients (62%) reported significant improvement in pain on erection, $P < 0.001$. 27 (66%) patients reported improvement in penile curvature and 56% of patients who were unable to achieve satisfactory intercourse, were successful after treatment. The IIEF-5 score increased in 23 patients (56%) with a mean improvement of 5.2 points, $P < 0.001$. Only two patients reported minor bruising at the site of therapy. 26 (63%) patients were satisfied with the outcome and treated conservatively. The number of treatment sessions significantly correlated with overall satisfaction, $P = 0.005$.

Conclusion: ESWT remains a safe and effective treatment to alleviate symptoms in patients with PD. Two thirds of patients were satisfied with the outcome which was a significant improvement of subjective symptoms of the disease.

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DOES PELVIC FLOOR MUSCLE TRAINING DURING PREGNANCY HAVE AN INFLUENCE ON SEXUAL LIFE AFTER DELIVERY?

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Background: The influence of pelvic floor muscle training during pregnancy on sexual function after delivery has been sparsely studied. The aim of this study was to compare sexual function after childbirth in two groups; one group following an intensive pelvic floor muscle training program between 20 and 36 weeks of pregnancy and one control group.

Methods: The present study was a six year follow up study of a single blind, randomized controlled trial, 1998–2000 [i] in which 301 women were randomly allocated to a training group or to a control group. Information regarding sexual function was registered on a postal questionnaire.

Results: Two hundred and eighty of the women in the trial were located. They received a postal questionnaire six years after, and 188

women (63%) answered and returned the questionnaire. A significantly higher percentage of the women in the intervention group (36%) reported improved satisfaction with sexual life / sexual function after delivery compared to that of women in the control group (18%) ($p = 0.006$).

Conclusion: More women in the training group reported perceived improved sexual life after childbirth. [i] Mørkved S, Bø K, Schei B, Salvesen KÅ. Pelvic floor muscle training during pregnancy to prevent urinary incontinence—a single blind randomized controlled trial. *Obstetrics & Gynecology* 2003;101:313–319.

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PROMOTING QUALITY COUPLE SEX: GROWTH & SATISFACTION WITH “GOOD-ENOUGH SEX”

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This presentation addresses how to grow a vital, highly satisfying, lifelong sexual and emotionally intimate relationship. The idyllic pursuit of “great” sex is the source of extensive personal dissatisfaction, sex dysfunction, and relationship distress—a poignant irony when this pursuit becomes the cause of disappointment and dysfunctional sex. The “Good-Enough Sex” (GES) model (Metz & McCarthy, 2007), is a common sense yet comprehensive, biopsychosocial perspective that challenges simplistic notions and encourages couples of all ages to pursue positive, realistic meaning in their intimate lives. Models drive clinical practice and research design, incorporating assumptions of individual and couple sexual health and satisfaction, sex dysfunction and health, and determine one’s approach to research design, clinical formulation, treatment goals and objectives, clinical interventions, as well as sex education objectives and social policy. The Good-Enough Sex (GES) approach for couple sexual satisfaction is built from (1) enduring features of the 40 years of classical sex therapy; (2) current clinical observations and outcome experience, and (3) inferences drawn from multiple biopsychosocial research studies of individual and couple sexual function and satisfaction such as Kleinplatz’s “optimal sexuality” (2008) studies. The ultimate purpose of medical and psychological sexuality therapies should be the personal self-worth and the mutual relationship and sexual satisfaction of the couple. This presentation will describe 12 core features of the GES model (e.g., variability, flexibility, playfulness, real-life focus) and several clinical tools (e.g., 3 arousal styles, regular sex as an “intimacy blender”) for couple satisfaction.

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LIBIGEL® (TESTOSTERONE GEL) SAFETY STUDY ENTERS FOURTH YEAR WITH A CONTINUED LOW RATE OF CARDIOVASCULAR AND BREAST CANCER EVENTS

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Objective: To obtain FDA approval for LibiGel (testosterone gel) cardiovascular (CV) and breast safety is being established in an ongoing long-term study now entering its fourth year.

Design: This is a randomized, placebo-controlled, CV events-driven, adaptive design, multi-center study. Postmenopausal women with HSDD and at least two CV risk factors are receiving either 300 mcg/d testosterone or identical placebo gel. The primary safety outcomes are the effect of treatment on the incidence of an adjudicated CV event composite and on the rate of breast cancer.

Results: To date over 2,822 post-menopausal women have been enrolled at a mean age of 59.0 years. Those enrolled have a mean

duration of participation of 12 months. More than 87% of subjects continue in the study. The overall rate of adjudicated CV events is 0.50% and the breast cancer rate is 0.29%. The Data Monitoring Committee (DMC) has completed four reviews of all unblinded safety data to date, and each time the DMC recommended that the study continue as per protocol, without change.

Conclusions: This is the largest and longest controlled study of testosterone treatment in women. The DMC recommendations to continue the study unchanged suggests there is no significant negative treatment effect of testosterone. Assuming continued positive safety outcomes, demonstration of efficacy in the Phase III efficacy clinical trials, and a successful regulatory review of the LibiGel new drug application (NDA), LibiGel could be the first FDA approved therapeutic treatment of HSDD in postmenopausal women.

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PREDICTING SEXUAL DESIRE IN IRANIAN WOMEN: ROLE OF SEX GUILT, MARITAL SATISFACTION, AGE AND MARITAL DURATION

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Objective: The aim of this study was to determine the association of sex guilt, marital satisfaction, age and marital duration with sexual desire in Iranian women and role of each of these variables in predicting sexual desire.

Methods: The data presented here were obtained from a total of 192 married Iranian women (with age range of 18–40) who were selected via a multi-cluster sampling method from three universities in Tehran. The subjects’ socio-demographic data, sex guilt (Mosher Revised Sex-Guilt Inventory), marital satisfaction (ENRICH marital satisfaction questionnaire) and sexual desire (Hurlbert Index of Sexual Desire) were gathered.

Results: Pearson correlation coefficient and Stepwise regression analysis methods were used to analyse the data. Findings showed there are significant relationships ($p < 0.01$) between sexual desire and sex guilt ($r = -0.44$), marital satisfaction ($r = 0.51$), age ($r = -0.55$) and marital duration ($r = -0.34$). Also Age, marital satisfaction and sex guilt were able to predict 39.2 percent of the variance of sexual desire in women.

Conclusions: Women who have higher levels of sex guilt, lower levels of marital satisfaction, who are older and have been married for a longer period, have lower levels of sexual desire. Also 39.2 percent of the variations of sexual desire can be predicted and explained by sex guilt, marital satisfaction and age in Iranian women.

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ENDOMETRIOSIS AND QUALITY OF SEXUAL LIFE: WHAT DO WE KNOW?

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Objective: To summarize current knowledge on sexual function and dysfunction in patients with endometriosis, and to present an overview of empirical literature on the experience of the disease.

Methods: Review of articles on this subject published in the Medline (PubMed) database, selected according to their scientific relevance.

Results: Endometriosis, one of the most common causes of CPP, is associated with symptoms of pelvic pain, deep dyspareunia, and infertility. These symptoms, as well as the “uncertainty” that surrounds such diagnosis, disease course and the future, have a great impact on women’s quality of life and on couple’s relationship. With respect to sexuality, the main findings highlighted by studies are that the experience of pain is a significant factor in reducing or curtailing sexual activity, the orgasm is less satisfying, women feel less relaxed and fulfilled after sex and report lowering of self-esteem, negative effects on relationship with partners, although with some differences between

younger and older women. Generally, no formal pain management follows diagnosis or is included in the treatment of endometriosis.

Conclusion: The way in which the pain of endometriosis is interpreted and managed by women and health professionals makes a difference in the side effects on the patient's quality of life; therefore pain management and sexuality in endometriosis should be addressed routinely. A multidisciplinary approach is recommended. Both medical and surgical treatments are effective and choice of treatment must be individualized. Moreover, the use of the psychotherapy improves the management of chronic pain.

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TESTOSTERONE BUCCAL SYSTEM (STRIANT): COMPARISON WITH OTHER ROUTES OF ADMINISTRATION IN HYPOGONADAL MALES

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Objectives: It has been hypothesised that buccal administration of testosterone (T), by preventing first-pass catabolism by the liver, may be a viable alternative to gels, patches and injectables. This abstract compares the pharmacokinetic/clinical pharmacological profiles of several routes of administration.

Design and methods: Two studies were undertaken. In both Striant (30 mg testosterone buccal system) was administered twice daily (at circa 08.00 and 22.00). In one 14-day, open label study in 26 hypogonadal males at 4 sites a comparison was made with Androgel (5 g containing 50 mg T), daily. In the second in 67 patients at 5 sites the comparison was with Androderm (5 mg) and /or Andropatch (5 mg) for 7 days.

Results: In the first, starting from similar baselines, Striant and Androgel produced equivalent increases in T levels ($C_{avg(0-24)}$ 4.8 and 4.4 ng/ml, respectively). The percentage of patients achieving $C_{avg(0-24)}$ within the normal range were 92% and 83% for the buccal and gel formulations respectively, with 84% (buccal) and 75% (gel) remaining within the normal physiological range over any 24 hr period. In contrast, differences were observed between Striant and patch delivery. In particular, the T $C_{avg(0-24)}$ achieved for Striant was much higher (5.4+/-1.7 ng/ml) than that for patches (3.5+/-1.6 ng/ml) a difference which was reflected in the percentage of patients achieving physiological levels (97% and 56% respectively for buccal and patch delivery systems).

Conclusions: Based on pharmacokinetic and/or clinical pharmacology parameters, Striant has an equivalent profile to T gel and a profile superior to that obtained using patch technology.

ORAL PRESENTATION

TRACK 3

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THE SEXUNZIPPED WEBSITE FOR SEXUAL WELLBEING FOR YOUNG PEOPLE: EARLY RESULTS OF A PILOT ONLINE RCT

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Background: The Sexunzipped website is an interactive, tailored website which features material about safer sex, relationships and sexual pleasure. Interactive activities encourage self-reflection, self-confidence and communication skills. We are currently conducting a pilot online randomised controlled trial, and present early results from

this. Online trials may recruit large numbers but often have large losses to follow-up, and we will also report on the success of strategies to retain participants.

Objectives: Pilot trial results: patterns of website use; retention at 3 months; sexual health outcomes (knowledge, safer sex self-efficacy, intention, sexual behaviour, sexual wellbeing, genital Chlamydia prevalence)

Method: Pilot RCT to compare the interactive intervention website to an information-only control website. Recruitment, randomisation and self-reported sexual health outcome measurement at baseline and 3 months are all conducted entirely online. 50% of participants are asked to return a postal urine sample for genital Chlamydia testing at 3 months, with a £10 voucher offered for complete outcome data.

Results: We have so far recruited 1341 people aged 16 to 20 from across the UK, with 3 month outcome data being collected between February and June 2011. We will present data on retention, commenting on the feasibility of online sexual health outcome measurement and postal urine sampling. We will also report on changes in sexual health outcomes including genital Chlamydia prevalence.

Conclusions: A Facebook advert has been a highly efficient way of recruiting young people to this online trial. Results will show whether strategies for retention (email prompts and an incentive) were sufficiently successful.

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THE INTERNET AS A SOURCE OF INFORMATION ABOUT SEXUALITY

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To use the internet for sex educational purposes and for sex information have been recognized by prior research as benefits of the technological development and important areas to investigate, but few empirical studies has been conducted so far. The purpose of this study was to identify those who use the internet to seek information about sexual issues and to examine the reasons for using the internet for this purpose. A total of 1,913 respondents completed an online questionnaire about internet sexuality and 1,614 reported to use the internet for sexual purposes. More than half of the 1,598 respondents who answered the question claimed to use the internet to seek information about sexual issues. The results showed that men and women of all ages used the internet for this purpose suggesting that the need for sexual education persists even in the adult years. The reasons to seek information were primarily to get knowledge about the body, about how to have sex, and out of curiosity. Knowing who seeks information about sexuality on the internet and the reasons why may be helpful in identifying the needs of different groups of individuals as well as tailoring the information provided, both online and offline.

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INTEGRATING GENDER AND RIGHTS PERSPECTIVES INTO SEXUALITY EDUCATION IN LATIN AMERICA AND THE CARIBBEAN

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Objective: Through Member Associations in 40 countries, International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR) is implementing a regional strategy to increase access to comprehensive sexuality education that promotes gender equity and awareness of rights in Latin America and the Caribbean.

Background: International support for the integration of gender and rights perspectives into sexuality education continues to grow. In Latin America and the Caribbean, these principles are supported by the 2008 declaration "Prevent with Education" signed by ministers of health

and education from 30 countries pledging to ensure the wellbeing of young people. While strides have been made, improving access to comprehensive sexuality education in the region faces many challenges.

Method: The regional strategy includes dissemination of "It's All One Curriculum," guidelines developed by IPPF/WHR and other members of the International Sexuality and HIV Curriculum Working Group to provide educators and policymakers with the tools needed to create curricula that take a unified approach to sexuality, HIV, gender, and human rights. The guidelines serve as a platform from which to engage Member Associations in intensive reviews of their sexuality education curricula. These reviews are being conducted with Associations individually and in groups that allow experienced program staff to share and critique their curricula from a gender and rights perspective. A standardized tool developed to assess these aspects of curricula is being rolled out region-wide to identify future areas of focus.

Conclusion: Technical assistance to incorporate gender and rights perspectives into sexuality education programs can benefit even long-standing providers.

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PREVENTING TEENAGE PREGNANCY: THE FIRST INTERACTIVE EXHIBIT ABOUT TEENAGE PREGNANCY AND STD/AIDS IN A BRAZILIAN SCIENCE MUSEUM

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The last epidemiologic data of Brazil's AIDS national programme points to a growing rate of AIDS among girls between 13 and 19 years old, to 2.7 per 100 thousand people, while the index among male teenagers decreased to 1.9. "Instituto Kaplan", in partnership with "Catavento Cultural e Educacional", has developed a breakthrough work in sexual education: a permanently open prevention exhibit for teenagers.

Using the "Vale Sonhar" educational project, which motivates the youngsters to adopt prevention, and the psychodrama methodology, the exhibit has the objective of leading the teenagers to prevent STI and AIDS during an interactive game for groups from 10 to 20 people. It is 30-minute long, and it is divided in three phases. During phase one, called "The Dream", the teenagers are motivated to think about their professional future. In phase 2, "The Maze", the room changes and the teenagers find themselves in a maze facing 18 risks or prevention situations, this happens during a party. In the last phase, "The Voyage", the teenagers, with the aid of a video, board in a trip to the future. The session finishes with all the group members sharing their experience.

In 22 months of activity, 16,834 teenagers between 13 and 19 years old went thru the exhibit. Statistics show that 28% of them made choices that led them to pregnancy (in the game) and 37% made choices that led to STI/AIDS infection. This data confirms the importance of preventive actions for teenagers and the benefits of new innovative approach.

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THE LIMITS OF SCHOOL-BASED SEX EDUCATION: LESSONS FROM RIGOROUS EVALUATIONS IN THE UK

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Background and aims: The UK has among the highest teenage pregnancy and STI rates in Western Europe and strategies to reduce these outcomes have a high priority. This paper seeks to draw lessons

from the rigorous evaluations of three sexual health initiatives: SHARE (a cluster randomised trial (CRT) of teacher-delivered sex education), RIPPLE (CRT of peer-delivered school sex education) and Healthy Respect Phase 2 (a quasi-experimental study of a multi-component Scottish national sexual health demonstration project encompassing youth friendly sexual health drop-ins, social marketing, branding, a parenting component and SHARE).

Results: Compared with conventional sex education all three interventions improved practical sexual health knowledge, had modest (mostly positive) impact on attitudes and quality of relationships, and the pupils and teachers preferred the new interventions. However, all three studies had disappointing self-reported sexual behaviour outcomes (sexual experience, number of partners, contraceptive use, pregnancy and terminations). None had an impact on objective NHS recorded pregnancies or terminations. Meanwhile, there is a growing body of evidence that generic parenting interventions in the early years (e.g. the Family Nurse Partnership) and generic interventions that aim to change both parenting and school culture (e.g. SEATTLE project) can have a positive impact on sexual risk behaviours.

Conclusions: We appear to have reached the limits of what can be achieved by specific school-based sex education in terms of changing sexual risk behaviours. However, there seems to be scope to develop and evaluate more generic programmes aimed at changing parenting and school culture to improve sexual health.

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SEX AND MOVIES: A TOOL FOR SEXUALITY EDUCATION

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Cinema is perhaps the most important mass media communication which change paradigms in 90 minutes average.

The case of Rain Man is classical in autism studies.

Sex has been one of the most important topics since the beginning of movies.

We conducted a survey between medical students at UCV in 5th year of the curricula and well trained sexologists in Latin America.

The results are so interesting that deserves research and a good discussion in workshops as a tool for sexuality education.

To work with producers and directors must be encouraged to change quickly stereotypes, myths and false beliefs.

We present 2 CD clippings with sex scenes, that change attitudes as an example.

Ref:

1. Psychiatry and Cinema. Gabbard and Gabbard. APP. Washington, USA (1999)
2. The Healing Movie Book. Kalm M. Duke Univ. USA (2004)
3. Movies and Mental Illness. Wedding et al. Hogrefe. USA (2005)

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SEXUAL EDUCATION AND 'SEXUAL ADDICTION'

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Aim: This research investigates the role of sexual education in relation to the concept of 'sexual addiction' from the perspective of the self-identified sexual addict and treatment provider.

Method: Adopting a qualitative approach, data collection includes: pilot study, focus groups, questionnaires and individual interviews involving 81 adult participants consisting of 38 treatment providers who work with this phenomenon in clinical practice and 43 self-identified sexual addicts. Interpretative Phenomenological Analysis (IPA) method is used for data analysis.

Results: 41.9 % of sexual addicts report dissatisfaction with their sexual education and state that defective sexual education was a causal factor to their sexual addiction. Addicts state that better sexual education may have prevented them from engaging in high-risk sexual behavior which can be a contributory factor to HIV, and other sexually transmitted infections. All participants report on a range of educational interventions that have proven helpful and unhelpful in the on-going recovery from and management of sexual behavior.

In addition, treatment providers report that inadequate sexual education for clinicians may inhibit the recognition, assessment, diagnosis and treatment of sexual addiction.

Conclusions: Improved sexual education can help identify the predisposing factors and the presenting behaviors. As a result of comprehensive sexual education, prevention strategies and therapeutic interventions can be developed. These strategies are expected to lessen the development of sexual addiction, minimize the negative impact on individuals and society and ensure that every individual is enabled to pursue a fulfilling sexual life, which is central to sexual health.

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DOES A SEXUAL HEALTH EDUCATION PROGRAMME WORK IN POSTPARTUM WOMEN'S SEXUAL SELF-EFFICACY AND SEXUAL RESUMPTION?

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Objectives: To evaluate the effectiveness of a refined theory-based Postpartum Sexual Health Education Program to enhance postpartum women's sexual self-efficacy and sexual resumption.

Methods: Experimental group A received our intervention program (10-15 minutes of interactive individualized health education and an interactive, self-help pamphlet); experimental B group received only the pamphlet; and the control group received routine postpartum sexual education. Only experimental group A received health education via strategies that matched participants' learning preparedness, as determined by the Transtheoretical Model. Data were collected at baseline, 3 days, 2 months, and 3 months postpartum.

Results: Women who received the theory-based postpartum sexual health education program had significantly greater sexual self-efficacy, and tended to resume their sexual life earlier than women in the routine teaching and interactive pamphlet-only groups.

Conclusion: A theory-based Postpartum Sexual Health Education program enhanced postpartum women's sexual self-efficacy, and return to sexual activity. Practice implications: Our findings suggest that the transtheoretical model can be translated into practice, and support its use to enhance the sexual health of postpartum women.

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INTEGRATING SEXOLOGY EDUCATION INTO PSYCHIATRY RESIDENCY TRAINING: PERSPECTIVES FROM THE USA

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Objective: The oral podium presentation will focus on how sexology and psychosexual medicine education can be integrated into psychiatry residency training.

Design and method: The Psychosexual Medicine Program currently being implemented at Beth Israel Medical Center, Department of Psychiatry and Behavioral Sciences in New York City, USA will be described.

Results: Psychiatry residents (registrars) from Beth Israel Medical Center will discuss their experiences learning sexology under the Psychosexual Medicine Program.

Conclusion: An argument will be made why it is important to teach sexology in psychiatry residency training and how psychiatrists are

uniquely positioned to be good sexologists. It will be recommended that sexology education become an integrated part of psychiatry residency training everywhere in the USA, in Europe, and the world.

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CARTOONS (CARICATURES) FROM GERMAN PUBLICATIONS IS ILLUSTRATED HUMOR FOR SEX-ED

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Anyone concerned with sex education can deal with it in a variety of ways. There are the very dry, scientifically-based depictions of biological processes, the morally influenced appraisal of sexual behaviour often accompanied by feelings of fear and impending punishment, the references to sexual behaviour and/or behaviour within a partnership as seen from a social-ethical point of view, but also the brutal confrontation with pornographic depictions.

Studies have already been carried out in the past with regard to all these different aspects and proposals have been worked out for improving sex-education as an integral part of the development of an individual's personality. The aspect my paper deals with is illustrated humor by means of which, quite tongue in cheek, gaps in knowledge, a lack of social-emotional skills and, above all, linguistic deficits within the framework of the different meanings of sexuality in interpersonal experience and behavior are addressed. At the same time, they are to be the basis for cheerful and uninhibited discussions in which solutions can be worked out either by identifying with and/or by taking a deliberate critical distance to the subject matter. Cartoons (caricatures) from German publications will be used as examples thereof.

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HIV PREVENTION FOR RURAL YOUTH IN NIGERIA: EVALUATION RESULTS OF SCHOOL- AND COMMUNITY-BASED PROGRAMMING

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HIV Prevention for Rural Youth (HP4RY), Nigeria is a Canada-Nigeria collaboration funded under the Global Health Research Initiative (Canada) to develop research-informed programming to reduce the vulnerability to HIV infection of youth living in rural communities. This paper presents results of impact evaluation of school- and community-based programmes delivered in Junior Secondary Schools and their communities on student knowledge, attitudes, motivations and behaviours 6 and 18 months after programme initiation.

Thirty schools in Edo State, Nigeria, were selected and assigned to research arms (school program, school and community, control) using proportional geographic random sampling. Questionnaires were completed pre-programme (2009) and 6 (2010) and 18 (2011) months after programme initiation by a longitudinal sample of nearly 1000 students. A subset participated in focus group discussions as well. Teachers and community mobilizers were trained in programme delivery in August 2009 with programmes initiated in September 2009.

Analysis of data at 6 mos post initiation showed statistically significant gains in intervention as against control schools in student knowledge, attitudes supportive of greater gender equity in sexual matters, motivation to delay sexual initiation and use condoms, and delays in sexual initiation for some subgroups of youth. Certain gains were greater among youth in the school and community programme group than in the school-only group. This presentation will include analysis of both the 6 and 18 month data and will highlight specific areas of success as well as challenges faced in using school- and community-based programming to counteract youth vulnerability to HIV.

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SEXUALITY EDUCATION AT RURAL SCHOOLS IN SOUTH AFRICA: LEARNERS' PERSPECTIVES

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The introduction of sexuality education in schools marked South Africa's commitment towards the attainment of one of the millennium goals adopted at the Jomtien Conference in 1990 namely, gender equality in primary and secondary schools by 2015. As a historically tabooed subject especially in most African communities, it then becomes imperative to understand how well the subject is being covered and taught in rural schools (Grades 8–12). The paper will present the findings of an on-going doctoral qualitative study pursued at University of South Africa. Data were obtained by means of focus interviews, which were further followed up with individual learners/students in at three rural schools located along the borders of South Africa and Mozambique. The findings revealed learners' frustrations with regard to the manner in which the learning content is handled. In particular they alluded to

- the inadequacy of the topics covered;
- irrelevant learning content which does not equip them with current challenges, and
- teachers' unpreparedness to handle the learning content.

We conclude by suggesting a vigorous overhaul of the current curriculum on sexuality education and intensive training for teachers.

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EFFICACY OF SEXUAL EDUCATION ON SEXUAL KNOWLEDGE IN IRANIAN WOMEN

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Introduction: Sexual satisfaction is one of the important factors of life fulfillment. Sex education has important effect on sex satisfaction.

Aim: The aim of this study was to determine efficacy sexual education on increasing knowledge and attitude of young women about the sexual reproductive system and its function in sexual response.

Method: Sexual education about the physiology and sexual response was educated to 40 Iranian young women in health service centre. Questionnaires were distributed before and after the intervention included the sexual reproductive system and sexual response during the sexual relationship.

Results: Analysis data suggested there was significant difference about knowledge of sexual reproductive system and sexual response before and after the intervention.

Conclusion: The findings suggest that sexual education has an impact on sexual knowledge and might increase the sexual satisfaction greater emphasis on premarital counseling and education might be one way to help people achieve that goal.

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'SEX ON THE MAP'—AN ANIMATED EDUCATIONAL FILM ABOUT SEXUALITY FOR TEENAGERS

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Objective: To make an animated film, 'Sex on the Map', to be used in sexuality education.

Aim: To support teachers' sexuality education.

Background: It's made in cooperation between Swedish Association for Sexuality Education (RFSU) and Swedish Educational Broadcasting Company (UR). To both organisations teachers had expressed a need for new educational material. The film is based on teenagers' questions.

Methods: The film is explicit and shows a sexual encounter between a girl and a boy, and something is going on between two girls. Its content is factual knowledge about sexual organs, masturbation, vaginal corona, on mutuality, and the concept of 'good feeling'—everyone should have a good feeling before, under and after sex. LGBT-issues and gender aspects are integrated in the film. 'Sex on the Map' wants to broaden the view on what sex is and not focus just on penetrative sex.

In addition a textbook for teachers on sexuality education has been published.

Result: The film was first shown on public service TV in January 2011. It got 500 000 viewers. It's already used in schools. The media response has been positive. All the big newspapers has reported about it as well as bloggers. The film can be watched at RFSU's and UR's web sites. The film is distributed to school media centres all over Sweden.

The response from students has been very good as an 'informative, instructive film with a sense of humour'. Some negative responses have occurred from right wing extremists and conservative Christian media.

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FROM THE VIRTUAL WORLD TO THE REAL WORLD: ON-LINE RELATIONSHIPS BY YOUNG PEOPLE IN LIMA PERÚ

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Using the Internet to know people is common among youth. On-line dating is understood by users as funniest as dating "off-line". We conducted a study whose objectives were: to describe the characteristics of Internet as a way of establishing contact among young people and assess the ways in which these contacts result in sexual contacts. The population was young men and women between 18 and 25 from Lima, using social networking sites on the web. We use Virtual Ethnography, 40 on-line and 10 face to face in depth interviews.

Results: Using the Internet to interact with others has had in recent years a rapid diffusion. The perception is that it is a tool without limits for these purposes. Contacts are available without having to invest time and energy looking for them face to face. Young heterosexual men make contacts mostly with women, but for specific interests they build relationships with their peers. With regard to gay youth, they seek to establish contacts with a wide range of same sex persons. Women show more caution in establishing contacts. Most on-line contacts aspire to become face to face contacts, whose outcome can have several alternatives: disappointment, friendship and/or sex. In general, they are ephemeral relationships, in which the illusion and the circumstantial "chemistry" are predominant. The study indicates that the possibility of a sexual encounter is implied in the contacts made on-line and these encounters involve risks by being casual and occasional. Virtual relationships pose new challenges in young people's sex education.

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COMMUNICATION STRATEGIES FOR CONDOM USE AMONG STUDENTS IN REPUBLIC OF MACEDONIA

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The research explores different communication strategies for condom use negotiations among students in Macedonia, as a part of the safe sex communication. Examining condom use negotiation strategies, the research tends to categorize them based on whether they are verbal or nonverbal and direct or indirect.

There was realized survey among 234 students from South East European University, private university in Tetovo, Republic of Macedonia. We gathered information regarding participants' demographic characteristics, as well as information about their condom negotiation strategies, using adapted condom negotiation scale by A. Lam.

The study confirms that students use different communication strategies and those factors, such as the demographic characteristics; the goal of the safe sex communication; the relationship status; and the previous parent-child safe sex communication, influence on the choice of the particular strategy.

All four main types are considered effective at attaining goals. While many women used nonverbal direct strategies, the majority of men utilize verbal strategies, to get their partners to use condoms. Students from Macedonian ethnic group use more direct strategies, while students from the Albanian ethnic group prefer indirect communication strategies.

The research stresses the need of including effective communication skills, which young people can use in the initiation and maintain of the discussion for condom use with their partners, in the sexuality education curriculum. Although the study focuses on the negotiation of condom use, but it does not advocate these strategies for all dimensions of intimate relationships.

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EMPOWERING YOUTH FROM PHOTOGRAPHY AND STORY DEVELOPMENT TECHNIQUE FOR AWARENESS RAISING YOUTH SEXUAL REPRODUCTIVE HEALTH HIV/AIDS STD'S AND STP'S ISSUE

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Background: A country where sexual harassment is considered as fun activity, where there are negligible women rights where no proper attention is given to sexual health and reproductive health, talking about HIV/AIDS STD's and STI's is a huge problem for youth. In Pakistan the religious dogmas prevent youth from getting education on sexual health, reproductive health and HIV/AIDS.

Methods: The project aims at empowering young women through accurate information and capacity building. The activities of the projects are trained some 40 people from all the provinces of Pakistan on digital photography and story development skills and use photographs and stories to share their thoughts and concerns over their own sexual and reproductive rights and to learn about those from their peers.

Results: Young people need an enabling and encouraging environment in which their concerns are listed to their need provide for and the rights respected. Developing countries have to deal with the harsh realities of poverty isolation and lack of support many have to focus on survival rather than education at a time when their bodies and mind is developing, they face violence, and sexual abuse or coping with sexually transmitted infections.

Conclusion: Pakistan need to be able to make informed choices and have a right to responsible in fulfilling experiences when it come to sex and relationships must have access to youth friendly services and information, comprehensive sex education either in schools or colleges and especially out of school youth.

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INTENSIFIED VIOLENCE: A CONTENT ANALYSIS ON POPULAR PORNOGRAPHY

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The objective of this study is to understand the content of popular pornographic videos and its comparison to studies conducted a decade ago.

We randomly selected 304 scenes from best-selling and most-rented pornographic movies for heterosexual audiences (Adult Video News, 2006) and found that about 90% of them depict verbal or physical aggression, a significant increase over the high of 30% found in studies of the 1980s and 1990s (Barron & Kimmel, 2000; Duncan, 1991).

The increase in aggression is not only in quantity but also in type. Two recent phenomena exemplify the "up the ante" approach. One is "gagging" (found in 22.5% of scenes), which occurs when the penis is inserted so far down the woman's throat that it triggers her gag reflex. A second phenomenon is an increase in sexual acts that may not cause pain but are arguably degrading. One is ejaculation on a woman's face or in her mouth (found in 60% of scenes). Another was ATM, or "ass-to-mouth" (found in 41% of scenes), which depicts women performing fellatio immediately after the penis has been inserted into an anus. Perpetrators of aggression were usually male, and targets of aggression were overwhelmingly female; further, the women tended to show pleasure or respond neutrally to the aggression.

ORAL PRESENTATION

TRACK 4

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SOURCES OF REGRET AND POINTS OF PRIDE: YOUNG WOMEN'S REFLECTIONS ON ADOLESCENT SEXUALITY

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Introduction: There is considerable scrutiny in the U.S. of young women's sexuality, which is believed to be full of inter- and intrapersonal pitfalls. The current study probes young women's reflections on their adolescent sexual experiences in order to learn whether young women perceive such threats and exhibit any associated ill-effects.

Method: Forty female undergraduates at an American university were interviewed about their sexual histories. After reporting on past experiences, participants were asked if they had any sexual regrets and if they were proud of any aspects of their sexuality.

Findings: 60% of participants described sexual regrets; however, only four participants expressed deep-seated remorse stemming from past experiences. The remaining participants regretted specific incidents or circumstances but these did not detract from their otherwise positive assessments of themselves or their sexualities. On a similarly positive note, all but one participant identified some point of sexual pride or satisfaction. Although 20% of participants took pride in their adherence to conventional gender norms regarding female sexuality, the remaining 80% described resisting dominant norms and instead following their own personal values and beliefs. They also perceived themselves as sexually self-aware, assertive, skilled, and knowledgeable.

Conclusion: For most participants, sexual regrets were compartmentalized and did not interfere with their pride and confidence in their sexualities. These results counter the monolithic characterization of young American women as beset by sexual anxiety, passivity, and vulnerability. Instead, the sexual outlook for young women, at least those with socioeconomic privilege, may not be as bleak as commonly believed.

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“I DON’T WANT MY DAUGHTER TO PASS THROUGH ALL THE PAIN AND SUFFERING I HAD”: A SYSTEMATIC REVIEW OF REASONS FOR AND AGAINST FGM/C

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Female genital mutilation/cutting (FGM/C) refers to a traditional practice involving the partial or total removal of the female external genitalia or other injury to the female genital organs for cultural or other non-therapeutic reasons.

We conducted a systematic review to delineate the underlying forces perpetuating and halting FGM/C. Factors were identified by members of communities practicing FGM/C residing in a Western country. In the diaspora people may more readily reflect upon home cultural models. We searched 13 electronic databases, literature lists, organizations’ websites, and contacted experts. Two reviewers independently appraised 5,998 records and 112 full-text papers for inclusion and methodological quality. An integrative evidence approach was used: data from cross-sectional survey studies were combined with data from qualitative views studies. The accumulation of the analyses and our conclusions were summed in a conceptual model.

20 studies (14 qualitative, 5 quantitative, 1 mixed-methods), of variable methodological quality, met the eligibility criteria. The 2,440 participants included revealed six key factors perpetuating FGM/C: cultural tradition, sexual morals, marriageability, religion, health benefits, and male sexual enjoyment. There were four key factors perceived as halting FGM/C: health consequences, it is not a religious requirement, it is illegal, and the host society discourse rejects FGM/C.

Results show that FGM/C is a socially entrenched practice, which derives from a complex belief set, in which reasons are at once ideological, material, and spiritual. Important factors exist at multiple levels: intrapersonal (e.g. health consequences), interpersonal (e.g. sexual enjoyment), meso (e.g. cultural tradition), and macro level (e.g. religion, legislation).

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A JOHANNESBURG MUSLIM COMMUNITY’S PERCEPTIONS OF SAME-SEX RELATIONSHIPS: AN EXPLORATION

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Newspaper reports of the persecution of gay men in Iran, Afghanistan, Saudi Arabia and other Muslim societies creates or supports a perception a Muslim that communities are particularly conservative and intolerant when it comes to same-sex sexual behaviour and gender relations in general. This paper reflects the findings of a small-scale pilot study of community perceptions towards same-sex relationships in a predominantly Muslim suburb of Johannesburg, the largest city in South Africa. We conducted qualitative interviews with three groups of respondents: first, Muslim community members of Indian origin; second, a small sample of Muslim religious experts and third a small group of gay Muslim men. Community attitudes towards same-sex relationships were less uncompromising than expected. Although all respondents agreed that same-sex relationships were forbidden by Islam, many were prepared to continue friendships, to socialize and to maintain family ties with gay and lesbian people. Others expressed strong disapproval, but in practice their behavior towards gay men and lesbians were moderated by a strong desire not to know about sexual transgressions. Even where people were known to have same-sex relationships, community members did not confront them directly or publically challenge them, but attempted to maintain harmonious social relations. Gay respondents experienced extreme family pressure to marry, but once married, they often conducted sexual relationships

with other men without facing public enquiry into their sexual practices. These community attitudes reflect from certain pan-Islamic standards which allow for discreet flouting of sexual norms.

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SEXUAL HEALTH AS FUNDAMENTAL TO PROMOTING HUMAN DEVELOPMENT

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While sexual rights have been promoted and accepted as fundamental to sexual health, the World Association for Sexual Health has gone further in making the argument that sexual rights are fundamental to achieving the UN Millennium Development Goals of human development. This presentation will describe how sexual rights are basic human rights that are necessary conditions to promote overall human development.

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SEXUAL RIGHTS IN THE PROMOTION OF SEXUAL HEALTH: THE IMPACT OF A REVOLUTIONARY VISION

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Back in 1995, during the organization efforts for the XIII World Association for Sexology (WAS) World Congress that was held in Valencia, Spain, the idea put forward by the Juan Jose Borrás and Maria Perez Conchillo, congress hosts and Ruben Hernandez Serrano, then President of WAS to dedicate the Congress to the links between human sexuality and human rights resulted in the Valencia Declaration of Sexual Rights that two years later was the basis for the WAS Declaration of Sexual Rights.

Five years later, the WAS and the Pan-American Health Organization (PAHO) produced a definition of sexual health that included the fulfillment of sexual rights as a condition for sexual health to be attained and maintained by individuals, communities and societies. The World Health Organization produced a working definition for sexual health that also included the fulfillment of sexual rights as a condition for sexual health.

This presentation will honor the value of a visionary idea -explicitly recognizing sexual rights-, for the promotion of sexual health. Although the definition of what constitutes sexually healthy behaviors or characteristics is highly dependable on the specific cultural milieu of the one who attempts the definition, pointing to sexual rights as the absolute minimum standard of what is desirable and therefore healthy has moved the concept of sexual health from a concept relative to culture to a concept relative to human dignity.

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HUMAN SEXUAL RIGHTS, IN MEMORIAM JUAN JOSE BORRAS VALLS

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WAS founded in Rome in 1978, (3rd WCS) after Paris 1974 and Montreal 1976, is the umbrella organization for Sexology and Sexual Health.

We developed in WCS IN VALENCIA, SPAIN 1997, a Declaration of Human Sexual Rights, that was adopted unanimously in 1999 at the General Assembly in WCS 1999, Hong Kong China.

JUAN JOSE BORRAS VALLS was one of the main leaders that conducted the WCS, and with almost 2000 people in the Palace of Music, developed with other leaders the VALENCIA DECLARATION OF HUMAN SEXUAL RIGHTS.

This was a paradigmatic change of Route in our field. www.worldsexualhealth.org contains this DECLARATION in many languages. After this, Amnecy, Montreal, Antigua PAHO, Geneva WHO and many events including the WORLD SEXUAL HEALTH DAY successfully followed this way and got recognition in the whole globe, making SEXOLOGY a scientific discipline. This is one of the WAS tracks and perhaps the banner and flag of honor. We will discuss the impact, achievements, goals and new objectives for the immediate future.

We have a lot to do, and this is just the beginning, specially for women and children not only in developing countries but anywhere. Th world today despite the progress in technology is going backwards in human relations, violence, spirit poverty, and a severe social and economic crisis.

We have a role on this.

Young people are waiting.

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GENDER DIFFERENCES IN PATTERNS OF SEXUAL VICTIMIZATION AMONG YOUNG PEOPLE IN THE NETHERLANDS

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Background: Recent studies, looking beyond men as perpetrators and women as victims, show alarming rates of sexual victimization among men. The aim of this study was to assess similarities and differences in types and patterns of coercive sexual experiences of young women and men.

Methods: In a survey of a sizeable and diverse sample of sexually experienced young people in The Netherlands (N = 1350; 15–25 years), coercive sexual experiences were assessed with an adapted version of the Sexual Experiences Survey (Koss et al., 2007). Patterns of sexual victimization were examined with latent class analyses (LCA).

Results: Experience with any form of sexual coercion was high (women: 84%; men: 66%). Young women and men differed in their experience of some types of sexual coercion (e.g., verbal manipulation), but not others (e.g., abuse of being intoxicated). Among women and men, one pattern of sexual victimization was to have no or hardly any experience with sexual coercion. A second shared pattern reflected experience with some, opportunistic, types of sexual coercion (e.g., abuse of intoxication). The third pattern, unique to women, reflected a high risk of a range of types of sexual coercion.

Conclusion: This study confirms a concerning prevalence of coercive sexual experiences among young people in The Netherlands (de Graaf et al., 2005). Findings also show substantial gender similarities in experiences of sexual coercion. Nevertheless, at least for some women, a pattern of experience with a range of types of sexual coercion suggests a more general vulnerability not found for men.

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CONDOM-RELATED NEEDS AND CONDOM FAILURE AMONG AFRICAN PEOPLE IN ENGLAND: FINDINGS FROM BASS LINE 2008–09, A COMMUNITY-BASED HIV PREVENTION NEEDS ASSESSEMENT

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Background: Bass Line 2008–09 was a community-based research project commissioned by England's National African HIV Prevention Programme.

Methods: The survey recruited African people living in England to complete an online or booklet version of an HIV prevention needs assessment. More than 105 collaborating community agencies used recruitment to the survey as an engagement tool to maximise HIV prevention activities. 2580 valid returns were included in the analysis.

Results: Some questions focused on condom use and experience of condom failure. One quarter of respondents who had intercourse in the past year had not used condoms. Among those who had used condoms sometimes or always in the past year, one third (30%) experienced condom slippage or breakage in that period. All condom-users were also asked if they had engaged in a number of behaviours in the past year that can be associated with condom failure. The most common of these (reported by 60% of respondents) was use of a condom for more than thirty minutes. Also, for almost all failure-related behaviours, there was a significant relationship with reported experience of failure.

Conclusions: High levels of condom failure may be detracting from their use. Interventions to increase the use of condoms should include elements to ensure minimum condom failure such as ensuring correct usage, as well as good fit and feel achieved by condoms of different types and sizes. Identifying and addressing the characteristics of those who most often experience failure will help to increase successful condom use in future.

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A GENDERED ANALYSIS OF POSITIVE SEXUAL HEALTH OUTCOMES AMONG HETEROSEXUAL CANADIAN ADOLESCENTS

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Background: Research on adolescent sexual health is generally focused on negative outcomes and effects. However, sexual health is defined as a positive state that includes more than simply the absence of disease. Calls to shift the focus of sexual health research to include positively oriented outcomes and extend our understanding beyond negative behavioural outcomes are increasing. This paper responds to those calls by examining, from a gendered perspective, whether a sample of adolescents experience positive sexual health outcomes within their heterosexual relationships.

Methods: Male (n = 75) and female (n = 254) adolescents who self-identified as heterosexual and were 14 to 20 years old from two sites in Ottawa, Canada participated. Participants completed a self-administered written survey. Descriptive statistics are reported for all variables where appropriate. Continuous variables normally distributed were compared by gender with a Student's t-test; a non-parametric approach (Mann-Whitney) is used otherwise. Dichotomous variables were compared using a chi-square or Fisher's exact test.

Results: Score for males and females differed for many of the positive sexual health outcomes. Males scored higher on the measure of sexual self-efficacy (p = 0.011). Young women reported a statistically significantly higher score for sexual communication and health protective communication as compared to males (0.048, p = 0.009; respectively). Median scores on the sexual satisfaction scale were equal for males and females (p = 0.370).

Conclusions: This study highlights the presence of positive sexual health outcomes within adolescent relationships and the importance of considering gender when interpreting these results. Findings point to intervention opportunities to promote adolescent sexual health.

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SEXUAL DECISION MAKING IN SCOTTISH ADOLESCENTS WITH A HISTORY OF OFFENDING BEHAVIOUR; AN EXPLORATORY STUDY

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Background/aims: Adolescents with antisocial behavioural problems are at increased risk of adverse sexual health outcomes (e.g. STIs). Factors associated with increased risk include those known to contribute to delinquency. However, few studies have addressed this group's own understanding of their sexual decision-making. The aim of this study was to explore understandings of sexual health and sexual risk among young people with antisocial behavioural problems, in order to identify salient psychosocial factors in sexual decision-making in this population.

Participants: Thirty self-identified heterosexual adolescents (15 females / 15 males), aged between 16 and 18 years (mean = 16), with a history of persistent offending behaviour.

Method: Qualitative data was gathered via individual semi-structured interviews and analysed using Interpretive Phenomenological Analysis. Analysis was carried out separately for males and females and results compared across the data set.

Results: High rates of sexual risk-taking were reported. Sexual decision-making was heavily influenced by the socio-cultural context (including understandings of gender-appropriate behaviour). The comparative nature of the analysis offered valuable insights into how differences and similarities between sexes in the same population operated to

- a) produce and reinforce sexual risk behaviour and
- b) mitigate against positive sexual health.

Further, the data offered tentative evidence of the manner in which factors specific to this population (social exclusion and delinquency) may interact with gender-related attitudes and norms of sexual conduct to increase risk.

Conclusion: This study provides important insights into the psychosocial factors which underpin sexual decision-making in this vulnerable population, which have implications for policy and practice.

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RECEPTIVITY TO SEXUAL INVITATIONS FROM STRANGERS OF THE OPPOSITE GENDER

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Objective: To investigate the primary conclusion from Clark and Hatfield's often cited field experiment "Consent to Sex with a Stranger" that men agree to sexual invitations from moderately attractive strangers of the opposite gender more readily than women do. In addition, to investigate if rates of consent are influenced by a subject's age, relationship status, rating of confederate attractiveness, and type of sexual invitation.

Methods: 173 men and 216 women were approached by a number of moderately attractive confederates of the opposite gender. After a standard introduction, subjects were asked one of the following three questions: "Would you go on a date with me tonight or during the week/weekend?", "Would you come to my place tonight or during the week/weekend?", or "Would you go to bed with me tonight or during the week/weekend?"

Results: Significantly more men than women consented to a sexual invitation. For female subjects' higher ratings of confederate attractiveness were found to significantly increase the odds of consenting to a sexual invitation. Relationship status was found to be a significant and strong moderating variable of consent for both men and women.

Conclusion: Correcting for relationship status the study found that men will agree to sexual invitations from complete strangers of the opposite gender more readily than women thus supporting the primary conclusion from Clark and Hatfield (1989). Further, the study underline the importance of attractiveness for women and relationship status for both men and women in short term mating.

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SEXUAL COMMUNICATION AND SEROADAPTATION PRACTICES AMONG HIV-NEGATIVE MSM AGED 40 AND OLDER IN SOUTH FLORIDA, UNITED STATES

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Background: The incidence of HIV infection among older men who have sex with men (MSM) in the U.S. is increasing, yet little is known about their sexual decision-making processes. The purpose of this analysis was to evaluate the impact of communication on self-reported unprotected sexual behavior in MSM aged 40 and older.

Methods: We recruited a community-based sample of 802 self-identified MSM aged 40+ in South Florida, U. S. from community venues (e.g., bars, gyms) to complete an anonymous questionnaire. Using data from a subset of 420 self-identified sexually active HIV-negative MSM aged 40 to 81 years ($M = 55.5$ years; $SD = 10.7$), we report on sexual behaviors and communication among this group. This study used a cross sectional research design. The data were analyzed using logistic regression.

Results: Sixty-eight percent of respondents reported multiple sex partners in the past 6 months (median = 3). Analyses showed that not using condoms if the partner said he was HIV-negative (odds ratio [OR] = 0.66; 95% confidence interval [CI]: 0.5, 0.9) was associated with higher risk for unprotected receptive anal intercourse. Not using a condom if the partner said he was HIV-negative (OR = 0.61; 95% CI: 0.4, 0.8) was associated with higher risk for unprotected insertive anal intercourse (UIAI). Assuming partners are HIV-positive (OR = 1.5; 95% CI: 1.1, 2.1) was associated with less risk for UIAI.

Discussion: Many MSM aged 40 and older are sexually active and may engage in sexual risk behaviors. Communication about HIV-serostatus while employing sexual seroadaptation strategies may influence protective decision-making in older HIV-negative MSM.

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PEER NORMS, SELF-EFFICACY, STIGMA, SOCIAL SUPPORT, RECREATIONAL DRUG USE, AND AGE AS PREDICTORS OF HIGH-RISK SEXUAL BEHAVIOR AMONG GAY MEN

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This presentation will discuss and compare the results of two large-scale studies examining the predictive value of peer norms, self-efficacy, stigma, social support, age, and recreational drug use on high-risk sexual behavior that enables HIV transmission among gay men. One study ($n = 576$) was conducted in the Southeast United States and the second study ($n = 542$) was conducted in the New York City Metro area. Each study utilized a face-to-face anonymous survey research method. In this sample, 42% of the men reported engaging in unprotected anal receptive intercourse in the past six months. Only 24% of the sample population believed they were at risk for HIV infection. The HIV prevalence rate of this sample of men was 13% and of this population, 51% reported engaging in unprotected anal intercourse. In a bivariate analysis, all aforementioned factors were statistically significant in men who reported engaging in unprotected anal intercourse. A discriminant function analysis revealed predictors of high-risk sexual behavior included:

- (1) low self-efficacy with regard to being able to use a condom, disclose HIV status, and negotiate safer sex;
- (2) low outcome expectancy with regard to successfully using a condom, disclosing HIV status, and negotiating safer sex in the actual sexual encounter; and,
- (3) low peer norms (believing that safer sex was not the norm with one's friends).

These findings indicate that HIV primary and secondary counseling for this population needs to focus on self-efficacy, outcome expectancy, changing peer norms for safer sex, and perceived risk. Racial and regional differences will be discussed.

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MOTIVES FOR SEX AND SEXUAL COERCION: DIRECT AND INDIRECT PATHWAYS

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Aims: Previous research has shown that motives for sex play an important role in explaining sexual health behaviors like condom use or birth control. The aim of the current study was to examine the explanatory power of sexual motives in the field of sexual victimization and perpetration. Sexual motives could be either directly related to coercive experiences or behaviors, or they could be related through their association with other behavioral risk factors (e.g., having a higher number of sexual partners or having casual partners).

Methods: Data were obtained from the 1 year follow-up study of a survey of sexual coercion among young people in the Netherlands (N = 1250; 15–25 years).

Results: Logistic regression analysis confirmed the relationship between motives for sex and sexual coercion. Experiencing any form of sexual victimization was related to having sex to please one's partner or one's peers. Having sex because of intimacy motives reduced the odds of experiencing sexual victimization. This latter motive was also related to lower levels of perpetration of sexual coercion. Having sex for coping or enhancement motives increased the odds of perpetrating coercive sexual behaviors. Entering sexual behavior characteristics (number of partners, casual partners) did not attenuate the association between motives and victimization. However, the relationship between intimacy motives and the perpetration of sexual coercion was no longer significant.

Conclusion: Sexual motives may play an important direct and indirect role in sexual coercion among young people. This underscores the importance of addressing motives for sex as part of prevention programs.

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BARRIERS TO ACCESSING SEXUAL HEALTHCARE AMONG SUBSTANCE-MISUSING WOMEN

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Background: Injecting drug users (IDUs) and sex workers are target populations for sexual healthcare. Existing evidence suggests substance-misusing women (SMW) experience high rates of sexually transmitted infections (STIs), unwanted pregnancy and sex work, and low rates of cervical screening and condom use; yet their sexual healthcare access issues are poorly understood.

Aim: To investigate barriers and enablers of sexual healthcare access among SMW.

Methods: SMW who completed a questionnaire about sexual health risks and services were invited to participate in an interview about sexual healthcare access. Recruitment and data collection took place in a substance-misuse service and homeless centre.

Results: Personal hygiene difficulties sometimes prevented attendance for cervical screening and STI testing. Transport and telephone costs deterred heavy drug users from accessing many services. Emotional barriers predominated- lack of self-regard, and fear of STI testing and cervical screening procedures and of results. Many women disclosed sexual assault. Social support helped women attend services but was often absent. Amenorrhoea, infrequent sexual activity and pregnancy desires (usually undisclosed to professionals) led to inconsistent use of contraception. Delayed access to antenatal or abortion services was associated with a desire to 'keep' the baby as long as possible where previous children had been removed from parental care. Perceived assumptions about promiscuity of SMW deterred women from discussing their sexual health with general practitioners.

Conclusions: This population experience specific pragmatic, emotional and stigma-related barriers to sexual healthcare access. Enhanced interventions providing emotional and pragmatic support to engage with services are needed.

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EXAMINING THE SEXUAL HEALTH OUTCOMES OF ABSTINENCE PLEDGES

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The last decade has sparked a heated debate about the impact of abstinence pledges on sexual health outcomes, but a limited number of studies have explored the effect of pledges and religiosity on sexual behavior. This paper aims to

- (1) examine the moderating role of religiosity,
- (2) explore the different dimensions of religiosity (e.g., commitment to religious beliefs/values and participation in religious activities), and
- (3) investigate the impact of pledges on a wide range of outcomes such as virginity status, number of intercourse partners, and number of oral sex partners.

Study data were obtained from a volunteer sample of 1512 college students. Three hierarchical regression analyses were conducted to test the effects of religious commitment, religious participation, pledge signing, and their interactions on sexual health outcomes. Results showed that signing an abstinence pledge does deter premarital sex and reduces the number of intercourse partners for males and females only to the extent that the individual reports high levels of religious commitment. However, signing a pledge did not- in and of its self- reduce the number of oral sex partners. It was only when the pledge was combined with high levels of religious commitment that findings showed a decrease. Interestingly, although pledgers experience later sexual initiation, a majority of them eventually engage in premarital sex with multiple intercourse and oral sex partners. To this end, reduction in risky sexual behavior appears to have an effect on sexual outcomes only when pledges are combined with high levels of religious commitment.

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WHAT DID YOU DO IF YOU FEEL SOMETHING'S WRONG DOWN THERE? HEALTH-SEEKING BEHAVIOURS OF FEMALE SEX WORKERS IN HONG KONG

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Background: Female sex workers (FSW) are at higher risk of acquiring sexually transmitted infections (STI) and transmitting to more

individuals if they are infected. Prompt diagnosis and appropriate treatment of STI is essential for effective prevention.

Aim and methods: A community-based survey of FSWs was conducted to assess their health-seeking behaviours for recent genital growth, abnormal vaginal discharge, or ulcers (last 6 months) and recent access to HIV/STI testing services (last 1 year). Pre-survey focus groups and mapping was done to categorize types and enumerate distribution of FSWs in the territory. Multi-staged stratified cluster sampling was used to sample 1000 FSWs of 5 different types: one-woman brothels, karaoke night clubs, bars, massage brothels and street sex workers.

Results: Among 986 participants, 32% reported having any one of the symptoms in prior 6 months. Majority reported self-medication (36% for genital growth, 41% for vaginal discharge, 48% for genital ulcers), seeking treatment at private clinics (30%, 29%, 14%) or just wait and observe (18%, 11%, 15%) for their symptoms. Overall, less than 10% sought treatment at local public STI service. The pattern is similar across types of FSWs. Forty percent reported recent attendance at public STI clinics (24%) or NGOs (20%) for HIV/STI testing in last year.

Conclusion: Less than half of FSWs would seek doctor advice for their genital symptoms and self-medication is common. Further efforts are necessary to understand the factors contributing to this phenomenon and to improve STI diagnosis and treatment among them.

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SEXUAL FLUIDITY—A GROWING PHENOMENON AMONG YOUNG PEOPLE

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Background and aim of study: Sexual fluidity means situation-dependent flexibility in a person's sexual responsiveness making it possible to experience sexual desires for either men or women regardless of their overall sexual orientation. Prior research has provided support for the notion of gender differences arguing that women are more fluid than men. The aim of our study was to test this notion on a sample of men and women ages 18–65 living in Sweden.

Methods: A web questionnaire comprising 85 questions was administered in the Swedish language on three web sites and one Swedish university. For comparative reasons four questions were taken from an instrument used in the major population-based sex survey, *Sex in Sweden 1996*. These were questions about love, sexual attraction, fantasies and actions. The scale for each of these questions was inspired by Kinsey's hetero-homo scale. A total of 1,913 respondents completed the questionnaire, and the final sample comprised 66 percent women and 34 percent men.

Results: The data supports the notion that women are more fluid than men, especially women in the younger age groups. For example more than 50 percent of the female respondents answered that they have sexual fantasies about a person of the same sex; a dramatic rise if compared to 16 percent in the 1996 *Sex in Sweden* study. Also the men are more fluid than they were in 1996 but to a much lesser extent than the women. The presentation aims at discussing these generational differences in sexual fluidity.

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SEXUAL DESIRE AND SEXUAL AROUSAL: DO MEN AND WOMEN MAKE A DISTINCTION?

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Introduction: Disorders of desire and arousal are classified separately in the current DSM, despite evidence of co-morbidity. There have been calls to combine desire and arousal into one disorder in the upcoming DSM-5. Given the uncertainty surrounding definition and

diagnosis, it is important to know how ordinary people understand these terms in the context of daily life.

Research question: How do men and women define sexual desire and sexual arousal? Can they make a distinction?

Methods: 32 semi-structured interviews were conducted 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 sexual problems clinic (n = 8). Data were analysed using Grounded Theory principles.

Results: Participants used three criteria to distinguish between desire and arousal: temporal sequencing; mind/body engagement; and goal orientation. Many participants saw desire as occurring before arousal; viewed desire as mind (thinking about having sex) and arousal as body (signs and sensations); and saw arousal as a response to a person or stimulus but desire as sometimes motivational and sometimes free-floating (unattached to a person or act). However, a significant minority of respondents reversed these distinctions or found it difficult to differentiate desire and arousal clearly.

Conclusion: Our findings highlight the lack of universal understanding of these concepts. Clinical definitions may often be at odds with those of lay people. This has ramifications for clinical diagnosis.

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MSM'S EXPERIENCE OF USING THE INTERNET TO SEEK SEXUAL PARTNERS—RESULTS FROM A QUANTITATIVE STUDY

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Many people use the Internet to seek relationships and sex. For these, the Internet offers an easy way to meet others with common interests. This is even more so among sexual minorities, such as men who have sex with men (MSM), for whom the Internet allows access to similar others without the risk of social discrimination associated with homosexual self-identification. We set out to find out the reasons for seeking partners online, the efficiency of this process, and which are the factors associated with it.

Design and method: This was a quantitative and exploratory study. An anonymous online questionnaire was designed based on a previous qualitative phase of the research. It included a wide range of questions about MSM's experiences of using the Internet to meet sexual partners. It was online for about 5 months and extensively publicized, mainly online.

Results: 317 MSM, mean age 30.8 (sd = 9.4; 18–62), completed the questionnaire. 73.2% had an university level education; 96.8% identified as white; 49.5% were in a relationship, most of which (83.4%) with a man; 78.2% self-identified as gay, the remaining as bisexual. On average these men had had 9.2 sexual partners over the previous year, of which 7.1 were met online. Main reasons for using the Internet for that purpose were not feeling comfortable in bars or clubs; need for an alternative to beats; by accident; and need to find easy sex. These results allow a greater insight into the reality of online sexual pursuit, motivations and contexts for MSM.

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A LONGITUDINAL ANALYSIS OF PREDICTORS OF MALE AND FEMALE ADOLESCENTS' TRANSITIONS TO INTIMATE SEXUAL BEHAVIOR

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Introduction: Pre-intercourse sexual activities can be pivotal in helping shape adolescents' sexual development yet are rarely incorpo-

rated into studies of sexual development. Understanding transitions in general may inform effective education and intervention efforts to help ensure healthy sexual outcomes for youth. This study assessed which variables best predict sexual transitions among male and female adolescents.

Method: Three hundred students from Canadian high schools (grades 9–11) completed on-line assessments at baseline and one year later. Participants were predominately female (65%); 14.8 years (range = 13–16). At Time 1, 235 participants (78.3%) reported no sexual experience (“abstinent” group; i.e., no oral sex or intercourse). At Time 2, 34 participants (14.5%; 10 boys, 24 girls; “transition” group) reported having engaged in more intimate sexual behavior than in Time 1. Among the transition group, 3 boys and 10 girls reported abstinence at Time 1 and oral sex experience by Time 2; 4 boys and 4 girls reported oral sex experience at Time 1 and intercourse by Time 2; and 3 boys and 10 girls reported abstinence at Time 1 and intercourse experience by Time 2.

Results: For boys, lower self-esteem at time 1 was a significant predictor of transition to more intimate sex by Time 2, as were more restrictive parental sexual values. However, higher alcohol use and higher self-esteem were significant predictors of girls’ transitions to more intimate sex by time 2.

Discussion: Differential psychosocial profiles emerged for boys and girls who advanced in sexual experience, suggesting the need for differential health approaches.

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‘HOOKING UP’ IN CONTEXT: THINKING ABOUT CASUAL SEX AND ALIENATION

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Introduction: This is a paper about ‘hook up’ (“casual”) sex and relationships, utilizing data from quantitative and qualitative studies of United States’ college students’ sexual behavior and relationships. Cultural critics and observers in the U.S. have argued that hooking up is bad for women because, they argue, it threatens future intimacy. Others argue that youth no longer date and will lack the skills deemed necessary for long-term intimate relationships.

Aims: To explore and answer key questions: Is hooking up an alienated or *alienating* experience? Is it a rejection of dominant, hegemonic U.S. values about individuality, intimacy, love, and sex? We wish to explore how ‘casual’ sex is understood, experienced, and made consequential in social and personal sexual development.

Background and aims: We focus on ‘hook up’ encounters involving heterosexually active men and women, but we also address same-sex hook ups; special attention to how race and ethnicity might affect behavior and attitudes.

Methods: Face-to-face, semi-structured interviews (n = 108) and online, anonymous surveys (n = 13,500) with U.S. college students. Purposive interview sampling; non-random, unrepresentative quantitative study.

Result: We find that heterosexual gender differences color respondents’ sexual and emotional experiences. We note that same-sex hook ups differ from opposite-sex hook ups, and we see that African-American, Latin-American, and multiracial respondents’ attitudes and experiences differ from their Caucasian/European-American peers.

Conclusions: We argue that hook up sex may represent the *failure* of several contemporary beliefs about sex and relationships: trust, connection, the rhetoric of intimacy, and traditional romanticism.

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SEXUALITY AND PERSONHOOD AMONG FEMALE COLORECTAL CANCER SURVIVORS WITH OSTOMIES

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Background: As more people survive colorectal cancer (CRC), greater attention is being given to the correlates of long-term survivorship and quality of life (qol). A notable amount of research has examined male sexual functioning and qol in this patient population, with much less understood about how this surgery affects female sexuality.

Objective: To describe the particular challenges that female CRC survivors with ostomies face, and discuss the various adaptations that helped them cope with their radically transformed bodies.

Methods: In-depth interviews were conducted with 30 female colorectal cancer survivors with intestinal stomas from Northern California and Oregon.

Results: Most participants were White Non-Hispanic (N = 22), however, other racial/ethnic groups were represented. Surviving CRC with an ostomy assaults core notions of full-adult personhood including sexual participation. For some women, altered sexual participation, particularly the inability to have intercourse, adversely affected their qol. Other women did not find their altered sexual participation to be particularly problematic. Participants provided various narrative reappraisals that gave their illness meaning and functioned to normalize their condition.

Discussion: Women who have survived CRC treatment ranges from no sexual difficulties (with minor modifications to sexual repertoire) to complete interference with vaginal intercourse. Early assessment of this population post treatment may reveal vaginal changes that may aid in identifying testable interventions to improve sexual health. However, the authors also contend that heteronormative assumptions about sexual functioning interferes with empirically based, meaning centered definitions of sexuality and personhood. Moreover, biomedical/clinical discourses of normative sexual functioning are likely too narrow.

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PILOT-TEST AND VALIDATION OF A SET OF INDICATORS OF SEXUAL HEALTH AMONG YOUNG PEOPLE IN CANADA

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Introduction and objectives: Canada only collects national data on rates of positive tests of the three reportable sexually transmitted infections (STIs)—chlamydia, gonorrhoea, and infectious syphilis— and rates of pregnancy. The Public Health Agency of Canada lead a team of Canadian sexual health researchers in developing, pilot-testing and validating a comprehensive set of indicators of sexual health among young people, aged 16 to 24 years, in Canada. This presentation will highlight the results of the validation phase of this pilot study.

Method: A survey was administered to a purposive sample of 1185 participants between the ages of 16 and 24 years. The survey was administered using computer-assisted self-interviewing technology, in both English and French languages. Data was analyzed for content validity, construct validity, criterion validity, test-retest reliability and inter-rater reliability.

Results: The set of indicators demonstrated good content validity, construct validity, criterion validity, test-retest reliability and inter-rater reliability. Seven scales representing protection use self-efficacy, STI/HIV testing self-efficacy, sexual limit setting, sexual assertiveness, sexual functioning self-efficacy, partner violence victimization and sexual coercion were supported by the analyses.

Conclusions & implications: This is the first attempt in Canada to create a comprehensive set of indicators of sexual health. This set of validated indicators can be used to collect national level data on the sexual health of young people in Canada, in order to inform effective policies and sexual health promotion programs.

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PREMARITAL SEX AMONG YOUNG ADULTS IN GREATER JAKARTA

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The paper is based on a statistical sample of 3006 young adults aged 20–34 years in Jakarta, Bekasi and Tangerang, the **2010 Greater Jakarta Transition to Adulthood Survey**. This study, the first comprehensive survey of transition to adulthood conducted in Indonesia, is funded by the Australian Research Council, WHO and the National University of Singapore. Questions relating to sexuality and risk taking behaviours were asked using a self administered questionnaire to insure confidentiality. The objectives of this paper are to examine self-reported sexual orientation and responses to questions on sexual behaviours among young people. Preliminary results show that 11 per cent of never married respondents and around 10 per cent of ever-married respondents reported they had sexual relationships before marriage. Among the never married, only 5 percent of females reported experience of sexual intercourse, compared to 16 percent of males. The authors speculate that reported premarital sex incidence among respondents is understated. In an attempt to overcome this shortfall indirect calculations are made by comparing date of marriage and date of first birth to estimate apparent frequency of premarital conception among those who have been married. Reports of self masturbation and oral sex were significantly more common among males than females, though almost equal numbers of male and female respondents reported masturbation with a partner. Understanding of sexual orientation and sexual behaviours among single and married young people is useful for policy and planning so that young people can have access to reproductive health services and treatment.

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EXPLORATION OF THE SEXUAL HEALTH CONTENT OF MASS MEDIA IN NIGERIA

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Objective: Sexual health content of Nigerian media landscape is largely obscured. This study sought to address this need. The main objective was to examine the frequency of scientifically classified sexual health content of mass media in the country.

Material and methods: Data were gathered from stratified randomly selected sample of the media in the country. Two print media (5724 pages were combed), two radio stations (211 programmes was listened to) and TV stations (352 programmes were viewed) each were selected in the two strata of mass media. Data on the nature and frequency of sexual health content were elicited from selected media. Analysis employed descriptive tools.

Result: The sexual health content of the media was classified into three descriptive categories-sex education, contraception and sex provoking. Analysis indicated that sex education content occurred 10 times in printA, twice in printB and contraception was nil in the two while sex provoking contents occurred 23 and 16 times in printA and printB respectively. RadioA & B recorded sex education content 19 times; contraceptive use occurred twice and sex provoking 10 times.

TVA & B recorded sex education 16 times, contraceptive use 13 times while sex provoking content occurred 22 times within the study period. **Conclusion:** Sex provoking content is more predominant in Nigerian mass media. Sex education had second y high frequency in both print and electronic media. Information on contraception which is crucial to the health of sexually active individuals is poorly represented in the media in the country.

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'FEELS RIGHT UNTIL I GET CAUGHT': SEXTING AND INFIDELITY IN CYBERSPACE

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This exploratory project investigated the behaviors of sexting and infidelity on the internet. The researchers placed a survey on a web site called *AsblyMadison.com* which was created for married people who want to find sexual partners outside their marriage. After receiving IRB approval, the survey was placed on Qualtrics, then a link was placed on the log out page of *AsblyMadison.com*, so respondents who wanted to participate could be taken directly to the survey from the web site. During the time the survey was online, it was accessed 8,801 times, with 8,678 people actually beginning the survey. However, we had to eliminate 3,365 surveys because the respondents answered only the questions about sexual behaviour and did not complete any of the demographic questions. We refined it further which left us with 5,187 as a final sample size. Using both descriptive statistics and binary logistic regression analysis, the researchers found that the respondents use the internet to find real-life partners, both for dating and for sex hookups, but many are anxious about being caught. Females are more likely than males to engage in sexting behaviors, and to cheat both online and in real life while in a serious real-life relationship. Older males, however, are the most likely than younger males to cheat in real life. The results suggest that as technology changes, the ways that people find sexual partners also changes.

ORAL PRESENTATION

TRACK 5

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UNDERSTANDING HIV-RELATED SEXUAL RISK BEHAVIOUR AND HIV PREVENTION CHALLENGES IN SCOTTISH GAY MEN

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Objective: To illustrate trends in the HIV risk-related behaviour of Scottish gay and bisexual men and explore the potential role of changing sexual cultures in shaping sexual conduct.

Methods: Data from ten cross-sectional anonymous, self-report surveys in commercial gay venues in both Glasgow and Edinburgh (N = 11,204) are supplemented with in-depth qualitative interviews with gay and bisexual men conducted between 1996–2005.

Results: Across the survey period profound changes in a range of sexual health behaviours are observed. In terms of HIV testing, in 1996, 28.4% of men reported having had a test in the previous year, by 2011 this had risen to 57.1%. In terms of basic measures of HIV risk related behaviour, levels of unprotected anal intercourse (UAI) have also changed dramatically, from 8.3 % in 1996 reporting UAI with more than two partners, to 15.5% in 2010. The analysis of qualitative data illustrates the complexity and centrality of sexual identity and sexual cultures in shaping sexual conduct.

Discussion: HIV-related risk behaviours have changed dramatically over the last 15 years in Scotland and elsewhere. We explore potential explanatory frameworks to contextualise these changes, namely

increasingly sophisticated means of managing HIV risk amongst some populations of gay men, the impact of ART and the use of medical technologies in managing HIV risks and the rise of new sexual identities and sub-cultures within gay men's sexual cultures.

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SEXUAL BEHAVIOUR AND HIV PREVALENCE OVER THE LIFE COURSE IN RURAL MALAWI

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Objective: This paper compares HIV prevalence and sexual behaviour of individuals aged 15–49 with those aged 50 years+ and 65 years+, and examines patterns of HIV risk and sexual behaviour over the life course in rural Malawi.

Methods: We use data from the 2010 wave of the Malawi Longitudinal Study of Families and Health (MLSFH), a longitudinal panel survey collecting demographic, socioeconomic and health data in three regions of rural Malawi. Data were collected from around 4000 adults aged 15 and over.

Results: HIV infection remains a risk at older ages in rural Malawi. HIV prevalence at age 50 and older was 7.7% among men and 4.2% among women. Our data suggest that HIV infection in this population is likely to be sexually transmitted. Sexual activity does not diminish after age 49: 45% of women and 72% of men reported having sex in the past year. Numbers of men and women's recent extramarital partners were not significantly different after age 50 from those reported before age 50. Our data also suggest that women may be less aware of their husband's extramarital partners at older ages.

Conclusion: We demonstrate that questions about sexuality and HIV testing can be offered to older adults in Africa without the risk of high non-response bias. This, coupled with our findings of considerable levels of HIV infection and sexual activity among older Malawians, suggests that individuals aged beyond 49 should and can be included in HIV/AIDS research and prevention efforts in sub-Saharan Africa.

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MALE CIRCUMCISION AND SEXUAL FUNCTION IN MEN AND WOMEN: A SURVEY-BASED, CROSS-SECTIONAL STUDY IN DENMARK

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Background: One third of the world's men are circumcised, but little is known about possible sexual consequences of male circumcision. In Denmark (~5% circumcised), we examined associations of circumcision with a range of sexual measures in both sexes.

Methods: Participants in a national health survey in 2005 (n = 5552) provided information about their own (men) or their spouse's (women) circumcision status and details about their sexual lives. Logistic regression-derived odds ratios adjusted for potential confounders (OR_{adj}) measured associations of circumcision status with sexual experiences and current difficulties with sexual desire, sexual needs fulfilment, and sexual functioning.

Results: Age at first intercourse, partner number, perceived importance of a good sex life, and current sexual activity differed little between circumcised and uncircumcised men or between women with circumcised and uncircumcised spouses. However, circumcised men were more likely to report frequent orgasm difficulties (11% vs 4%, OR_{adj} = 3.26; 95% CI: 1.42–7.47), and women reporting a circumcised spouse were more likely to report incomplete sexual needs fulfilment (38% vs 28%, OR_{adj} = 2.09; 1.05–4.16) and frequent sexual function difficulties overall (31% vs 22%, OR_{adj} = 3.26; 1.15–9.27), notably orgasm difficulties (19% vs 14%, OR_{adj} = 2.66; 1.07–6.66) and dyspa-

reunia (12% vs 3%, OR_{adj} = 8.45; 3.01–23.74). Findings were stable in several robustness analyses, including one restricted to non-Jews and non-Moslems.

Conclusions: Circumcision was associated with frequent orgasm difficulties in Danish men and with frequent sexual difficulties in their spouses, notably orgasm difficulties, dyspareunia, and a sense of incomplete sexual needs fulfilment. Thorough examination of these matters in areas where male circumcision is more common is warranted.

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PHARMACY ACCESS TO THE EMERGENCY CONTRACEPTIVE PILL (ECP) IN AUSTRALIA: POLICY IMPLICATIONS OF THE FINDINGS FROM TWO NATIONAL STUDIES

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Aim: To examine the major policy issues from findings of national surveys about over-the-counter (OTC) provision of the ECP in Australia.

Methods: Computer-assisted telephone interviews with a random sample of 632 Australian women aged 16–35 years, and a mail survey of a random sample of 427 community pharmacists nationally in 2008/2009.

Results: Fewer than half the women surveyed were aware that the ECP was available OTC. Most had high awareness of the ECP, but limited knowledge in relation to its use. About a third of the women erroneously thought the ECP was an abortion pill, over 60% that the ECP could damage future fertility, and a significant number confused it with RU-486. Fewer than half the women felt it was the pharmacist's role to give advice about regular contraception and STIs when a woman was obtaining the ECP. Only one woman had purchased the ECP for future use.

Most pharmacists believed that public awareness of the OTC availability of the ECP is high, and that it is their role to provide advice to women on regular contraception. Many felt the ECP should not be supplied in certain circumstances, such as for future or repeat use.

Conclusions: Public education campaigns and publicity through the media about the safety, time-frame for use, OTC availability and the difference between the ECP and medical abortion are needed. For pharmacists, there is a need for a standardised national protocol or the abolition of protocols altogether, and revised training on the provision of the ECP.

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HEALTH AND WELL-BEING OF TRANSGENDER AND TRANSSEXUAL WESTERN AUSTRALIANS: PRIORITIES FOR PUBLIC HEALTH

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Background: Transgender and transsexual (trans) people are highly stigmatised populations. However, little is known about the general health status of these groups.

Methods: Between October 2006 and February 2007, 50 self-identified trans individuals living in Western Australia were recruited via a range of purposive sampling strategies, and completed an anonymous questionnaire exploring a range of health issues. Responses were compared against national surveillance data.

Results: One in five participants were smokers (22%, n = 11), and trans women were twice as likely to smoke as women in the general population. One in three participants (30%, n = 15) had used an illicit drug in the past six months. Cytological screening was utilised by 38% of those in whom it was indicated, compared with 61% in the general population. Mammograms were also poorly utilised, with 29% of trans women aged 50–69 screened, compared with 56% of women generally. In the past year, 32% (n = 16) were diagnosed with depression and 24% (n = 12) had been diagnosed with an anxiety disorder. The majority of participants had sought medical assistance to transition, but difficulties were commonly reported. The most frequently cited problems were an inability to afford medical services, a lack of services in the state, and encountering clinicians who lacked the knowledge to provide appropriate care.

Conclusions: High rates of substance use and low uptake of cytological and breast-screening services suggest mainstream health promotion messages are not reaching trans people or are not perceived as relevant. Health services must develop programs relevant to and inclusive of trans individuals.

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FEMALE SEXUAL DYSFUNCTION DUE TO DIABETES MELLITUS: STUDY AMONG MUSLIM WOMEN IN MALAYSIA

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Sexual dysfunction is a known complication of diabetes mellitus in both men and women.

The aims of this study: 1. to determine the prevalence of sexual dysfunction 2. to identify the types of sexual dysfunction experienced by Muslim women with type 2 diabetes mellitus in Malaysia.

Methods: This sequential mix-method study was conducted on married Muslim women with type 2 diabetes mellitus, who received treatment from three community clinics in Selangor, Malaysia. Female sexual function was assessed using Malay version of Female Sexual Function Index. Later, a few women were selected and interviewed using semi structured questions to obtain their opinion regarding their sexual function.

Results: Eighty-one women participated in this study which found that sexual dysfunction was present among 27.2% women. Sexual dissatisfaction was the commonest symptom among these women and was observed in 48.1% of women followed by poor libido (45.7%). Sexual arousal disorder was observed in 25.9%, 23.5% complained of lack of lubrication, and 21.0% had vaginal discomfort. Orgasmic dysfunction was found in only 12.3% of these women. Semi structured interview revealed that women seek religious guidance, reading materials in magazines and traditional medicine to cope with sexual problems. All women expressed the importance of sexual health as they consider it as a religious obligation.

Conclusion: Sexual problems are frequently experience by Muslim women with diabetes mellitus. Further investigation is necessary to determine the associated factors including sociocultural and religious influences.

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VALIDATING SALIVARY TESTOSTERONE COLLECTION AND MEASUREMENT IN A LARGE RANDOM PROBABILITY SURVEY: NATSAL 2011

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Introduction: The development of novel techniques for measuring testosterone in saliva has increased interest in exploring the relationship between androgens and sexual behaviour. However, salivary testosterone measurements have not yet gained acceptance because of uncertainties over the accuracy of assays and the lack of proper validation of salivary against standard serum measurements.

Objectives: To validate a salivary assay for testosterone and to pilot saliva sample self-collection procedures in a large population-based survey.

Methods: Four dedicated studies were conducted to explore: assay performance; stability of salivary testosterone; the correlations between salivary testosterone and serum testosterone and individual variations in testosterone. Saliva and blood samples were collected in tandem in all four of the separate validation studies and were stored, transported and analysed under standardised conditions. The self collection of early morning saliva samples by participants and the laboratory and data management procedures were tested in the pilot and dress rehearsal for Natsal 2011.

Results: Results will be presented on assay performance, sample stability, temporal variations in salivary testosterone and on the correlation between testosterone in saliva and serum in men and women. Results will also be presented on the up-take of saliva testing in the pilot and dress rehearsal.

Conclusion: Measurement by mass spectrometry on a single saliva sample collected before 10am in the morning can provide an accurate assessment of tissue exposure to testosterone in both men and women and early morning saliva collection can be operationalised within a large population based survey such as Natsal 2011.

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REPEAT INDUCED ABORTION—A MATTER OF INDIVIDUAL BEHAVIOUR OR SOCIETAL FACTORS? A CROSS SECTIONAL STUDY AMONG WOMEN AND MEN IN SWEDEN

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Background: Almost 40% of all induced abortions in Sweden are repeat induced abortions; however, there is limited knowledge about risk factors.

Objective: Investigate risk factors among women and men with repeat abortion.

Methods: A Swedish cross-sectional study; 590 men (range 16–63 yrs); 798 women (range 14–49 yrs) involved in an abortion during 2009. A questionnaire was used and a regression model examined risk factors associated with repeat abortion (SPSS 17.0).

Results: One-third had been involved in at least one previous abortion. Risk factors for repeat abortion among women; previous children (OR 2.57), lack of emotional support (OR 2.09), unemployment or sick leave (OR 1.65), tobacco use (OR 1.56), and low educational level (OR 1.5). Risk factors among men; age range 25–29 years (OR 3.72), victimised of violence or abuse over the past year (OR 2.62), unemployment or sick leave (OR 2.58), and previous children (OR 2.00). Some considered that economic support and work opportunities might have enabled them to continue the pregnancy. Increased sex and relationship education (SRE), easy/free access to high-quality contraceptives and counselling, were suggested interventions for preventing unintended pregnancies.

Conclusions: A large proportion of abortion seeking women (35%) and the involved male partner (32%) have experienced previous abortion and they appear more socio-economic disadvantaged than those who experienced their first abortion. This vulnerability may hinder the motivation and ability to practise safe sex. When applying these findings to public health work, welfare systems designed to narrow the gap between different socio-economic groups become important, such as increased work opportunity, SRE, subsidised contraceptives, and easy access to counselling with follow-up visits.

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REASONS WOMEN USE 'DRY SEX'
TRADITIONAL MEDICINES IN ZAMBIA

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Introduction: There has been some concern in Central and Southern Africa about the 'dry sex' practice prevalent in parts of that region, especially in relation to the HIV epidemic which has disproportionately affected women. There have however been few, if any, studies investigating the socio-cultural determinants of the practice. This study looks specifically at the main reasons women use these medicines and some of the beliefs that encourage the practice.

Method: A cross-sectional study involving 812 Zambian women, was undertaken in Lusaka, the capital city of Zambia. Quantitative and qualitative data was obtained through self-administered questionnaires, interviews, in-depth interviews and focus group discussions. The quantitative data was analysed using SPSS, and the qualitative data was used to complement and clarify the quantitative data.

Results and discussion: The main reasons women used the 'dry sex' traditional medicines (DSTM) included: for the man's pleasure, fear of rejection, to increase body temperature and because of social pressure or societal expectations. Respondents who were less traditional were more likely to view DSTM use as practice perpetuated for the benefit of men, and because of societal pressure. In contrast, the more traditional respondents were more likely to view DSTM use as a social and physiological necessity for women. Indeed, apart from the direct reasons for DSTM use, one-third to two-thirds of the respondents held ethnopharmacological, ethnobiological and socio-cultural perceptions and beliefs which encouraged DSTM use.

These findings are of importance in health promotion strategies, especially in view of the HIV epidemic in the sub-Saharan region.

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LATENT PROFILES OF PORNOGRAPHIC
VIEWING PREFERENCES AND SEXUAL
BEHAVIOR PRACTICES AMONG MEN WHO
HAVE SEX WITH MEN (MSM)

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Background: Sexually explicit media (SEM) is widely used among MSM, however little is known about how to define and measure MSM's exposure to SEM. The primary aim of this investigation was to determine how MSM grouped together based on their SEM viewing preferences and recent behavioral practices.

Methods: We conducted a 7-day, test-retest study of 200 MSM using an Internet-based recruitment approach. Eligible participants reported sex with another man within the last 5 years, were at least 18 years old, and lived in the US. We asked respondents about viewing and performance frequency of 23 diverse sexual acts in the last 3 months. We used latent class analysis to extract homogeneous groups based on response patterns to each set of items (i.e., viewing and behavior).

Results: Preliminary results indicate that there are four distinct profiles of viewing preferences:

- (a) broad mainstream and fetish acts (26%),
- (b) mainstream and limited fetish acts (22%, e.g., leather and spanking only),
- (c) mainstream sex acts (33%), and
- (d) solo actor/masturbation (19%).

In terms of behavioral patterns, we observed only three profiles:

- (a) broad mainstream and fetish acts (13%),
- (b) limited mainstream acts (73%, e.g., masturbation, rimming, anal sex), and
- (c) broader mainstream (14%, includes three-ways and toy use).

Conclusions: We identified reliable patterns of SEM viewing and sexual behavior among MSM. This classification will allow for improved study of the effect of SEM on sexual risk behavior.

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INTIMATE PARTNER SEXUAL VIOLENCE
AND ITS RELATIONSHIP TO HIV SEXUAL
RISK BEHAVIOUR AMONG MEN WHO HAVE
MULTIPLE FEMALE SEXUAL PARTNERS IN
CAPE TOWN, SOUTH AFRICA

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Objective: To describe the changes over time in the perpetration of intimate partner sexual violence (IPSV), and the association between IPSV and sexual and other risk behaviours among adult men who have multiple female sexual partners.

Method: Men from a peri-urban community outside of Cape Town, South Africa were recruited in 2006 and again in 2010 into HIV behavioural and biological surveillance studies employing Respondent Driven Sampling. Eligible men were ≥18 years, and had at least two female sexual partners in the 3 months prior to the survey.

Results: IPSV perpetrated in the last year was reported by more men in 2010 (31.76%) than in 2006 (25.54%). Inconsistent condom use in the last 3 months, reporting a symptom of a sexually transmitted infection (STI), engaging in transactional sex (TS) characterised by exchange of money or goods, and consuming greater than 5 alcoholic drinks on most occasions in the last 3 months were significantly more common among men who reported perpetration of IPSV in 2006 and 2010. IPSV was more common among men who had more than 10 sexual partners in the last 3 months in 2006, and among men who were unmarried in 2010.

Conclusion: Men in these serial, cross-sectional studies perpetrated high levels of IPSV, and also engaged in risky sexual behaviour that increases the risk of HIV. HIV risk reduction interventions that address non-condom use and knowledge of and treatment for STIs should also incorporate strategies to reduce intimate partner sexual violence, transactional sex and excessive alcohol consumption.

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THE PREVALENCE OF SEXUAL READINESS
IN A UK POPULATION COHORT

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Background and aims: There is evidence that higher levels of sexual readiness are protective against poor sexual health outcomes. The aim of this study was to prospectively examine the development of sexual readiness in a UK cohort of adolescents.

Methods: Data were collected from 5247 adolescents who participated in the Avon Longitudinal Study of Parents and Children at 12+, 13+ and 15+ years of age. Prospective data were collected using computer assisted structured interviews and self-report questionnaires from the young person and parents where appropriate. Experience of oral sex



and sexual intercourse was recorded at each time point. A measure of sexual readiness was derived by aggregating items which assessed the young person's willingness to take part, perceived autonomy, contraceptive use and lack of regret at being involved in these behaviours (unready = 0, ready = 4).

Results: At 12+, 13+ and 15+ years of age, 1%, 3% and 23% respectively of each age group reported having had either oral sex or sexual intercourse. The proportion of young people who were unready (score <= 1) was 9% (95% CI 2–16%) at 12+ years and 6% (3–10% and 5–7% respectively) at both 13+ and 15+ years whereas 34% (22–45%), 41% (34–48%) and 55% (52–58%) respectively reported readiness for sexual involvement (score = 4). Girls were more likely than boys to report sexual activity but they also reported lower levels of sexual competence.

Conclusions: Reported sexual readiness increases with age but at all ages a substantial proportion of young people report low levels of sexual readiness.

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WHERE NOW IN PROMOTING YOUNG PEOPLE'S SEXUAL HEALTH IN RURAL SUB-SAHARAN AFRICA?

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Objective: To learn from a process evaluation accompanying the trial of a multi-component adolescent sexual health programme in Tanzania, in order to recommend future preventative interventions.

Methods: An RCT of the *MEMA kwa Vijana* programme was accompanied by a process evaluation and descriptive research involving: participant observation for repeated 7 week periods in 8 villages; in-depth interviews with 118 young people (many repeated); and 6 series of group discussions. Findings from intervention research elsewhere in Africa were reviewed.

Findings: Rigorous evaluations of preventative behavioural interventions in Africa show limited impact. Our process evaluation identified key barriers to behavioural change, both economic (e.g. women's dependence on men, sex as an important economic resource for women, poverty) and cultural (e.g. low status of youth, contradictory sexual norms and secrecy, predatory masculine sexuality, ambivalence about contraception, negative condom beliefs, poor understanding of HIV/AIDS). It also identified potential facilitators of behavioural change, including restrictive norms, the influence of education and religion, parents' concern for their children's health, village conformity, and contact with people with AIDS.

Conclusions: Preventative interventions with the strongest evidence of effectiveness (largely biomedical) should be widely implemented, but additional approaches are necessary. Our findings suggest 6 goals for prevention: intensified promotion of A,B,C, particularly mutual monogamy; greater openness about young people's sexual relationships; stronger relationships between couples; forms of masculinity not focused on sexuality; schooling that boosts confidence and challenges gender norms; and raised expectations for young women. We will discuss appropriate interventions to meet these goals.

ORAL PRESENTATION

TRACK 6

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MEN AND WOMEN WITH GENITAL PIERCINGS

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Object of study: To provide evidence about men (MGP) and women (WGP) with genital piercings, including health, medical, and pregnancy issues. Currently they obtain their medical advice from the non-health sources which may put their health at risk.

Methods: As random samples are almost impossible in populations with hidden variables, two cross-sectional studies were conducted using web-based surveys.

Results: Descriptive quantitative and qualitative data were obtained from 445 MGP and 240 WGP, internationally. Deliberate decision-making was present. Their genital piercing (GP) outcomes (improvement of personal and partner's sexual pleasure), were related to their motives for the GP (sexual expression, uniqueness, and aesthetics). MGPs often chose a Frenum/Frenum Ladder piercing (36%) and/or a Prince Albert (56%), with 25% experiencing urinary flow changes with the latter piercing. WGPs had clitoral area or labia piercings; they stressed that GP were a normal, meaningful part of their lives. WGP (n = 25) reported 37 pregnancies since GP procurement; half were not asked to remove their piercings for delivery with no subsequent complications. Some WGP have experienced depression (47%), abuse (physical 18%; emotional, 27%; sexual, 14%), and forced sexual activity (35%); they cited taking control and using GP to "re-claim" their bodies.

Conclusions: The "social reality" of the GP phenomenon is here. Several unsubstantiated assumptions were challenged regarding the amount of STDs, GP complications, and overall demographics. Clinician awareness of GP is important to educate and inform adequately, give professional advice, and provide a realistic picture of structural complications.

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AFTER ABORTION: WOMEN'S EMOTIONS

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Women's emotions are inextricably linked with the abortion experience. Women describe a range of varied feelings after abortion. They include positive emotions such as the realisation the abortion is over and that it was the end of keeping secrets, women express how they are looking forward to life again and that they felt empowered, more in tune with themselves and looking forward to the future. They also experience a range of negative emotions such as remembering with regret, feeling a sense of emptiness and loss, feeling isolated and concerned about the future. Some felt angry and ashamed at what they described as 'as a loss of life' some felt they had disappointed themselves and others. The overwhelming emotion is described as relief and this did not change over time although women re-evaluated their abortion experiences differently as a result of the passage of time and intervening life's experiences, some re-evaluated their abortion negatively and others re-evaluated their abortion positively. Women's emotions varied in their response to abortion. The initial feeling of relief was re-evaluated over time; most felt it was the right thing to do at that moment and moved on with their lives. Time may have eroded the details, but not the fact of abortion.



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LEARNING THE ART OF ASSESSING AND IMPROVING SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS OF YOUNG PEOPLE IN CONSERVATIVE MUSLIM SOCIETY

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In any society good sexual and reproductive Health (SRH) is dependent on the recognition and realization of respective SRH Rights. However the absence of research on SRHR status of young people, it is difficult to plan interventions to address issues related to SRH of young people and to advocate for an enabling policy environment.

In conservative countries like Pakistan which is currently undergoing demographic transition with over 64% of its population is below the age of 24 years, it is vital to design rights based interventions to meet their SRH needs. With this background, World Population Foundation (WPF), Pakistan conducted a pioneering research on 'Status of SRH Rights of Young People in Pakistan'—2010. The 'Sexual and Reproductive Health Rights Assessment Framework'—SeHRAF developed during the research is used for assessing SRHR status of young people.

The research findings manifest limited realization of young people's SRH Rights, extreme discrimination against marginalized communities and has disregarded the assumption that boys/girls are "too young" to need SRHR information and services. Most infringed rights are 'Right to Education and Information' and 'Right to Health Care'. It highlights the urgent need for building capacity of the education and healthcare systems and advocacy for SRHR-friendly services and policies in Pakistan.

The findings of the research have enabled WPF in improving its Life Skills Based Education (sexuality education) programme for formal and non-formal education systems, incorporating LSBE into National Education and Youth Policies and strengthening advocacy for integration of SRHR Education into national school curriculum.

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TOWARDS A WAS YOUTH INITIATIVE

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According to the UNFPA, more than 1.5 billion people today are between the ages of 10 and 25. It is the largest generation of young people in history.

Over the past decades, scientific research and numerous surveys have continuously demonstrated the many sexual problems faced by young people, which are related to their particular developmental characteristics. Hence, in its *Millennium Declaration*, the WAS (2008) recognizes their great need for comprehensive sexuality education and sexual health services.

But as well as youths are prone to be affected by many sexual issues, they can also become powerful sexual health advocates, as their actions have proved over the last years.

Thus, it is crucial for the concretization of the *Millennium Declaration*, and for the institutional life of WAS, to start developing mechanisms of youth participation within WAS itself, as youths can become a driving force that would contribute to the consolidation of WAS as the leading global organization devoted to sexual health.

The *WAS Youth Initiative* emerges in this context, with three main strategies to undertake: the constitution of the WAS Youth Initiative Committee with youth members of the five WAS Federations; the use of modern communication technologies, particularly, the creation of Internet sites that would spread all the Initiative activities; and an International Consultation, "Youth's Sexual Health in the XXI Century", in response to the new sexual health challenges and, consequently, in a necessary effort to define, through a youth-adult partnership, the WAS guidelines to develop future work targeting youth.

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PLEASURE AND ORGASM IN WOMEN WITH FEMALE GENITAL MUTILATION/CUTTING (FGM/C)

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Introduction: Female genital mutilation/cutting (FGM/C) violates human rights. FGM/C women's sexuality is not well known and often it is neglected by sexologists. In mutilated/cut women, some fundamental structures for orgasm have not been excised.

Object: To describe and analyze the results of four investigations on sexual functioning in different groups of women with FGM.

Method: Sample: 137 adult women affected by different types of FGM/C; 58 mutilated young ladies living in the West; 57 infibulated women; 15 infibulated women after the operation of defibulation.

Results: The group of 137 women, affected by different types of FGM/C, reported orgasm in almost 86%, always 69.23%; 58 mutilated young women reported orgasm in 91.43%, always 8.57%; after defibulation 14 out of 15 infibulated women reported orgasm; the group of 57 infibulated women investigated with the FSFI questionnaire showed significant differences between group of study and an equivalent group of control in desire, arousal, orgasm, and satisfaction with mean scores higher in the group of mutilated women.

Conclusions: The operation of defibulation showed that in infibulated women, some erectile structures fundamental for orgasm have not been excised. Cultural influence can change the perception of pleasure, as well as social acceptance. Every woman has the right to have sexual health and to feel sexual pleasure for full psychophysical well-being. In accordance with other research, the present study reports that FGM/C women can have the possibility of reaching orgasms. In case of sexual disfunctioning, women with FGM/C have the right to have an appropriate sexual therapy.

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FEMALE GENITAL 'COSMETIC' SURGERY (FGCS): GENITAL IMAGE AND BODY IMAGE PERCEPTIONS IN AUSTRALIAN WOMEN

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This Internet-based study investigated 783 Australian women's experiences with and attitudes about female genital cosmetic surgery (FGCS). This study also assessed the relationship between aspects of genital image and body image, including appearance satisfaction and body and genital image self-consciousness during sexual activity. The aim of this study was to investigate women's experience with and attitudes about FGCS. This would be achieved by investigating how body image and genital image may influence attitudes about FGCS among women who are not currently undergoing these procedures.

Results: Figures indicate that in the bedroom many women experience a high frequency of appearance-based distracting thoughts about their body (53%) and their genitalia (75%). Results also found that 47% of women would consider having some form of FGCS in the future. This figure indicates a very high proportion of women who are not satisfied with their genitalia would consider surgery.

The research shows the importance of considering genital image as well as body image in conceptualizing women's sexuality. The research demonstrates an association with cognitive distraction during sexual activity due to physical self-consciousness of negative body image and negative genital image perceptions. An important implication of the

study is that women with poor genital image can potentially have unnecessary and harmful surgery. Solutions other than surgery need to be considered such as debunking myths; genital education about diversity; and addressing negative cognitive distortions. Body image programs also need to be expanded to include genital image awareness to help girls and women deal with genital anxieties.

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FACILITATED SEXUAL ACTIVITY FOR PEOPLE WITH PHYSICAL DISABILITIES

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The purpose of this research was to investigate the challenges People with Physical Disabilities (PWP) face in sexual expression and to further establish how they can be aided in achieving sexual pleasure via Facilitated Sexual Activity (FSA). Encapsulating a working definition of FSA for PWP required exploration of the legalities and ethics involved in such assistance, professionals and assistants duty of care and rights, consumers rights, access and resources available to act on their basic human right of sexual expression.

Information was gained through a modified Delphi research method utilising a critical literature review, semi-structured interviews and follow up surveys with experts in disability and sexuality to inform the discussion of issues and strategies of FSA and how this could be achieved for PWP.

The results revealed a definitive lack of services and options available for PWP according to both the professional and personal experts in this area. The data indicates that most PWP want to express their desires to an aide or therapist in hope that they may be assisted in sexual activity such as social desires or creating a personal environment to achieve pleasure or arranging paid sexual services.

This in-depth, small cohort and rich descriptive analysis research on the phenomena of FSA showed PWP are assisted in most aspects of their humanity however rights to sexuality expression often need to be negotiated. Service providers such as aides and therapists require more education and understanding to be able to incorporate facilitation into an everyday aspect of service provision.

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MUBOBOBO: WOMEN HAVE NO SEXUAL FANTASIES IN THEIR SLEEP

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Mubobobo is a belief among traditional Shona people of Zimbabwe that women cannot have nocturnal emission in their sleep. This study explored traditional Shona women's experiences of *mubobobo* from an ethnopsychological perspective. Participants were three men who were alleged to be the perpetrators of *mubobobo* and three women who claimed to be the victims of *mubobobo*. The men and women in this study were not related or involved in litigation relating to *mubobobo*. In fact, the presented cases in this study were isolated individual experiences of *mubobobo*. In-depth interviews were held to assess the views of participants who were embroiled in the *mubobobo* controversy as perpetrators and victims. A thematic content analysis of the narratives of the participants was done to establish the reasonableness of participants' convictions about *mubobobo* in the context of human sexuality. The findings of the study revealed that traditional Shona women experienced nocturnal emission like any other women in the world but due to cultural constraints they could not believe the excitation of their reproductive system in their sleep as real and a normal biological process. Furthermore, research on the sexuality of traditional Shona women could have a special focus on women empowerment in the context of sexual and reproductive health education.

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A DEMOGRAPHIC SURVEY TO IDENTIFY ASPECTS OF LIFESTYLE, CONDITIONS AND CHARACTERISTICS OF LONDON SEX-WORKERS

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Background: There is a dearth of reports on London sex-workers lifestyles, conditions and characteristics of living.

Aim: To establish age, nationality, alcohol and drug use, physical and mental health concerns and whether trafficked or optionally migrated into sex-work.

Participants: London sex-workers.

Method: A demographic survey integrated 4 data collection strategies:

- (1) An initial mapping exercise of:
 - (a) welfare, social and health care services accessed by the target group, and
 - (b) commercial sex sites,
- (2) A telephone survey of premises housing sex-workers,
- (3) A review of criminal justice data of sex-worker related arrests, and
- (4) face-to-face interviews with sex-workers (n = 21).

Findings: Initial mapping identified 263 services accessed by sex-workers. From the commercial sites, 174 advertising sex-workers were identified. 100% were of foreign origin. From the telephone survey, 71 premises housing 114 sex-workers were identified (25% British). Criminal justice data provided information about nationalities of sex-workers and trafficking claims. Out of the 21 interviewees, 7 optionally migrated and 14 were trafficked into sex-work.

Conclusions: Data evidences sub-cultures within London's sex-worker population. There are overt differences between sex-workers who:

- (1) work off-street,
- (2) work on-street,
- (3) migrate into the industry,
- (4) are trafficked,
- (5) have citizenship,
- (6) are illegal immigrants,
- (7) are adult and consenting,
- (8) are minors (<16 years of age),
- (9) are remunerated and unrestrained,
- (10) held hostage,
- (11) are tied to sex-work through drug addiction.

Implications: That support services (police, welfare, social and health care workers) tailor care to meet individual needs of this population.

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MIGRATION AND SEXUALITY: A FAITH BASED ORGANIZATION RESPONSE TO SEXUAL HEALTH, HIV AND MIGRATION IN MEXICO

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Issues: There is concern that migration is associated with HIV. However, research highlights the vulnerability of migrants as result of sexual violence, social and economic inequality. The Mexico-US migration corridor is transited by 10 million people every year, 16%

are Central American migrants. In Mexico, there is a network of shelters “casas de migrantes” (CM) that provide humanitarian assistance to migrants. CM are related to the catholic church.

Description: The National Institute of Public Health has developed with local AIDS programs and CM a comprehensive strategy on migrant’s sexual health and human rights. It includes legal assistance, promotion of condom use, access to HIV rapid tests, and ARVT in the south and northern Mexican borders. This strategy has proven to be successful: 40,000 migrants have received information on HIV and human rights; 4,000 HIV rapid tests have been applied and 150,000 condoms distributed. 90% of migrants have learned something new on sexual rights and recognize they have had an opportunity to reflect on their risks and vulnerability.

Lessons learned: We present results of an effective strategy based on the active collaboration between community faith based organizations, governmental programs and academic institutions. This approach allows the empowerment and capacity building of social organizations providing them with political and social visibility.

Next steps: This strategy has received recognition from the Mexican and Guatemalan Governments and international agencies, and has been scaled in seven CM in Mexico. The strategy is currently being adapted to the context of five frontiers in South America.

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FEMALE GENITAL MUTILATION: WORKING PSYCHOLOGICALLY WITH CIRCUMCISED WOMEN

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Female genital mutilation (FGM) is the term given to traditional practices involving the intentional cutting or partial or total removal of the external female genitalia (WHO, 1999). This two part study used both qualitative and quantitative methods. Part one of the study explored the views and experiences of FGM amongst women who had undergone the practice. It also explored their views about what clinical psychologists needed to know and do in order to provide appropriate services. In this part of the study six participants were interviewed using a semi-structured interview. The data was analysed using interpretative phenomenological analysis (IPA). Findings indicated that participants felt that despite there being many reasons given for FGM none of them justified the practice. Further findings suggested that participants felt that clinical psychologists needed to; understand how FGM is accounted for; acknowledge the different views towards the practice; have knowledge of the many consequences of the procedure and talk about FGM in a sensitive and non-judgemental manner.

Part two of the study explored the experiences, knowledge and training needs related to FGM amongst clinical psychologists. A survey was completed by 74 clinical psychologists. The findings indicated that there was minimal experience of working with FGM related difficulties amongst participants. Knowledge about FGM and the consequences of it were also limited. Furthermore, clinical psychologists had received little training about FGM and many did not feel confident in working with issues related to the practice. Implications for clinical practice and recommendations for further research are suggested.

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SEXUAL HEALTH IS A REAL MAN’S ISSUE: PERCEPTIONS OF SEXUAL HEALTH CONCERNS AMONG YOUNG BANGLADESHI MEN

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Introduction: Male sexual health concerns are culturally specific and require comprehensive health services sensitive to local terminology

and taboos. Understanding cultural perceptions influencing these concerns will shape more effective health interventions attuned to local models of sexual illness.

Design: Exploratory.

Methods: The ways in which male sexual attitudes shape and inform sexual health concerns and health seeking behavior was studied among 39 Bangladeshi men (ages 17–29). 15 informal and formal health care providers were also interviewed. Qualitative tools included: focus group discussions, free-listing, ranking and in-depth interviews.

Results: Male sexual health concerns mostly lie outside the biomedical lens, and are concerned with locally defined concepts of “masculinity”. Most men worried about their penile anatomy, sexual performance skills and semen loss. In particular, uncontrolled nocturnal emissions was perceived as causing weakness, deemed harmful to health, was linked with poverty, malnutrition, and ‘decreased male sexual power’. Traditional health providers suggested local treatments ‘to cure’ the problem, thereby reinforcing the belief that semen loss is a significant male sexual health concern.

Conclusion: Anxieties over semen loss result from culture-bound beliefs, which are concerned with semen and its relationship to health via spiritual and physical means. Men who lose semen enter a ‘weakened state’, preventing them from both working and sexually pleasing their partners. Traditional providers, pornography and friends were all sources of inaccurate information. A ‘male-centered approach’ in health services, sensitive and knowledgeable regarding local terminology, cultural perceptions and taboos will have an important impact on the sexual health of Bangladeshi men.

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CHILDREN’S SEXUAL HEALTH. A DEVELOPMENTAL APPROACH TO SERIOUS SEXUAL PROBLEMS AMONG ADOLESCENT’S AND ADULT’S

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Considering adult sexual behaviour as independent of what happens during childhood has put children’s sexual health in the shade. Children’s sexual rights to develop their heterosexual and homosexual orientation into an identity without shame and anxiety and for instance not become a sex offender have been given little or no attention in our society. Problems related to attachment and the early development of sexual identity need to be focused both clinical and scientifically.

This presentation will illuminate how recent studies can give an idea about how childhood sexual development, attachment and sexual orientation plays an important role in forming and developing sexual attraction and identity, and further implications for sex education and therapy.

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“EXPANDING ACCESS TO INFORMATION AND SERVICE TO KEY POPULATION (IDU, SW, MSM AND PLHIV)”

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Gender is a flowing concept. The gender identity is closely linked with power and violence, although women are understood to be most violated upon, it is the third gender or Transgender who are the most disempowered group across gender identities.

FPA India implemented a very unusual project on working with sexual minorities like MSM and Transgender; the main goal being empowering the key groups to fulfill and exercise their sexual and reproductive rights. It was implemented at Chennai (TN); Kohima (Nagaland); Kolkata (WB) and Mumbai from 2008- 2010.

The project has involved over 20,000 key populations, providing SRH services to over 2300 KPs.

Main learnings:

1. Transgender (TG) are most vulnerable and disempowered among all KPs.
2. TGs suffer most brutal and severe sexual violence
3. The vulnerability of a TG to HIV, STI and other outcomes is closely linked to their family support, self image and self esteem.
4. TG have different Sexual and reproductive health needs and it additional clinical as well as attitudinal training for the doctor and the whole clinic team to address their health needs.

The project has indeed made an impact on people's life. One of the income generation skills Beneficiary said that "I would have still engaged in begging and sex work had it not been for the timely involvement with FPAI work. Now I am earning and helping people like me to come out of vulnerability." He is working as a technician in one of the Nokia showrooms.

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RURAL COMMUNITIES COLLABORATIVE YOUTH-FOCUSED HIV PREVENTION IN EDO STATE, NIGERIA

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Objectives: This paper describes a community participatory research using AIDS competent community (ACC) framework to deliver and build AIDS competent communities. The authors will present longitudinal data from 10 communities, where community-based activities were facilitated by young graduates serving in a one-year mandatory service referred to as National Youth Service Corp (NYSC) programme.

Methods: This paper uses two sets of data. First, we examine and analyze field diaries, reports and observations using content analysis. Second, we use pre and post survey data to examine the influence of corpers' activities in the ten communities and to segregate those factors that account for the challenges and successes of the activities in the communities. We also proffer explanations based on community profiles on why some communities are showing significant changes in some of the ACC components than other communities.

Results: Data show that building partnerships and working with a mixed population of both adults and youth in undertaking HIV prevention activities are more likely to result in building solidarity between youth and elders. This solidarity further empowers rural youth to build youth friendly centers, abstain from sex, use condoms, and to promote youth willingness to be and be tested for HIV virus. In addition, power differentials based on gender and age are challenged and navigated by youth, resulting in girls practicing secondary abstinence and accepting condom use.

Conclusion: Future HIV prevention programmes in rural Nigeria needs to adopt a participatory approach that gives local people ownership and promotes sustainability.

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FREEDOM OF SEXUAL ORIENTATION AS A SEXUAL RIGHT IN NEED OF LEGAL PROTECTION: A CUBAN STUDY

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The lack of Constitutional and legal regulation of the right to freedom of sexual orientation is posited as a conditioning factor limiting the existence of the right to sexual health, to the effective protection of the rights to free development of personality, and individual liberty.

The outcomes evidenced stereotyping of homo- and/or bieroticism amidst popular imagery in Cuban society, conducive to expressions of

discrimination/violence. It identified: current factors which induce harm to sexual- mental health- in need of legal proscription; historical linkages of events pivotal in the making of homo-negativity as a universal legacy; the intersection of the use of the pedagogical effects of the law in the promotion of mental/sexual health—rights; the expanding trend in the enactment of national and international law—that proscribes discrimination based on sexual orientation, and acknowledges full "sexual citizenship".

A major outcome was the making of a documentary film that exposes part of the findings. It is aimed to be used as an educational- awareness building tool in support of the work developed by CENESEX to sensitize diverse sectors of Cuban society, de-construe all false learning and prejudice towards diverse expressions of non-heterosexual conducts and images. It underlines the need of a Constitutional- legal reform—to protect such sexual rights.

Homo-negativity and heterosexism are identified as existing harmful cultural barriers, in current Cuban society, obstructive to the comprehensive development of the health promotion policy of the State geared to ensure the "highest possible index of health of the population".

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EXPLORING EXPERIENCES OF SEXUAL AND GENDER BASED VIOLENCE AMONG MEN WHO HAVE SEX WITH MEN-SEX WORKERS IN MOMBASA, KENYA

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Background: Sexual and gender based violence (SGBV) targeted at men who have sex with men—sex workers (MSM-SW) is a potential risk factor for HIV infection. Little is being done with regards to intervention centred on MSM-SW and law enforcing agencies. Examining strategies and interventions to reach law enforcers on SGBV in the community is vital in scaling up prevention programs for MSM-SW. **Methodology:** Two focus group discussions (FGD) were conducted with MSM-SW in Mombasa, between June and July 2009, with seventeen men aged between 17 to 26 years. Participants of different ages, sexual identities and workplaces were purposively recruited during a cross-sectional survey examining relationship between sex workers and law enforcers in Mombasa.

Results: Findings indicate that MSM-SW experience rampant abuse and violence from police. All respondent cited gross violation of their rights from the hands of law enforcers. Incidences of arbitrary police arrest, physical force and detainment were common. Participants reported being arrested on trumped up charges and bribing their way to freedom. Cases of assault, homophobic rape and being robbed of their belongings were reported, having unprotected multiple sex with different officers was common. Verbal abuse was cited by many respondents, some alluded being called "mume malaya" male prostitute by police officers. MSM-SW expressed fear and reluctance to seek legal redress against their perpetrators of violence.

Conclusion: Homophobic rape and unprotected sexual episodes put both police officers and MSM-SW at risk of HIV acquisitions. SGBV prevention interventions need to increase focus on MSM-SW and law enforcers.

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THE DESIRE AND MOTIVATION FOR HOMOSEXUAL PARENTHOOD: COMPARING NORTHERN AND SOUTHERN ITALY

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Objective: To compare the desire and motivations towards parenthood amongst a group of homosexual residents in northern and southern Italy and to evaluate possible differences made by different socio-cultural contexts. In addition, the *Reflection* on reasons and the *Intensity of the Desire* in both groups are investigated.

Method: The research involved 166 homosexuals (105 M; 61 F) aged between 19–55 years (average 31 years; SD 8.4), 100 from northern Italy and 66 from southern Italy. The participants filled out a questionnaire evaluating: socio demographic data, sexual orientation, Parenthood Motivation List (categories: *Well-Being/Social Control/Happiness/Identity/Parenthood/Continuity*), *Reflections* on reasons for wanting a child and the *Intensity of the Desire*. Statistics were performed using SPSS (version 15.0).

Results: Preliminary results showed that, of 166 subjects, 67.5% expressed a desire for parenthood (69% north, 65% south) and, among these, 61.6% declared the intention to realize this desire in their lifetime. In both variables and for both groups, women and couples report higher rates. Regarding motivations for parenthood, *Happiness* is the most important category (average 6.47; range 0–9), opposed to *Social Control* (average 3.21; range 0–9) considered the less relevant. The *Intensity of Desire* is estimated higher in southern Italy (average 2.63; range 1–3). A comparison with a previous research will be presented on a group of homosexuals selected from central Italy.

Conclusions: The first results confirm the literature on homosexual parenthood, highlighting the significant relevance of the socio-cultural context in influencing the parenthood desire.

ORAL PRESENTATION

TRACK 7

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ISLAMIC SEXUAL COUNSELING IN FAITH BASED ORGANISATIONS (FBO:S)

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During the last decades Muslims in Europe have built their own institutions for counseling in family and sexual matters. The services are provided by both web-sites and family counselors in, for example, mosques and other Faith Based Organizations (FBO:s). This paper takes a look at what kind of dilemmas this counseling regards as problematic for Muslims trying to cope with the social situation in Europe. The discussion is grounded in a series of interviews with an imam and family counselor in one of the biggest mosques in Scandinavia. What kind of dilemmas related to sexuality and Muslim social relations does he confront in his everyday work? How does he deal with these problems in a social context characterized by conflicting values between Muslim conservative ideals and Western liberal ideals in terms of sexuality and family relations? A preliminary conclusion is that Muslim counselors are trying to maintain the boundaries stipulated by sharia by a re-interpretation of what this law regards as lawful sexual and social conduct.

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BARRIERS TO THE DELIVERY OF SCHOOL-LINKED SEXUAL HEALTH SERVICES IN THE UK: THE INFLUENCE OF SOCIETAL AND SCHOOL VIEWS ON YOUNG PEOPLE'S SEXUAL HEALTH

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Recent UK policy has placed increasing emphasis on access to sexual health services for young people (DfES 2007a, DfES 2007b). In this context, this paper presents findings from a study on school-linked sexual health services in the UK (Owen et al 2010). The project set out to map the variety of current provision across England, Wales, Scotland and Northern Ireland, via 51 telephone interviews with service coordinators and 205 self-completion questionnaires with school nurses. It also involved a systematic review of published evidence on the effectiveness of school-linked services.

Our findings highlighted the range of services available, from minimal ad hoc school nurse provision to comprehensive, multi-agency services. We also identified a number of barriers to the development and successful continuation of services, including funding issues, unsupportive school leadership, and ambivalence to young people's sexual health in the wider social context, leading to specific problems with local media and/or parental resistance. This—combined with adherence to school 'ethics' or 'principles'—could result in school policies and practices physically preventing young people accessing services, or restricting marketing to advertise services, often in direct opposition to the work of health professionals. In addition, service providers reported practical concerns related to rural locations and public transport considerations. At a time when the coalition government's approach to sexual health services is (as yet) unclear, these data raise issues about the principle of equality of service access for young people.

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ETHICAL DILEMMAS WITH SENSITIVE TOPICS IN QUALITATIVE RESEARCH

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Aim: This paper investigates the challenging ethical considerations that arise when researching the issue of 'sexual addiction' among those who self-identify as 'sexual addicts'.

Methodology: Adopting a primarily phenomenological approach, a literature review was undertaken and focus-groups involving 'sexual addicts' and treatment providers were used to identify potential ethical concerns.

Results: Specific ethical challenges regarding recruitment, rapport, confidentiality and boundary management were identified. An ethical framework was devised to address these concerns.

'Sexual addicts' are a vulnerable group, difficult to recruit and challenging to interview. In order to lessen their vulnerability the target population was confined to adults, (18 years and older) who self-identify as 'sexual addicts' and who are in a process of recovery.

In order to access the participant's story it is essential to build up a level of rapport to create trust. Occasionally this may lead to false expectations regarding the researcher-participant relationship. The use of clearly defined boundaries is vital.

Participant disclosure is the essence of phenomenological research. During fieldwork, dilemmas regarding pornography, child abuse and HIV status are disclosed. Guided by standard legal and ethical requirements the researcher acknowledges the limits to confidentiality and acts accordingly.

Qualitative interviewing involves listening empathically to the participant's story. This dynamic mirrors the relationship between the client and therapist and can be potentially confusing for participants

currently receiving therapy. Understanding and clarifying this role distinction is required.

Conclusion: A rigorous ethical framework is necessary in undertaking sensitive research concerning sexuality.

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TO KEEP SECRETS OR NOT TO KEEP SECRETS; THAT IS THE QUESTION! ETHICAL CONSIDERATIONS IN SEX THERAPY WITH COUPLES

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When working with couples, many Sex Therapists tend to see each partner individually to obtain information about his/her sexual history and to assess his/her motivation for sex therapy. During the course of meeting individually with partners, secrets the other partner is unaware of may be revealed. This situation can pose difficult ethical questions for the sex therapist.

This presentation will address these ethical dilemmas, will outline three options for dealing with such a situation, and explore the pros and cons of each possible therapeutic option. Cases from the presenter's own experience will be used as examples, and ideas on how to avoid such ethical dilemmas will be discussed as well.

When confronted with secret information divulged by one partner of a couple, the sex therapist has three main options in managing this situation:

- (1) Let the couple know from the start that all information has to be shared among the partners and thus no secrets will be kept between partners.
- (2) Decide which secrets to keep and which secrets should be shared, and if they should be shared, urge the partner to disclose.
- (3) Keep all secrets confidential.

Each of these options has its advantages and disadvantages, and they will be discussed in the presentation.

The purpose of this presentation is to bring these ethical dilemmas and their intricacies to the forefront of our awareness, and hopefully begin a discussion among colleagues about this very important ethical issue.

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CULTURAL DIVERSITY AND SENSITIVITY IN SEX THERAPY

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I am the author of the chapter entitled "Cultural diversity and sensitivity in sex therapy" which will appear in the upcoming second edition of *New Directions in Sex Therapy*, edited by Dr. Peggy J. Kleinplatz.

For the 2011 WAS conference, I am proposing a one hour workshop to help sex therapists to achieve a more finely honed awareness of the importance and place of cultural sensitivity in our clinical work.

The workshop will focus initially on four elements:

- Being aware of the existence of differences—the willingness to see our clients and ourselves on cultural contexts.
- Having knowledge of the client's culture—seeking accurate information and avoiding myths, stereotypes and generalizations.
- Distinguishing between culture and pathology in treatment—understanding the subtleties of cultural determinants for sexual behaviors which some may find unfamiliar or disturbing.
- Taking culture into account in therapy—sufficient familiarity with cultural norms and expectations to choose acceptable, effective interventions.

In addition, the workshop will look at the following issues: inclusive language; the efficacy of ethnic matching (attempting to find a therapist with similar ethnic background to that of the client); and acknowledging that both therapist and client can be the "other."

Finally the workshop will offer specific guidelines for therapists working with various ethnic groups and authority figures within those groups.

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DEVELOPMENT AND IMPLEMENTATION OF GUIDELINES FOR STI AND STD PREVENTION IN GERMANY

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Background: The prevention of STI/STD is an important part in promoting sexual health. Germany is well known for its advanced HIV prevention which is being led by many different entities, e.g. federal and state institutions, NGOs and many more. However, there has been no consent about the underlying principles of STI prevention that should be accepted to by everyone in the field.

Method: In December 2007, a task force was formed with more than a dozen German experts from different fields and backgrounds bringing together physicians, social scientists and researchers from various institutional backgrounds. This task force met nine times and communicated continuously through e-mails. It revised international literature incl. WHO and WAS publications and developed a tailor-made draft for German Prevention Guidelines. The Guidelines were presented and discussed at German conferences.

Results: The work of the group culminated in six central guidelines. They come together with explanations. In 2010, the Guidelines were endorsed by the German STD Society. They were published by the German Robert-Koch-Institute (Epi Bull No. 35) as well as by the national magazine of pro familia (IPPF-member).

Conclusions/recommendations: The Guidelines are to be used in trainings and workshops for prevention experts and should be a common basis for prevention efforts. Thus they will contribute to the improvement of sexual health for people living in Germany. The Guidelines can easily be adapted to other countries, as they are not perceived as static but as a dynamic framework for improving STI/STD prevention and sexual health in general.

ORAL PRESENTATION

TRACK 8

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DEPRESSION, ANXIETY, MARITAL ADJUSTMENT AND SEXUAL DYSFUNCTION IN TURKISH WOMEN HAVING PARTNERS WITH AN INFERTILITY DIAGNOSIS

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Objective: Infertility is a stressful life event and diminish the sexual and marital function of couples as well as cause depression and anxiety^{1,2,3}. The aim of this study is to investigate the impact of partners' diagnoses of infertility on sexual function, marital adjustment, anxiety and depression levels of Turkish women.

Method: 56 women between the ages of 24–45 having partners with an infertility diagnosis were included in this study. And the control group was consisted of 48 married women having at least one living child. Data of the research was obtained by using, FSFI, BDI, STAI and EUO.

Results & conclusion: The sexual desire scores of the women with infertile partners were found to be significantly higher than the scores

of the women with fertile partners. While the rate of sexual dysfunction in the axis of lubrication and pain was higher in the experimental group women in the control group had more sexual desire problems. Higher sexual desire in the experimental group may be evaluated as an artificial reflection of the conception desire of those women³. Surprisingly, the 94.5% of the women in the experimental group and all of the women in the control group had at least a diagnose of sexual dysfunction in Turkish women is common and higher than expected. While the women of experimental group were feeling more depressed and anxious, not surprisingly, the marital adjustment level of the couples in the control group was higher.

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VIEWS OF MEN TO THE VIOLENCE AGAINST WOMEN IN TURKEY

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Purpose: The purpose of this study was to examine attitudes toward violence against women in Turkish men.

Methods: The descriptive study was carried out in 144 men in Turkey. "Descriptive Information Questionnaire" was developed by the authors and "The Scale for Attitude Towards violence against women (ATVW)" were used to collect data.

Results: The mean age was 29.48 ± 4. 939 years and 81,7 % of the participants were single men. The mean of ATVW total score was 57.59 ± 1.106. Forty-four percent % all of all participating men had ATVW score above cut-off point. The result reflects more traditional beliefs and higher levels of acceptability for male violence against women. Sixtyfour percent of the men believe that violence is acceptable in certain situations. Thirty-one percent of men reported that it is also acceptable to force their wives to have sex. Age of the participant is found to have effect on their views to the violence against women. The variables such as education level, employment status, experienced violence during childhood did not affect views of men to the violence against women.

Conclusions: Violence such as sexual, emotional and verbal is common and especially considered to be "normal" by men. Therefore, men have an important role in stopping or resolving violence. They must be involved in efforts to increase awareness among men about violence against women. It is also important to carry out mass public education campaigns and the possible involvement of men in ending violence against women.

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ANCIENT ROMAN SEXUALITY

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This presentation will provide an overview of sexuality, including sexual morals, within the 1400 years of ancient Roman civilization. The pervading cultural standards, including a strong emphasis on dominance within a strict social hierarchy, were central to the Roman ideals. The influences of this focus on socially dominant relationships, especially in regards to sexual violence, will be explored. The role of sexual penetration within this structure was seen as key, especially when examining the Roman social norms regarding homosexuality.

The ideal conceptions of Roman men and women and the sexual double standards, are also examined. Roman men were held to ideals of strength, dominance, and austerity, but not necessarily sexual restraint, whilst women were expected to be chaste and were often treated as property. This is exemplified by an examination of marriage and family customs. Finally, the *infamia* ('the undesirable') will be discussed. The *infamia* were considered by Roman society to be unclean and their presence presented a contrast to the sexual morals of the time.

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AN EXPLORATORY STUDY OF WOMEN INVOLVED IN PROSTITUTION AND THEIR PSYCHOSOCIAL EXPERIENCES OF THE IRISH HEALTH CARE SERVICE

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Ireland has no direct guidelines in place for Health professionals addressing women's holistic needs in respect to prostitution. Service development is poorly distributed nationally to accommodate the overall health needs of this target group. Ireland has progressed slowly from a catholic corporatist state to a hybrid/neo liberal state, having a direct impact on women involved in prostitution and those attempting to provide services within the health service.

This study identifies barriers that prevent women in prostitution from availing of health services. It examines the experiences of women in prostitution and in addition explores the attitudes and policies of agencies providing these services. A biographical narrative approach in conjunction with a tailored voice- centered relational model of analyses was used. A total of 15 women actively involved in prostitution in the west of Ireland partook in in-depth interviews. They discussed; how they are received by practitioners? Are their needs being met holistically? What are the gaps in the health system? The women conveyed these experiences through life stories and accounts which gave a broader understanding of their psychosocial experiences.

This qualitative study addresses the experiences of the women themselves in prostitution as users of the Irish health services, and considers implications for and to inform the development of a holistic, multidisciplinary healthcare service for women engaged in prostitution. The findings suggest a reevaluation of policies and laws directing relating to prostitution and the sex industry and indeed gender issues which impact on a patriarchal, biomedical practice approach to healthcare in Ireland.

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EROTICISM: THE PARADOX AND SEX THERAPY

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Eroticism can be defined as the process through which sex becomes meaningful. While eroticism is as old as human history, given the privacy of erotic thoughts and feelings, added to the widely-extensive taboos associated with sexuality, there is little written academically regarding its significance in our sexual lives and its application in sex therapy. The following review will thematically review the literature in this regard. It will start by defining eroticism and briefly contextualising it in the historical, social and cultural context. It will then move on to look at three major schools of thought in relation to eroticism [1]. Firstly, 'pathology-oriented' approach which proposes a narrow path for *normal* erotic development that hardly anyone fully attains it; secondly, 'neat-and-clean' approach which proclaims what is required for a satisfying sex life is the removal of *inhibiting* factors such as anxiety, guilt or unrealistic expectations; finally, the 'paradoxical' approach which acknowledges and embraces the contradictory and dual nature of erotic life. It recognises that anything that *inhibits* arousal (e.g. anxiety or guilt) can, under different circumstances, *amplify* it. Choosing the paradoxical approach as probably a more realistic and comprehensive explanation for erotic feelings and urges, the significance of this approach in sexual and relational functions, as well as developing dysfunctions will be discussed. The final section of the review will give some practical suggestions on how to utilise Eroticism and apply erotic principles in the context of sex therapy.

[1] Morin, J. (1995). *The erotic mind*. New York: HarperCollins Publishers.

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A TWO YEAR SURVEY OF AN E-MAIL AND TELEPHONE ADVISORY SERVICE FOR MEN WITH SEXUAL PROBLEMS

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Introduction: Sexual problems are common in the community. The under-reporting of such problems mandates alternative methods to obtain a true perspective of the prevalence of sexual dysfunction.

Aim: To assess and investigate the concerns, age and nationality of male users of an electronic and telephone helpline for 2009–10.

Methods: Detailed records were kept of all emails and telephone calls to the helpline including administrative and clinical queries. Clinical calls and some emails were answered by the administrator; the majority of emails were answered by a physician. This presentation will deal with the users who emailed for assistance with male sexual dysfunction (n = 673).

Results: The helpline received 6142 calls over two years, including administrative and media enquiries. Men accounted for 88% of the callers regarding sexual dysfunction. Erectile dysfunction accounted for 68% of the complaints by men using the e-mail service. Rapid ejaculation, loss of sexual drive, genital problems and masturbation worries were other concerns received. A large number of men from the Indian sub-continent used the email service, mostly for rapid ejaculation and masturbation worries, many related to arranged marriages. Significant correlations were identified between the types of sexual dysfunction and the age and ethnicity of the men who presented with them.

Conclusions: We confirmed that the commonest sexual complaints in men were erectile dysfunction and loss of sex drive.

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WORKING CREATIVELY IN SEX AND RELATIONSHIP THERAPY

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The aim of the workshop is to enable participants to explore aspects of how the creative arts can be used therapeutically when working with couples that have sex and relationship problems.

There is a rapidly increasing recognition of the positive impact the Creative Arts, Creativity and Art therapies have on people's health. The concept of creativity in sex and relationship therapy is not new; Crowe and Ridley recognised the use of sculpting and role play in 2002. However, evidence on the outcome of creative arts in sex and relationship therapy is limited although it has a strong and ever increasing theoretical basis in diverse disciplines as attachment theory and neuroscience.

This workshop will be experiential and will introduce the participant to surprises, unlikely twists, and the possible potentials that working with modelling Clay and Movement/Dance can have.

Explorations will include:

- How such non-verbal communication can offer relationship insights to both the clients and the therapist.
- How such interventions can be used to enhance couple communication.
- How reciprocity and balance can be experience from a different dimension.
- Permission to have fun and use imaginative ways to solve problems.

This workshop is suitable for therapists who work with couples. Participants should be prepared to wear loose clothing, model with clay and have some fun. The workshop will last between 1.5–2 hours.

Maximum number of participants 20.

POSTER PRESENTATION

TRACK 1

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EFFECTS OF MOBILE PHONE RADIATION ON SERUM TESTOSTERONE AND SPERM CELL MORPHOLOGY IN WISTAR ALBINO RATS

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Objectives: The widespread use of mobile phones has been going sky-high over the past decade. The aim was to investigate the effects of Electromagnetic Field Radiation generated by mobile phones on serum testosterone levels and sperm cell morphology in Wistar albino rats.

Methods: A total of 34 male Albino Rats [Wistar Strain], 2 months of age, weighing 150–160 gm were used for the experiment. Animals were divided into three groups. The first group containing 6 rats was assigned as a control group. The second group containing 14 rats was exposed to mobile phone radiation for 30 min daily and third group containing 14 rats was exposed to mobile phone radiation for 60 min daily for the total period of three months. At the end of experimental period, blood was collected and serum testosterone was analyzed and morphological changes were observed under a light microscope.

Results: Exposure to mobile phone radiation for 60 minutes / day for the total period of three months significantly decrease the serum testosterone level and causes hypospermatogenesis 18.75% and maturation arrest 18.75% in the testis of albino rats compared to their matched control.

Conclusion: Long-term exposure to mobile phone leads to reduction in serum testosterone levels and cause hypospermatogenesis and maturation arrest in the spermatozoa in the testis of Albino rats. Based on this animal model study, such effects are also expected in humans, therefore, it is suggested that unnecessary long term and / or excessive use of mobile phones should be avoided.

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THEORY OF THE PHYSIOLOGICAL VARIANT APPLIED TO SEX (GENDER) AND SEXUAL FUNCTION

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The study of the Sex(Gender) Development Process and the Sexual Function Process led us to formulated that human been are able to vary which is a CONDITION meaning a natural characteristic that allow to change, to be different; a second natural characteristic is the CAPACITY OF DISCRIMINATION which allow the human being to choose or develop an specific change, response or path of behavior. When we apply The Theory of the Physiological Variant to the Sex (Gender) Development we are able to understand the Determination and Differentiation Phases and its results. At Sexual Function Process the variety of characteristics of the stimulation Phase and the Response Phase are explained in a very simple manner. The Time after being recognize as a independent variable is understood in a operative way. The date is supported by audiovisual diagr.

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ASSESSMENT OF SEXUAL FUNCTION OF GYNECOLOGICAL PATIENTS

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Introduction: Sexual dysfunction (SD) ranges from 19% to 50% of the population. Health care providers, including gynecologists, are not comfortable or competent to appropriately manage these women patients.

Aim: To assess the sexual function of gynecological patients, to find out role of gynecologist. Should SD be included in gynecologic examination?

Method: Special patient inquiry form was created-36 questions. 300 women (18-50 years old) were recruited from Gynecology clinic to participate in study. Data were processed using SPSS Statistics 17.0 program.

Results: Only 40% were ever asked about their sexual life by gynaecologist. Source of information about sexual function was books and press (24.8%), followed by internet (23.8%), friends (15.8%) and gynaecologist (15.8%). 70% said they would like to talk about their sexual life with gynaecologist. 58% had at least one sexual problem at their lifetime, but only 17.2% of them did seek help; reasons: too embarrassed (35.7%), physician should ask first (21.4%), thought their physician could not help (17.8%). 78% of respondents had sexual relations during last 4 weeks, most of them 1-2 (33.3%) and 3-4 (28.2%) times, 65.9% had constant partner. Based on FSFQ28 calculations, a significant number of borderline status and SD of the main domains were found: desire 69.1%, arousal 76.8%, lubrication 69.1%, cognitive 84.7%, orgasm 59%, satisfaction 48.7%, pain 25.7%, partner 12.8%.

Conclusions: SD is a significant problem in gynaecological clinic. A sexual history should be included in routine gynecological health assessments, clinicians have an obligation to develop knowledge and selfawareness to address the topic.

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IN SEARCH OF MOLECULE FOR TREATMENT OF MIX PME AND ED SYNDROM

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Introduction: Treatment of psychogenic mix ED and PME is highly problematical assignment. Two disorders have paradoxical relation. Treatment of PME aggravates ED and vice versa. Thanks to knowledge of neurotransmitters and receptors it is possible to conceive properties of an ideal drug acting both ways. A drug which is agonist for 5HT_{2C} and D₂ can be effective for mix ED and PME syndrome. There can be other alternative combination.

Method: Electronic search was made at various database websites to find out medicines used for ED and PME using key words dopamine and serotonin agonist, alpha blocker, alpha blocker and serotonin agonist, opiod and dopamine agonist, alpha blocker and dopamine agonist. This was followed by study of journals and books describing neurochemical mechanism of erection and orgasm.

Results: Search did not reveal many studies dealing conjoint problem of ED and PME. No single drug claimed effectiveness for mix ED and PME syndrome. Theoretically codergocrine, phentolamine, prozacine, MDMA, lasuride, trazodone and opium is worth consideration.

Discussion: Transition from PME to ED is not uncommon phenomenon. In most of cases major depression also supervene which contribute to erectile dysfunction. Combinations' like adding apomorphine or PDE5 to SSRI, s are being used. Work is needed to evaluate, efficacy of medicines with dual mode of action. Dose adjustments are required when these drugs are to be used for sexual dysfunctions.

Conclusion: Prior to development of hybrid molecule for mix ED and PME previously existing drugs effecting on sexual functions need to be tested.

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ANATOMY AND PHYSIOLOGY OF THE VULVA: THE FEMALE ORGASM AND WOMEN'S SEXUAL HEALTH

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Introduction: Female sexual physiology was for the first time described in Dickinson's textbooks in 1949 and subsequently by Masters and Johnson. The correct anatomy of the clitoris is described in every human anatomy textbook.

Object: To better understand female orgasm and the changes of the female erectile organs during the female sexual response.

Method: Review of the literature.

Results: The vulva is localized in the anterior perineal region, it is formed by the labia majora and vestibule, with the erectile apparatus: clitoris (glans, body, crura), vestibular bulbs and corpus spongiosum, labia minora. The erectile structures are the same in females and in males. The male erection is equivalent to the erection of the female erectile organs. Grafenberg, in 1950, did not describe a "G-spot", he did not report an orgasm of intraurethral glands: this hypothetical area named G-spot should not be defined with Grafenberg's name. Physiologically the female sexual satisfaction is based on orgasm and resolution.

Conclusions: Every woman has the right to feel sexual pleasure. The female orgasm should be a normal phase of the sexual response cycle and it's possible with a correct sexual stimulation in all healthy women. For women the clitoral stimulation is important to achieve orgasm. Terms as clitoral/vaginal/uterine orgasm, G/A/C/U spot orgasm should not be used by sexologists, mass-media and common people. Clitoral bulbs, clitoral or clitoris-urethrovaginal complex, urethrovaginal space, periurethral glans, genitosensory component of the vagus nerve, G-spot, terms used by some sexologists, are not accepted or shared by the Human Anatomy academicians.

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WIDE RANGE EFFECTS OF OXYTOCIN IN SEXUAL FUNCTIONING

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Introduction: Oxytocin exerts broad range of central and peripheral effects. As a neurotransmitter it has effects on sexual function, intimacy, maternal bonding, feeding behavior, and social memory. It plays vital role in both arousal and ejaculation. Despite its extensive involvement in social and sexual aspects it represent under exploited area in sexology.

Method: An electronic search was made, using different database websites. Key words used were oxytocin, erectile function, premature ejaculation oxytonic agonist and antagonist. It was followed by study of pharmacological effects factor effecting its release and functioning.

Results: Search revealed that oxytocin has variable functions as neurotransmitter and hormone. Oxytonic receptors can be manipulated to produce variable psychosexual effects. It plays more pronounced role in females.

Discussion: Oxytocin is generally known as love hormone. As it has effects on social, sensual, and sexual aspects of love. It enhances human social recognition, promotes intimacy and trust. Stimulation of oxytocin receptors in PVN of hypothalamus induces erection. It modulates androgen level by converting testosterone into dihydrotestosterone. It improves contractility of seminiferous tubules, epididymis and prostate gland to aid sperm release. Finally role played in childbirth; maternal bonding and milk secretion make it cardinal important in preservation of human specie. Certain social behaviors and manipulation of erogenous zone improve its secretion. MDMA improves and SSRI, s decrease its secretion. Intranasal OT can be used for treatment of anorgasmia and retarded ejaculation.

Conclusion: Oxytocin and its receptor has potential to be utilized in number of sexual and reproductive disorders.

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SEQUENTIAL ACTIVATION OF BRAIN REGIONS RELATED TO ORGASM IN WOMEN, USING fMRI

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It is likely that as orgasm develops over a period of minutes, the effect of genital sensory activity gradually increases the level of excitation of neural elements in the brain, reaching a peak of excitation and then subsides. However, to our knowledge, the actual sequence of activation of neural systems in the brain leading up to, during, and after orgasm, is not known. In our most recent research using fMRI, we have developed a novel method of measuring 80 brain regions repetitively at 2-second intervals during the course of genital self-stimulation-elicited orgasm, and plotted their intensity sequentially over time. Graphically, we display the activity of all 80 brain regions (in group data from 9 women) as a single image, which demonstrates both differential patterns of activation of specific brain regions leading up to orgasm, then simultaneity of activation of many of these brain regions at orgasm, and then widespread regional subsidence of activation. We observed widespread regional brain activation leading up to, and during, orgasm, especially in the cortex. By contrast, brainstem and medial cortical regions showed greater differentiation of activation. Some brain regions showed relatively early onset of activation leading to orgasm, e.g., amygdala, hippocampus, head of caudate, relative to brain regions that showed later onset of activation, e.g., sensory cortex, thalamus, and substantia nigra. Other brain regions showed an abrupt increase in activity at orgasm, e.g., anterior cingulate cortex, inferior frontal cortex, and cerebellum. Still other brain regions showed peak activation after the onset of orgasm, e.g., nucleus accumbens and hypothalamus. The differential, sequential, pattern of regional brain activation provides insight into the neural process underlying this gradually developing peak experience. Support: NIH 2R25 GM060826 and the Rutgers University Research Fund (BRK).

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VIP EXPRESSION IN VESSELS OF THE VAGINAL WALL: RELATION TO THE ESTROGEN STATUS

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Objective: Vasoactive intestinal peptide (VIP) is a neuropeptide that has been shown to have elevated expression in regions which exert control on urogenital functions. The estrogen, appear to have a modulatory role on VIP and its expression in various organs, however in the vagina wall this effect has not been demonstrated. Thus, the aim of this study is to evaluate the influence of estrogen status on VIP expression in vessels on the vaginal wall.

Methods: Surgical specimens were removed from vaginal wall of 18 pre (PG) and 12 postmenopausal (MG) women submitted to surgery for genital prolapse grade I and II.

Samples of vaginal specimens were stained with ER-alpha and VIP antibody for immunohistochemistry analysis. Additionally, FSH, estradiol, prolactin, fasting glucose, and serum TSH levels were evaluated.

Results: There was a significant difference in the ER-alpha score of the vaginal wall between the two groups; the scores of the PG were significantly greater than those of the MG (PG = 3.6 ± 2.2 , and MG = 1.4 ± 1.8 , $p = 0.01$). There was evidence of the association between VIP and the group ($p = 0.02$). The increasing age reduces the probability of VIP staining (OR 0.88; 95% CI 0.78–0.99).

Conclusion: VIP expression in the posterior vaginal wall decreases with the advent of menopause. However, the age is the independent predictor of the VIP staining on vaginal wall.

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ADEQUACY OF THE PLISSIT MODEL FOR THE APPROACH TO FEMALE SEXUAL FUNCTION BY THE GYNECOLOGIST: THE T.O.P. MODEL

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Introduction: Providing care for sexuality is a fundamental aspect of actions that intend to promote the health and well-being of an individual. Sexuality may be affected by pathological states in various medical specialties, representing a possible demand of patients so that they may feel that their health is restored. The discussion of sexuality is still limited in doctors' offices, mainly because the lack of models to discuss this theme.

Objectives: To determine the effectiveness of a model for the approach to sexual complaints by gynecologists based on the universally accepted PLISSIT model.

Methods: Data regarding 57 patients whose sexual complaints were considered by a gynecologist and a therapist were compiled using the following model: Teaching sexual response (T), Orienting sexual health, (O), Permitting and stimulating sexual pleasure (P) (T.O.P. model).

T: At this level, the gynecologist explains in a concise and schematic manner the physiology of the female sexual response focusing on the three main phases: desire, excitement and orgasm.

O: Sexual education provides information about the concept and healthy experience of sexuality.

P: To permit and stimulate sexual pleasure based on the argument that the effectiveness of sexual pleasure is important for the physical and emotional well-being of a person.

Result: Overall, 52% of patients referred improvement of sexual response after T.O.P. model application, 48% reported no change in their sexual function.

Conclusion: Many sexual problems may be improved by an individual if he/she receives information about the psychic and biological mechanism of sexual function.

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THE INTERFERENCE OF SERUM TESTOSTERONE LEVELS AND OBESITY IN THE SEXUAL RESPONSE OF PATIENTS WITH OVARIAN SYNDROME MICROPOLYCYSTIC

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Introduction: Polycystic ovary syndrome (PCOS) is the most common endocrine disorder among women in reproductive age. Oligomenorrhea and hyperandrogenism are the symptoms in PCOS according The Rotterdam Consensus -2003. Obesity is commonly associated to PCOS leading to poorer quality of life and emotional disorders such as depression and anxiety. Some studies have shown a role of testosterone in sexual function and PCOS patients are characterized by the presence of hyperandrogenism.

Objective: This study aims to assess if the hyperandrogenism state of PCOS patients can interfere with female sexual function, independently of the presence of obesity.

Methods: We included 19 non-obese ovulatory patients, 16 obese ovulatory patients, 24 obese PCOS patients and 24 non-obese PCOS patients, all of them answered structured questionnaire (FSFI and QSF); also free testosterone and SHBG were measured.

Results: There was no difference on sexual function between the four studied groups, neither in a global nor in a domain evaluation. There was also no correlations between BMI, presence of PCOS and hormone levels.

Conclusions: The PCOS related hyperandrogenism does not interfere on patients sexual function, independently of the presence of obesity.

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OBSERVATION OF THE PRESSURE SENSITIVITY OF THE EJACULATORY ORGANS IN RABBITS WITH PROSTATITIS

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Aim: To observe the change of the pressure sensitivity of the ejaculatory organs in the rabbits with prostatitis and discuss the roles of the visceral sensitivity of the ejaculatory organs in the occurring of the premature ejaculation.

Methods: 16 male adult rabbits were paired into two groups (the chronic prostatitis group and the healthy control group) by weight. The rabbits in the chronic prostatitis group were injected with escherichia coli into the prostate gland and the controls were injected with equal physiological saline. After 4 weeks, all the rabbits were anesthetized, The pressure sensitivity of the ejaculatory organs were evaluated by injecting the saline solution slowly into the cavity that induced the contraction reflexion of the bulbocavernosus and the contralateral seminal vesicle. The average pressure of the two group were compared.

Results: The average pressure of the chronic prostatitis group was evident lower than that of the healthy control group (22.5 ± 3.46 cm H₂O vs 28.06 ± 3.82 cm H₂O, P = 0.005). Which showed that the pressure sensitivity of the ejaculatory organs of the rabbits with chronic prostatitis was higher than that of the healthy controls, lower pressure could induce the ejaculation action.

Conclusions: Higher visceral sensitivity of the ejaculatory organs may play important role in the occurring of the premature ejaculation in the chronic prostatitis patients.

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COMP-ANG1 RESTORES CORPUS CAVERNOSAL ANGIOGENESIS IN A TYPE II DIABETIC RAT MODEL

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Purposes: Otsuka Long-Evans Tokushima fatty (OLETF) rat is an animal model of type II diabetes mellitus. Cartilage oligomeric matrix protein (COMP)-angiopoietin 1 (Ang1) (COMP-Ang1) is a soluble and stable form of Ang1 which plays as a critical angiogenic factor for vascular maturation and angiogenesis. We hypothesized that intracavernosal injection of Comp-Ang1 might promote angiogenesis in a diabetic rat model of erectile dysfunction.

Methods: Male OLETF rats (1 year old, n = 30) and control Long-Evans Tokushima Otsuka (LETO) rats (n = 10) were included in this study. OLETF rats were divided into three groups; vehicle-only (n = 10), COMP-Ang1 10 ug treatment (n = 10), and COMP-Ang1 20 ug treatment (n = 10). COMP-Ang1 was injected into the corpus cavernosum of the penis. After 4 weeks, expression of platelet-endothelial cell adhesion molecule-1 (PECAM-1) was determined by immunoblotting and immunohistochemistry.

Results: There was decreased immunoreactivity of PECAM-1 in OLETF rat group compared with LETO rat group. And increased immunoreactivity of PECAM-1 was observed in COMP-Ang1 treatment group compared with vehicle-only group. Moreover, the expression of PECAM-1 on penile tissue was notably augmented with Comp-Ang1 20 ug treatment group compared with COMP-Ang1 10 ug treatment group. On Western blot analysis, PECAM-1 protein expression was significantly decreased in vehicle-only group compared to control LETO rat (P < 0.05). However, this expression was restored to the level of the control after intracavernosal injection of COMP Ang-1.

Conclusions: The results suggest that application of COMP-Ang1 may enhance cavernous angiogenesis by reinforcing the endothelium structurally.

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MORPHOLOGICAL VASCULAR CHANGES IN THE VAGINAL WALL AFTER MENOPAUSE

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After menopause, critically estrogen low levels result in modifications in vaginal wall. The present study aims to determine whether there is a change in the number of vessels of the lamina propria of the vaginal wall after menopause. Six women who were 18 to 40 years old with FSH levels ≤ 12 mIU/ml (PG) and a menopausal group (MG) consisting of six women who were < 65 years old with FSH levels ≥ 40 mIU/ml, who underwent a genital surgery were selected for this cross-sectional study. Slides were stained for estrogen receptor-alpha (ER-alpha) immunohistochemistry. An endothelial cell marker CD3 was used to label vessels which were identified by using a system for morphometry. The number of vessels was significantly higher in the PG than in the MG both on the anterior wall (PG: 1.055 ± 145.8 vessels/mm² and MG: 346.6 ± 209.9 vessels/mm², p < 0.0001) and on the posterior wall (PG: 1.064 ± 303.3 vessels/mm² and MG: 348.6 ± 167.3 vessels/mm², p = 0.0005). The ER-alpha score was significantly higher in the PG than the score for the MG on both the anterior and posterior walls (PG: 6.0 ± 0.52 and MG 2.5 ± 0.89, p = 0.007; PG: 5.8 ± 0.79 and MG: 2.7 ± 0.95, p = 0.03). There was a positive correlation between

the ER-alpha score and the vessel concentration on the anterior ($r = 0.6656$, $p = 0.018$) and posterior ($r = 0.6738$, $p = 0.016$) vaginal walls. Age was strongly negatively correlated with vessel concentration on the vaginal walls, (respectively $r = -0.9033$, $p < 0.0001$, $r = -0.7440$, $p = 0.0055$). Thus, postmenopausal women with genital prolapse have a smaller number of vessels on the vaginal wall compared to normoestrogenic controls with the same pathological condition. Hypoestrogenism and advancing age are factors that are associated to these changes.

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LOW FREE TESTOSTERONE, ERECTILE DYSFUNCTION AND ASSOCIATED CO-MORBIDITIES IN 1,638 MEN

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Objective: To corroborate the association of low testosterone (LT), erectile dysfunction (ED) and age with other co-morbidities.

Method: Patient records of 1,638 men at the Porterbrook Clinic and the Royal Hallamshire Hospital with erectile dysfunction were analysed for correlation between LT levels and prevalence of common diseases over three age groups: 18–49, 50–64 and 64+ years. Free testosterone was low < 8 nmol/L (LT), borderline 8.1–12 nmol/L and normal 12.1+ nmol/L (NT).

Results: A clear association was noted between LT and age; 11% aged 65+, 8.6% aged 50–64 & 7.1% aged 18–49. Current psychiatric disorders were most prevalent (26.8%) with LT in the youngest age group (18–49) (14.6% in NT men), compared to 17.5% (14.7% in NT men) aged 50–64 and 13.2% (7.4% in NT men) aged 65+. Cardiovascular disease (CVD) was commoner in older age groups, but markedly different between LT and NT men; with 19.5% (11.7% in NT men) aged 18–49 having CVD, compared to 47.6% (38.4% in NT men) aged 50–64 and 63.2% (48.5% in NT men) aged 65+. Prevalence of diabetes showed a similar pattern; 19.5% (7.6% in NT men) aged 18–49 having type II diabetes, compared to 15.9% (11.3% in NT men) aged 50–64 and 34.2% (13.4% in NT men) aged 65+. Although the LT50–64 group doesn't follow the LT pattern, there is a marked difference compared to prevalence in the NT 50–64 group.

Conclusions: A correlation exists between ED, LT, age and co-morbidities of psychiatric disorders, cardiovascular disease and type II diabetes.

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EFFICACY OF FLIBANSERIN AS A POTENTIAL TREATMENT FOR HYPOACTIVE SEXUAL DESIRE DISORDER IN NORTH AMERICAN PREMENOPAUSAL WOMEN: RESULTS OF THE BEGONIA TRIAL

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Objective: To assess the efficacy of 24 weeks' treatment with flibanserin 100 mg qhs for generalized acquired Hypoactive Sexual Desire Disorder (HSDD) in premenopausal women.

Design and methods: This was a randomized placebo-controlled trial. Co-primary endpoints were change from baseline to study end in the number of satisfying sexual events (SSE) and Female Sexual Function Index (FSFI-d) desire domain. Secondary endpoints included: Female Sexual Distress Scale-Revised (FSDS-R) total and FSDS-R Item 13 scores.

Results: Mean (SD) baseline data were: SSE 2.6 (2.7) and FSFI-d 1.9 (0.7). The mean changes from baseline to study end in the efficacy

endpoints are given in the table below. Adverse events leading to discontinuation were experienced by 3.7% of women receiving placebo and 9.6% of women receiving flibanserin (most frequent term: somnolence, 0.4% vs 1.7%, respectively).

Conclusions: In premenopausal women with HSDD, flibanserin 100 mg qhs was associated with clinically meaningful and statistically significant improvements in the number of SSE and sexual desire (FSFI desire domain), and the secondary endpoints for distress associated with sexual dysfunction (FSDS-R total) and distress associated with low sexual desire (FSDS-R Item 13) compared with placebo. There were no significant safety concerns associated with the use of flibanserin for 24 weeks.

	SSE	FSFI-d	FSDS-R total	FSDS-R Item 13
Placebo (n = 525)	1.5	0.7	-6.1	-0.7
Flibanserin 100 mg qhs (n = 505)	2.4	1.0	-9.3	-1.0
Difference from placebo	0.9**	0.3**	-3.2**	-0.3*

[Mean change from baseline to study end in efficacy].

**p < 0.0001 versus placebo, *p < 0.0002 versus placebo.

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DO SHORTER RECALL PERIODS PROVIDE BETTER ASSESSMENT OF DESIRE IN WOMEN WITH HYPOACTIVE SEXUAL DESIRE DISORDER?

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Objective: The most appropriate recall period for patient-reported assessment of female sexual function has yet to be established. In clinical trials, diaries usually collect endpoint data with 1–7 day recall periods; rating scales, which are commonly recommended by clinical experts, typically use 28-day recall. In cognitive debriefing studies of women with Hypoactive Sexual Desire Disorder (HSDD), over 90% of subjects stated that 1 day of recall was irrelevant to their overall state, and that a recall period from 7–28 days was more appropriate. Therefore, we assessed sexual desire using the Female Sexual Function Index (FSFI) in a crossover design comparing recall for 7 vs. 28 days.

Methods: A subset of 175 premenopausal women with HSDD taking part in a Phase IIIb RCT of flibanserin completed the (FSFI) at weeks 20 and 24, once with a standard 4-week recall period, and once with 1-week recall, in crossover fashion. Results were compared using intra class correlation (ICC) coefficient, Cohen's D and an ANOVA bio-equivalence test (0.6 mean difference and 80%-125% within patient ratio boundary).

Results:

n	175
Mean Difference (95% CI)	-0.11 (-0.23, 0.01)*
Cohen's D	0.20
Ratio (95% CI)	0.90 (0.80, 1.01)
ICC (95% CI)	0.78 (0.72, 0.83)

[FSFI 7 day vs. FSFI 28 day recall]

*Mean (SD) for 7-day recall: 2.53 (1.19); for 28-day recall: 2.63 (1.14)

Conclusions: FSFI 7 and 28-day recall assessments were found to be equivalent based on the low Cohen's D, substantial ICC coefficient and mean difference and ratio estimates were well within the pre-specified boundaries.

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STUDIES OF SESAME PHYTOESTROGENIC LIGNANS DERIVATIVES ON IMPROVING THE FERTILITY POTENTIAL AND STORAGE CAPACITY OF MALE SPRAGUE DAWLEY RAT'S EPIDIDYMIS

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Introduction: Increasing concern has been expressed about the potential effects of both synthetic and natural estrogenic endocrine disruptors (EEDs) on human reproductive health in our environment in the last decade. However, little attention is paid to quantitative structural changes of the epididymis.

Objective: to evaluate the effects of exposure to the phytoestrogens found in aqueous extract of sesame radiatum leaves on epididymal diameter; volume density of epithelium and lumen of the epididymal tubules in male Sprague Dawley (SD) rats using un-biased stereological methods.

Methods: Fifteen adult male SD rats were randomly divided into three groups (2 treated and 1 control groups respectively). In the treated groups, a single daily dose of aqueous leaves extract of *Sesamum radiatum* (14.0 and 28.0 mg /kg bwt) was administered via gastric gavage and equal volume of normal saline was administered in control group for six weeks. Five microns (5 um) of uniformly random sections of processed epididymal tissues were analyzed using an un-biased stereological study and SPSS analysis of data generated was carried out with $P < 0.05$ considered statistically significant.

Results: The mean epididymal diameter and volume density of the tubular lumen significantly ($P < 0.05$) increased by 65% and 71% respectively with improved fertility in low dose sesame as compared to the control group. Similar findings in high dose sesame were also observed.

Conclusion: Sesame has a high fertility potential and storage capacity for the epididymal spermatozoa in a dose related manner.

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DIFFERENCES IN SEXUAL ATTITUDES IN TERMS OF SEXUAL FUNCTIONING OR SEXUAL DYSFUNCTIONING

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Attitudes toward sexual fantasies and erotophobia-erotophilia are two of the most common construct assessing sexual attitudes. Normally it is assumed that sexual attitudes are explaining different sexual functioning parameters like sexual desire, sexual arousal or sexual satisfaction. However, little research is focused in the opposite direction, that is, when sexual functioning could modify the sexual attitudes. We hypothesize that sexual bad functioning would eventually be detrimental to attitudes toward sexuality.

A total of 920 functional people and 920 dysfunctional people were evaluated. Samples were not balanced in age (35.67 and 40.39 years old) and sex (679 men and 1158 women). Not significant differences were found in population size and educational level. All sample completed the Massachusetts General Hospital Sexual Functioning Questionnaire, the Sexual Opinion Survey and the Wilson's Sex Fantasy Questionnaire. Convenience sample was used.

We carried out different *Ancovas* controlling the age effect and separately by men and women. Significant differences were found in sexual desire, sexual arousal, orgasm, erection and overall satisfaction. The sexual dysfunction group had lower scores in sexual attitudes than non-dysfunction group. Effect size differences were ranging from low to moderate. Sex differences were minimal. Attitudes toward sexual fantasies normally explain more variance than erotophobia-erotophilia.

Results show a small effect of sexual functioning on sexual attitudes. Although the effect is small, it goes in the expected direction. No definitive conclusions should be taken with the present data. Differences are observed between groups but it cannot be concluded that there is a cause-consequence influence.

POSTER PRESENTATION

TRACK 2

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GIRLS BORN WITH GENITAL ANOMALIES: ARE THEY RECEIVING OPTIMAL CARE FOR THEIR SEXUAL AND REPRODUCTIVE LIFE?

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Birth anomalies affecting the genitals includes urinary, bowel and/or genital anomalies. At birth, the priorities for these children is correction of their urinary and bowel problems as these may have immediate and potentially life-threatening consequences. In girls, genital anomalies often include absence of, or duplication of the reproductive tract with potential obstruction of one or both sides. Correction of urinary or rectal anomalies may also result in narrowing of the vagina or introitus. Failure to identify these problems may result in acute presentation with menstrual outflow obstruction at puberty. Additionally, failure to address related issues with the adolescent may have negative consequences on her developing positive sexual relationships. Discussion regarding childbearing also needs to occur with the young woman.

At present, limited treatment pathways exist for young women with genital anomalies at the Royal Children's Hospital (RCH) in Melbourne, Australia or other paediatric centres internationally. This audit reviews the experiences of 180 girls born with genital anomalies including Congenital Adrenal Hyperplasia (CAH), cloacal anomalies, bladder extrophy and ano-rectal malformations. The rate of timely identification of reproductive tract anomalies, referral for appropriate advice and support regarding menstruation (in view of potential difficulties with the vaginal opening), and the opportunity for discussion regarding sexual activity were assessed.

Many girls with cloacal extrophy presented in adolescence with obstructed genital tracts requiring major surgery; more recently, young women with bladder extrophy are being referred appropriately; young women with CAH tend to have optimal care—they represent the group with established care protocols.

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YOUR PLACE OR MINE: HOW EVOLUTIONARY FORCES DRIVE FEMALE SEXUAL BEHAVIOR

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Nature has proven that the best way to minimize genetic mutations in offspring is to mate with someone who displays signs of "genetic fitness". Because women are not yet able to directly assess a potential partner's DNA, they must do their best to interpret obvious indicators of genetic health (such as symmetry, body shape, scent, etc.). Considerable research is being done to increase our understanding of how evolutionary forces drive female sexuality. This paper will highlight the latest research on "ovulatory shift hypothesis" from esteemed evolutionary psychologists, sociologists, and neurobiologists who are studying female sexuality from an evolutionary perspective. The presenter will address topics such as when women are most likely to be unfaithful; why different types of men are appealing at different phases of a woman's cycle; how women dress and conduct themselves at dif-

ferent phases of their menstrual cycle; biologic explanations for female-initiated sexual behavior; and much more. This timely overview will provide insight into the cutting-edge science being conducted to enhance our knowledge of the evolutionary forces that are driving women's sexual behavior, erotic experience, and partner selection.

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INFLATABLE LOVE: THE STORY OF ONE MAN'S FETISH

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This presentation will provide historical and current context to fetishism as it follows the development of one man's fetish. Through edited video of **actual clinical interviews** (produced by the author), the patient, in his own words, describes the impact of his fetish on his marriage, sexual functioning, and daily life. The author will discuss biological and psychological theories on the origins of fetishism as a backdrop to the actual clinical material. This rare glimpse into the emotional life of a fetishist will provide attendees with an opportunity to gain insight into this common, yet elusive paraphilia.

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THE EFFECT OF PELVIC FLOOR MUSCLE TRAINING IN FEMALE SEXUAL DYSFUNCTIONS

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Objective: The aim of this article was to evaluate the effect of pelvic floor muscle training in female sexual dysfunctions.

Design and methods: The study was designed as a clinical trial from February 2008 to May 2009. We evaluated 26 women with sexual dysfunctions. The participants underwent pelvic floor muscle training (PFMT) for 10 sessions. Treatment was evaluated by: pelvic floor strength by vaginal palpation, sEMG amplitudes and a questionnaire to determine sexual function—Female Sexual Function Index (FSFI). These variables were compared before and after treatment with a *p* value < 0.05 defined as significant. Clinical and epidemiological characteristics were described in absolute and relative frequencies, mean and standard deviation values. Regarding comparisons among the evaluations, Friedman's non parametric, as well as Bonferroni and Manova's test were applied.

Results: There was a significant improvement in pelvic floor muscle strength and in sEMG amplitudes of all contractions throughout the treatment (*p* < 0.0001). The sexual function showed a significant increase in all FSFI scores domains (*p* < 0.0001).

Conclusions: The PFMT can provide a beneficial effect on sexual function. This physiotherapy approach can be successfully used in female sexual dysfunctions treatment.

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CULTURAL ADAPTATION AND PERSIAN TRANSLATION ARIZONA SEXUAL EXPERIENCE SCALE (ASEX)

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Objective: The purpose of the study was to translate Asex to Persian; to adapt it for Iranian culture and to investigate the performance and psychometric characteristics of the Persian version.

Method: The Asex was translated to Persian using an elaborated methodology according to world health organization (WHO) guideline. In addition, understandability and feasibility, of the measure were investigated in 207 male in Tehran. To evaluate the test—retest reliability of the questionnaire a random sample of 60 male were selected and retested one week later.

Results: Few changes or few adaptations were made to bring about cross—cultural comparability. The Asex questions were generally understandable and acceptable for male in Tehran. The internal consistency of the scale was

$\alpha = 0/88$

The test—retest reliability was $r = 0/97$ ($p < 0/001$)

Conclusion: The Asex Persian version appears to be a good cross—culturally equivalent of the original American version. Understandability, internal consistency, test—retest reliability and applicability of the instrument was good.

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POST ORGASMIC ILLNESS SYNDROME 'POIS': CASE REPORT

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Introduction: POIS is a newly described syndrome. The reported cases worldwide are few. It presents by cognitive and/or flu-like manifestations that start within seconds of orgasm and may continue for days after. It is of unknown etiology and no treatment till now.

Aim: To report a case of POIS in an Egyptian engineer and to draw the attention for such cases which may be misdiagnosed.

Methods: This case documents POIS presentations, investigations and trials of treatment.

Results: Apart from his POIS manifestations; he is sexually normal. His general health is fair except; life-long atopic manifestations; bronchial asthma, allergic rhinitis and neuro-dermatitis. All laboratory results; CBC, Blood Sugar, Total Testosterone, DHEA, T3, T4, TSH, Cortisol, Prolactin and Prostatic Smear were normal; only elevated ALT and AST due to fatty liver.

Trials of treatment by non-steroidal anti-inflammatory drugs, selective serotonin re-uptake inhibitor s and tramadol were ineffective.

Conclusion: Data on POIS are very few. Cases are mostly misdiagnosed. Much attention must be given to this syndrome from the clinicians, researchers, and the scientific meetings of the interested societies.

Atopy in this patient may point to allergic reaction as a cause. Trials of treatment by corticosteroids may be worthy. Further investigations are mandatory.

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IMPACT OF BUPRENORPHINE MAINTENANCE ON SEXUAL DYSFUNCTION AMONG OPIOID DEPENDENCE SUBJECTS

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Introduction: The prevalence of sexual dysfunction (erectile dysfunction and PME) have been reported to be very high among those with heroin dependence. In fact high rates of sexual dysfunction have been reported to be high among those who are on Oral Substitution Therapy with Buprenorphine. This is one the common reasons for relapse among this patient population. The present study aims at assessment of impact of OST (buprenorphine) on the erectile dysfunction among those with heroin dependence.

Materials and methodology: The study used a prospective design. It included 50 heroin dependent subjects from a de-addiction centre. Socio demographic profile was recorded using a semi-structured proforma. The sexual dysfunction was assessed using IIEF-15 (for erectile dysfunction) and premature ejaculation severity index (for PME).

Results: The overall prevalence for sexual dysfunction was high at 66% for the heroin dependent subjects. The rate for PME was 40% and for ED it was 25%. Initiation of OST with buprenorphine reduced the rate of both PME (p < .005) and ED (<.05) significantly in the study subjects. However, some of the subjects (5%) reported a new onset ED while on buprenorphine therapy.

Conclusions: The rate of sexual dysfunction is high among heroin dependent subjects. Use of OST with buprenorphine could be an effective measure to reduce this. However, one should screen the patients during the follow-up for new onset ED.

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AN EDUCATION STRATEGY FOR EXPANDING THE APPROACH TO SEXUALITY IN HEALTH CARE FOR THE ELDERLY

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Introduction: Sexuality is still rarely addressed by health professionals in assisting the elderly mainly during the medical graduation.

Objectives: To identify and understand the importance of the study and discussion of the topic “Sexuality in old age” among medical undergraduate students.

Methods: The technique of focus group discussion was used as a strategy of training to comprehensive care for the elderly, including the sexual dimension. Some students were invited to make the selection of elderly women for debate on sexuality based on the experiences of the participants. A group consisted of six women between 60 and 80 years old were accessed at the Centre for the Elderly.

Results: Most women reported a sexual debut filled with myths and misinformation. The doctor is the health professional most looked for to talk about of sexuality. The knowledge of the universe of sexuality of older people is of paramount importance in the formation of a medical student. The technique allowed seeing this dimension of life of an elderly separated from the condition of old age. Direct contact with the elderly population allowed to realize that there is not an embarrassment for the elderly talk about sexuality, instead, the opportunity is often well received.

Conclusion: The resistance of health professionals reflects, often, lack of adequate preparation for dealing with the subject and experiences and initiatives within the graduate course can contribute to a better quality of comprehensive care for the elderly.

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LOW FREE TESTOSTERONE, ERECTILE DYSFUNCTION AND THE RIGIDITY OF THE ERECTION IN 1,706 MEN

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Objective: To corroborate the association of low testosterone (LT), erectile dysfunction (ED) and age with the rigidity of erections.

Method: Patient records of 1,706 men at the Porterbrook Clinic and the Royal Hallamshire Hospital with erectile dysfunction were analysed for correlation between LT levels and a rating of their erectile rigidity over three age groups: 18–49, 50–64 and 64+ years. The rigidity of erections was rated by the patients as ‘full’, ‘partial’ or ‘absent’ in a variety of situations. Free testosterone was low < 8 nmol/L (LT), borderline 8.1–12 nmol/L and normal 12.1+ nmol/L (NT).

Results: A clear association was noted between LT and age; 10.9% aged 65+, 8.6% aged 50–64 & 6.9% aged 18–49. Erections rated ‘absent’ on waking were broadly more prevalent with older LT men; 38.1% in the youngest age group (18–49) (21.9% in NT men), compared to 43.8% (35.6% in NT men) aged 50–64 and 43.6% (45.5% in NT men) aged 65+. In a similar pattern, erections were more frequently rated as ‘absent’ during foreplay in LT than NT men; with 16.7% (13.8% in NT men) aged 18–49 having CVD, compared to 28.1% (21% in NT men) aged 50–64 and 30.8% (28.9% in NT men) aged 65+. Spontaneous erections rated ‘absent’ were more prevalent in LT men; 61.9% (55.3% in NT men) aged 18–49, compared to 79.7% (69.4% in NT men) aged 50–64 and 74.4% (69.7% in NT men) aged 65+.

Conclusions: A correlation exists between ED, LT, age and the rigidity of erections.

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TESTOSTERONE-THERAPY IN FEMALE-TO-MALE TRANSSEXUALS AND LONG-TIME EFFECTS ON FERRITIN

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Moderately elevated body iron stores may be associated with insulin resistance (IR). Elevated serum ferritin levels (Fer) independently predicted incident type 2 diabetes and cardiovascular disease in apparently healthy men and women.

Aims: To analyze the association between Fer and IR markers in female-to-male transsexuals (FMTs), and effects after 2-year of testosterone-therapy.

Methods: 79 FMTs, aged 28.6+/-7.6 y (range 18–47) were studied. Relations between Fer and several parameters of IR and components of metabolic syndrome (waist circumference [WC], systolic [SBP] and diastolic blood pressure [DBP], and serum levels of glucose [G], triglycerides [TG] and HDL-cholesterol [HDL]) by ATP-III criteria, were basally analyzed.

Results: Baseline Fer was significantly correlated with WC, G, SBP, DBP, TG and HDL. After 2-year of testosterone-therapy in FMTs decreased from 43.1+/-7.2 to 38.2+/-6.4 ng/ml (p = 0.001).

Conclusion: Fer is associated with IR markers and components of metabolic syndrome. So, in FMTs, testosterone-therapy could increase the cardiovascular risk, but on the contrary this long-time treatment can decrease this risk due to the fall in Fer.

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FROM GENDER DYSPHORIA TO GENDER EUPHORIA, AN ASSISTED JOURNEY

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People of unusual gender talents have long been labelled “dysphoric” or as “suffering from”. These labels may at best have worked as tickets to systems where one could get the medical support needed on a path to gender fulfilment.

Pathologisations create feelings of dysphoria and will thus contribute to its own justification. This is immoral.

In an ambience of transe-, inter-, no gender and/or genderqueer positivity, the path to positive gender belonging will also be a path to gender euphoria.

Positive gender belonging is to be perceived and affirmed as gender by others, the same way one perceives and affirms oneself.

Ordinarily cultures offer two gender options. This does not reflect all known gendered or non-gendered talents. In order to make it possible for all to reach positive gender belonging, cultures must offer more than two positive gender options. This author is comfortable with offering seven genders, but several of these offers still carry labels of pathology.

The path to positive gender belonging involves processes both on inner and outer arenas. The inner process concerns questions of who one might be in the world of gender. An able gender therapist and gender path assistant must have the capacity to know and convey positive images of all the seven options, for the client to be mirrored in an optimal way.

Simultaneously the therapist/assistant must work with networks in order for them to be able to perceive and affirm the individual as gender the same way as the individual perceives her/him/hir/sinhir self.

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METHODOLOGIES IN SEX THERAPY: A SURVEY-BASED ANALYSIS OF PSYCHOTHERAPY MODELS FOR MEN'S SEXUAL DYSFUNCTIONS

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Sex therapy is a site of professional and scholarly debate. While few practitioners would question the logical foundations of combination therapy (treatments that integrate pharmacotherapy and psychotherapy), or the biopsychosocial paradigm, the future of psychotherapeutic sex therapy is contested (see, for instance, the debate surrounding Rowland's 2007 article, “Will Medical Solutions to Sexual Problems make Sexological Care and Science Obsolete?”). Additionally, numerous sex therapists have argued for increased empirical and validated research on sex therapy methodologies.

This research project analyzes the psychotherapeutic models practitioners used in treating men's sexual dysfunction. Through this research, I hope to determine which techniques and practices sex therapists use most commonly, and which methods they find most effective. Additionally, I hope to uncover methodological differences between practitioners with different professional specializations (i.e. psychologists, psychiatrists, social care workers, etc.), and those who adhere to different treatment paradigms (i.e. cognitive behaviour therapy, dynamic psychotherapy, etc.).

This presentation reports on my research methodology and preliminary research findings. The project generates data through two surveys of sex therapists:

- 1) a questionnaire, designed to gain a general quantitative overview of techniques used in the field, and
- 2) verbal interviews, which seek more detailed data on sex therapists' methodological insights.

This project is intended as a foundation for further research—such as observational studies, and clinical trials—on the efficacy of different sex

therapy methods. Through this presentation I hope to gain feedback on my research project, which is the basis for my PhD studies in Psychology at University College London.

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AN AFRICAN CONTRIBUTION TO THE TREATMENT OF FEMALE ORGASMIC DYSFUNCTION

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The sexual technique used to stimulate women appears to be one of the important factors responsible for the occurrence of female orgasmic dysfunction. Penile vaginal penetration alone allows only 25 to 50% of women to reach orgasm.

As an alternative to penile vaginal penetration, for over 150 years men in Central Africa have used the sexual technique called *kunyaza* to trigger female orgasm. During the practice of this technique, with his penis in the hand the man stimulates the clitoris and other erogenous zones in the vulval and vaginal areas by rhythmically striking these with vertical, horizontal or circular movements. *Kunyaza* was documented for the first time in 2005 in our German-language book for the general public, also published in French and Chinese, and in 2010 in our scientific article.

In this presentation, we again describe this little-known sexual technique, which has the reputation of strongly stimulating female orgasm and expulsion by the woman of large quantities of liquid during heterosexual encounters, and demonstrate one of its variants with a filmclip. We also report the experiences of the readers of our books and of those attending our lectures concerning female orgasms and expulsion of liquid by the woman during the practice of *kunyaza* and, in addition, the results of the chemical analysis of the ejected liquid.

The data, which we are still in the process of collecting, are based on semi-structured questionnaires.

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FEMALE GENITAL PAIN: DISTRESS AND TREATMENT SEEKING

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Aim: What is the impact of distress on treatment seeking for women with genital pain?

Background: Almost 15% of women in a national Australian study reported dyspareunia (Pitts et al. 2008). A compounding factor in the detection and management of dyspareunia is distress. Higher levels of distress lead women to seek treatment (Ferenidou et al. 2008) however there is little research exploring reasons underlying distress and treatment seeking behaviours.

Methodology: Women with genital pain completed the Female Sexual Distress Scale and two semi-structured, in-depth interviews. The data from interviews with six women has been analysed using thematic analysis. Additionally, a qualitative on-line questionnaire will be developed and results will be used for triangulation.

Data analysis: Early themes emerging from the data:

- Participants experience an emotional rollercoaster when seeking diagnosis and treatment, which affects treatment seeking.
- Distress levels are caused by a number of factors and women seek treatment for different reasons.
- The meaning of distress and genital pain appears to be different for those women experiencing generalized vulvodynia versus those with vestibulodynia.

Conclusions: Distress is a common yet varied experience of women with genital pain.

Reference List: Ferenidou, F., V. Kapoteli, et al. (2008). "Presence of a sexual problem may not affect women's satisfaction from their sexual function." *Journal of Sexual Medicine* 5(3): 631–639.
 Pitts, M. K., J. A. Ferris, et al. (2008). "Prevalence and correlates of three types of pelvic pain in a nationally representative sample of Australian women.[see comment]." *Medical Journal of Australia* 189(3): 138–143.

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QUESTIONNAIRE: WHAT HELPS HETEROSEXUAL FEMALE SEXUAL AROUSAL?

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Objective: To develop an auxiliary method to identify behavior/factors that help female sexual arousal, during coitus, for clinical sexology patients, which might be applied to the general population.

Methods: The questionnaire includes general items, such as age, marital status, (professional and academic) occupation, education. There are two specific items on sexuality; both list 36 behaviors/factors that may help emotional and/or physical female sexual arousal. There is an open-ended, "Other" item (for writing about other factors), item 37. The listed items are about the woman's, the man's, or the couple's behavior. First, they choose up to 10 factors (among the 36 options); then, the 5 most important factors that help sexual arousal.

Results: Among the general population, it was the most spontaneously answered questionnaire. In that population, the results found were used in sexual education. Among clinical sexology female patients, the questionnaire "mapped" their sexual preferences regarding behaviors/factors that increase sexual arousal, smoothed the couple's communication, and allowed for fantasy discovery, thus resulting in improvements in the quality of their sexual life.

Conclusions: The questionnaire is useful as an auxiliary method to identify behaviors/factors that help sexual arousal in both populations studied. In clinical sexology, such identification may improve the sexual life of the woman/couple.

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THERAPEUTIC CONSIDERATIONS AND CLINICAL APPLICATIONS OF ADULT NOVELTY ITEMS

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I recommend sex toys therapeutically for a range of client difficulties in my sex therapy practice.

The masturbation sleeve can help PE sufferer's transition from behavioural exercises to intercourse, assist DE clients to tune into life-like sensations, and give inclined women a pleasuring alternative to intercourse.

A penis ring allows blood to enter the penis while restricting out-flow, helping ED clients maintain a firmer erection. It also enables those with lifelong PE to stay hard for a few minutes after ejaculation, effectively doubling erection time.

A vast range of vibrators can assist with arousal and orgasmic difficulties in both sexes. I have discovered sexy alternatives to dilators that my Vaginismus clients appreciate. Vaginal balls have revolutionised pelvic floor training, accelerating sexual response and amplifying orgasms.

Finally, I believe a safe, long-lasting lubricant is an essential tool for every couple.

China produces approximately 70 % of the world's sex toys, most from PVC softened with plasticizers called phthalates. Phthalates can leach out, smell extremely unpleasant, fragment over time and are porous, meaning they are not easily cleaned or completely disinfected. It follows that this may cause genital irritation. Phthalates are banned

in children's and dog toys in some European countries and concerns about unregulated use have been documented.

I feel a moral obligation to educate my clients and colleagues on how to choose safe, effective phthalate-free products to assist their progress.

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PDE5 INHIBITORS IN THE TREATMENT OF ED: REASONS FOR DROPOUT AND PREDICTOR FACTORS FOR COMPLIANCE

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Introduction: The discontinuation rate for phosphodiesterase type 5 inhibitors (PDE5-i) use among men with erectile dysfunction (ED) appears to be high. Understanding the reasons for discontinuing PDE5-i will be necessary to optimize the response to treatment.

Aim: The main goal was to

- (1) to analyze drop-out rate to PDE5-i; and
- (2) to identify the reasons for discontinuation to PDE5-i.

Methods: 327 men (Mean age = 56; Min = 25, Max = 81) with clinical diagnosis for ED who had been treated with a PDE5-i were interviewed. Quantitative and qualitative methodology was used. Participation rate was 71.8%.

Results: Of the 327 men, 45.3% were still using PDE5-i, 49% had discontinued the drug (n = 160), and 5.8% freely decided not to start treatment. Of the 160 men who had discontinued PDE5-i, 55.1% discontinued during the first three months, and 9.4% at 12 month. Qualitative analysis of reasons for discontinuation revealed:

- (1) non-effectiveness;
- (2) psychological factors solved (e.g. overcome emotional difficulties) and not solved (e.g. anxiety);
- (3) concerns and fears related to the use of PDE5-i;
- (4) dysfunctional believes inherent to use; and
- (5) relational/contextual factors.

Discussion: The half of subjects under treatment with PDE5-i discontinued medication. The higher dropout rate appears to occur at first month. Mostly there is a combination of factors that lead to dropout. Psychosocial and relational variables appear to be fundamental topics to be addressed during follow-up. Optimizing response to PDE5-I requires combined treatment approaches.

Funding: This study was funded by a scientific grant from Pfizer PECANZ.

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FOLLOW-UP OF ED PATIENTS IN TREATMENT WITH PDE5 INHIBITORS: HOW DO MEN USE THE INHIBITOR? A QUALITATIVE STUDY

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Introduction: Phosphodiesterase type 5 (PDE5) inhibitors (sildenafil, tadalafil, vardenafil) are currently the first line treatment option for erectile dysfunction (ED).

Aim: The main goal was to analyse the patterns and frequency of use of PDE5 inhibitors in the treatment of erectile dysfunction.

Methods: 327 men (Mean age = 56; SD = 11.4; Min = 25, Max = 81) with clinical diagnosis for ED who had been treated with a PDE5-i were interviewed by telephone concerning their ongoing treatment. Participation rate was 75.8%. Quantitative and qualitative methodology was used. Self-report measures include history and current status of PDE5-i use, and other treatments adopted for ED.

Results: A total of 148 men were still using PDE5-i (45.3%). 87.2% of these men are committed and 91.2% has a regular sexual partner. 10.8% prostate cancer; 12.5% are taking antidepressants. In this sample of 148 men, 79.9% referred secondary effects. 73.6% do not use the inhibitor in every single sexual intercourse. A content analysis revealed several determinant factors for taking/not taking the inhibitor:

- (1) momentary support to ensure self-confidence;
- (2) diverse emotional conditions;
- (3) level of stress;
- (4) Unwillingness to accept drug-dependent erection;
- (5) concerns and fears of taking a drug;
- (6) interpersonal related;
- (7) unpleasant side effects.

Discussion: A great majority of men are not using the inhibitor in every single sexual intercourse. Diverse variables determine different patterns of use. Taking or not taking the inhibitor depends on a diversity of factors, mainly psychological, interpersonal, and related to the inhibitor.

Funding: This study was funded by a scientific grant from Pfizer PECANZ.

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THE FAILURE OF A SUCCESSFUL MAN (CLINICAL CASE)

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Objective: Realignment/redefinition of the sexual problem of a male patient (not consummated marriage because of erectile dysfunction) on the couple dynamic.

Meaning of the sexual problem on the individual life of the patient.

Design and method:

Male patient, age 27, academic degree, with highly successful professional track record, and living with his girlfriend for 4 years (not consummated marriage), to whom the following interventions were done:

- Psychological assessment:
 - Minnesota Multiphasic Personality Inventory-2 (MMPI-2)
 - Self-esteem and relationship questionnaire (SEAR)
 - International Index of Erectile Function (IIEF)
- Sexual Therapy
- Couple Therapy

Results: The patient had narcissist personality traces and rigid global functioning pattern, which was alleviating along the Psychotherapy cycle.

We proceeded with a realignment of the sexual complaint on a systemic dysfunctional dynamic (couple), with positive evolution.

The marriage was finally consummated.

Conclusions: On this situation of not consummated marriage, a sexual therapy aimed to the treatment of the erectile dysfunction was not sufficient. The initial complaint may be understood as a defence mechanism on a wider dysfunctional context, including the couple dynamics and the fear of intimacy.

This case is a good example of the complexity that involves human sexuality.

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TRAINING AS A SEXOLOGIST IN SPAIN

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Sexology in Spain is not a university degree. The societies of Federación Española de Sociedades de Sexología -Spanish Federation of Sexology Societies- (FESS) are the ones which carry out more masters

and training courses together with several Spanish universities, though their curricula are not unified; they are mainly addressed to psychologists and doctors. FESS validate their courses, which guarantees quality and good praxis.

Other sexology institutions also organize postgrade courses but they do not unify the specific criteria of the professionals, they just include this training within the limits of Health Knowledge for students whose degrees are related to Health Sciences.

The new Law of Sexual Health and Reproductive Health and Voluntary Interruption of Pregnancy (2010) warrants, for the first time, the effective use of sexuality and the promotion of sexual health, and the right of women to decide about their motherhood. Such sexual training tries to get to as many people as possible and it wants to:

- Promote a responsible sexual behaviour by educating people to prevent sexual discrimination.
- Remove prejudices related to sexuality and minorities to know and respect sexual identities and different sexual behaviours.

Our challenge is getting that sexual health is fully integrated in our National Health Service, as well as being taught at schools and universities, which will help specialists improve their research in this area. These aims would be more easily reached by creating an official title of sexologist, which would make easier the attainment of an Official College of Sexologists.

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COGNITIVE DISTRACTION, EROTIC THOUGHTS AND ORGASM IN WOMEN

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Introduction: Distraction or interference in the cognitive processing of erotic stimulus plays an important role in the development of sexual dysfunctions or difficulties (Geer & Fuhr, 1976).

Aim: The aim of this study was to evaluate cognitive distraction and negative automatic thoughts presented during sexual activity and its impact on female orgasm.

Methods: A total of 191 women from the general population answered to a set of questionnaires assessing orgasm function, automatic thoughts during sexual activity and cognitive distraction.

Main outcome measures: Orgasm was measured by the respective domain of the Female Sexual Function Index (FSFI, Rosen et al., 2000), automatic thoughts were measured by the Sexual Modes Questionnaire (Nobre & Pinto-Gouveia, 2003), and cognitive distraction was measured by the Cognitive Distraction Scale (Dove & Weideman, 2000).

Results: Findings indicated that lack of erotic thoughts during sexual activity was the best predictor of women's sexual difficulties. Sexual abuse thoughts, failure and disengagement thoughts, partner's lack of affection, sexual passivity and control, and lack of erotic thoughts were significantly higher in women with orgasm difficulties compared to sexually healthy women.

Conclusions: Overall, the results showed that cognitive distraction from erotic thoughts is strongly associated with orgasmic difficulties suggesting the importance of treatment techniques aimed at focusing attention on sexual cues.

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FROM THE MEDICAL SEXOLOGY TO SEXOLOGICAL MEDICINE (PROSPECTS OF THE DEVELOPMENT OF SEXOLOGICAL CARE IN RUSSIA)

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Since the 1970ies there exists in Russia a separate medical specialty—medical sexology and the profession of medical sexologist. Medical

sexology is conceptualized as an interdisciplinary field of medicine (G.S. Vasilchenko) with a specific methodological approach how to help sexological patients. Medical sexology requires a comprehensive knowledge and experience of traditional diagnostic and medical methods of related disciplines modifying them conformably to the specificity of sexual disorders and supplementing with those novel in principle developed within the framework of medical sexology. Today, a continuously growing knowledge of how sexual disorders develop together with more complicated technologies for examination and treatment of patients, the different specialists involved in solving the problems of a sexological patient are required to speak not only about medical sexology, but also of sexological medicine. Here two important problems become evident. The first is to find an optimal algorithm for the specialists' interaction. The second is the need of a common basis of knowledge in medical sexology among these specialists. The sexologist must represent a key figure at the first level of providing sexual health care to the patients. The sexologist is trained to work with a system approach to the sexual disorder evaluation reaching an accurate diagnosis. The second problem is how to secure a continuous service to the patients with sexual disorders. In Russia the preconditions for realizing training programs generating basic knowledge in sexology—the Saint Petersburg Medical Academy of Postgraduate Studies (MAPS) has a complete system of departments for it.

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PRIAPISM MAY ANNOUNCE A SERIOUS DISEASE

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Priapism is a persistent painful erection that usually lasts for more than two hours. It's a disorder of penile detumescence, not associated with sexual thoughts or sexual activity. Priapism is originating from ischemic and non-ischemic mechanisms having medical and surgical sources. We described here a surgical cause of priapism unmasking by clinical and biological markers of acute renal failure.

Case report: a 50 year old nonsmoking male presented to the emergency department with history of one week duration of vague abdominal pain and left flank heaviness. Physical examination is unremarkable apart of mild edema left lower limb and priapism. Laboratory tests disclose picture of acute inflammatory syndrome with normal procalcitonine level, mild renal impairment with hyponatremia, normocalcemia and potassium level = 5 mmol/l. The remaining parameters were normal and urine biochemistry was in favor of organic renal process. Renal ultrasound showed pyelocaliceal dilation and conserved cortex dimension. Despite symptomatic measure, the clinical condition rapidly deteriorated mandating further investigations including TDM of the abdomen and pelvis to rule out retroperitoneal fibrosis. Unfortunately, the picture emerged as an aortocaval fistula as a source of both priapism and acute renal failure.

Discussion: The case illustrated here a surgical causality of priapism coexisting along with clinical and biological markers of acute renal failure. Despite active interventional measures including renal replacement therapy and surgery, he was declared unrecoverable post operatively, due to massive hemorrhage.

Conclusion: Priapism may announce a serious disease such as an aortocaval fistula induced simultaneously acute renal failure.

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THE INTRAVAGINAL EJACULATION LATENCY TIME (IELT) IS NOT A VALID MEASURE TO DETERMINE THE ORGANICITY OF PREMATURE EJACULATION

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The only cause of ejaculation is sexual excitement which, when it reaches a sufficient intensity (threshold), triggers the ejaculatory reflex.

There is no organic condition that provokes instant ejaculation like a cold can make a man sneeze, for example. If pathologies or genetic factors precipitate the onset of ejaculation, they do it in conjunction with excitement by accelerating its ascent or by lowering the ejaculatory reflex threshold. This synergy, if it exists, doesn't take place only when the penis is inserted inside the vagina. It happens as soon as excitement begins which usually occurs at the start of foreplay. Consequently, it's not the duration of excitement during intercourse (or IELT) but the total length of excitement that can indicate if there is any organic condition that hastens ejaculation. If the total period of excitement is always short and ejaculation takes place quickly no matter what type of stimulation is received (visual, manual, oral, vaginal) and which control technique is applied, it can be hypothesized that organic factors are involved. However, if it is only the excitement period during intercourse (IELT) which is brief and if this period is preceded by an excitement period during foreplay, it cannot be asserted that this short period of excitement during intercourse (IELT) is due to organic factors but to an inadequate management of excitement. This observation reinstates sexological treatments based on learning which were discarded on the premise of the evidence-based medicine false assumption that lifelong premature ejaculation is a neurobiological aberrant phenomenon.

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A RESEARCH FOR PENILE ERECTION STATE VIBROTACTILE THRESHOLD MEASUREMENT IN THE DIAGNOSIS OF PRIMARY PREMATURE EJACULATION

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Objective: To evaluate the value of penile vibrotactile threshold in the diagnosis of primary premature ejaculation under erection by comparing the changes of penile vibrotactile thresholds before and after erection and observing the differences of penile vibrotactile thresholds between normal potent man and patients with premature ejaculation under erection.

Methods: The penile vibrotactile thresholds of 68 patients with primary premature ejaculation and 60 normal potent male volunteers were detected. Vibrotactile thresholds before and after erection were recorded at the index finger, glans penis, penile shaft and scrotum using a biothesiometer.

Results: The vibrotactile threshold values of glans penis and penile shaft were significantly lower under erection than those under unerection ($P < 0.01$). The values of glans penis and penile shaft in patients with premature ejaculation were significantly lower than those in normal potent men under erection ($P < 0.01$).

Conclusions: It is of diagnostic value to measure penile vibrotactile threshold for primary premature ejaculation under erection.

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AN ANALYSIS OF PSYCHOLOGICAL FACTORS FOR 60 CASES OF ERECTILE DISORDER

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Objective: Investigation and analysis to psychological risk factors of patients of penis erectile disorder.

Methods: 60 patients of erectile disorder were researched with Hawton Classification, and analyzed by Logistic model analysis.

Results: The incidence rates are lack of sexual intercourse, lack of sexual education, sexual anxiety and sexual repression education, were 58 (96.7%), 56 (93.3%), 52 (86.7%) and 46 (76.6%) respectively. The factors of lack of sexual intercourse, lack of sexual education, sexual anxiety, sexual repression education, sexual hurt, fearing contraction and life style were the most common psychological factors in patients of erectile disorder by Logistic model analysis.

Conclusions: Erectile disorder is closely related with the psychological factors, and the psychotherapy and behavior therapy must be carried out in treatment of erectile disorder.

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CHLAMYDIA, YOUNG MEN, RISK BEHAVIOR

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Purpose: Making the youth clinic more accessible for young men, by starting cooperation with secondary schools. Acquire knowledge about study participants' experience and attitudes to sex, condoms and chlamydia in order to reduce the possible risk for STI.

Method: Classroom discussions with 18-year old men at high schools in Gothenburg. Data was obtained through a survey and discussions in the focus groups.

Results: A total of 88% (167) of the planned study groups participated, of them 80% had experienced sexual intercourse. Most had had few partners, while a small group had had many. Thirtyfive had tested for chlamydia and 20% of them were chlamydia positiv. Young men who had had sexual intercourse before the age of 15 had generally had more sexual partners, more frequently used alcohol and drugs in connection with sex and more often had sex against their will.

The discussions showed that the young men were prepared to have alternative sex with a new partner if condoms were not on hand. The young men reported that intoxication could increase sexual risk behavior, such as sexually acting out, or by being persuaded into sexual acts.

Conclusion: Co-operation with schools worked well. A risk group consisting of those who made their debut before the age of 15 was identified. One point worth noting is the high level of chlamydia, a marker of sexual risk-taking. Contact with the youth centers should make it easier for young men to go there for chlamydia testing and to get condoms.

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SATISFACTION FROM COUPLE'S SEXUAL PERFORMANCE AS A PREDICTOR OF SEXUAL DYSFUNCTION AND DISTRESS IN PREMENOPAUSAL UNCOMPLICATED TYPE 1 DIABETIC WOMEN

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Objective: The purpose of the present study was to examine whether the degree of satisfaction from the couple's sexual performance can be a determinant for female sexual dysfunction (FSD) and distress (SeD) in a group of premenopausal, uncomplicated type-1 diabetes mellitus (DM-1) women.

Materials and methods: 47 DM-1 women were asked to select in a 4-point Likert scale the degree of satisfaction from their own and their partner's sexual performance. The Female Sexual Function Index (FSFI) and the Female Sexual Distress Scale (FSDS) were used to evaluate the sexual function and distress. Dichotomization and non parametric tests were used in the statistical analysis.

Results: The prevalence of FSD in the DM-1 women was 25%; 15.91% of the diabetics had combined FSD and SeD. The dissatisfaction from the woman's own sexual performance was positively correlated with FSD. DM-1 women unsatisfied from their own sexual performance had worse FSFS, desire, orgasm, satisfaction and total FSFI scores compared to those who reported satisfaction. The dissatisfaction from partner's sexual performance was positively correlated with FSD and with the combination of FSD and SeD. The diabetics who reported no satisfaction from their partner's sexual performance had worse FSFS, lubrication, orgasm, satisfaction and total FSFI scores compared to the satisfied ones.

Conclusions: Couple's sexual performance can be a determinant for FSD and SeD in premenopausal, uncomplicated DM-1 women. Since FSD is common in these women, physicians should ask their patients whether they are satisfied from their or their partner's sexual performance.

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SEXUALITY, EMOTIONS AND SYMPTOM FORMATION IN PSYCHOSOMATIC GYNECOLOGY. DIAGNOSTIC AND THERAPEUTIC ASPECTS

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The new classifications of diseases (ICD IV, DSM III) have tried to eliminate theory from their manuals and to remain strictly descriptive in their system. So they speak e. g. of "somatization disorders" without expressing which pathogenetic ways lead to the symptoms being classified. According to the early psychoanalytical theory of symptom formation psychosomatic symptoms were considered mainly to derive from anxiety and defence of anxiety. Following this theory it proved to be difficult to deal with various kinds of symptoms which frequently are seen in gynecology and obstetrics as e.g. chronic pelvic pain, vulvar itching and pain (vulvodynia), functional vaginal discharge, certain bladder-related pain and various sexual dysfunctions.

Though actual interpersonal situations and underlying unconscious conflicts triggering symptom formation could be identified, therapy of women with above mentioned symptoms proved to be difficult in daily gynecological practice. Following a suggestion of Felix Deutsch (1955) who insisted on regarding the emotional phenomena during the diagnostic and therapeutic interviews and considering the affective phenomena shown by the patients it became possible to treat these problematic patients successfully and to confirm how affects other than anxiety contribute to symptom formation. The paper describes how this theoretical concept was implemented into the therapy of formerly untreatable patients with functional sexual and psychosomatic disorders in gynecology and obstetrics.

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UNCONSUMMATED MARRIAGE AND MAYER-ROKITANSKY-KÜSTER-HAUSER SYNDROME

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Introduction: While statistics regarding the prevalence of unconsummated marriage aren't documented, it has been estimated that 1% of all couples presenting to infertility clinics had not consummated their marriage (have never had sexual intercourse).

Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome occurs in approximately one female in every 4,000 to 5,000. The syndrome was first described by Mayer in 1829 and Rokitansky in 1838 as including agenesis of the uterus and vagina due to abnormal development of the müllerian ducts; Rokitansky reported uterine and vaginal agenesis, and Mayer described various vaginal duplications. In 1910, Küster recognized urologic associations, such as renal ectopy or agenesis, along with skeletal deformities. In 1961, Hauser distinguished MRKH from testicular feminization.

Case: A 37-year-old man presented to our sex therapy clinic with complaints of erectile dysfunction and unconsummated marriage (have never had sexual intercourse). He has been married for 6 years and without children. Although the patient's wife (30-year-old) was a normally developed woman, she was suffering from vaginismus. Initial gynecological examination was limited to visual inspection and gentle exploration of vulvar opening. The first urology consultation showed that no abnormality in male partner. After starting conventional sex therapy in both partners, we had faced that female partner was not getting better during vaginal dilation exercises (with the patient's own fingers).

The second OB-GYN consultation revealed that female partner had have MRKH syndrome. The vagina was well cornified and had adequate depth but ended in a blind pouch without a palpable cervix.

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AGE, PHYSICAL FITNESS, ERECTILE DYSFUNCTION INTENSITY AND CARDIAC REHABILITATION IN MEN WITH ISCHAEMIC HEART DISEASE AND ERECTILE DISORDERS

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Age is related to progressive decrease of physical capacity and increase of the frequency of erectile dysfunction (ED) in men with ischemic heart disease(IHD). The goal of the study was to analyse the influence of a six-month controlled cardiac rehabilitation (CR) on physical capacity and ED intensity in the population of patients with IHD and ED, depending on their age.

The analysis has been conducted on 98 patients, at the mean age of 62.35 ± 8.88 (IIEF-5 ≤21 score.) The study group has been divided into 3 subgroups [first–26 patients, under 55 years old; second–33 patients, 56–65 years old; third–39 patients, over 66 years]. Training sessions were five times a week—two days of general rehabilitation exercises and three days of cycle ergometer training. Each training session lasted 45 minutes.

The patients filled in an IIEF-5 questionnaire twice, at the interval of six months, and were subjected to the treadmill cardiac stress test twice.

A comparative analysis of the change of physical capacity between the analysed subgroups, which was respectively 2.02 ± 1.16, 1.95 ± 0.76 and 2.00 ± 0.86 for the groups from the youngest to the oldest (MET), and of the intensity of ED, respectively 2.54 ± 1.03, 1.91 ± 1.61 and 1.26 ± 1.27, showed no statistically significant differences between the values reflecting increase of physical capacity and significantly different between the subgroups values showing decrease of ED intensity.

Conclusions:

1. Positive modification of ED, unlike improvement of physical capacity was related to the patients' age and decreased along with its increase.

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EVALUATION OF THE INFLUENCE OF A SIX-MONTH CARDIAC REHABILITATION CYCLE ON PHYSICAL CAPACITY AND ERECTILE DYSFUNCTION INTENSITY IN MEN WITH ISCHEMIC HEART DISEASE

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Physical activity, being the key element of cardiac rehabilitation (CR), has a beneficial effect on erectile dysfunction in men. The aim of the study was to analyse the influence of a six-month CR on physical capacity and the IIEF-5 test scores in the population with ischemic heart disease (IHD) and erectile dysfunction (ED).

The analysis has been conducted on 129 patients with IHD and ED. The study group consisted of 98 patients who were subjected to CR, and the control group comprised 31 patients. Training sessions were

five days a week—two days of general rehabilitation exercises and three days of cycle ergometer training.

All patients filled in an IIEF-5 questionnaire twice, at the interval of six months, and were subjected to the treadmill test twice.

As a result of CR, in the study group there was a statistically significant increase in the value of metabolic equivalent scores (6.91 ± 1.88 vs. 9.07 ± 2.45) and a significant increase in the IIEF5 test scores (11.88 ± 6.2 vs. 13.69 ± 7.07), which was not observed in the control group. The analysis of dependence between the values of change in physical capacity and change in the IIEF-5 questionnaire scores showed in the group of patients subjected to CR a correlation described by a statistically insignificant Pearson's correlation coefficient $r = 0.108$ ($p = 0.289$).

Conclusions:

1. CR cycle led to a significant positive modification of erectile dysfunction intensity and an improvement of physical capacity of patients with IHD.
2. No statistically significant dependence between the analysed effects of CR was shown.

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PERSONAL EXPERIENCES OF SEXUALITY AFTER AN ACQUIRED BRAIN INJURY: AN INTERVIEW STUDY

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Introduction: What happens to sexuality when a person suddenly acquires a brain injury as a result of severe illness or an accident? A review of earlier studies shows that sexuality is affected among persons who have acquired a brain injury. In primary rehabilitation when the main focus is on independency in daily living the aspect of sexuality can be overlooked.

Objective: The aim of this study was to illuminate the personal perspective of sexual changes among individuals who had acquired a brain injury.

Methods: In the current study 9 men and women were interviewed more than one year after an acquired brain injury. The individuals were between 25 and 64 years, and had previously participated in a primary rehabilitation program in a University Hospital in the south of Sweden.

Results: Changes in sexuality were seen in relation to common consequences of brain injury such as fatigue and cognitive difficulties like concentration. Changes also appeared in relation to the ability to achieve erection, lubrication and orgasm. There were also modifications at the interpersonal level for example new roles in the relationship. The changes were managed in different ways but the coping strategies used were not always efficient for the individual.

Conclusions: Sexuality can be seen as a vital part of the rehabilitation process and therefore rehabilitation programs ought to include aspects of sexuality also from the perspective of the partners.

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EFFICACY AND SAFETY OF INTERNET USE IN PRESCRIBING ERECTILE DYSFUNCTION TREATMENTS

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The aim of this study was to determinate the efficacy and safety of online prescribing for patients who apply to internet pharmacies to get E.D. treatment.

Patients and methodology: The initial patient questionnaire was the same in all E-med coordinated websites. Those consultations that were approved and paid for were sent an additional questionnaire with their final email confirming drug delivery and time. All websites have to fulfill all GMC criteria that fits with their "Good Medical Practice

Guidelines 2008". They also have to be MHRA compliant on the advertising of medicines. All patients participate in this study were approved for ED treatment after completing the initial questionnaire which addressed many questions, including age, weight, height, full details of their medical history e.g cardiovascular diseases, history of any surgery, allergy to any medication, chronic diseases and permanent medications. All patients that participated in our study were invited to complete the additional questionnaire containing twelve supplementary questions. These pertained to their experience of using the internet for ED consultation and treatment as well as their partners views. **Results and discussion:** Our research on the treatment of erectile dysfunction (ED) has focused on medical interventions, in particular oral medications. The current study examined the effectiveness of internet-based clinics for this condition. In total, 509 men who were approved to use ED treatments completed the second questionnaire. The results demonstrated that men who used the internet based clinics showed improved erectile functioning and sexual relationship satisfaction and quality.

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DISORDERS OF SEXUAL DEVELOPMENT AND GENDER IDENTITY: GUIDELINES FOR PSYCHO-MEDICAL MANAGEMENT

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The term "Disorders of Sex Development" (DSDs) indicates a series of clinical conditions in which chromosome, gonadal and/or phenotypical sex development is atypical.

Sex assignment to newborns with ambiguous genitalia may raise important bio-ethical issues in physicians, surgeons and parents and may often influence the structuring of sex identity and gender identification.

In 2006 the Intersex Society of North America (ISNA) proposed new guidelines for the treatment of DSDs. Differently from previously recommended procedures, the ISNA is in favour of delaying medical and surgical interventions on genitalia until adulthood. Furthermore, the ISNA underlines that such interventions should be performed only in the case of real and imminent threats to the physical health of the individual and provided there are definite evidence-based or predictive indices.

The present work reviews the scientific literature on the topic in order to describe how positions on medical sex-assignment have changed over time, to analyze gender identity development in such clinical conditions and to highlight the main factors necessary for an adequate psycho-medical management of DSDs.

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ASSESSMENT OF SEXUAL SATISFACTION IN WOMEN WITH FIBROMYALGIA

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Introduction: Fibromyalgia is a rheumatic syndrome whose cause is unknown and it's characterized by chronic pain and described in literature as one of the main causes of incapacity as it causes severe damage to the patient's life quality. It prevails between 0,66% and 4,4% of the population, being more frequent among women (80%–90%).

Objectives: Evaluate the sexual satisfaction of women with fibromyalgia, aiming to understand the impact of fibromyalgia in sexual satisfaction of women.

Methodology: A sample of 120 women was gathered, of which 51 had been diagnosed with fibromyalgia—clinic group—and 69 without fibromyalgia—control group. The following evaluation instruments were used: social demographic information questionnaire for sample characterization; Self esteem and relationship questionnaire (SEAR); Fibromyalgia impact questionnaire (FIQ); Dyadic adjustment scale (DAS); Dysfunctional sex beliefs questionnaire (DSBQ); Female sexual function index (FSFI).

Results: Results reveal that the bigger is the impact of fibromyalgia, the bigger are the number of symptoms and depression degree, and smaller is the degree of dyadic adjustment and sexual functioning.

Conclusion: Although, for the general population, sexual satisfaction is influenced by factors such as the depression degree, the degree of dyadic adjustment, the level of dysfunctional sex beliefs and sexual functioning, for most women with fibromyalgia a low sexual satisfaction was found due to the low dyadic adjustment and a larger number of dysfunctional sex beliefs. The obtained data reflects the negative impact of fibromyalgia in sexual satisfaction, showing the need for further studying and therapeutic interventions.

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SEXUAL HEALTH CONCERNS AMONG BREAST AND PROSTATE CANCER SURVIVORS

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Introduction: It is unclear how much information patients receive regarding sexual health concerns after cancer treatment, and if such concerns persist over time.

Methods: This pilot study surveyed breast and prostate cancer survivors regarding their specific sexual health concerns. Study participants completed a 12-item measure developed for the project by a multidisciplinary team of experts and FACT-G. Participants were stratified by early (<2 years post-treatment) and late (>2 years post-treatment) survivors.

Results: 114 survivors (58 breast, 56 prostate) were enrolled, with median age of 52 for breast (range 29–86 years) and 64 for prostate survivors (range 46–76 years). The number of sexual concerns reported by survivors was negatively correlated with QOL ($r = -0.21$, $p = 0.02$). Breast and prostate survivors had a similar number of concerns overall (median breast = 3.5, prostate = 4.0), but their sexual concerns varied by survivorship phase. Breast cancer survivors in later survivorship had twice as many sexual concerns as those in the early phase despite near-identical QOL. The opposite pattern was found for prostate cancer survivors. Prostate cancer survivors were most concerned with their ability to satisfy their partner (57%), while breast cancer survivors were most concerned with changes in the way their body works sexually (46%).

Conclusions: The sexual concerns for breast and prostate cancer survivors vary by phase of survivorship and type of cancer.

Outcome (median)

Number of concerns:

Breast Early: 3.1
Breast Late: 5.6
Prostate Early: 4.5
Prostate Late: 3.3
FACT-G:
Breast Early: 86.5
Breast Late: 86.1
Prostate Early: 92.2
Prostate Late: 89.3

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QUESTIONNAIRE EVALUATION OF RELATIONSHIP DIFFICULTIES IN PATIENTS WITH SEXUAL PROBLEMS

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Objectives: Psychosexual Medicine (PSM) has proven anecdotal efficacy but, to date, there is no validated evidence in the published

press of benefit to patients. Brief psychotherapeutic techniques for sexual dysfunction are used and compared to questionnaire evaluation of relationships. In this study, patients referred with sexual dysfunction were seen in a dedicated PSM clinic by two trained doctors.

Methods: GRISS questionnaires were sent to all new referrals prior to attendance (n = 72). Analysis was performed anonymously so as not to skew the doctor-patient relationship or bias comparison between the questionnaire and evaluation of sexual dysfunction at consultation.

Results: 51 new patients completed questionnaires prior to review in clinic. The completion rate was 71% (or 84% excluding 15% non-attenders). Questionnaires were well received and the majority of patients commented that it helped them to focus on their problem prior to clinic review. There were 49 female patients and 2 male referrals. On questionnaire analysis, 39 patients exhibited evidence of infrequency of sexual contact, 19 non-communication, 7 dissatisfaction, 24 avoidance, 19 non-sensuality, 25 vaginismus and 13 anorgasmia. The 2 men had erectile dysfunction and avoidance behaviour respectively. However communication issues were identified in 79% (n = 41) patients during the clinic consultation.

Conclusions: Fewer patients exhibit communication difficulties in their relationships from questionnaire responses compared to the high prevalence of communicative disorder elicited during the consultation. Poor recognition of this may be the underlying cause of psychosexual dysfunction and failure to acknowledge it a cause of treatment failure.

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COMPARISON OF TWO DIFFERENT DOSES OF BOTULINUM TOXIN A IN THE TREATMENT OF SEVERE VAGINISMUS (500 VS. 250U DYSPORT)

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Objective: To compare the efficacy of 500Units vs. 250 U botulinum toxin A (BTA) to treat severe vaginismus.

Method: 51 women with severe vaginismus who had not responded to conventional treatments recruited from Feb. 2007 to Feb.2008. Nine were excluded for not meeting inclusion criteria, 42 were randomly divided. The first group (n = 21) received 500 U. BTA, the second group (n = 21) received 250 U. Patients filled out a sexual questionnaire and had a pelvic exam before the procedure and one month later. The gynecologists who evaluated the pelvic resistance before and after the procedure and the subjects were blinded to the dose. Main outcomes were improvement of sexual dysfunction and relief of pelvic resistance.

Result: Sexual dysfunction improved after injection of 500 U. BTA (P value < 0.0001), Pelvic exam showed significant relaxation in both groups but more pronounced in the first group (P value < 0.0001). Libido remained unchanged. Fear from intercourse was 68.3% before the injection; it was relieved significantly in the first group (P value < 0.0001). Orgasm showed great improvement in the first group (P value < 0.02).

Conclusion: BTA in dose of 500 Units is more effective than 250 U. to treat severe vaginismus.

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ALEXITHYMIA AND SEXUAL FUNCTIONING: A CLINICAL STUDY ON FEMALE PATIENTS WITH SEXUAL DISORDERS

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Objective: In previous researches, high or/and moderate alexithymia levels were found in males with sexual dysfunctions. The aim of the present study is to investigate prevalence of alexithymia in female

outpatients with sexual disorders, to evaluate the possible correlation between sexual functioning and dysregulation of emotions.

Methods: 73 patients with sexual disorders and 73 healthy control subjects were administered FSFI (Female Sexual Functioning Index) to evaluate sexual functioning, TAS-20 (Toronto Alexithymia Scale) to measure alexithymia and a socio-demographic questionnaire ad hoc constructed.

Results: The results suggest a negative, moderate but significant correlation between FSFI and TAS-20 total scores (r = -.25; p < 0.01), indicating that low levels of sexual functioning could be connected with high levels of alexithymia. Then, the clinical group was divided into five subgroups based on the different sexual disorders, but data indicate that the distribution of alexithymia in each subgroup is not significantly different ($\chi^2 = 1.264$; p = 0.996). However, we found that sexual pain disorders had the highest mean scores of TAS-20, respectively 49.4 for dyspareunia and 47.42 for vaginismus.

Conclusions: In conclusion, we can assume that our results highlight a positive alexithymia trend in female sexual dysfunctions, especially in sexual pain disorders. On the other hand, comparing these data with them of male ones, we confirm alexithymia is a wider problem in men in general as well as in the particular area of sexual dysfunctions.

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SEXUAL SELF-SCHEMAS AND SEXUAL FUNCTIONING IN WOMEN: DIFFERENCES BETWEEN WOMEN WITH AND WITHOUT SEXUAL DIFFICULTIES

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Object of study: The role of sexual self-schemas and cognitive schemas activated during sexual events in women's sexual functioning was studied.

Method: A total of 245 women from the community, aged over 18 years, filled in a set of questionnaires assessing: female sexual functioning, sexual self-schemas and cognitive schemas activation in sexual context. This sample was divided into two groups: Control Group (n = 162) and Sexual Difficulties Group (n = 42).

Results: Results showed that Sexual Difficulties Group presented mean ratings significantly higher in cognitive schemas activated in sexual context and significantly lower in sexual self-schemas, compared to the Control Group. However, cognitive schemas activated in sexual context showed highest statistical significance and it was the Incompetence factor that presented the greatest effect factor on the differentiation between the two groups. Furthermore, according to our hypothesis, cognitive schemas activation in sexual context showed higher predictive power of female sexual functioning, compared to the sexual self-schemas, although both presented significant predictive power.

Conclusions: Therefore, the fact of cognitive schemas activated in sexual context have had a higher significance in differentiation between women with and without sexual difficulties and in prediction of female sexual function assumes greater importance in clinical practice, working as additional empirical support for utilization of cognitive techniques for female sexual problems treatment and for utilization of theoretical assumptions of cognitive theory for their comprehension.

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MULTIPLE COMORBIDITY IN A CASE OF COMPULSIVE SEXUAL BEHAVIOR

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Introduction: People with clinically excessive sexual thoughts or behaviors have been categorized as suffering from a compulsive, impulsive or addictive sexual disorder (1). Some have described com-

pulsive sexual symptoms and addressed their relationship to obsessive-compulsive disorder (2). Others have emphasized the role of impulsivity and the spectrum of impulse control disorders, in conceptualizing such symptoms (3).

We have limited data on what makes a person vulnerable to loss of sexual control. Raviv (7) found that 32 self-identified 'sex addicts' had higher mean scores on SCL-90-R scales for anxiety, depression, obsessive-compulsiveness and interpersonal sensitivity than 38 controls.

Case: The patient is 56 year old, male, married for 25 years, with three children. He didn't complete primary school. He sought psychiatric evaluation because his marital problems. They began two years ago, after he abused a 15 year old girl. He reported having a troubled childhood with emotionally distant and verbally abusive parents. He was sexually abused from two year old boy friend and his four year old brother. He spend more then %50 his time with sexual fantasies, and because of this he can not working. He meet the criteria proposed for hypersexual disorder in DSM-V. He also meet the criteria of double depression, obsessive compulsive disorder, enuresis nocturna and premature ejaculation.

Summary: Psychiatric comorbidity is the rule and not the exception for persons with compulsive sexual behavior (8). The data of our case is concordant with data of Black and colleagues (2), Kafka and Prentky (9), and Raymond and colleagues (10).

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ERECTILE DYSFUNCTION AND METABOLIC SYNDROME

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Aim: To determine the relationship between metabolic syndrome (MS) and erectile dysfunction (ED) and to see which risk factors correlated the best with ED.

Methods: Seventy-nine cardiology clinic outpatients with coronary artery disease (CAD) and lipid metabolism disorder were recruited. They were categorized as having MS, hypertension (blood pressure greater than 130/85 mmHg) and dyslipidemia. ED was classified based on International Index of Erectile Function scores. Patients were grouped into quartiles based on body mass index (BMI).

Results: The mean age of the patients was 56.6 years. ED was diagnosed in 59 (74.7 %) of the 79 patients. In the 38 patients with MS, all had ED. ED was not significantly correlated with cholesterol levels, but was found often in patients who had both hypercholesterolemia and HT ($P < 0.01$). Nineteen (76 %) of the 25 patients who had dyslipidemia had ED. However, ED was not significantly correlated with dyslipidemia ($P > 0.05$). Twenty-two of the 23 patients who had BMI greater than 30 had ED, which was significantly more prevalent than that in those who had normal BMI ($P < 0.01$). ED was seen in 38 of 53 smoker patients. Although ED was more prevalent in cigarette smokers, it was not significantly different from non-smokers ($P > 0.5$).

Conclusion: ED is present in a high percentage of patients with MS. Among multiple risk factors for ED, MS correlates the most highly. The next most important risk group is the patients with hypertension +hypercholesterolemia and obesity (BMI > 30).

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MANAGEMENT OF COMMON SEXUAL DYSFUNCTION BY NON-SPECIALISTS: A QUESTIONNAIRE SURVEY OF SPECIALIST PRACTITIONERS' OPINION

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Background: Sexual dysfunction is common in the UK. Of the men and women reporting problems in NATSAL 2000, few seek help and those that do commonly consult GPs. However GPs cite lack of

training, education and knowledge as barriers to managing sexual dysfunction.

Objective: To survey opinion and local practices of specialists (defined as practitioners that receive referrals and provide training in sexual dysfunction) on clinical management, focusing on the patient pathway and consultation with non-specialist practitioners.

Methods: Organisations with a membership that includes sexual dysfunction specialists were approached to provide a link to an online survey to members. Potential participants were asked to only complete the survey if they are specialists (defined above). Each organisation provided the number of members forwarded the survey link. Questions included demographics and qualifications of responder, and opinions on history taking, examination, investigations, referral and training, including free text responses.

Results: The following organisations participated.

Organisation	Number of members emailed survey link
British Association of Sex and Relationship Therapists	740
Royal Society of Medicine Special interest Group	425
British Association of Behavioural Cognitive Psychotherapy	1058
Sheffield Society for the Study of Sexuality and Relationships and Leeds Sexuality Group	179
TOTALS	2402

[Participating organisation]

Key findings will be reported when survey completed in January 2011.

Conclusion: To be completed (see above). The results of this survey may inform the development of clinical guidance and training for non-specialists in the management of sexual dysfunction.

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WORKING WITH PATIENTS WHO EXPERIENCE SEXUAL DIFFICULTIES AND CHRONIC DISEASE

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This patient population is probably the largest and least addressed group and often few staff are trained and resourced to meet their assessment and treatment needs.

The value of adequate, well tried patient material to aid their asking for and receiving help is explored, and material for resourcing this difficulty is suggested.

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FREQUENCY AND CORRELATES OF SEXUAL DYSFUNCTION AMONG WOMEN ATTENDING OUTPATIENT GYNECOLOGICAL CLINICS

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Objectives: Female sexual dysfunction is a high-frequent multifactorial problem and may have a major effect on the quality of life. This study investigated the frequency of female sexual dysfunction and its correlated factors in a group of women attending outpatient gynecological clinics.

Methods: A total of 300 married women attending 4 gynecological outpatient clinics in Rasht, Iran were assessed. Sexual function was assessed by FSFI questionnaire. Demographic characteristics, obstetric and surgical history, some medical conditions and BMI, life style variants, knowledge about sexuality, and help-seeking behavior were assessed by a self-created questionnaire.

Results: 76.67% of all women in this study reported sexual dysfunction in at least one domain. The total frequency of FSD according the

low total FSFI score was 18.3%. The most frequent dysfunction was desire disorders (63.7%). The frequency of other sexual disorders was as pain disorders (35.7%), arousal disorders (34.7%), orgasmic disorders (16%), lubrication disorders (10.7%), and satisfaction disorders (10.7%). Age ($p < 0.0001$), number of deliveries ($p = 0.001$), number of children ($p = 0.001$), number of abortions ($p = 0.042$), menopause ($p = 0.0001$), mode of delivery ($p = 0.033$), episiotomy ($p = 0.035$), anemia ($p = 0.028$), psychiatric disease ($p = 0.0001$), psychotropic medication use ($p = 0.04$), poor sexual knowledge ($p = 0.048$), husband's age ($p = 0.001$) showed a significant statistical correlation with low total FSFI score. Women who thought they had a sexual problem were 15.3% of all subjects, of which 67.4% have had no professional consultation about it.

Conclusion: Female sexual dysfunction was high frequent in women attending gynecological clinics. Thus, physicians should be trained and prepared to address this issue.

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SOMATOCOGNITIVE THERAPY IMPROVES THE SELF-REPORTED PAIN LEVELS AND RESPIRATION AND MOVEMENT PATTERNS IN WOMEN WITH VESTIBULODYNIA

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Background: Somatocognitive therapy (SCT) has been developed as a hybrid of physiotherapy and cognitive psychotherapy. It is a short term body oriented therapy, where the goal is to achieve new body awareness related to the activities of daily living and replace dysfunctional cognitive schema. In therapy the working alliance between therapist and patient is of paramount importance. This study investigated whether short term SCT improves pain level, motor patterns and self reported quality of life in patients with vestibulodynia (VD). **Methods:** 10 women with VD were recruited to an Out Patient Department, motor patterns assessed with the Standardized Mensendieck Test (SMT, assessing posture, movement, gait, sitting posture and respiration), VAS score of pain and SF-36 assessing quality of life. The patients received 12 sessions of SCT, with similar assessment after therapy. Two patients were interviewed before and after treatment.

Results: The women averaged 24 years, pain duration 2.1 years. All women were educated to a bachelor level or above. After therapy, VAS scores were reduced on average 66 %, and for motor function assessed with SMT, gait scores improved by 56 % and respiration by 88%, (see also fig. 1). The women expressed less pain and more pleasure during sex after therapy.

Conclusions: Somatocognitive therapy is a new approach that appears to be very promising in the management of chronic gynaecological pain. Short term outpatient treatment significantly reduces pain experience and improves motor function and patients express more pleasure during sexual function.

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UP, UP AND AWAY—AN AUDIT OF AN EXPANDING PSYCHOSEXUAL SERVICE WITHIN A GYNAECOLOGY CLINIC

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Introduction: Over the last 3 years there has been an increase in referrals to a teaching hospital gynaecology clinic of patients with sexual difficulties.

Methods: The service consists of two gynaecologists who are Members of the Institute of Psychosexual Medicine (IPM) and a BASRT trained therapist. All patients seen under the lead clinician for a nine month period were identified and the main clinical focus of the encounter was ascribed from the consultation letter.

Results: The counsellor had 216 consultations with 69 new consultations and 147 follow-ups (New:FU ratio 1:2.1). The two doctors carried out 152 consultations with a New:FU ratio was 1:1.7, with 89 patients identified, average age 40. The service is seeing 41 patients a month, and has a growing waiting list. The audit clearly demonstrates that psychosexual therapy is possible within a gynaecological outpatients setting. The brief interpretative psychodynamic therapy taught by the IPM is ideal for use in this context. Duration of therapy is short. 55% patients had only one appointment, 83% were discharged by the second appointment and 93% by the end of the third. 56% of these 89 patients were referred from the traditional catchment area of our hospital. 10% were referred from within London but out of area, and 34% from outside of London.

Conclusion: There is a need for psychosexual services within gynaecology clinics and this can be provided without lengthy or time consuming follow up as is frequently perceived from specialist provision.

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THE LEVONORGESTREL INTRAUTERINE SYSTEM (MIRENA) FOR MENSTRUAL CONTROL IN ADOLESCENTS WITH MENTAL DISABILITIES

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Background: In girls with mental disabilities, just dealing with normal menstruation is a complicated issue that can challenge hygiene and psychological stability. We report experience with the levonorgestrel intrauterine system (LNG IUS) for their menstrual control.

Cases: 4 patients 13 to 15 years old with mental disabilities were referred for menstrual management. Developmental Delay; 3 cases, Autism; 1 case. All caregivers desired to put them in amenorrhea, and in one case, there were also concerns with contraceptive needs. One family requested hysterectomy. Oral contraceptives had interactions with other medications in three. The procedure was reviewed in Clínica Alemana's IRB. Two girls were unable to give consent and the decision to treatment was given with caregiver consent on basis of their best interest.

All but one participant required a day-case admission for a brief general anesthetic. 3 hours before procedure all were given 400 mcg. of oral Misoprostol. After fitting, the correct localization of the LNG IUS was confirmed by pelvic scan. The one participant that did not require anesthesia was competent and not sexually active and had it fitted uneventfully using local lidocaine gel in hymen and introitus.

Outcome: The LNG IUD provided a scant bleeding pattern to all patients after a very low risk intervention to fit it in. This resulted in improved quality of life for these young women and their caregivers. The additional contraceptive protection is an added bonus where vulnerability is a long term concern. There were no adverse events.

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TWO PERSPECTIVES ON PROFESSIONAL PSYCHOTHERAPEUTIC HELP FOR LGB CLIENTS—DO THERAPISTS AND LGB PEOPLE IN POLAND SHARE THE SAME EXPECTATIONS?

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We would like to present the results of a study aiming at establishing basic differences in the hierarchy of the expected therapeutic goals by working with LGB clients between the subgroups of Polish LGB people and Polish mental health professionals. The study design consists of a self-constructed semi-structured questionnaire to the members of both groups. This was carried out by using the most popular gay website and a mailing list of mental health professionals.

The results will be discussed in the context of the minority stress hypothesis and the continuously polarized views on homosexuality (normal versus pathological variant of sexual development) in Polish society.

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EVALUATION OF SEXUAL FUNCTIONS AND PATTERNS OF PATIENTS WHO UNDERWENT PENILE AUGMENTATION SURGERY

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Introduction: The number of men who wish to have penile augmentation surgery is increasing recently. We aimed to evaluate the sexual pattern and function of people who had penile augmentation.

Methods: From 2004 to 2009, we studied 2900 patients who had penile augmentation surgery using bovine collagen dermis or cadaveric dermis. We had preoperative consultations for sexual history, medical history and individual sexual life. And we asked the screening question to patients "Do you have erectile problems?" The patients who answered "Yes" or "unsure" completed the International Index of Erectile Function (IIEF-5) for further evaluation of erectile function.

Results: Among 2900 patients studied, 1566 patients (54%) are married and 1334 patients (46%) are unmarried. The frequency of sexual intercourse is 1~2/week in 1798 pts (62%), 3~4/week in 348 pts (12%), 5~6/week in 71 pts (2.45%), every day in 59 pts (2.05%) and no intercourse in 624 pts (21.5%). According to preoperative time survey, patients who answered "No" to the question about erectile dysfunction were 1305 pts (45%), "yes" 1276 pts (44%) and "unsure" 319 pts (11%). Of 1595 patients who answer "Yes" or "unsure", IIEF scores above 45 is 622 pts (39%), score 30~45 is 415 pts(26%) and below 30 is 558 pts (35%).

Conclusion: The patients who had performed by penile augmentation surgery have variable sexual patterns and erectile functions. On the basis of these results, we need to consider individual differences of sexual patterns and erectile functions in the operative time and post-operative management.

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CONSIDERATION FOR HISTOLOGIC CHANGE AND SURGICAL RESULT IN PENILE ENHANCEMENT SURGERY USING ALLOGENIC DERMAL GRAFT

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Introduction: Many kinds of materials including auto dermal fat graft, bovine collagen graft and human cadaveric dermis (acellular allogenic dermis) are used in penile girth enhancement. Among them, cadaveric dermis is widely used in penile augmentation surgery because this material is safe and convenient for performing surgery. This study is to report the result of our surgical experiences using acellular allogenic dermal graft.

Methods: We have performed 1400 penile augmentation surgeries using acellular allogenic dermal graft. Pre-pubic minimal incision was done and dissection using fingers and scissors was performed. Acellular allogenic dermal graft (3~6 mm thickness) was fixed on the bucks' fascia of the penile shaft with absorbable suture material. After dissecting fundi-form ligament, we closed transversely the pre-pubic dead space with PDS 2.0. Subcutaneous tissue and skin were closed with absorbable suture.

Results: Our follow-up period was from 2 weeks to 48 months (average period was 4.6 months). We examined 12 patients by tissue biopsy and could see histological well proliferated vessels. There was no abnormal histological finding. Postoperative complications were wound infection (17 cases), skin necrosis (2 cases) and graft failure (1 case) due to infection. But all complications were fixed with secondary closure or conservative treatment.

Conclusion: In our experience, acellular allogenic dermal graft in penile augmentation surgery was a very safe, effective material and showed excellent histological findings.

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TRENDS IN SEXUAL BEHAVIOUR AMONG POLISH WOMEN BORN BETWEEN 1975 AND 1995

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The main objective of the study was to investigate changes in sexual behaviour among Polish women born between 1975 and 1995. Sexual initiation is a very important problem in adolescent gynecology.

Two hundred women, born in Wielkopolska voivodship were asked to complete screening questionnaire. It was a self-reported inquiry about the age at sexual initiation, contraceptive use at first, preferred forms of sexual activity and contraceptive use. Statistical evaluation was based on the chi-square test and ANCOVA models.

The findings revealed the average age for sexual initiation has lowered significantly across subsequent cohorts of young women ($F = 9.11, p$).

The age, which Polish women start sexual activity has lowered significantly across two consecutive decades among Polish women. Early debut of sexual activity is believed to bring serious consequences, including unintended pregnancy, emotional stress and STDs. The right age to start having sex remains the topical issue both among anthropologists and in public health.

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CHRONOLOGICAL AGE AND PUBERTAL DEVELOPMENT-EVALUATION FOR PURPOSE OF CHILD-PORNOGRAPHIC MATERIALS

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Sexual abuse of children comprises a broad range of sexual acts involving minors. These include touching with sexual intent, sexual intercourse and showing of pornographic material or sexual organs. The problem of child pornography has increased highly in the past few years. Experts from different disciplines are asked to rate such materials and verify the age of the victims represented in pornographic material. It is a very difficult and often inaccurate analysis. There are differences in age limit in each country's legislation defining child pornography, for example: below 18 years of age for the legislation in the case of Italian, Franch, Canadian and American legislations, USA; below 16 in the case of Belgium, Switzerland, the Netherlands, Great Britain; 14-in Germany, Austria. In Poland it is below 15 years of age.

Objective: The purpose of this study was to examine the relationship between chronological age and pubertal development in children.

Methods: The study included 423 females, ranging in age from 13 to 18. Pubic hair and breast development were rated according to TANNER. Axillary hairs were rated. Measurements (body height, weight) were determined by standard anthropometrical methods. Body mass index (BMI) was calculated.

Results: Using a test based on the Chi-square analysis a correlation between chronological age and analyzed features of pubertal development was demonstrated.

Conclusions: We concluded that there is an association between pubertal development and chronological age in children. It is possible to establish only developmental age, not chronological age of the victims, represented in pornographic material.

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FEMALE SEXUAL DESIRE: THE ROLE OF PSYCHOSOCIAL FACTORS ON SPONTANEOUS VERSUS RESPONSIVE DESIRE

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Aim: Evaluate the role of psychosocial variables in women with difficulties in spontaneous versus responsive sexual desire: sexual beliefs, psychopathology, sexual functioning, dyadic adjustment and automatic thoughts during sexual activity.

Methods: A total of 107 women participated in the study, 34 women in the Control Group (without sexual problems), 43 in the Low Spontaneous Desire Group and 30 women in the Low Global Desire Group (Low Spontaneous and responsive Sexual Desire). The participants answered to different questionnaires: Sexual Dysfunction Inventory (Sbroco, 1992), Brief Symptom Inventory (Derogatis, 1982), *Female Sexual Function Index* (Rosen et al., 2000), Dyadic Adjustment Scale (Spanier, 1976), *Sexual Modes Questionnaire* (Nobre & Pinto-Gouveia, 2003) and *Sexual Dysfunctional Beliefs Questionnaire* (Nobre & Pinto-Gouveia, 2003).

Results: Women in the Low Global Desire Group exhibit significantly lower rates of dyadic adjustment and higher sexual dysfunctional beliefs regarding the body, age and sexual conservatism, lower levels of sexual functioning and higher frequency of negative automatic thoughts during sexual activity compared to the Control and the Low Desire Spontaneous Group. Additionally, women in the Low Global Desire Group showed significantly higher levels of psychopathology, namely depression, paranoid ideation, anxiety, and hostility when compared to the Control Group.

Conclusions: These results suggest that women with low spontaneous sexual desire but without difficulties in responsive sexual desire are closer to women without sexual problems than to women with low global sexual desire, supporting the DSM-V proposal for the exclusion of this first group of women from the Sexual Interest / Arousal disorder.

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PROVIDING LEVEL 2 SEXUAL HEALTH SERVICES IN A RURAL GP SETTING: A CASE STUDY EXAMPLE FROM ENGLAND

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Introduction: In 2009 a level 2 (enhanced level of care) pilot service was set up in a rural GP practice in England with the aim of meeting the requirements of the local community and providing a clinical learning environment for clinicians.

Objective: To present the results of its evaluation.

Aim: The aims of the evaluation were: assess the extent to which the clinic is achieving its two key aims conduct a cost-benefit analysis of clinic activity to date.

Methods: A range of data collection methods were used including the use of existing data where possible. Key sources included routinely collected clinical data, content analysis of policy documents, analysis cost data, participant observation, a survey of users and in-depth interviews with users and providers.

Results: This evaluation has provided good evidence that the clinic is providing a valued service to the local population, illustrating a successful approach to the provision of sensitive services in a rural setting.

Conclusion: The study identified a high quality safe and effective service resulting in positive patient experience. The service approach is holistic, flexible, non-judgemental, patient centred and confidential. The clinic provides a good training environment, with the opportunity for the nurses and GpswSI to work alongside the GU consultant. Patients needing level 3 services benefit by the involvement of the GU

consultant as their care can be managed at the clinic thus removing the need to refer to a GUM clinic.

The evaluation also revealed areas for improvement and made recommendations for future delivery.

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CLINICAL RESULTS OF PENILE AUGMENTATION SURGERY BY INJECTABLE MICRONIZED HUMAN DERMAL TISSUES

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Introduction & objectives: Penile augmentation surgery with tissue grafts through incision so far has been performed with; however, there might be adverse effects such as a wound problem, a scar, prolonged recovery time. Another augmentation method is the injection of chemical filler or fat but there is the disadvantage of histological instability, migration and a high reabsorption rate. We are to introduce new methods using acellular human dermal tissue with injection.

Material & methods: The surgery was done for men with a small penis complex. Under the local anesthesia, according to the size of the penis and the augmentation size the patient desired, about 3–6 cc of dried acellular particulate dermal matrix combined with 1.5–1.8 cc of lidocaine and 0.3 cc of gentamicin per 1 cc of the tissue were injected.

Results: Retrospective investigation was done for this study with 121 cases from December 2007 to December 2009. 4 cc of acellular micronized dermal tissues on average were used and the average surgery time was 20 minutes. 2 cases of local skin necrosis were reported but it was treated through the conservatory treatment. There was little migration of the injected tissues.

Conclusions: This surgical method does not require an incision and resulting in short operation and rapid recovery time. There are few side effects. Therefore, for the men who experienced difficulty with penile augmentation surgery with the preexisting techniques, for example, those who had physical health problems, or were of an older age, or were on special medications, this surgical method could be recommended.

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CLINICAL RESULTS OF PENILE REAUGMENTATION USING XENOGRAGFT

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Introduction and objective: Since the 1990s when penile augmentation surgery using autologous dermal-fat and fat injection were introduced, surgical techniques utilizing diverse kinds of augmentation materials have been conducted, such as allografts, xenografts, and chemical fillers. However, in some cases when the patient has a higher expectation or when shape improvement is required, secondary reaugmentation may be necessary.

Methods: The reaugmentation surgery was conducted by using xenografts. For the xenogenic(bovine) implant, type I collagen was used. It Through a transverse incision at the distal penis, girth enhancement was performed. After separating the existing grafted area from the Buck's fascia. Then, the prepared graft was anchored and sutured to the Buck's fascia.

Results: Retrospective analysis was conducted on procedures performed between July 2005 and July 2009. This study included 67 patients with the following first augmentation surgery in the past: autologous dermal fat graft (43.3 %); silicon injection (26.9 %); xenograft (13.4 %); autologous fat graft (7.5 %); allograft (4.5 %); hyaluronic acid injection (3.0 %); restorative scaffold (poly lactic-co-glycolic acid) insertion (1.5 %). The diameter of the penis had increased by 5.6 ± 1.2 mm. Active treatment was required in 2 cases (3 %): removal of the graft because of infection.

Conclusions: Penile reaugmentation surgery with xenogenic type I collagen has the advantages of being a simple surgical procedure and

fewer complications. For the patient group that received penile augmentation surgery with diverse materials in the past, The use of xenogenic type I collagen in this procedure also demonstrated a effective profile.

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CLINICAL EVALUATION OF THE LIFELONG PREMATURE EJACULATION THAT EJACULATES LESS THAN ONE-MINUTE INTRAVAGINAL EJACULATION LATENCY TIME

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Purpose: This study aims to analyze sexual activity patterns and the results of clinical laboratory studies of the patients with lifelong premature ejaculation of less than 1 minute IELT.

Method: The subjects were those who ejaculated within 1 minute, did not have any other disease history, and no other sexual dysfunction. In this study, their sexual activity patterns were researched, penile sensitivity test, blood test, and prostatitis test were conducted.

Results: The number of subjects were 122. The threshold of biothesiometry was 5.1 ± 1.6 and 32(26.2%) of them showed less than 4 threshold level. All were normal in the prostatitis test. Their thyroid hormone levels were T3 1.1 ± 0.3 ng/ml, and T4 8.3 ± 1.7 µg/dl, respectively. 6(4.9%) of them showed hypothyroidism while 3(2.5%) of them showed hyperthyroidism. The level of total testosterone and free testosterone was 514 ± 193 ng/dl and 12.6 ± 5.2 pg/ml, respectively. 4(3.3%) of them had increased level of testosterone. Their leptine level was 3.9 ± 3.9 ng/mL and 75.5% of the subjects showed prolongation of the ejaculatory latency after using anesthetic cream. As for the question about the reason of their premature ejaculation, 54.5% responded that it was due to penile hypersensitivity.

Conclusion: In case of consulting the patients with lifelong premature ejaculation of less than 1minute IELT, it may be considered to take thyroid function test, testosterone hormone test and biothesiometry as a selective test. As for treatment, along with the generally-used drug therapy such as SSRIs and behavioral therapy, it is recommended to use penile sensitivity approach.

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CLINICAL EVALUATION OF THE PATIENTS WITH EJACULATION THAT ALWAYS OCCURS PRIOR TO OR WITHIN 10 SECONDS OF VAGINAL PENETRATION

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Purpose: Few clinical researches has been done on lifelong premature ejaculation that ejaculates before or immediate after the insertion. This study reports clinical characteristics of the patients who have severe lifelong premature ejaculation.

Method: The subjects were those who repeated ejaculation before or immediate after (less than 10 seconds) the insertion. Their sexual behavioral patterns were researched, penile sensitivity test, blood test, and prostatitis test.

Results: The study was conducted on 39 patients. The threshold of biothesiometry was 4.75 ± 1.2 and 14(36.8%) of them showed less than 4. In the prostatitis test, they were all turned out to be negative. The average PSA was 0.93 ng/ml. Their thyroid hormone levels were T3 1.2 ± 0.2 ng/ml, and T4 8.2 ± 1.3 µg/dl. 1(2.6%) showed hypothyroidism while 1(2.6%) showed hyperthyroidism. The total testosterone and free testosterone were 489 ± 132 ng/dl and 12.7 ± 4.7 pg/ml. 1(2.6%) of them showed increase in testosterone. The leptine was 3.1 ± 1.98 ng/mL. 73.7% of the patient responded that they had prolongation of the ejaculatory latency after applying anesthetic cream. On the question asking "What do you think of the reason of your premature ejaculation?", 55% responded to penile hypersensitivity.

Conclusion: Though the patients group was small in number, this study was meaningful for reference in treating patients with very severe premature ejaculation. Not only the neurobiological access using SSRIs drug, but also the method to decrease penile sensitivity can be considered for treating the patients with severe premature ejaculation.

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SEXUAL AROUSAL AND STROOP EFFECT: DIFFERENCES BETWEEN MEN WITH AND WITHOUT SEXUAL DYSFUNCTION WHEN EXPOSED TO EROTICA

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This study aims to evaluate sexual arousal and response to a modified stroop test in men with and without sexual dysfunction when exposed to erotica. A total of 40 men (20 with sexual dysfunction and 20 sexually healthy) will participate in this experimental study. Participants will be exposed to three sexually explicit films while being assessed for genital arousal (using indium gallium gauges), heart rate, and skin conductance. After each film, participants will answer to a list of likert scales assessing: subjective sexual arousal, affect (PANAS), cognitive schemas (QCSASC), and automatic thoughts (SMQ). Between films 2 and 3 a feedback manipulation will be given to all participants. The experimenter will enter the room and will give a neutral feedback information related to a bogus technical problem involving the experiment. After the neutral feedback, both groups will answer to PANAS and QCSASQ before watching a third film. At the end of the third film participants will be asked to perform a modified stroop test, with three sets of words: positive, negative and neutral. These words will include general topics as well as topics related to sexual performance/expectancy. We expect to find lower levels of sexual response to the films in the clinical group. We also expect to find an increase on negative schemas in the clinical group, after the neutral feedback is given and a decrease on sexual response to the third film. Additionally, we expect to find a stroop effect for the negative set of words in the clinical group.

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LEGAL, SOCIAL AND PSYCHOLOGICAL ASPECTS USING THE CONCEPT OF "PAEDOPHILIA"

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In the last three decades the concept of paedophilia has become a dehumanized and confusing concept although it still is a diagnosis in the DSM IV. Paedophilia as a sexual orientation has no root in scientific research but in a social movement for acceptance that also took place in England in the nineteen seventies. The social and moral panic concerning paedophilia as presented in the media is a serious challenge for therapists and scientists. Clinical experience and empirical research seems to indicate a change in the understanding of men and women who sexual abuse children. This presentation is a contribution to a more scientific understanding with implications for therapy, but can science compete with media.

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SELF-PERCEPTION OF SEXUAL LIFE AMONG WOMEN AFTER GYNECOLOGIC CANCER TREATMENT: WHAT SHOULD ONCOLOGISTS ATTEMPT FOR?

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The return to sexual intercourse after gynecologic cancer treatment often requires the assistance of a professional with sexual therapy qualification.

Objective: To determine the impact of the diagnosis and treatment of gynecological cancer on the sexuality and to learn about their self-evaluation regarding the quality of their sex life after treatment of gynecological cancer.

Method: This study was based on the survey of the medical records of gynecologic cancer survivor sexually active women with a stable relationship with sexual complaints who received sexual guidance and sexual therapy.

Results: The mean age of the women studied was 48.3 ± 8.2 years. They reported feeling of insecurity and inhibition regarding the initiation of sexual relations and insecurity about the feelings of their partners toward them. Sixteen of them underwent surgical treatment associated with chemotherapy and/or radiotherapy, and 14 underwent surgery only. After cancer, the women experienced a significant worsening of the quality of their sex life ($p < 0.01$). The frequency of sexual relations (SR) was significantly reduced after treatment (SR before: 2.7 ± 2.6 per week versus 1.2 ± 1.4 per week after $p = 0.006$).

Conclusion: Indeed these women experienced a significant worsening of the quality of their sexual life, which was confirmed by objective data showing that, in addition to the occurrence of a significant reduction of the number of sexual relations, there was a significant proportion of women who admitted that the quality of their sex life had worsened.

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MARITAL INFERTILITY MAY INTERFERE WITH SEXUALITY, ESPECIALLY IN MEN

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Introduction: In recent years, changes in society have witnessed the increased inclusion of women in the job market, as well as new methods for family planning. Such changes have resulted in an increase in the average age at which couples begin to have families. This has led to an increased demand for assisted reproductive therapy as an alternative to infertility treatment.

Objective: To evaluate the sexuality of infertile couples

Method: To this literature review the studies selected for inclusion used sexual functioning self-report assessments or quality of life questionnaires that included sexual satisfaction. The studies were separated by gender. All of these articles have, as a central element, the assessment of sexual health in the presence of infertility.

Results: Despite the large number of articles on the topic, there are limited studies that confirm the impact of infertility on sexual functioning. In general, the papers presented do not have a control group and use subjective evaluations that are based on qualitative studies, which hinder more definitive conclusions.

Conclusion: Infertility may represent an anxiogenic factor, and thus adversely affect both women and specially men undergoing assisted reproductive treatment. To better address and prevent the effects of infertility treatment on sexual functioning in these couples after treatment, greater support by the professionals involved is needed.

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THE IMPACT OF PHYSICAL EXERCISE AND PELVIC FLOOR MUSCLE TRAINING ON SEXUAL FUNCTION AND MOOD IN POSTMENOPAUSAL WOMEN

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Introduction: It is unknown whether physical exercise has a positive effect on sexual function of continent women after menopause.

Aims: To assess sexual function and mood of postmenopausal women underwent to a physical exercise protocol (PEP).

Methods: Thirty-two sedentary women with a maximum of five years post menopause with FSH ≥ 40 mIU/ml were selected for this longitudinal study. They possessed the ability to contract the pelvic floor muscles (PFM), which was assessed by vaginal bimanual palpation. The muscle strength was graded according to the Oxford Modified Grading Scale (OMGS). A protocol of physical exercise (PEP) was conducted twice a week for three months, and at home three times a week. They completed both the Sexual Quotient-Female Version (SQ-F) and the Anxiety and Depression Hospitalar Scale (ADH) before and after the PEP.

Results: There was a significant increase in the second OMGS score in relation to the first OMGS score (OMGS score 1 = 2.59 ± 1.24, OMGS score 2 = 3.40 ± 1.32, $p < 0.0001$). There was a significant decrease in the number of women suffering from anxiety after treatment ($p < 0.01$).

Conclusion: Although the implementation of the protocol of physical exercise was effective for controlling anxiety and improving pelvic floor muscular strength in sedentary and continent of urine menopausal women, it did not provide a positive impact on the their sexual function. Possibly, others uncontrolled variables such as long-term relationship and menopause status have affected our results. This suggests the need of a randomized controlled trial to confirm the results of the present study.

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BETWEEN THE POLES OF PATHOLOGICAL SEXUAL SADISTIC ABUSE AND NON-PATHOLOGICAL KINKY BDSM

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Non-pathological kinky BDSM can easily be confused with pathological sexual sadism and vice versa. The consequences of this confusion proved to be devastating to society if not urgently clinically addressed. Many innocent people suffered severely in the past because of this confusion, many vulnerable women, men and children became victims of sexual abuse and dangerous pathological sexual criminals got away—all because of this confusion. A clear (although not absolute) clinical distinction is long overdue.

The pathological sexual sadist is vaguely diagnosed in DSM IV TR and it does not reflect the valuable research of Fromm, Dietz, Hazelwood and others in this regard. On the other hand a lot of research was done on non-pathological kinky BDSM in recent years by Gabriele Hoff, Charles Moser, David Stein, Gary Switch, William Henkin and others.

An in-depth analysis of the sexual sadist as “the great white shark of sexual crimes” (Hazelwood 1990) is illustrated with a recent case study in South Africa (2010) with clinical reports from various psychologists as well as forensic criminologists.

An equal important in-depth analysis of the SSC (Safe Sane Consensual) and the RACK (Risk-Aware Consensual Kink) principles in BDSM is also given.

Appreciating and researching both sides of the spectrum result in a sexological praxis theory on *pathological sexual sadism and non-*

pathological kinky BDSM aimed at more reliable clinical diagnoses which are scientifically grounded and empirically observed. (Lemmer 2010)

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SEXUAL FUNCTION IN SCHIZOPHRENIA

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Objective: This study surveys patients with schizophrenia or schizoaffective disorder, to understand the relationship between sexual function and treatment with antipsychotic medication. The study compares patients on single versus multiple antipsychotics as well differences between first and second generation agents.

Design and methods: Patients diagnosed with schizophrenia or schizoaffective disorder at Beth Israel Medical Center are eligible. Once patients are evaluated to ensure they meet enrollment criteria and are consented, they are administered the Positive and Negative Syndrome Scale (PANSS), Abnormal Involuntary Movement Scale (AIMS), and either the International Index of Erectile Function for men, or the Female Sexual Function Index for women. Inclusion criteria include age 18–65, able to participate in a structured interview, fulfill DSM-IV criteria for Schizophrenia or Schizoaffective disorder, and on stable doses of one or more antipsychotic medications for at least six weeks. Exclusion Criteria include patients taking Selective Serotonin Reuptake Inhibitors (SSRIs), and inability to provide informed consent.

Results: Presently, data suggests sexual function is impaired secondary to antipsychotic use. However, because the number of completed surveys is limited, further extrapolation of data is pending further enrollment. A projected number of 30 participants is expected by spring 2011.

Conclusions: Preliminary results are limited due to difficulties with enrollment and further data is needed to draw clear conclusions. Barriers encountered include concomitant SSRI use, patient non compliance with appointment, lack of financial incentives for enrollment, and patient reluctance to discuss sexuality.

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DETERMINANTS OF SEXUAL FUNCTION IN EARLY, MIDDLE, AND LATE PREGNANCY

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Aim: The purpose of this study was to examine the determinants of sexual function during early, mid-, and late pregnancy.

Methods: A cross-sectional investigation was performed in 663 pregnant women who completed the Taiwanese version of the Female Sexual Function Index, the Body Image Scale for Pregnant Women, obstetric history and a demographic questionnaire. Stepwise multiple regression analyses were used to test several explanatory variables for sexual function during three trimesters.

Results: During early pregnancy, reported discomfort during pregnancy negatively affected sexual function ($-1.90, p = 0.0009$). Interestingly, having experienced infertility and having a college education had a combined negative effect on sexual function ($-0.21, p = 0.0047$). During mid-pregnancy, women who were employed full-time reported higher scores for sexual function ($5.27, p = 0.0023$) than those without full-time work. A higher body image score had a stronger negative effect on sexual function for women with full-time work ($-0.05, p = 0.0322$). Infertility experience had a negative effect on sexual function ($-2.16, p < 0.0001$). During late-pregnancy, gestational age had a negative effect on sexual function ($-0.66, p = 0.0036$). Having utilized assisted reproduction also had a negative effect on sexual function, but only among women belonging to the HoLou ethnic group ($-0.21, p = 0.0102$).

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Conclusion: The results demonstrate that explanatory variables can interact to affect sexual function throughout pregnancy.

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WILL A SEXOLOGIST IMPROVE SEXUAL FUNCTION AFTER PROSTATE CANCER SURGERY?—A PROSPECTIVE INTERVENTIONAL STUDY

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Objective: To evaluate if a clinical sexologist improves the outcome of sexual rehabilitation after prostate cancer (PC) surgery

M and M:

In 2008: 25 sexually active men (49–68 yrs) had surgery due to PC, 12 patients had bilateral nerve sparing (BLNS), 9 had unilateral nerve sparing (ULNS) and 4 had non nerve sparing (NonNS) surgery. All were enrolled in a penile rehabilitation (PR) program. The patients received A) no treatment, B) oral PDE-inhibitors, C) Intraurethral prostaglandin-E1 (pGE1), D) Intracavernosal pGE1, or any combination of B, C and D. Followed up at 1, 3, 6, 9, months with adjustments of therapy according to function. Outcome evaluated at 12 mths.

In 2009: a sexual medicine rehabilitation (PSM) program started with a clinical sexologist (CLS) who evaluated the patient and partner prior to surgery, followed them at 1, 3, 6, months (+extra visits PRN) and instituted cooping/ intervention therapy when needed. Thirty-seven potent and sexually active men (49–67 yrs) who had a dVP due PC were enrolled, 21 had BLNS, 10 had ULNS and 6 had NonNS surgery. Outcome at 12 mths.

Results:

CG: At 12 months 61% were sexually active with penetrating sexual activity (PSA) regardless if nerve sparing or NonNS procedure.

SG: At 12 months all 37 had been able to perform PSA and 89% were sexually active with PSA regardless of nerve sparing or NonNS procedure, 14 patients had additional CLS visits, 9 with short-term cognitive behavior therapy.

Conclusion: A clinical sexologist in a sexual rehabilitation program appears to improve the outcome of sexual function after dVP regardless of procedure.

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VULNERABILITY FACTORS ON WOMEN'S SEXUAL FUNCTIONING: RELIGION, SEXUAL DYSFUNCTIONAL BELIEFS AND GUILT

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Aim: The aim of this study was to assess the role of religion, sexual dysfunctional beliefs and guilt, on women sexual functioning.

Methods: A total of 199 women from the general population participated in the study and answered the following auto-reply questionnaires: Introductory Questionnaire, Francis Scale of Attitude Towards Christianity (FSAC; Francis & Stubbs, 1987), Positive and Negative Affect Schedule—Expanded Form (PANAS-X; Watson & Clark, 1994), Female Sexual Function Index (FSFI; Rosen et al., 2000), and Sexual Dysfunctional Beliefs Questionnaire (QCSB; Nobre, Pinto-Gouveia, & Gomes, 2003).

Results: The results suggest that religiosity level doesn't present any significant relationship with women sexual functioning, neither with conservative sexual beliefs, beliefs on sexual desire and pleasure as sin, and guilt (guilt-trait and guilt-state). Women with dysfunctional sexual beliefs had more difficulty in sexual functioning and experienced more guilt during sexual activity. Of the variables studied, the conservative sexual beliefs were the only significant predictor of sexual functioning. Women with guilt proneness (guilt-trait) experienced more guilt emotions during sexual activity (guilt-state), and also presented more difficulties in sexual functioning.

Conclusions: The results of this study support the importance of the role of cognitive-emotional factors, such as sexual dysfunctional beliefs and guilt, on women sexual functioning.

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MYOMAS AND SEXUAL FUNCTION

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Objective: To study the sexual function of women with myomas in prospective form during one year, in no sexual desire, no arousal, no orgasm and dyspareunia, and pelvic pain, comparing with controls.

Design and method: During the 2009 year, in the consult of the author, we retake 172 women with myomas of 3–5 cm in the major diameter, and 80 women with myomas of >5 cm in the major diameter. We compared both groups with control groups age-paired. Also, we compared the two myomas groups between. With personal interview we questioned the sexual facts.

Results: We indicate the significant statistical differences more important. In the group of myomas 3–5 cm, there were statistical differences in medical antecedents, $p < 0,001$; in no sexual desire, $p < 0,01$; in vaginal dryness, $p < 0,05$; in subserosal myomas, $p < 0,001$, and in equal size of myoma at one year, $p < 0,001$. In the group of myomas of >5 cm, there were statistical differences in no sexual relations, $p = 0,02$; in intramural myomas, $p < 0,001$; in increase size of myoma at one year, $p < 0,001$, and in pain, $p = 0,02$. No significant differences were found in the sexual parameters (sexual desire, arousal, orgasm, and dyspareunia, nor in vaginal dryness) between each group and their controls.

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VAGINAL INFECTIONS AND CELLULAR CERVICAL LESIONS (III). CHARACTERISTICS OF SEXUALITY

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Objective: To study the characteristics of sexuality in a series of patients: 399 with vaginal infections and 32 with cervical cellular lesions, diagnosed by cervicovaginal cytology, during 1 year.

Materials and methods: We performed personal interview to ask about sexual intercourse or not, and their causes; sexual desire, arousal, orgasm, dyspareunia, vaginal dryness, coitus frequency, contraceptive methods, anal coitus and simultaneous multiple sexual partners. We compared with a control group of 252 women without vaginal infections nor cervical lesions.

Results: The women of the infections and lesions group are younger, mean 34 years, and there is more nulligravides (33,25 %), $p < 0,001$. In 60,23 %, they don't use contraceptive methods. The most used were the pill in 14,31 % and the condom in 12,23 %. In 70 cases (16,27 %), they don't have intercourse because didn't have a sexual partner at this moment. The coitus frequency was one time a week in 20 %.

The characteristics of the sexuality :

- no sexual desire in 45,15 %
- no arousal in 32,5 %
- no orgasm in 21,94 %
- dyspareunia in 43,88 %, greater than control group, $p < 0.001$.
- They practised anal intercourse in 15,83 %
- They had simultaneous multiple sexual partners in 2,5 %.

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GENDER IDENTITY DISORDER AND DSM V

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The object of the study is a review of the research on Gender Identity Disorder (GID) and the presentation of research findings that under-

scores the implicit and explicit dangers of the diagnosis, especially for children and other vulnerable populations. The methods employed in this study are both qualitative and quantitative. Research to date suggests that male crossdressing in childhood may be a biomarker of later homosexual development. It may also be a prolonged developmental stage or a product of family dynamics that have not been addressed. Crossdressing many also serve, in both sexes to respond to issues of self destabilization and reparative self functioning involving symptom activation versus disorder characteristics. A unique case of a father-son “transsexual” solution is presented to highlight all of these difficulties.

The diagnosis of GID in childhood is particularly pernicious and should not be included in DSM V since the behavioral presentation may reflect the final common pathway of many interacting motives including a biomarker for later homosexuality in males (40% of male homosexuals report crossdressing during their childhoods) and influenced by the politics of the status quo in a binary gender model. The introduction of a “disorder concept” into the diagnostic mix can alter developmental trajectories and do harm to a child's normative development. Moreover, research in the neurosciences is only now beginning to highlight the bio- psycho social links between brain neurocircuitry and behavioral outcomes related to transgenderism (reported to be occurring at the rate of 1/250 births in the USA).

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THE ORGASMIC WOMAN—A TRAINING PROGRAM FOR SEXUAL WELLBEING: RESULTS FROM THE FOLLOW UP STUDY

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“The Orgasmic Woman” is an intensive three month self-training program for healthy women who would like to enjoy their sexuality more and enhance their sexual well-being. It consists of techniques from the cognitive-behavioural and hypno-therapeutic fields and from Komaja's tantric training. The follow up study involved 43 women who did daily exercises and regularly filled out a diary on the process. The participants had a contact person as a supervisor whom they could contact when necessary. There was also a control group.

The effectiveness of the training has been measured (with pre-training and post-training comparisons) and the training was evaluated 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. We also evaluated the diary entries and a final questionnaire with 52 partially open questions.

The training was significantly successful in improving sexual satisfaction and sexual arousal ($p < 0.05^*$), which are some of the key dimensions of female sexual function and the central focus of our training.

Overall, pilot and follow up studies ($n = 78$) showed a significant effectiveness in improvement of sexual satisfaction. Additionally, women without tantric schooling from both studies ($n = 42$) showed a significant effectiveness in improvement of sexual arousal ($p < 0.05^*$).

The participants found the training very helpful for their sexual wellbeing. Especially women without tantric schooling had great benefit from the program. The program gives a clear evidence for a very valuable therapeutical effect.

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ERECTILE DYSFUNCTION IN MEN WITH HIGH CARDIOVASCULAR RISK AND METABOLIC DISORDERS

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Objective: To evaluate the frequency of androgen deficiency and erectile dysfunction (ED) in men with metabolic syndrome and high cardiovascular risk on SCORE.

Methods: The study included 300 men aged 30–59 with metabolic syndrome (IDF criteria, 2005) and high cardiovascular risk on SCORE (>5%). All participants were measured HDL cholesterol, LDL cholesterol, triglycerides and fasting glucose as well as waist circumference and BP. Androgen deficiency was diagnosed if level of total testosterone was decreased (<12 nmol/l) and/or level of free testosterone was decreased (<0,255 nmol/l) and if symptoms of hypogonadism were present. ED was evaluated by IIEF (<21 points).

Results: Androgen deficiency was diagnosed in 17% (n = 52) of men with metabolic syndrome and high cardiovascular risk, but ED—in 60,7% (n = 182). In all cases androgen deficiency was combined with ED of different degrees (18% mild, 33,7% mild-moderate and 9% moderate). Hypogonadism was diagnosed in 28,6% of patients with ED and high cardiovascular risk. Among men with ED (including the subgroup with hypogonadism). The patients with ED in 22,6% had 3 component, 29,4%—4 component and 8,7% of men had all 5 components of metabolic syndrome.

Conclusion: Every second man with metabolic syndrome and high cardiovascular risk has ED, one third—hypogonadism. Most of men with ED had mild to moderate ED, the treatment include risk factors correction and using of inhibitors of phosphodiesterase 5.

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FEMALE SEXUALITY AND TOTAL HIP REPLACEMENT

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Introduction/Objectives: The purpose of this paper is the evaluation of female sexual functions, in patients with total hip replacement in comparison with healthy subjects.

Patients and methods: A total of 46 patients with sexual activity were included in the study after total hip replacement and examined with FSFI index (Female Sexual Function Index). A total of 39 healthy subjects used as control group normalized in age, marital status and socioeconomic parameters. The SPSS 11.0 used as statistical package.

Results: Preoperatively, 42/46(91,30%) of female patients attributed significant sexual difficulties related to their hip disease. Significant difference was observed six months after surgery. The FSFI index does not differ from the healthy control group after one year.

Conclusion: Compared with the healthy age- marital status and socioeconomic matched controls, female patients with total hip replacement have a normal sexual life six months after the total hip replacement. Necessary training is required for balance, gait, and activities of daily living, and do not forget the proper sexual counselling that is necessary in postoperative care. Therefore, a booklet is necessary for postoperative patients and their sexual partners.

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SEXUALITY OF BRAZILIAN WOMEN AFTER BREAST CANCER

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Introduction: After breast cancer women go through a period of reflections and questions about their lives before and after the disease. Most of the sexuality and breast cancer's studies emphasise the negative consequences that the treatments bring to women's sexual functioning but pay less attention to the subjective dimensions of sexuality.

Objective: The objective of this qualitative study is to understand the repercussions that diagnostic and treatment bring to the sexuality of women after breast cancer and identify the psychosocial aspects of sexual life (subjective and relational) and sexual satisfaction of the periods before, during and after breast cancer treatment.

Methods: In depth interviews were collected among 14 women with one year of diagnosis for breast cancer, enrolled in a rehabilitation program. These narratives were categorized and analysed following the sexual scripts theory (Gagnon).

Results: Four main categories (Relationships, Sexual life, Sexual communication, Representations of sexuality) were identified. There are variations about sex life: some women reported better sexual life after breast cancer; others reported that their sexual life remained the same, while a similar proportion of women reported worse sexual life. These different representations give us some clues that the breast cancer and its treatments bring other subjective and relational repercussions to sexuality beyond sexual functioning modifications.

Conclusion: Women sexual experience is not entirely dependent of sexual function and it is important to take into account subjective and relational aspects to consider the evolution of women sexuality after breast cancer.

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REINTERPRETING AND UTILISING FORENSIC SEXOLOGY

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The term Forensic Sexology has been used in literature for over three decades, yet rarely has there been clarification of the term or work within this specialised field. Often the term is associated with criminal investigation, legal and psychological work as specialised practitioners in these fields often deal with assessment and legal aspects of sexuality—often sex offending. Yet Forensic Sexology is far more than this.

Contemporary use of the word 'forensic' refers to the application of scientific principles and practices in the establishment of understanding and facts. While investigative TV shows (CSI, SVU, NCIS, etc) have highlighted the work of analytic and forensic skills in dealing with sex crimes, the area of forensic sexology is often only associated with sexual crimes against a person or animal, or being outside the 'normative behaviour' expected in a society; eg certain sexual expression.

Forensic Sexology is anything related to laws and sexuality, sexual rights, investigative aspects of sexual behaviours and the analysis of sexual behaviour within the context it occurs. It is the establishment of evidence that is presented to a decision making forum for decision and action.

This presentation will provide greater clarity of this growing area by presenting new frontiers of sexology that need to be from a Forensic

base to provide the best evidence for action from different professional groups. This includes issues of female genital mutilation, vaginal drying practices, sex offending, age of consent for sexual activity, mandatory role of sexuality education and many others.

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TRIAGE SYSTEMS APPROACHES TOWARD SEXUAL HEALTH

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Background & aim: Triage systems have applied different approaches to triaging patients complaining of sexual problems. Pros & Cons for these approaches need to be identified. Aim is to analysis management of patients during various triage systems.

Methods: Critical review includes five triage systems, Emergency Severity Index (ESI), Australasian Triage Scale (ATS), Canadian triage and Acuity Scale (CTAS), Manchester Triage System (MTS) and 5-tier Triage protocol. These systems have been analyzed via meta-synthesis in terms of evidence-based criteria, inclusiveness, specific application and practicability.

Results: General physiologic signs & symptoms were the gold standard for determining acuity in patients that have been applied by all triage systems. Conscious level, air way, respiratory status and circulation assessment were identified as major criteria in decision-making. MTS has encountered STDs inclusively. 5-tier Triage protocol and CTAS has explained Sexual Assault considerations. There is no data corresponding to sexual problems in ESI and ATS.

Conclusion: Although MTS showed the most comprehensiveness characteristics to prioritizing patients with sexual problems but resources necessary for evidence-based practice to support nursing decisions in triaging patients with sexual problems need fundamentally to be developed.

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ADJUVANT TESTOSTERONE GEL POTENTIATES SILDENAFIL CITRATE EFFICACY IN ANDROPAUSE MEN

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Objective: To assess, whether addition of neo adjuvant testosterone gel therapy followed by Sildenafil citrate achieves adequate potency in men with andropause having subnormal serum testosterone.

Material & method: 100 men between 58-72 years of age with low serum testosterone level and erectile dysfunction were enrolled for the study. 50% of patient received 5gm of 1% testosterone gel daily for 4 weeks followed by Sildenafil citrate 100mg weekly for next 12 weeks, while the other group received Sildenafil citrate weekly for 16 weeks.

Result: 43 men (84.3%) receiving testosterone therapy for 4 weeks followed by Sildenafil citrate achieved potency as compared to 15 men (30%) only receiving Sildenafil citrate.

Conclusion: Our result supports the use of testosterone gel initially followed by Sildenafil citrate to achieve satisfactory potency in men with low serum testosterone level having erectile dysfunction as compared to Sildenafil citrate therapy alone.

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EVALUATION OF EFFECT OF PHOTOSELECTIVE VAPORIZATION OF PROSTATE ON SEXUAL FUNCTION IN A PROSPECTIVE STUDY: A SINGLE CENTRE EXPERIENCE

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Aim: To assess short term effect of PVP (Photo selective vaporization) of prostate on erectile function in patient presenting with benign hypertrophy of prostate (BHP) with lower urinary tract symptoms (LUTS).

Material & method: 150 consecutive male patients with LUTS due to BHP scheduled for PVP were included in our study. Patients with cancer prostate, active urinary tract symptoms, neurogenic bladder or stricture urethra were excluded from our study.

A written consent of all 150 patients were taken and their erectile function using international index for erectile function score-5 (IIEF-5) was done before PVP. There were grouped accordingly into Group A having IIEF ≥ 19 and Group B with IIEF < 19 . All 150 patient underwent PVP of prostate using 80watt Greenlight laser.

Follow up done at 3rd, 6th, 12th month by ultrasound of KUB, uroflow rate, kidney function test, urine culture and IIEF score.

Result: IIEF score in Group A after six months & one year was in the range of 19.2 ± 5.9 while in Group B it ranged from 12.1 ± 1.8 . In both the groups IIEF score did not decrease after PVP for BHP.

Conclusion: Our study clearly reveals that PVP for BHP do not alter IIEF score & is unlike TURP. However, a more prospective with longer number of patients with longer follow up is desired.

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SEXUALITY IN PREGNANCY: THE ROLE OF MATERNAL BODY IMAGE

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Background: Sexual behaviour changes throughout the pregnancy. Mainly the sexual desire and activity decrease toward the end of pregnancy which may be associated with different fears for foetal health. Even though woman's body goes through remarkable changes during pregnancy, sexuality regarding body image did not get much attention in the literature.

Object: We investigated the role of maternal body image in sexual satisfaction and frequency of sexual activity.

Methods: One hundred and sixty-two pregnant women in third trimester were asked to complete a self-administered and structured questionnaire anonymously. Modified version of Body Areas Satisfaction Scale, Body Image Self-Consciousness, perceived quality of marital relationship, general information questionnaire, and sexual behaviour questionnaire were administered. Statistic analysis was performed using descriptive statistics, Pearson correlation test and regression analysis.

Results: Most women reported that they had sexual intercourse during last month (60.5%) and were satisfied with their sexual activity in pregnancy (61.1%). Of those women who did not have intercourse, 39% had some obstetrical complications and most of them had fears that intercourse would harm the foetus.

Significant predictors of intercourse frequency were sexual satisfaction, fears for foetal health and gestational age. On the other hand, satisfaction with intimate relationship was determined by body satisfaction, intimacy and communication with partner, and frequency of sexual intercourse.

Conclusion: Body dissatisfaction is predictor of low sexual satisfaction or low satisfaction with intimate relationship, but not of intercourse frequency. Different aspects of marital relationship are also relevant for sexuality.

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TREATMENT OF SSRIS-INDUCED SEXUAL DYSFUNCTION WITH SAFFRON IN WOMEN: A DOUBLE-BLIND AND RANDOMIZED TRIAL

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Background: SSRIs sexual dysfunction is a common and significant cause of patient distress and noncompliance with treatment. A number of adjunctive pharmacologic strategies have been employed previously. Hence in this study the effect of saffron on reduction of this side effect was evaluated.

Methods and materials: This study was conducted as a double blind randomized clinical trial among 34 with women with and sexual dysfunction. For 4 weeks one group received cap Saffron 30 mg day plus fluoxetine the second group received placebo plus fluoxetine and sexual function was then assessed by FSFI questionnaire.

Results: There was no statistically significant difference between groups at baseline but there were significant differences over the four-week period for total FSFI, arousal, lubrication and orgasm subscales.

Conclusion: It may be concluded that saffron is able to reduce sexual dysfunction due to SSRI.

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A PRACTICAL APPROACH IN THE EVALUATION & TREATMENT OF SEXUAL DYSFUNCTIONS IN CLINICAL SETUP

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Objective: To establish an easy & practical way for evaluation & treatment of sexual dysfunctions in clinical setup. The patients were evaluated to know etiology & determine the line of treatment. The treatment was aimed at restoration of normal sexual function.

Aim: The aim of study "restoration of normal sexual function" was achieved by various methods including sex therapy—counseling & use of different medicines.

Material & methods: During February 2007 to January 2009, total 3147 patients reported with sexual dysfunctions. Out of which 2982 agreed for treatment. Ages of patients were between 18–68 years. A detailed history of sexual dysfunction was taken, with reference to onset, specific situation, nocturnal & early morning erections, libido, and ejaculation. In every case a detailed including sexual, personal, medical (Hypertension, Cardiac disease, Diabetes etc) social, and family history was taken. Complete medical & genital examinations, lab investigations (according to need) were done.

Results & observation: Out of 2982 patients, in 2803 (94%) etiology was established & accordingly treatment was advised. In 1878 (67%) lab investigations performed. Out of all the patients treated, 2466 (88%) responded well & showed good improvement. In 26% of cases cause was psychogenic & situational while in 41% cause was organic & in 33% cause was psychogenic & organic.

Conclusion: A detailed sexual & other history, thorough examinations & investigations establishes the diagnosis in majority of cases. Sex therapy, correct sex knowledge, proper medication as & when needed, plays a great role to restore the sexual function back to normal.

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SOCIOSEXUAL ORIENTATION IN RELATION WITH SEXUAL RISK BEHAVIOUR AND ATTITUDES TOWARD CONDOM USE IN LATE ADOLESCENCE

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Introduction: Sociosexuality refers to a person's willingness to engage in sexual activity with a variety of partners outside of a romantic relationship. Persons who are "restricted" in sociosexual orientation are prone to monogamy, and to heavy emotional investment in long-term relationships. "Unrestricted" tend toward promiscuity, are quick to have sex, and experience lower levels of romantic relationship closeness.

Aim: The purpose of this study was to investigate adolescents' perception of their own sexual risk behaviour and its relation with sociosexuality and attitudes toward condom use.

Method: Participants: 354 college students (206 females and 148 males).

Measures: Attitudes toward condom use were assessed with Attitudes toward Condom Use Scale, the Sociosexual Orientation Inventory, and sexual risk behaviour was assessed with numerous questions about students' past and present sexual experience.

Results: 10% of sexually active students always use condoms, 14% never, and the others occasionally. 49% had experience engaging in sex under alcohol and 11% of them had sexual intercourse under influence of drugs (e.g. marihuana). Students who are unrestricted in sociosexual orientation have more sexual partners ($r = .45, p < 0.01$), rank higher possibility of getting STD ($r = .38, p < 0.01$) and become sexually active early ($r = -.33, p < 0.01$). "Restricted" students more often use condoms ($r = .44, p < 0.01$) and other contraceptives such as pills ($r = .36, p < 0.01$). Those students also have more positive attitudes toward using condoms in comparison with "unrestricted".

Conclusion: Students with "unrestricted" sociosexuality are more prone to sexual risk behaviour and negative attitudes toward condom use in comparison with "restricted" students.

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NEW APPROACH TO PREMATURE EJACULATION TREATMENT

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Background: Over the past 10 years paradigm shift in the management of premature ejaculation (PE) has occurred involving replacement of the previous psychosexual cognitive behavioral therapy model of treatment by an integrated treatment approach combining agents such as selective serotonin reuptake inhibitor drugs (SSRIs) and cognitive behavioral therapy techniques.

Preliminary results from our lab, however, indicate that in many cases, these treatments are ineffective. We suppose that there are some inflammatory changes in prostate and related sex organs that produce pathological irritation to Central Nervous System (CNS) and decreases ejaculatory threshold by changing neuropeptide synthesis.

Purpose of current study is to evaluate the efficacy of two different therapy methodology of PE.

Methods: Eighty married men with DSM IV diagnosis of (PE) consented to participate in a randomized controlled trial. Patients were evaluated using the Index of Premature Ejaculation (IPE) questionnaire and were randomly assigned into two groups:

- A) psychosexual therapy plus SSRI and
- B) psychosexual therapy plus SSRI plus therapeutic intervention targeted on prostate and nerve conduction.

Data were collected at two time points: Pre-treatment (<1 week before treatment) and post-treatment (>8 weeks after treatment).

Results: A repeated-measure ANOVA with group as a between-subject factor and IPE subscales as a within-subject factor showed significant treatment differences. Relative to patients in Group A, patients in Group B demonstrated greater improvement in Sexual Satisfaction, Control, and Distress.

Conclusion: These findings suggest that PE is somato-neuropsychological condition. That is why local intervention on sexual organs required for effective treatment of PE.

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PERSONALITY PATTERNS AND CLINICAL SYNDROMES IN PATIENTS DIAGNOSED WITH VAGINISMUS

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Background: The presence of anxiety disorders is often implicated in the etiology of vaginismus. The co-occurrence and effect of personality disorders; however, are less clear.

Aim: The purpose of this study was to examine the relation between clinical syndromes and personality patterns in patients diagnosed with vaginismus.

Materials and methods: Twelve patients that met DSM IV TR criteria for diagnosis of vaginismus were assessed with the Millon Clinical Multiaxial Inventory (MCMI-II). Patients were Armenian women from city and rural areas, ranged in age from 22 to 39 years (mean = 30 years), and had at least some college level education.

Results: The test results were consistent with the presence of a generalized anxiety disorder with one of the following three personality patterns: dependent, avoidant, or narcissistic. The predominant symptoms of generalized anxiety disorder included feeling worn out and tense, insomnia, and sweating. Furthermore, patients had significant elevation on the passive-aggressive scale and endorsed items that were suggestive of seeking and resenting the help of others.

Conclusion: The findings suggest the co-occurrence of distinct personality patterns with generalized anxiety disorder in patients with vaginismus. Inclusion of personality patterns in treatment planning can enable physicians to identify patients that might need adjunctive pharmacological or cognitive-behavioral therapies.

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POSSIBLE EFFECTS OF HYPOTHYROIDISM ON INFERTILITY AND ERECTILE DYSFUNCTION

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Introduction: Hypothyroidism in adults is associated with disturbances in the sex hormones metabolism and sexual functions as well as infertility. The aim of the current study was to evaluate these disturbances in male hypothyroid patients in comparison to normal subjects.

Aims: Our hypothesis was that hypothyroid state has an adverse effect on the erectile function and sperm parameters in male subjects.

Methods: Ninety cases composed of 24 hypothyroid patients and 66 normal individuals were included in the study. The inclusion criteria of the cases were age between 20-70 year, not being investigated or treated for sexual dysfunction before the onset of thyroid symptoms and the marriage duration >1 year. Cases with diabetes mellitus,

cardiovascular disease or urological diseases were excluded. Serum hormonal levels measurement (TSH, T4, T3, LH, FSH, prolactin and testosterone) and semen analysis were done in all subjects. Erectile dysfunction was evaluated using International Index of Erectile Function (IIEF) questionnaire, as well.

Results: The mean IIEF score of the hypothyroid group was 11.7, 95% CI (9.70-13.79) that is significantly lower than normal group, 21.8, 95% CI (20.02-21.60). Furthermore, significant differences between serum concentrations of prolactin and seminal parameters including count, motility and morphology were found ($p < 0.001$).

Conclusions: Our results show that hypothyroid state has a possible adverse effect on the sperm parameters and erectile dysfunction. Patients with seminal abnormalities especially sperm morphology and erectile dysfunction problem may benefit from thyroid hormone evaluation.

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PATTERNS OF MEN'S SEXUAL RESPONSE

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Strong debate has been brought out around the upcoming editions of the DSM and ICD regarding new criteria for sexual dysfunction. Although criteria for male sexual dysfunction have been supported by traditional models of sexual response (Kaplan, 1979; Masters & Johnson, 1966), recent data suggest that male sexual functioning could be conceptualized differently, offering new directions for diagnostic and assessment tools. The aim of this study was to test, through structural equation modeling, four conceptual alternative models of male sexual response using samples of men with and without sexual difficulties. A total of 1558 men from the Portuguese population participated in the study and answered to a modified version of the International Index of Erectile Function (IIEF; Rosen et al., 1997). Findings supported a two-factor solution as the best model for male sexual response in the sample of men with sexual difficulties:

- 1) a general sexual function factor (including sexual desire, erectile function, and orgasmic function); and
- 2) premature ejaculation; and a three-factor solution for men without sexual difficulties:
 - 1) sexual desire,
 - 2) erectile and orgasmic function (which merged into a single dimension), and
 - 3) premature ejaculation.

Discriminant validity between factors was strongly supported, suggesting that these dimensions measure distinct phenomena in both samples. Results suggest that the A6 criterion could be excluded from the new Sexual Interest/Arousal Disorder, and that ejaculatory control could be conceptualized as a different phenomenon in relation to the current orgasmic disorders.

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PATTERNS OF WOMEN'S SEXUAL RESPONSE

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For the last three decades male and female sexual responses have been conceptualized as similar, based on separated and sequential phases as proposed by Masters and Johnson (1966) and Kaplan's (1979) models. Recently, there is a growing debate around the need to reconceptualize female sexual response and the classification of sexual dysfunction in women in view of the upcoming editions of the DSM and ICD. The aim of this study was to test, using SEM, four conceptual alternative models (theoretically grounded) about female sexual function using a clinical and a non-clinical sample. A total of 1993 women from the Portuguese population participated in the study and answered to the Female Sexual Function Index (FSFI; Rosen et al., 2000).

Findings suggested a four-factor solution as the model that best fits the data:

- 1) desire/arousal;
- 2) lubrication;
- 3) orgasm;
- 4) pain/vaginismus).

Discriminant validity between factors was strongly supported, suggesting that these dimensions measure four distinct phenomena. Model fit to the data significantly decreased in both samples, as models began to successively consider greater levels of overlap among phases of sexual function, towards a single-factor solution.

Results partially support the new classification now in discussion for DSM-V, suggesting the overlap between desire and subjective arousal, as well as between pain and vaginismus. However, results contradict the new proposal indicating the relative independency of lubrication which emerged as a single construct.

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VALIDATION OF THE PORTUGUESE VERSION OF THE INTERNATIONAL INDEX OF ERECTILE FUNCTION (IIEF-15)

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Objective: The objective of the present study was to determine the psychometric properties of the Portuguese version of the IIEF.

Methods: A total of 1363 Portuguese men participated in this study (a clinical sample of 37 men and a community sample of 1326 men). All participants completed a questionnaire regarding demographic information and sexual functioning (IIEF-15).

Results: Principal component analysis using varimax rotation indicated a two-factor structure explaining 54.97% of the total variance: one factor encompassing erection and orgasmic function domains of the original IIEF and a second factor corresponding to sexual desire, intercourse, and overall satisfaction. High internal consistency (Cronbach's alpha = .89 for Erection and Orgasm Subscale, and .84 for Desire and Sexual Satisfaction Subscale) and high test-retest reliability ($r = .75$ for Erection and Orgasm, and $r = .82$ for Desire and Sexual Satisfaction) were found for both subscales. Discriminant validity confirmed the ability of both subscales to differentiate men with erectile dysfunction from matched controls.

Conclusions: Results suggested that the Portuguese version of the IIEF has adequate psychometric properties and its use is recommended for clinical and research purposes.

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CULTURAL PRACTICES AND BELIEFS OF PENIS ENLARGEMENT AND IMPLANT IN PAPUA, INDONESIA

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Papua Province has the highest prevalence of HIV/AIDS in Indonesia and in 2009, 94.4% cases were transmitted through heterosexual intercourse. High risk sexual behaviors, including multiple sex partners, early initiation of sexual activity, penis enlargement and implant, have been widely practiced among Papuan men. These practices have been passed from generation to generation through sexual culture and beliefs without understanding the health consequences that it might cause. The uses of 'wrapping leaves', such as *Dendrocnide* stimulans and *Eurycoma longifolia*, dried leech oil, tree sap or silicon injection, as well as implanting a metal or plastic subcutaneously to enhance the erect phallus are commonly found among Papuan men.

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The aim of this study was to explore various types of penis enlargement and implant, the extent and the reasons of the practice, health consequences and treatment seeking behavior. We used qualitative method, including in-depth interview among men, their partners, medical and non-medical profession, as well as observation. The first author is a medical doctor stationed in Jayapura and has been documenting cases of penis enlargement and implant in his clinic.

Results indicated that the practice is carried out in unhygienic condition. The practice was usually started in teenage years either by traditional healer, with a help from a friend or self. Almost all men who had penis enlargement or implant visited the doctor when they experienced severe inflammation, infection, penile tissue damage or other medical complication that hindered their reproductive function and made them more susceptible to HIV/AIDS and other STD infection.

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TRAIT-AFFECT AND SEXUAL FUNCTIONING IN WOMEN: THE MEDIATIONAL ROLE OF PSYCHOPATHOLOGY

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Aim: The aim of this study was to examine the mediation role of psychopathology between trait-affect and sexual functioning.

Methods: A total of 242 women participated in the study: a control sample of 188 women without sexual problems, a sub-clinical sample with 37 women with low levels of sexual functioning and a clinical sample of 17 women with sexual dysfunction. Participants answered the Positive and Negative Affect Schedule—Expanded Form (PANAS-X), the Brief Symptom Inventory (BSI), the Beck Depression Inventory (BDI) and the Female Sexual Function Index (FSFI).

Results: Women with sexual problems (clinical groups) presented lower levels of positive trait-affect when compared with woman without sexual problems (control group). Mediation analysis indicated that depression mediated 39% of the total effect of positive trait-affect and 85% of the total effect of negative trait-affect on sexual functioning. The anxiety mediated 59% of the total effect of negative trait-affect on sexual functioning.

Conclusions: Overall, results showed the important role played by emotional factors on sexual functioning. They also drew attention to the importance of including treatment strategies aimed at working with emotional states into sex therapy protocols.

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PSYCHOSOCIAL DETERMINANTS OF SEXUAL PAIN IN PORTUGUESE WOMEN: AN EXPLORATORY STUDY

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Aims and objectives: The aim of this study is to examine the role of cognitive, affective, dyadic, and organic dimensions in determining sexual pain. Specifically, we intend to examine how these different dimensions discriminate women with sexual pain disorders from women with other pain disorders, other sexual problems and women with none of these problems. Finally we intend to understand how these dimensions act as vulnerability factors on sexual pain.

Methods: A total of 250 women will participate in the study: a control sample of 50 women without sexual and pain problems, 50 women with sexual pain, 50 women with sexual difficulties, and 50 women with other pain disorders. Participants will answer to a set of questionnaires examining several variables, such as sociodemographic and medical history, psychopathology, sexual functioning and satisfaction, pain, affect, emotional expression and control, self-esteem, sexual self-esteem, cognitive schemas, sexual beliefs, cognitive distraction, mindful facets, and dyadic adjustment.

Conclusions: We expect to promote a general comprehension of the psychosocial profile of women who suffer from sexual pain. We also expect to contribute to the debate regarding the nature and classification of sexual pain disorders.

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RELATIONSHIP SATISFACTION AND SEXUAL FUNCTIONING IN MEN AND WOMEN: THE MEDIATING ROLE OF AUTOMATIC THOUGHTS

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The main objective of this study was to investigate the potential mediating role of negative automatic thoughts during sexual activity on the relationship between dyadic adjustment and sexual functioning in men and women. A total of 394 participants (200 men and 194 women) from the general population completed the following measures: Dyadic Adjustment Scale (Spanier, 1976), Sexual Modes Questionnaire (Nobre & Pinto-Gouveia, 2003), International Index of Erectile Function (Rosen et al., 1997), and Female Sexual Function Index (Rosen et al., 2000). Overall, findings indicated that negative automatic thoughts during sexual activity mediate the impact of dyadic adjustment on sexual functioning in both men and women. Specifically, negative thoughts toward sex, age related thoughts, and failure anticipation thoughts partially mediate the relationship between dyadic adjustment and male sexual functioning. In women, this relationship is partially mediated by failure/disengagement thoughts, lack of erotic thoughts, sexual abuse thoughts, and partner's lack of affection. Findings may represent implications regarding intervention strategies used by professionals in the field of couple therapy that work with subjects with relational and sexual problems simultaneously, providing opportunities for the enrichment of their treatment plans. In the field of sex therapy, this research indicate that it is important to address the content of cognitive distraction during sex and replace dysfunctional automatic thoughts by functional thoughts predominantly focused on erotic stimuli, in order to provide protective factors to individuals with low dyadic adjustment against sexual dysfunction.

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THE IMPACT OF GENITAL WARTS ON QUALITY OF LIFE USING GENERIC AND SPECIFIC QUESTIONNAIRES

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Background: Genital warts (GW), also called condylomata acuminata, are one of the most common sexually transmitted disease, affecting the 1% of the sexually active population worldwide. Very few studies investigated the impact of GW on the quality of life (QoL). The aim of this study was to validate the Italian version of a specific anogenital condylomata acuminata questionnaire (CECA) and assess the impact of GW on QoL.

Methods: Generic health status questionnaire (SF_36), dermatological specific questionnaire (Skindex_29) and a disease specific questionnaire (CECA) were used. Moreover general health questionnaire (GHQ_12) for minor psychiatric non psychotic diseases was utilized.

Results: A total of 118 patients with GW (age 35.6 ± 10.5 years, 102 males) were enrolled. High prevalence of GHQ cases (38%) was identified. The SF_36 mental component score (MCS) was particularly low (39.3 ± 11). The Skindex_29 social functioning score was very high (25.6 ± 17.7), compared to other common skin diseases (psoriasis, dermatitis, alopecia, nevi, mycosis). Patients with larger extension of the lesions (OR = 6.9; 95%CI, 2.1–23.05), or judged as “severe” by physicians (OR = 4; 95%CI, 1.2–13.8), or reporting a lower QoL in MCS (OR = 3.9; 95%CI, 1.2–12.9) and in total Skindex_29 score (OR

= 9; 95%CI, 2.4–33.3) had the higher risk of developing anxiety and depression. CECA showed a good correlation with SF_36 MCS, GHQ, and emotional and social functioning Skindex_29 scores.

Conclusions: CECA confirmed to be a very useful toll in assessing QoL of patients with GW. The burden of the disease is very high, particularly on the mental status; QoL is poor and prevention is mandatory.

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EXPLORATORY STUDY OF SELF PERCEPTION OF SEXUAL DISORDERS, INTIMACY AND SEXUAL AND RELATIONSHIP SATISFACTION IN A SAMPLE OF PORTUGUESE LGB PEOPLE

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Objective: To describe the existence of sexual problems in a sample of LGB people and to compare sexual satisfaction in a sample of LGB people living and not living with their partners.

Design and method: On an on-line survey, people filled in a General Questionnaire on sociodemographic data, general health questionnaire, sexual orientation and sexual disorders. For the purpose of this study we analyzed the results of 170 LGB participants, 70 of which are in a relationship. The instruments used were the *Global Measure of Relationship Satisfaction* (Lawrance & Byers, 1998); *Inclusion of Other in Self*, a graphic measure highly correlated with intimacy (Aron, Aron & Smollan, 1992); *Global Measure of Sexual Satisfaction* (Lawrance & Byers, 1998). Nonparametric statistical procedures were used.

Results: The most prevalent sexual disorder was sexual dissatisfaction (26%) and low sexual desire (19%). There were no differences on sexual and relationship satisfaction between people living and not living with their partners, but inclusion of other in self is higher on those cohabitating. Differences across gender will be addressed.

Conclusion and discussion: Both most prevalent disorders found are relationship related disorders. There is no difference in sexual or relationship satisfaction between people who are and are not cohabitating, however intimacy is higher in people living together, which seems to indicate that sexual and relationship satisfaction are stable across different relational structures and cohabitation is associated with more specific relational dimensions such as intimacy. Results will be discussed at the light of the state of the art.

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THE MEDIATOR ROLE OF DEPRESSED MOOD IN THE RELATIONSHIP BETWEEN TRAIT-AFFECT AND MALE SEXUAL FUNCTIONING

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Introduction: The relationship between trait-affect, depressed mood, and sexual functioning has been studied, however the nature of that relation is not yet well establish.

Aim: The aim of the present study is to investigate the mediator role that depressed mood plays in the relation between trait-affect and sexual functioning in men.

Methods: A total of 205 men from the general population participated in the study and answered to a set of questionnaires assessing trait-affect, depressed mood and sexual functioning.

Main outcome measures: Trait-affect was measured by the Positive Affect—Negative Affect Scale-Expanded Version (PANAS-X), depressed mood was assessed by the Beck Depression Inventory (BDI), and male sexual function was measured by the International Index of Erectile Function (IIEF).

Results: Regression analysis showed that negative trait-affect and depressed mood were significant predictors of sexual functioning. Moreover, mediation analyses indicated that depressed mood was a partial mediator of the relation between negative trait-affect and sexual functioning in men.

Conclusions: Findings support the role of negative trait-affect and depressed mood on male sexual functioning.

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A CLINICAL AUDIT OF MALE TO FEMALE (MTF) TRANSGENDER PATIENTS ATTENDING TAYLOR SQUARE PRIVATE CLINIC IN SYDNEY, AUSTRALIA, AIMING TO IMPROVE QUALITY OF CARE

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Background: Australian transgender patients are not well characterised.

Methods:

- Clinic database search identified patients.
- A database was created containing Birthdate; Birthplace; Medicare eligibility; MTF/FTM; Occupation; Sex work; IVDU; Attendance dates; Hormone therapy; Surgery; Medical conditions; Referrals.

Results:

- 133 MTF attended since 2004. MTF attendance ranged from once to 29.2 years, mean 5.2 years; 81 attended in 2010.
- Age range 21.4 to 79.6, mean 42.9 years. Of 119 MTF; 55 were Australian, 25 Thai, 21 Asian, 10 UK/Europe, six Pacific, 2 Americas. All except one are eligible for Medicare.
- Of 103 with employment information, 83 are employed. Of 74 MTF, ten had been sexworkers, five worked currently. There are no current and ten ex IVDU of 100 with data.
- At last visit 125 MTF were on oestrogen. Delivery for oestrogen was oral (71), implants (32), injectables (11) and transdermal (8). Seventy also took other gender transforming medication.

67 MTF had undergone surgery, 44 had undergone full surgical reassignment.

- 45 MTF were co-managed with endocrinologists, 41 referred to psychiatrists, 17 to surgeons.
- There were 78 with other medical conditions, most commonly mental health diagnoses (40). Six had HIV infection.

Conclusion: Our MTF patients are diverse, in age and culturally. Most (80.5%) are employed, only five as sexworkers. Ninety percent have never been IVDU. Most (97%) have used hormones and more than half (50.3%) have had some surgery. Many are co-managed. High rates of mental health disorders and HIV are present. Recording of demographic information could be improved.

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A CLINICAL AUDIT OF FEMALE TO MALE (FTM) TRANSGENDER PATIENTS ATTENDING TAYLOR SQUARE PRIVATE CLINIC (TSPC) IN SYDNEY, AUSTRALIA, AIMING TO IMPROVE QUALITY OF CARE

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Background: Australian transgender patients are not well characterised. TSPC has provided care for transgender people since 1980.

Methods:

- Clinic database (created in 2004) identified patients.
- A database was created containing Birthdate; Birthplace; Medicare eligibility; MTF/FTM; Occupation; Sex work; IVDU; Attendance dates; Hormone therapy; Surgery; Medical conditions; Referrals.

Results:

- Fifteen FTM attended since 2004. One is a biological male who became a transgender female, now reverting to male. Attendance length ranged from once to 11.9 years, with a mean of 4.3 years. Thirteen attended in 2010.
- Age range is 21.5 to 56.9, mean of 34.4 years. Twelve FTM were Australian, one from England, Malaysia and Hong Kong. All are eligible for Medicare.
- Of eleven with employment information, ten are employed. None of ten with data recorded have ever been sexworkers. There is one current and one ex IVDU of the 13 with data.
- All FTM except one were on testosterone therapy. Three had undergone mastectomy and one had also had a hysterectomy.
- Six were co-managed with an endocrinologist; six saw a psychiatrist for medico-legal reasons and one for treatment of anxiety. Seven had other medical conditions.

Conclusion: We see fewer FTM than expected; many are co-managed with other practitioners. Most are employed and are not IVDU or sexworkers. Most are Australian born. None have HIV. Despite 30 years of service, the maximum attendance is 11.9 years. Exploration of why our service is utilised less by FTM than MTF is warranted.

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COMPARISON OF MALE TO FEMALE (MTF) AND FEMALE TO MALE (FTM) TRANSGENDER PATIENTS ATTENDING TAYLOR SQUARE PRIVATE CLINIC (TSPC) SYDNEY, AUSTRALIA; CLINICAL AUDIT RESULTS

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Background: Australian transgender patients are not well characterised. TSPC has provided care to transgender people since 1980.

Methods:

- Clinic database (created in 2004) identified patients.
- A database was created containing Birthdate; Birthplace; Medicare eligibility; MTF/FTM; Occupation; Sex work; IVDU; Attendance dates; Hormone therapy; Surgery; Medical conditions; Referrals.

Results: There were 133 MTF and 15 FTM attending.

MTF were older (42.9 vs 34.4 years) and had attended longer (4.3 vs 5.2 years).

MTF were less likely to be Australian born (46% vs 80%).

Nearly all patients were Medicare eligible.

MTF were less likely to be employed (80.5% vs 90.9%), overall employment was high.

Sex work was low, at 13.5% in MTF and none in FTM.

IVDU was similar; 10% in MTF and 15% in FTM.

Hormone therapies were common, in MTF 97.0% vs 93.3% in FTM; surgery was more common in MTF (50.3% vs 20%).

Co-management was 67.6% in MTF vs 80% in FTM.

Mental health problems were more common in MTF than FTM (30% vs 6.7%), as was HIV (4.5% in MTF).

Conclusion: The ratio of 9 MTF:1 FTM is similar to the one published Australian paper, unlike 3:1 found elsewhere. There are differences between groups including overall numbers, sexwork, use of surgery and comorbid conditions. The numerical imbalance between the groups and the incomplete data sets necessitate caution with comparisons. This audit provides a baseline from which to improve care. Future improvements will include recording data thoroughly and exploring reasons for less service utilisation by FTM.

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SSASM: PRELIMINARY DEVELOPMENT AND PSYCHOMETRIC VALIDATION OF A MULTIDIMENSIONAL MEASURE OF SUBJECTIVE MALE SEXUAL AROUSAL

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Introduction: Sexual arousal is a multifaceted process that involves both mental and physical components. No instrument has been developed and validated to assess subjective aspects of male sexual arousal. **Aim:** To develop and psychometrically validate a self-administered scale for assessing subjective male sexual arousal.

Methods: Using recommendations of the USA, FDA guidance on PRO instruments, important aspects of male sexual arousal were identified via qualitative research of US men with erectile dysfunction (ED) and healthy controls. After a preliminary questionnaire was developed by a panel of experts, a quantitative study of men with ED and controls was conducted to psychometrically validate the Subjective Sexual Arousal Scale for Men (SSASM).

Results: Five aspects of arousal were identified from the qualitative focus groups and cognitive interviews. Men's preferred language for describing arousal and response formats were incorporated into the questions. Factor analysis of data from the quantitative study of 304 men aged 21-70 years identified 5 domains with eigenvalues >1: sexual performance, mental satisfaction, sexual assertiveness, partner communication, and partner relationship. The 5 domains had a high degree of internal consistency (Cronbach's alpha values 0.88-0.94). Test-retest reliability over a 2-4-week period was high-moderately high (r values 0.75-0.88) for the 5 domain scores. Correlations between SSASM domain scores and standardized scores for social desirability, general health, life satisfaction, and sexual function demonstrated the construct validity of the scale.

Conclusion: Preliminary validation data suggest that the 20-item SSASM scale may be useful as a self-administered instrument for assessing subjective sexual arousal in men.

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REACTIONS AND CHARACTER TRAITS IN WOMEN WITH FEMALE ORGASMIC DISORDER

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Purpose: The purpose of the study is to examine the levels of neurotic reactions and specific character traits in a sample of women with the diagnosis of Female Orgasmic Disorder.

Material and methods: The study involves 27 women, predominantly of young age (78%) and good educational level-secondary school. Most women are married (85%). The investigation is carried out in an outpatient unit of clinical sexology. The diagnostic criteria of DSM-IV are applied. Two psychological tests are used: the Neurotic-depressive questionnaire of T. Tashev and the Drawing test of E. Wartegg.

Results: Inhibited orgasm is experienced as a failure in the intimate life by 78% of the women.

Almost half of the investigated women have troubles at home and at work.

Expressed neurotism is found in 81.5% of the investigated subjects.

The character profile is non-specific. The most typical traits are deficit of contacts (67%), lack of aggressiveness (81.5%), emotional tenderness and sensitivity (90%).

Only 1/3 of the women express a global self rating "I am satisfied with myself".

Conclusion: Female Orgasmic Disorder has a serious impact on the neurotic reactions. There seems to be no specific character profile for this disorder. Further investigation of larger samples may be helpful.

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THE PORNOGRAPHY QUESTIONNAIRE (PQ). PILOT STUDY BASED ON ITALIAN POPULATION SAMPLE

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Introduction and objective: The Pornography Questionnaire (PQ) is a new assessment tool created by the Authors to collect useful information about the social perception of phenomenon in Italian Sample. The PQ is aimed to evaluate the most common stereotypes Italians have when they think at or use pornography. This pilot study has two different purposes. The first is to analyse the PQ reliability, the second is to understanding why most people using pornography from early adolescence have different stereotypes left on it.

Method: The PQ is composed of 3 modular forms:

- 1) anamnestic area,
- 2) use of pornography area (fruition & function),
- 3) preconceptions and stereotypes on pornography area.

In particular, this later form is composed of 8 sub-area. Except for anamnestic area, PQ is composed of 51 five-points likert scale items.

The questions are formulated to focus on the typical use of pornographic material in every phase of the life and on the preconceptions and existing typical stereotypes on the phenomenon pornography.

The sample (216 subjects) is composed of 97 males (45%) and 119 females (55%). As regards to sexual orientation, the sample is composed of 83% heterosexuals, 12% homosexuals and 6% bisexuals. The average age is 32 (range 18-71).

Results: Pornography is largely used in each life's phase as a form of entertainment (28%) and a need of outlet (30%). For 36% of subjects the world pornography is connected by mafia and for 27% pornography is produced only by men for men.

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REVIEW OF A SPECIALIST SERVICE FOR GENITAL DERMATOSES (GD) IN A GENITOURINARY MEDICINE; (GUM) SETTING

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Background: Cases with genital skin conditions often present to the GUM clinic. to meet their needs a specialist service was set up jointly by GUM & dermatology consultants in a GUM setting. This is a three monthly multidisciplinary clinic.

A review of the outcome of this service is presented.

Methods: Retrospective case note review.

Results: Out of 201 cases, 117(58%) were men & 173(81%) were over 25 years. All cases had chronic symptoms. Presenting symptoms included pruritus, rashes, blisters, irritation, lumps and painful cracking. Most cases had consulted their general practitioners (GPs) or other health care professionals with these symptoms previously.

53% of the cases had self-referred themselves to our service. 37% were referred by their GPs.

Main diagnosis: Dermatitis/eczema- 51(25%) cases, Lichen sclerosus- 45(22%), Psoriasis-17(8%), Zoon's balanitis- 17(8%), Lichen Plannus- 11(5%), Vulvodynia-6(3%), VIN- 5(2%) and lichen simplex-5(2%). One cases had Mucosal Pemphigoid.

23 cases were treated for concurrent sexually transmitted infections.

Following consultation in the specialist clinic, most cases (77%) were discharged with their care plans. 34 (18%) cases were referred to other specialists and 11(5%) were followed up.

Conclusions: The specialist service for "Genital Dermatoses" assists in the management of cases with chronic symptoms in genital skin and reduces re-visits.

Eczema/dermatitis and Lichen sclerosus were the most common conditions.

Demography of cases who attended GUM clinic with genital dermatoses was different compared to those who attended with STIs. This cohort, had more men for whom there are no specific services like "Vulva clinics" in England.

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INSIDE WEST LONDON MENTAL HEALTH TRUST GENDER IDENTITY CLINIC (CHARING CROSS)

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West London Mental Health Trust GIC (Charing Cross) is a national Gender Identity Clinic where the majority of trans people in the UK seeking NHS health care services for specifically trans issues that cannot be dealt with in a general setting will be referred. The service incorporates psychiatric and psychological assessment and treatment, endocrine assessment and treatment, and speech and language assessment and treatment. We also have a national clinical doctoral placement training programme for postgraduate counselling psychologists, counsellors and psychotherapists. The service has close links with surgical services providing gender reassignment surgery.

Each stage of the GIC care pathway will be discussed, the diversity of GIC services today will be outlined and myths about the GIC will be deconstructed. Patients' actual experience of the GIC will be reviewed. The results of a patient experience tracker (PET) and a two site patient satisfaction study will be examined. New GIC research and service development (resulting from service user feedback and engagement) will be presented.

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PSYCHOGENIC COITAL CEPHALGIA IN AGING MALES

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Introduction: Psychogenic coital cephalgia (PCC) in aging males is a headache related to sexual activity with muscle tension, anxiety after psychotraumatic events. Research achievements in European countries for patients with PCC show positive results of combined treatment: medication therapy (MT) and cognitive hypnotherapy (CH).

Aim of the study was to investigate the benefits of the CH and MT in the combined 4 weeks treatment course for working ageing males with PCC.

Material and methods: During 2010 year 14 aging males aged 51–63 was consulted with PCC. A group (males = 10) 4 weeks received combined treatment: CH twice a week, and MT—antiolytic Arketis—20 mg once a day. Control or B group (males = 4) received 4 weeks only MT. A stage of anxiety and intensity of pain was measured by Rosenberg Self-esteem Scale and Visual Analogue Scale.

Results: Analysis of headache and anxiety manifestation, according to the Rosenberg Self-esteem Scale, Visual Analogue Scale, showed such results: at the conclusion of the complex therapy course there was significant headache and anxiety reduction in 8 A group's patients (80%). Only 2 males of B group (50%) after 4 weeks therapy had improvement of health state.

Conclusion: Combined 4 weeks treatment—cognitive hypnotherapy and antiolytic is just an optional short-term treatment for aging males suffering from psychogenic related coital cephalgia.

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DE-EPITHELIALIZATION LABIAPLASTY: OUR EXPERIENCE

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Objective: Describe the surgical procedure, results, complications and determine whether patients are satisfied with surgical reductions of the labia minora in cases of hypertrophy (4cm or greater) resulting in some functional impairment.

Methods: Records of 25 patients who underwent surgical reduction of the labia minor during a 6 year period were reviewed. Age 22–55 (median 26). Surgery was requested for discomfort in clothing (80%), discomfort with physical activity (40%), introital dyspareunia (36%). None of the surgery was specifically requested for aesthetic concerns. Anatomy was assessed 8 weeks postoperatively. Patient satisfaction was assessed via questionnaire administered by the surgeon at time of follow-up.

Results: No intraoperative or postoperative complications were noted. 90% were satisfied with the aesthetic result, 100% were satisfied with the functional/anatomic result (the primary indication for surgery). All patients would have undergone the procedure again.

Conclusions: De-epithelialization labiaplasty is a uncomplicated surgical procedure with a high degree of patient satisfaction and resultant improvement in functional outcomes.

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ARDEN: A MODEL TO ENHANCE SEXUALITY DISCOURSE FOR CLINICIANS IN NON-SEX THERAPY PRACTICE

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Clinicians, who are not practicing sexologists, sometimes exhibit difficulty in communication related to topics of sex, sexuality and sexual behavior. The research described in this paper examines how practitioners can employ methods to better communicate about sexuality in psychotherapy/non-sex therapy settings. Qualitative methodologies were used to understand various communication challenges faced by practitioners and clients. Data is presented as case histories in the context of sexological consultations. Clinical interviews demonstrate a need for better communication. This paper looks at the obstacles faced by both clients and therapists when initiating dialogue related to sexual issues in a non-sex therapy setting. Methodology used to reduce anxiety and the stigma that is often associated with sexuality is addressed as well as the impact of sexual misinformation on successful client outcomes. This paper explores the need to establish effective dialogue relating to sexuality and proposes a new model, ARDEN, to address client and therapist concerns related to sexuality discourse.

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SEXUAL FUNCTION AND DYSFUNCTION IN OLDER WOMEN: THE IMPLICATIONS FOR OLD AGE PSYCHIATRY. A REVIEW OF RECENT LITERATURE

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Aims: In Old Age Psychiatry, patients' illnesses as well as their treatments can have a considerable impact on their sexual functioning.

This review aims to examine this topic in the context of Old Age Psychiatry.

Method: A review of recent literature was carried out through 'Healthcare Databases.

Advanced Search' via Athens, on the NHS Health Information Resources Website.

We accessed “MEDLINE” and “PsycINFO” databases.
Results: Mental health problems in old age adversely affect women’s sexual lives. In particular, depression and its treatment can diminish sexual functioning. Dementia can be very challenging within a close sexual relationship. Antipsychotic treatments can impair functioning. Increasing numbers of patients are developing also diabetes.
Comments: Prominent amongst drugs which adversely affect female sexual functioning are SSRIs.

Recent literature suggests that Old Age Psychiatrists should enquire about this common side-effect in older women patients.

Dementia complicates sexual lives but help is available.
 We would suggest that Old Age Psychiatrists should be aware of available treatments for female sexual dysfunction, from psychosexual therapy to clitoral vacuum pumps. Then they can offer hope and appropriately direct patients for further specialist advice.

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THE IMPACT OF ED ON WOMEN AND THEIR PARTNERS: QUALITATIVE ACCOUNTS FROM COUPLE SAMPLES

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Aim: The current research was designed to gain insight into ED from a couple’s perspective.

Methods: Men with ED* were interviewed following GP referral and their partners were recruited via invitation to participate in semi-structured interviews. Recurring themes were identified from interviews with men and these data were compared and found to be in concordance with feedback from the literature. Interviews with women were taped and transcribed. Data were coded using grounded theory and categories were refined by identifying similar theoretical concepts. Interviews with women continued until the data had no impact on the theoretical relevance of the study (15 interviews). Emergent theory was tested by theoretical sampling.

Results: Women expressed that ED consumed their partners. Men focussed on restoration of erectile function and these data were verified by men. Women encouraged their partners to seek help but men avoided help due to embarrassment. Women felt isolated and struggled to make sense of their partner’s perspective. Men communicated that the sexual act was of optimum importance in terms of defining the relationship. Women were concerned that ED was a symptom of an underlying condition.

Conclusions: Women were disappointed that ED had such a devastating influence on the relationship and were upset at their partner’s reaction to ED. Feedback from interviews suggested that feelings of hurt might prevail regardless of treatment outcomes. Men expressed that restoration of erectile function would solve all of theirs and their partner’s problems.

* ED = < 11 measured by the International Index of Erectile Function.

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SEXUAL DEPENDENCE IN SUBSTANCE USE

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Background: Substance dependence is an established problem around the world. However, behavioral addictions like sexual dependence are relatively emerging fields of study.

Aim: To study the prevalence of sexual dependence in patients with alcohol dependence and compare it with a general population.

Methods: Fifty consecutively seen patients with alcohol dependence were administered a semi-structured questionnaire modified from the Mini International Neuropsychiatric Inventory to include behavioral addiction. Fifty controls from the general population were also recruited and administered the same questionnaire and the two groups compared. Results and conclusion: As this is an ongoing study, the final results are due.

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PREVALENCENCE AND CORRELATES OF ORGASMIC FUNCTION, INTERCOURSE SATISFACTION, SEXUAL DESIRE AND OVERALL SATISFACTION IN MEN ON HEMODIALYSIS: A MULTINATIONAL CROSS-SECTIONAL STUDY

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Although sexual dysfunctions in men include orgasmic problems, intercourse dissatisfaction, sexual desire and overall satisfaction abnormalities, only erectile problems have been generally studied. In this cross-sectional study, we have evaluated the remaining aspects of sexual dysfunction in men receiving hemodialysis.

Patients were identified in 27 hemodialysis clinics selected randomly within a collaborative network. All domains of sexual dysfunction were assessed anonymously with the International Index of Erectile Function (IIEF-15) questionnaire. Multivariate logistic regression was used to determine correlates of the different domains of sexual dysfunction and data are presented as adjusted odds ratio (AOR) and 95% confidence intervals (CI).

Overall, 1056 (60%) of 1611 eligible men responded. Of these, 773 (73%) men reported orgasmic dysfunction, 927 (88%) sexual desire dysfunction, 957 (91%) intercourse dissatisfaction and 790 (75%) overall dissatisfaction. Results on key correlates of these adverse sexuality outcomes identified by multivariate analyses are reported in Table 1.

Table 1.

Characteristic	Orgasmic function	Sexual desire	Intercourse satisfaction	Overall satisfaction
Age (years)	1.07 (1.05–1.08)	1.06(1.05–1.08)	1.07 (1.05–1.08)	1.05 (1.03–1.06)
Married	0.55 (0.40–0.77)	—	0.43 (0.31–0.62)	0.71 (0.51–0.99)
Depression	1.92 (1.45–2.54)	1.55 (1.16–2.07)	1.90 (1.42–2.55)	2.01 (1.52–2.68)
Hypertension	—	0.69 (0.38–0.93)	0.59 (0.38–0.91)	0.47 (0.31–0.73)
Use of erythropoietin	0.55 (0.35–0.85)	0.72 (0.45–1.13)	0.58 (0.37–0.92)	0.71 (0.45–1.11)

In conclusion, dysfunctions of various aspects of sexuality are highly prevalent in hemodialysis patients. Potentially modifiable risk factors that warrant cautious consideration include hypotension and depression.

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SEXUAL DYSFUNCTION AFTER ENDOVASCULAR REPAIR OF AN INFRARENAL ABDOMINAL AORTIC ANEURYSM

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Introduction: Open surgery (OS) of an abdominal aortic aneurysm (AAA) is associated with deterioration in sexual function. There appears to be lower incidence of erectile dysfunction with endovascular repair (EVAR).

Objectives: To analyze the incidence of post-operative sexual dysfunction in AAA patients treated using OS or EVAR.

Material and methods: Prospective study carried out from January 2008 until June 2009 using the IIEF test (International Index Erectile Function) to measure pre- and post-surgical sexual dysfunction. 182 patients treated, 112 patients included in the study, of which 47 (42.0%) treated using OS and 65 (58.0%) using EVAR.

Results: The mean age was 70 years (64.3 OS vs. 74.7 EVAR, P = 0.032). The prevalence of pre-surgical impotence was high in both groups and was significantly higher in those treated using EVAR

(40.5% OS vs. 66.2% EVAR, $P = 0.017$). Sexual dysfunction appeared in 5 patients (22.7%) after EVAR and in 10 (35.7%) after OS ($P > 0.05$). Both internal iliacs were occluded in 3 (13.6%) patients in the EVAR group and occluded in one artery in 10 (45%) patients. The unilateral occlusion of the hypogastric artery had no effect on impotency ($P > 0.05$). All the bilateral occlusions suffered erectile dysfunction. The dysfunction was more severe in the EVAR group, both before and after surgery.

Conclusions: The incidence of pre-operative sexual dysfunction in AAA patients is high. Treatment using EVAR does not give any significant protection against impotency occurring. The bilateral occlusion of the hypogastric arteries is a cause of sexual dysfunction, although unilateral occlusion is a significant risk factor.

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A PHASE IV PROSPECTIVE EVALUATION OF THE SAFETY AND EFFICACY OF EXTENDED RELEASE TESTOSTERONE PELLETS FOR TREATMENT OF MALE HYPOGONADISM

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Introduction: Extended-release testosterone pellets can provide therapeutic levels of testosterone over several months; additional data are needed to establish the safety and efficacy of testosterone pellets.

Methods: A phase IV, single center, open-label extension study designed to assess the safety and efficacy of subcutaneous insertion of 6 to 12 testosterone 75 mg pellets (450 mg to 900 mg) during a single implantation procedure in hypogonadal men who had previously been treated with topical and/or injectable testosterone.

Main outcome measures: Safety was determined based on adverse events reported by the study subjects, as well as changes from baseline to study end in physical examinations, and laboratory tests. Efficacy was determined based on results of serum laboratory tests, complete physical exams, and implantation site evaluations. Secondary objectives assessed patient preference of testosterone pellets versus prior testosterone treatments.

Results: Mean testosterone significantly increased and LH levels significantly decreased from pre-implantation values at Weeks 1, 4, and 12, and had returned to pre-implantation levels by Week 24. PSA levels remained unchanged for the duration of the study. Improvements in several symptoms of hypogonadism were determined with multiple questionnaires. Implanted testosterone pellets were generally well tolerated with 90% of the study participants preferring Testopel to their previous therapy.

Conclusion: Implanted testosterone pellets can normalize testosterone and LH levels and improve symptoms for at least 3 months and up to 6 months in men with hypogonadism, and should be considered as a therapeutic option for hypogonadal men.

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A PHASE IV PROSPECTIVE EVALUATION OF EXTENDED RELEASE TESTOSTERONE PELLETS: DOSE—RESPONSE PATTERNS AND THE EFFECT OF INCREASING BMI

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Introduction: Previous studies have shown that extended release testosterone pellets can provide therapeutic levels of testosterone over several months. This study was conducted to provide reliable dosage guidelines for the hypogonadal patient.

Methods: A phase IV, single center study to assess insertion of 6 to 12 testosterone 75 mg pellets in hypogonadal men who had previously been treated with topical and/or injectable testosterone.

Outcome measures: Testosterone was measured at baseline, 7 days, 4 weeks, 12 weeks and 24 weeks after administration. The dose-response curves were examined for patients receiving 8, 10 and 12 pellets. Additionally, the effect of increasing BMI on the dose-response curves was also examined.

Results: Mean testosterone peaked at day 7 and remained therapeutic at week 4 with increasing peak T levels correlating with number of pellets administered. The mean rise of serum T per pellet at day 7 was calculated to be 57, 58, and 60 ng/dl/pellet for administration of 8, 10 and 12 pellets, respectively. Interestingly, BMI was not found to have an effect on the change in serum T per pellet. Mean increase in T per pellet at day 7 was calculated to be 63, 58 and 64 ng/dl/pellet in patients with BMIs of <25, 25-30 and >30, respectively.

Conclusion: Serum T increased approximately 60 ng/dL per pellet from baseline by week 4. Additionally, BMI was not observed to impact the dose-response curves. The average rise of T of 60 ng/dL per pellet can be used a guideline for initial pellet implantation.

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AGOMELATINE: ANTIDEPRESSANT WITHOUT IMPAIRMENT OF SEXUAL RESPONSE

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Introduction: Sexual dysfunctions due to the use of antidepressants are common and can lead to non-compliance of the drug or treatment dropout. Patients medicated with different antidepressants query by decreased libido delay orgasm (both sexes), erectile dysfunction or less vaginal lubrication and may worsen in patients with previous stories of sexual dysfunctions. Agomelatine by their different pharmacological action (agonist melatonergic receptors MT1 and MT2 with antagonist properties of 5-HT_{2C} receptors; has no affinity for α adrenergic, β -adrenergic receptors, histaminergic, cholinergic, dopamine) not produce side effects in the sexual area as reported different clinical papers.

Objectives: To assess tolerance and side effects of Agomelatine in the stages of sexual response (desire, arousal, orgasm) of men and women depressive. Assess satisfaction and effectiveness, side effects in other areas.

Material and methods: Open study, naturalistic, observational, $n = 28$, men and women with depression, sexually active, 21 to 75 years, evaluated in 5 visits: admission, on 15, 30, 60, 90. Assessment scales were used (MADRS, ASEX, IIEF-6, CGI, Visual analogue scales—EVA-).

Preliminary results: There has been a favorable response, depressive symptoms with 25 and 50 mg of Agomelatine, low incidence of side effects and without sexual dysfunctions in both sexes.

Conclusions: Agomelatine is an effective antidepressant without causing undesirable effects in sexual response which it would be a first choice in patients who have an alteration of some of the stages of the response.

1. Goodwin GM: "Efficacy and safety of agomelatine: a randomized, double-blind, placebo-controlled study". *Int J Neuropsychopharm.* 2004;7(suppl 1): Abstract P02.174.

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GREATER BODY AWARENESS AND SEXUAL ENJOYMENT THROUGH THE EROTIC POWER TRAINING: RESULTS FROM THE TRAINING PROGRAM "THE ORGASMIC WOMAN"

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"The Orgasmic Woman" is a three month self-training program for women who would like to enjoy their sexuality more and enhance

their sexual wellbeing. It consists of techniques from the cognitive-behavioural field and from Komaja's tantra training. The follow up study was significantly successful in improving sexual satisfaction and sexual arousal ($p < 0.05^*$), measured by the "Female Sexual Function Index questionnaire".

One of the aims of the training was to improve body awareness and sexual enjoyment. Parallel to the main exercises, the women were doing three exercises from the so-called "Erotic Power Training".

Vajroli Mudra is an exercise for strengthening the pelvic floor muscle. Through it women can increase sensual pleasure for themselves and also for their partner. 87% of the women reported that this exercise helped to give them a greater sexual enjoyment.

Tribanda is the exercise involving the pulling up of the vital powers from the perineum upwards to the chest what gives greater sexual pleasure. 70% of the participants answered that it helped them to bring more vitality into the chest.

The Taboo Exercise (massage of the anal muscles) was a challenge for the women. At the beginning, they had negative emotions (like fear, disgust . . .) in relation to the exercise, but by the end of the training these changed into positive ones, such as self confidence, courage etc. Also, 60% of the women reported that they included the anal area more in their sexual activities.

In general, this training contributed to a greater sexual enjoyment.

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A CHARACTER ANALYTIC APPROACH TO WORKING WITH DESIRE PROBLEMS

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Treating sexual desire problems is often a time demanding, complicated and difficult process, in particular if the lack of desire is caused mostly by the great bulk of what we call relational factors. Very often the out come of therapy does not correspond with the initial request of the client(s).

Traditional sexological treatment of desire problems, that are often grounded on variations of CBT, may sometimes increase symptoms or consolidate the condition.

Working with desire as connected to the brains motivational system, it may often be necessary to focus on the deeper aspects of motivation and aversion.

To understand some common factors in desire problems, like anxiety and depression, I build on Wilhelm Reich's theory of how we, due to traumas in childhood, inhibit our vitality and life energy thru developing more or less chronic muscular tensions, and how this influences and puts restrictions on our experience of desire and therefor also on sexual desire.

I will present character analytic approach as it is developed in Norway after Reich's influence in the late 1930's in Oslo. With a case I will illustrate some character analytic and body oriented ways of working with the clients sexuality, that in my experience, target the deeper aspects of motivation and sexual desire.

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NO TIME FOR SEX DURING A BULL RUN, NO MOOD FOR IT DURING A CRASH. . .

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This study was conducted at Sannidhya Institute & Research centre, Ahmedabad, India over a period of one year between January 2009 and December 2009. Total 153 subjects were enrolled, who had come to the centre with complain of sexual dysfunctions. These subjects were asked to fill up a questionnaire prepared specially with emphasis on their investment in stock market since last two years. Detailed clinical

history, physical examination along with special laboratory investigation in the form of hormonal study was carried out. Out of 153 subjects enrolled for the study, nearly 15-20 are on the brink of divorce as the money lost on bourses even claimed their physical intimacy. A majority of them are under 35 years of age, some married for just one or two years. 68 patients had severe erectile disturbance and loss of desire, and their pooled testosterone levels were less than 250 ng/dl. 75 subjects had suffered great financial loss on stock market because of the sharp dip in the sensenx.

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ASSOCIATION BETWEEN SEXUAL FUNCTION AND ETHNODEMOGRAPHIC/ HEALTH FACTORS IN A POPULATION OF WOMEN WHO HAVE SEX WITH WOMEN

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Introduction: Health and social factors associated with sexual dysfunction in women who have sex with women (WSW) have not been extensively studied.

Methods: WSW were invited to participate in an internet-based survey via social networking sites catering to this population. Data were collected on ethnodemographics, health status, and sexual/relationship status. A modified version of the Female Sexual Function Index (FSFI) was used to quantify each subject's sexual function. An FSFI-total score of 26.55 was used to divide the subject pool into high risk of female sexual dysfunction (HRFSD, FSFI < 26.55) or low risk of female sexual dysfunction (FSFI > 26.55). The Wald Chi-squared test was used to study the association between HRFSD and exposure variables. Logistic regression was utilized for multivariate analysis. Significance was set at $p < 0.05$.

Results: 1,566 women had complete data; of these, 388 met criteria for HRFSD. There was a markedly significant association between bother regarding sexual function and HRFSD ($p < 0.0001$). There was a significant association between HRFSD and increased age, hypercholesterolemia, depression, history of yeast infection, post-menopausal status, history of gynecological surgery, symptoms of overactive bladder, never having been pregnant, bisexual orientation, having a non-female partner, and lower sex frequency. On multivariate analysis bother regarding sexual function, never having been pregnant, having a non-female partner, and overactive bladder symptoms remained significantly associated with HRFSD.

Conclusions: The modified FSFI strongly predicts sexual bother in this population of WSW. Some aspects of gynecological history and urologic health are significant associations of sexual function in this cohort.

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SEXUALITY AND HOSPICE: THE SEXUAL EXPRESSION FACING THE PROSPECT OF DEATH

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The aim of this research is to study the repercussion of cancer on marriage relationship and the couple's sexual life in patients under palliative care. We present a study of case whose sample was formed by a couple. They live in the "Distrito Federal" and one of spouses has been hospitalized at the "Hospital de Apoio de Brasília (HAB)". The study privileged the qualitative analysis. We used the clinical method and the data had been interpreted according the family systemic approach as well as theoretical studies of human sexuality. The instruments were semi structured guided interview, family genogram and

bonding technique. The study showed the following results: the infidelity of spouses before the disease, emphasis on physical attributes of their wives when they were younger, the difficulty and the possibility of talking about sexuality, lack of formal sex education, the role of religion in the system's homeostasis and the disease as a metaphor for suffering. The method was appropriate to accomplish the previously outlined objectives and for better comprehension of the phenomenon under study. We were concluded that there is restructuring family and marriage while it is evident the spouses are closest with to the arising and development of disease. In addition, sociocultural and religious issues permeate attitudes and sexual behaviors that lead to the need for change and adaptation in the marital relationship as a whole. SILVA, Rosenilda Moura da; RIBEIRO, Maria Alexina. **Sexualidade e câncer: vivência de casais no estágio avançado da doença.** Curitiba: Juruá, 2009. 146p.

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RHEUMATIC DISEASE AND SEXUAL FUNCTION

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Objective: RD may affect all aspects of life including sexual functioning. The reasons are multi-factorial and comprise both disease-related and treatment-related factors. The aim of this work is to collect results of previous research and to highlight the implications for sexological treatment. The authors will comment results in the light of their own clinical experience.

Methods: Detailed review of the current available literature.

Results: Physical factors (pain, fatigue, stiffness, functional impairment, drug treatment), emotional problems (depression, anxiety, negative body image), and couple's problems related to disease stress, as well as contextual aspects due to complications in employment, family and social areas, contribute to a less active and less satisfactory sex life. The percentage of patients with RD who experience sexual problems ranges from 10 to 80% in different studies and varies from one disease to another. The most common disorders are low desire, dyspareunia and erectile dysfunction.

Conclusion: Sexuality is an often underestimated and neglected area of quality of life in patients with RD. Sexual functioning can be much improved by adequate counselling and intervention. An integrative approach is recommended.

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"WHEN SEXUALITY DOES NOT INVOLVE SEX": A CASE REPORT OF MISHANDLED CONGENITAL ADRENAL HYPERPLASIA (CAH)

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Introduction: CAH due to 21-hydroxylase deficiency (21OHD) is a common cause of DSD, resulting in external ambiguous genitalia in the female. Failure to diagnose and treat early prompts excess adrenal androgens to accelerate growth velocity and develop premature male sex characteristics, including, male behavior, temperament and sexual orientation, a gender-identity disorder in the female.

Objective: To discuss the conundrum of DSD based on a mishandled case report.

Case report: JB is a 62yo 46, XX DSD patient, registered and reared as a girl in a rural area in Brazil. CAH was diagnosed only at 10y, and treatment began in a reference center. At 17y, subtotal adrenalectomy was performed due to poor compliance, but gender dysphoria was already evident. Replacement therapy was interrupted several times. At 59y, after living as a male in different cities, decided to apply for a legitimate male ID, and 4 years later, JB unexpectedly requested for a genital sex-reassignment surgery. Although male-sex oriented, he has never had any sexual experience. This request was reasoned, in his own words, as: "When I die, I'm afraid they will know who I am!"

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Conclusion: A belated request for a sex corrective surgery poses the intriguing contrast of sexuality in the social context disconnected from sexual activity. Recent developments make possible the emergence of sexuality issues that were seldom discussed before. However, one must consider the psychological risks involved in face of body changes after years of living with a DSD.

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WITHOUT FDA-APPROVED TESTOSTERONE TO TREAT WOMEN WITH HYPOACTIVE SEXUAL DESIRE DISORDER U.S. PROVIDERS RELY ON OFF-LABEL PRESCRIBING

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Introduction: To date, there is no FDA approved product for the treatment of Hypoactive Sexual Desire Disorder (HSDD) in women although testosterone continues to be prescribed, off-label. LibiGel (testosterone gel) is in late-stage clinical development in the US.

Methods: An independent market survey (Campbell Alliance) of more than 100 U.S. physicians who treat postmenopausal women was performed in 2010 to assess HSDD treatment patterns. One-on-one interviews and internet surveys were used. IMS prescription tracking identified the number of branded testosterone prescriptions written for women.

Results:

- Physicians report a 3.4 out of 7 level of satisfaction with current HSDD treatment options (1 = low, 7 = high satisfaction)
- Over 90% of physicians managing menopausal women prescribe testosterone or estrogen/androgen combinations
 - 45% of those reporting prescribe branded testosterone approved for men
 - 65% prescribe compounded testosterone (40% in 2008)
- Based on IMS prescription data and survey results, it is estimated that over four million testosterone prescriptions are being written off-label yearly for women in the US to treat sexual dysfunction;
- Physicians surveyed would switch 96% of their off-label prescribing to an approved HSDD product.

Conclusion: In the absence of approved therapies, the majority of physicians who treat HSDD patients appear to be using compounded formulations in addition to off-label prescribing of testosterone. Demonstration of LibiGel efficacy and long-term safety in its clinical development program will meet the demand for the first safe and effective treatment of HSDD in postmenopausal women.

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SEXUAL MYTHS AND THEIR IMPORTANCE IN MODERN SEXUALITY

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Sex and sexuality in ancient time, had often a place and an importance unknown in later cultures and civilizations. In classical world, sexuality is represented by several figures and characters. The four figures of Eros, Priapus, Pan and Dionysus cover different aspects of human sexuality. **Eros** the god of love, with his childish aspect and behavior, his wings and arrows, well describes the force and strength and the unreliability and capriciousness of human love. **Priapus**, represented with an enormous and fully erect phallus, tells us of the eternal human aspiration and desire, to live genitally and sexuality, with unlimited power and capacity and testifies man's unwillingness to sexuality die. **Pan**, with his animal feet and horns, his impulsiveness and sexual obsession, is the god of aggressiveness and luxury. He tells us about the dark side of human sexuality and its relation with hidden needs and desires, which, even if largely shared by most, are usually not

openly discussed with others. **Dionysus** is the god of passion and irrationality. Great explorer and traveler and always accompanied by faithful followers and ecstatic Maenads, Dionysus illustrates the power of sexuality, its potentiality to go beyond sexual physicality and rational boundaries and its capacity to penetrate our inner world, where the basic and opposite forces of good and bad intermingle and fight. **Western sexual myths** have a lot to say to modern sexology. They tell us about our sexual roots and give us to possibility to confront our sexuality with that of our ancestors.

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FEAR OF WOMEN: WORDS AND PICTURES IN EVERYDAY LIFE AND PATIENTS' IMAGINARY

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Fear of femininity is an abnormal, irrational and persistent fear of women. Sufferers experience undue anxiety even though they realize they face no threat. Fear of women is termed "gynephobia," a word derived from the Greek "gyne" (woman) and "phobos" (fear). The male fear of the feminine is not a well known phenomenon even if it has been discussed since the naissance of psychoanalysis. Today it is a topic in modern approach to sexuality like in sexoanalysis. Fear of women can be present in men who otherwise claim an interest for women. It can be cause of sexual problems and incapacity to penetrate as well to establish or maintain an intimate relationship with the other sex. It is possible to trace in many cultures as well in many sayings and in narrative stories of men with intimacy disturbances a basic fear of women.

Often the male fear of the feminine relates to internal and external triggers. Among them: experiencing vulnerability and uncertainty; considering women to strong and competent or angry and aggressive or like their mothers.

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EROTICA AND ART

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Sexuality is essential for everyone. It permeates and shakes every aspect of people's life and the life of man and woman as an artist. Erotic art covers any artistic work that is intended to evoke arousal or that depicts scenes of love-making. It includes paintings, sculptures photographs, music, writing and movies. Artists express in art themselves, their inspirations, their needs, their being sexual people. Their art is proof of their sexuality. Many artists have produced sexual works, directly or indirectly. Examples of erotic art are present in many well known artists. And their works attract lots of people because of their sexual content. Sometimes we wonder and interrogate ourselves on the meaning of some, at first sight, eccentric art works. Anyway from the artist's work we can understand much of the sexuality of men and women in general, of every culture and every time. The artist is able to leave, unlike the common man, a tangible sign—just in his artistic opera—of the emotions that sexuality leads within him, in the own language of sexuality (i.e. the language of the images and the imaginary). A lot of it can be understood from sexuality observing works of art. And sexologists have a lot to learn and to say in this field. This works takes into account different artistic productions and the fundamental issues that sexuality refers to: identity, relationship with the other, aggressiveness, power, life and death.

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INDIVIDUAL DIFFERENCES IN MATE POACHING: AN EXAMINATION OF HORMONAL, DISPOSITIONAL, AND BEHAVIORAL MATE-VALUE TRAITS

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The personality and hormonal correlates of mate poaching (attempting to steal another person's partner away) and of the target of the seducer (the mate poached) were examined in a sample 154 undergraduate university students (91 females; 63 males). Thirteen variables were modeled into two regression equations to predict and profile mate poachers and the mate poached. Findings revealed that

- (1) male mate poachers were better looking and had higher cortisol levels, lower levels of testosterone, and reported being higher on cold affect, self-esteem, and criminal tendencies, and
- (2) female mate poachers and targets of mate poachers reported being more physically attractive, as did male targets of mate poachers.

Sex differences in the context of mate poaching attraction as well as the characteristics of those who are successful in their attempts to lure away another person's romantic partner are discussed.

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ERECTILE DYSFUNCTION ASSOCIATED WITH CARDIOVASCULAR RISK FACTORS

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Objectives: 1—To determine the prevalence of ED in patients with cardiovascular risk factors (CRF).

Method: Study observational, descriptive and analytical, cross-sectional.

Analysis of anthropometric variables, social and risk factors cardiovascularly lasrelacionadascon erectile dysfunction.

Results: The blood pressure was found to have no significant relationship with respect to the dependent variable and body mass index. As toxic habits, consumption of cigarettes or alcohol seem to influence the presence of ED.

Found a significant relationship with the atherogenic index and variable recoded into low and high atherogenic risk (p < 0.04). The glycemic profile was obtained with an average blood glucose of 126 mg/dl.

In the presence of diabetes disease, hypertension and dyslipidemia was not found significant relationship with respect to the presence of ED for each disease, but it can be noted that the association of these diseases is a statistically significant relationship increase cardiovascular risk, as measured by Framingham. The calculated coronary risk as measured by Framingham showed a statistically significant result in the same way that the excess risk (difference between coronary risk and average risk assigned to each age) for the presence of ED.

The drugs used to treat diseases of RCV show a close to statistical significance (p < 0.07).

Conclusions: The high prevalence of erectile dysfunction in patients with high cardiovascular risk. With greater control of cardiovascular risk factors improved erectile dysfunction.

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SEXUAL BEHAVIOR AND SEXUAL DYSFUNCTIONS IN “NON-HETEROSEXUAL” WOMEN IN GEORGIA

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Background: Physicians in Georgia receive little formal training on sexuality and sexual disorders of general population not to mention “non-heterosexual” group.

Objective: The aim of the study was to assess the patterns of sexual behavior and the prevalence of sexual disorders in a community sample of “non-heterosexual” women of the “Women’s Initiative Supporting Group” in Tbilisi, Georgia.

Methods: Medical and sexual history taking by face-to-face interview conducted by sexologist.

All subjects provided information on their demographic characteristics, gender identity, sexual orientation, sexual behavior, general health and sexual history, patterns of sexual partnership and sexual concerns.

Results: Confusion over gender identity or sexual orientation, internalized homophobia, “mixed—orientation” sexual practices and sexual problems are easily disclosed through the special interview technique. Frequency and patterns of each parameter are presented in the study. The analysis of interviews estimates the prevalence of sexual disorders like hypoactive sexual desire, anorgasmia or vaginismus among the group.

Conclusion: Face to face interview has turned out to be a comprehensive tool for gathering complete information and analyzing clients’ sexual function.

Study shows that the common reason why “non-heterosexual” women delay and escape visiting sexologist is the impact of the widespread opinion that sexologist would treat their “wrong” tendencies. However, they willingly speak about their sexual preferences and easily overcome homophobic barriers when physician provides an open and permissive contact. Thus, interviewing is indeed a valuable method in enlightening sexual concerns among “non-heterosexual” women.

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THE RELATIONSHIP BETWEEN SEX GUILT, AGE AND MARITAL DURATION WITH MARITAL SATISFACTION AMONG IRANIAN WOMEN

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Objective: Among a representative sample of married women in the Iranian capital, Tehran, we aimed to determine the association of self-reported marital satisfaction with self-reported sex guilt, age and marital duration.

Methods: The data presented here were obtained from a total of 192 married Iranian women who were selected via a multi-cluster sampling method from University of Social Welfare and Rehabilitation, Tarbiat Modarres University and Islamic Azad University. The subjects’ sociodemographic data, marital satisfaction (ENRICH Marital Satisfaction Questionnaire), sex guilt (Mosher Revised Sex-Guilt Inventory) were gathered.

Results: Pearson correlation coefficient and regression analysis methods were used to analyze the data. Findings showed that there is a significant reverse relationship between sex guilt and marital satisfaction ($r = -0.452$, $p < 0.01$). Also there were significant reverse relationships between marital satisfaction and age ($r = -0.5$, $p < 0.01$) and marital duration ($r = -0.381$, $p < 0.01$). Age and sex guilt were able to predict 30.9 percent of the variance of marital satisfaction.

Conclusion: Higher scores in sex guilt was associated with lower scores of marital satisfaction. Also age and marital duration were inversely related to marital satisfaction.

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THE RELATIONSHIP OF SEX GUILT, AGE AND MARITAL DURATION WITH SEXUAL DESIRE AMONG IRANIAN WOMEN

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Objective: Among a representative sample of married women in the Iranian capital, Tehran, we aimed to determine the association of sex guilt, age and marital duration with sexual desire.

Methods: The data presented here were obtained from a total of 192 married Iranian women (with age range of 18-40) who were selected via a multi-cluster sampling method from three universities in Tehran. The subjects’ socio-demographic data, sex guilt (Mosher Revised Sex-Guilt Inventory) and sexual desire (Hurlbert Index of Sexual Desire) were gathered.

Results: Pearson correlation coefficient and Stepwise regression analysis methods were used to analyse the data. Findings showed there are significant negative relationships between sexual desire and sex guilt ($r = -0.442$, $p < 0.01$), age ($r = -0.553$, $p < 0.01$) and marital duration ($r = -0.349$, $p < 0.01$). Also Age and sex guilt were able to predict 34.8 percent of the variance of sexual desire in women.

Conclusions: Women who have higher levels of sex guilt, are older and have been married longer, have lower levels of sexual desire and visa versa.

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AN EVALUATION OF THE GENESIS WORKSHOP FOR NEWLY DIAGNOSED HIV POSITIVE PEOPLE

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With the continual improvements in HIV/AIDS treatments and management, the life expectancy for people diagnosed with HIV in Western countries has improved dramatically (Wong & Ussher, 2008). Despite this, receiving an HIV diagnosis is still reported as a difficult life adjustment, often associated with fears for the future; increased experiences of depression, anxiety and stress (although not always meeting clinical markers); and the potential complications that come with being diagnosed with a still potentially terminal disease. In response to this the Western Australian AIDS Council (WAAC) has continued to provide a workshop called “Genesis” for newly diagnosed HIV positive people.

The current pilot study sampled 10 *Genesis* participants with the purpose of investigating whether the newly developed questionnaire—known as the *Genesis* Questionnaire—was an acceptable tool of measurement to the participants; and to investigate if the anecdotal positive psychosocial outcomes of attending *Genesis* could be measured and used to facilitate progression of the workshop.

It was concluded that the *Genesis* Workshop could potentially provide a positive psychosocial experience for people living with HIV/AIDS, however due to the small number of participants the findings are preliminary. It was also concluded that although the *Genesis* Questionnaire shows potential to be a useful measurement tool, it is in need of further review before it is an acceptable measurement tool for people living with HIV/AIDS.

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SEXUAL (DYS)FUNCTION AND THE QUALITY OF SEXUAL LIFE IN PATIENTS WITH COLORECTAL CANCER:

A SYSTEMATIC REVIEW

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Background: The objective of this systematic review was to determine

- (i) the prevalence of sexual (dys)function in patients with colorectal cancer,
- (ii) treatment-related and sociodemographic aspects in relation to sexual (dys)function and the quality of sexual life.

Recommendations for future studies are provided.

Patients and methods: A systematic search was conducted for the period 1990 to July 2010 that used the databases PubMed, PsychINFO, the Cochrane Library, EMBASE, and OVID Medline.

Results: In total, 82 studies were included. The mean quality score was 7.2. The percentage of preoperatively potent men that experienced sexual dysfunction postoperatively varied from 5% to 88%. Approximately half of the women reported sexual dysfunction. Preoperative radiotherapy, a stoma, complications during or after surgery, and a higher age predicted more sexual dysfunction with a strong level of evidence. Type of surgery, and a lower tumor location predicted more sexual dysfunction with a moderate level of evidence. Insufficient evidence existed for predictors of the quality of sexual life. Current studies mainly focused on biological aspects of sexual (dys)function. Furthermore, existing studies suffered from methodological shortcomings such as a cross-sectional design, a small sample size, and the use of non-standardized measurements.

Conclusion: In future research sexuality should be investigated prospectively from a biopsychosocial model. In this biopsychosocial model the subjective evaluation of sexual (dys)function, hence the quality of sexual life, and psychological factors associated with or predictive of sexual (dys)function and the quality of sexual life should be taken into account.

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SEXUAL FUNCTIONING IN SURVIVORS WITH COLON OR RECTAL CANCER COMPARED WITH THE GENERAL POPULATION: A POPULATION-BASED STUDY

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Background: The aim was to compare sexual functioning (SF) in colon cancer survivors, rectal cancer survivors, and the general population and to describe the correlates of SF in survivors.

Methods: Survivors diagnosed between 1998 and 2007 completed the sexuality subscales of the EORTC QLQ-CR38. Outcomes were compared with the general population.

Results: For both sexes, SF was lower for rectal cancer survivors (n = 457) compared to the general population (n = 1731). No differences were found between colon cancer survivors (n = 902) and the general population. Sexual enjoyment (SE) for men was similar across groups, while women with colon or rectal cancer reported lower scores compared to the general population. Lower erectile functioning was reported for rectal cancer survivors compared to colon cancer survivors and the general population. Female SF was lower for survivors with colon or rectal cancer compared to the general population. Factors associated with lower SF were higher age, being a woman, fewer years

since diagnosis, not having a partner, middle or high educational level, rectal cancer, and having Diabetes. Lower SE was associated with higher age and being a woman. Worse male SF was associated with higher age, smoking and having a stoma. No significant associations were found for female SF.

Conclusion: Compared to the general population rectal cancer survivors reported lower SF, SE (only women), erectile functioning, and female SF. Only female colon cancer survivors reported lower SE and female SF compared to the general population. Prospective research is warranted in order to identify predictors of sexuality scores.

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EVALUATION OF SEXUALITY AND RELATIONSHIP IN WOMEN SUFFERING FROM ENDOMETRIOSIS

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Objective: This study evaluates the quality of sex life and relationship in an Italian sample of women affected by endometriosis, verifying if this disease as a negative impact on both areas.

Methods: 60 participants who had been diagnosed with endometriosis were recruited at the Endometriosis and Chronic Pelvic Pain Outpatient Clinic at the Policlinico Umberto I of Rome and on the forum of Italian Association of Endometriosis internet site from September 2009 to March 2010. The controls were 60 healthy women who accepted to participate in the research, matched for age and relational status. An *ad hoc* questionnaire and the McCoy Female Sexuality Questionnaire (MFSQ) were administered to participants.

Results: In both groups more than 70% of women reported engaging in sexual activity during the previous 4 weeks. No statistically significant differences were observed between groups in sexual intercourse frequency. As expected, the clinic group scored significantly lower in the Sexuality scale than the healthy women ($F = 4.981$; $p < .05$), but not in the Relationship scale. Sexuality is more impaired by pain frequency during sexual intercourse. Nevertheless, data showed that women affected by endometriosis seem not to lose sexual interest and orgasmic satisfaction.

Conclusion: The quality of relationship with the partner seems not to be damaged by endometriosis. Women with endometriosis experience pain in different ways, more or less intensely and these pains can be part of functional disorders, in which case a global assessment must be carried out, taking into account many aspects, including emotional ones.

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SEXUAL FANTASIES AND SEXUAL PROBLEMS

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The importance of sexual fantasies in human sexuality, in the physiology as well as in the sexual pathology, is often under evaluated. Anyway, the erotic and sexual imaginary, is a pillar of male and female sexuality and has a central role in every man and woman's sexual life.

Typical fantasies. Sexual fantasies are present in most men and women. Most typical male fantasies are centered on identity affirmation and consolidation, sexual domination, woman detachment, phallic aggressiveness. Most common female fantasies regard sexual power and erotic fascination, exhibitionism and sex without direct involvement and consequent sense of guilt. Submission fantasies, competitive as well as degradation fantasies are also common in men and women.

Importance of sexual imaginary. The study of erotic imaginary is important to understand sexual health and to treat sexual limits and sexual pathology; especially in structured and complex cases which are often difficult to understand. Systematic observation of sexual and erotic imaginary helps go beyond the gaps left empty by otherwise meaningless behavior. This is the case when only objective and observ-

able behavior is considered. The analysis of sexual fantasies and dreams is a very useful tool, when used on its own or with other therapeutic aids, like medicaments and behavioral -cognitive therapy. Sexual fantasies and sexual dysfunctions and desire disorders. Sexual fantasies of dysfunctional persons are presented and the relationship between sexual imaginary and disturbed sexual behavior and unpleasant feelings is discussed.

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PSYCHOSEXUAL PROBLEMS IN MALES: BEYOND THE PERFORMANCE ANXIETY

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Sexual problems could be found in the majority of people with psychiatric problems. Sexual disturbances can be also found in people with psychological problems. However most people suffering from sexual problems -and with no biological origin- is not affected by psychiatric or psychological disturbances. Psychosexual causes of sexual problems are many. The most common and known among them are the superficial causes, like superficial anxieties (i.e. anticipatory negative anxiety and performance anxiety), cognitive behavioral factors or cultural factors. The less common and known are the deep causes. In some cases, specific sexual aspects connected to the identity, to the relationship one individual has with the other man or woman, and to the sexual dynamic, are the basis of sexual disturbances.

Clinical disturbances: Various clinical cases have been taken into consideration. They regard men, in good health conditions, suffering from single or multiple disturbances. The disturbances range from inability to penetrate to sexual anhedonia, ejaculation difficulties, desire disorders and scarce or absent interest in vaginal penetration.

Clinical cases: This work focuses on these topics. Healthy men with pure sexual symptoms, both single and multiples will be taken into account. The case of a man with delayed ejaculation and pleasure disturbance will be shown. Another case regards a man with inability to penetrate. Furthermore a man with sexual trauma dating back to his childhood is described. Authentic drawings made by the patient are also shown.

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HOW TO ADAPT AND VALIDATE A SEXUAL QUESTIONNAIRE FOR SPECIAL POPULATION: AN EXAMPLE OF THE SEXUAL ASSERTIVENESS SCALE ON DRUG DEPENDENT MEN

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The Sexual Assertiveness is related with the initiation of the sexual activity, with the refusal of unwanted sex and with the negotiation of STD-P prevention methods. The Sexual Assertiveness Scale (SAS) evaluates these three dimensions (*Initiation*, *Refusal* and *STD-P*) with 18 items. The Spanish SAS adaptation showed proper psychometric properties.

A total of 326 drug dependent men and 322 normative men took part on this study. No significant differences were found in age and education level between these two groups. The SAS, the Changes in Sexual Functioning Questionnaire (CSFQ-14) and the Substance Abuse Questionnaire (SAQ) were used. The clinical sample was obtained by cluster sampling and normative one was obtained by convenience sampling.

The factorial invariance shows a strong factorial equivalence between both samples. The Differential Item Functioning (DIF) analysis indicates DIF problems in items 1 and 14. The effect size of the DIF is high and moderate respectively. In general psychometric properties are good, the internal consistency reliability is adequate (*Initia-*

tion = .66, *Refusal* = .74 and *STD-P* = .79). The correlations between the CSFQ-14 and safe sex ratio are consistent with the SAS. The drug dependent subsample obtains a significantly lower score in *Initiation* and *STD-P* in comparison with the normative sample.

The adaptation of the SAS in drug dependent men provides sufficient guarantees for a reliable and valid use in both clinical practice and research.

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A PROPOSAL FOR TESTING THE EFFICACY OF MINDFULNESS-BASED THERAPY AND COGNITIVE-BEHAVIORAL THERAPY FOR WOMEN WITH HYPOACTIVE SEXUAL DESIRE DISORDER AND SEXUAL AROUSAL DISORDER

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The aim of this research is to test the efficacy of a Mindfulness-Based Intervention (MBI) for women with sexual desire and arousal problems, as compared to a Cognitive-Behavioral Intervention (CBI), and no treatment. Furthermore, the mechanisms involved in therapeutic change will be examined.

A total of 60 premenopausal women with a DSM diagnosis of sexual dysfunction due to psychogenic causes will participate in the study. Participants will be randomly assigned to one of the three treatment conditions:

- 1) MBI;
- 2) CBI;
- 3) no treatment.

Participants will be assessed before therapy, after sixth therapeutic session, at the end of treatment and after the 6-month follow up period.

Before therapy, assessment will address medical factors, relationship factors, and psychopathology.

Also before therapy and during all the subsequent evaluation sessions, women will be assessed regarding sexual beliefs, thoughts, affect during sexual activity, cognitive distraction, sexual functioning and satisfaction.

Before and at the end of treatment, participants' response to sexual explicit material will be assessed with subjective measures (self-report), physiological measures (photoplethysmograph) and brain imaging (fMRI).

We expect to find a significant improvement on sexual functioning in both groups when compared to no treatment. Higher levels of sexual desire, arousal and satisfaction are anticipated in the group receiving Mindfulness training.

Positive treatment outcome is expected to be related with changes in attentional focus, automatic thoughts, sexual beliefs, affect, awareness of inner experience, physiological and subjective arousal, and activation in neural circuits related to attention.

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EXAMINING THE RELATIONSHIP BETWEEN PSYCHOTROPIC MEDICATION USE AND TESTING POSITIVE FOR CHLAMYDIA AND GONORRHEA AMONG DETAINED ADOLESCENTS

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Objective: We examined whether psychotropic medication (PTM) use was related to testing positive for Chlamydia and Gonorrhoea among detained adolescents.

Methods: A convenience sample of 547 detained adolescents ages 14–18 years were recruited from eight youth detention centers in Georgia. Using A-CASI technology, data was collected on demographic factors, use of PTM, and sexual risk behaviors. Chlamydia and Gonorrhea diagnoses were assessed by laboratory testing.

Results: Thirteen percent (13.1%) of adolescents not using PTMs tested positive for STIs compared to only 4.9% of those reporting PTM use. PTM users had a 62% smaller odds ratio for testing positive for Chlamydia or Gonorrhea.

Conclusion: Findings suggest that screening and providing treating for the unmet mental health needs of detained youth represents an important priority area. Especially, given that such treatment is related to lower rates of STIs.

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QUALITY OF LIFE AND SEXUAL HEALTH AFTER SEX REASSIGNMENT SURGERY IN FEMALE-TO-MALE TRANSEXUALS

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Context: Although sexual health after genital surgery is an important outcome factor for many transsexual persons, little attention has been attributed to this subject.

Objective: To provide data on quality of life and sexual health after sex reassignment surgery (SRS) in female-to-male transsexual persons.

Design: A single center cross-sectional study in 50 female-to-male transsexual persons (mean age 37 years) after longstanding testosterone therapy and on average 8 years after SRS. Ninety-two percent of the participants underwent phalloplasty.

Mean outcome measures: Self-reported physical and mental health using the Dutch version of the SF-36 Health survey; sexual functioning before and after SRS using a newly constructed specific questionnaire.

Results: Compared with a Dutch reference population of community dwelling men, female-to-male transsexuals scored well on self-perceived physical and mental health. The majority had been sexually active before hormone treatment. More than a quarter expressed to have been frequently vaginally penetrated before starting hormone therapy, whereas we found a tendency towards less vaginal involvement during hormone therapy and before SRS. Most participants reported increase in frequency of masturbation, sexual arousal and ability to achieve orgasm after SRS. Almost all participants were able to achieve orgasm during masturbation and sexual intercourse and the majority reported a change in orgasmic feelings toward a more powerful and shorter orgasm. Surgical satisfaction was high, despite a relatively high complication rate.

Conclusion: Results of the current study indicate female-to-male transsexual persons have generally a good quality of life and experience satisfactory sexual function after SRS.

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SEXUAL DESIRE IN FEMALE-TO-MALE TRANSEXUAL PERSONS

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Objective: The current study aims to describe sexual desire in female-to-male transsexuals post SRS (sex reassignment surgery) using a validated questionnaire. The association between serum androgen levels and the intensity and frequency of sexual desire are examined. The data are compared to those of male-to-female transsexual persons.

Design: Cross sectional study.

Methods: Female-to-male transsexual persons, post SRS, (n = 48) completed a questionnaire measuring sexual desire (Sexual Desire

Inventory). Also, participants were asked additional questions on current and past sexual desire, frequency of masturbation and sexual intercourse in the past month. Serum levels of testosterone and SHBG were measured on fasting morning serum samples. Data from our previous study on sexual desire in 62 male-to-female transsexual persons using the same validated questionnaire was used as reference population.

Results: In retrospect, the majority of the participants (73,9%) reported an increase in sexual desire after cross sex hormone treatment and SRS. No associations between levels of testosterone and scores of solitary and dyadic sexual desire were found. Solitary sexual desire scores were significantly correlated with frequency of masturbation ($r = 0,835$; $P = 0,0001$), whereas frequency of sexual intercourse with a partner was not correlated with dyadic nor solitary sexual desire. Female-to-male transsexual persons scored significantly higher on sexual desire scores than male-to-female transsexual persons ($P = 0,0001$).

Conclusion: Most female-to-male transsexual persons report on a marked increase of sexual desire after testosterone treatment and SRS. No associations between levels of testosterone and measures of sexual desire were found. Sexual desire is significantly higher compared to male- to-female transsexual persons.

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STRIANT: PHARMACOKINETICS, TOLERABILITY AND SAFETY IN HYPOGONADAL MALES

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Objectives: Buccal administration of testosterone (T) may offer a viable alternative to gels, patches and injectables. We summarise here the key features of the clinical database on Striant (the sustained-release, muco-adhesive, 30mg buccal tablet).

Design and methods: Data are from 6 clinical trials of up to 12 weeks duration in 225 patients and volunteers. Striant 30mg was applied twice daily.

Results: T levels are achieved within 4 hrs, reaching C_{max} after about 12hrs with steady state after two doses. In 5 efficacy studies, consistent efficacy was observed ($C_{avg(0-24)}$ 4.78-5.43ng/ml). The T to DHT ratio remained unaltered. Between 87 and 97% of patients achieve a $C_{avg(0-24)}$ within the normal range. The only side effect with greater than 2% incidence was “application site irritation” (3.9%) with 1–1.3% noting peculiar or bitter taste. Compliance was excellent with only 3.5% of patients discontinuing during the phase III programme.

Conclusions: As venous drainage from the oral cavity flows directly to the superior vena cava, transbuccal delivery of T should circumvent hepatic first-pass catabolism and represent a viable alternative route of administration. In reality, clinical trials with Striant a sustained-release muco-adhesive buccal tablet demonstrate that T levels can be consistently and rapidly restored to the normal physiological range in hypogonadal males. The formulation is well tolerated and has demonstrated a high level of acceptability by patients. In addition Striant therapy maintains the normal T to DHT ratio which could be an important factor in co-morbid prostatic disease. Overall, Striant represents an important addition to the therapeutic armamentarium for hypogonadism.

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TESTOSTERONE BUCCAL SYSTEM (STRIANT) DELIVERS PHYSIOLOGICAL TESTOSTERONE LEVELS IN HYPOGONADAL MALES

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Objectives: Due to hepatic catabolism, oral testosterone (T) replacement is ineffective in the treatment of hypogonadism. As venous drainage from the oral cavity flows directly to the superior vena cava, transbuccal delivery of T should circumvent hepatic first-pass catabolism and represent an alternative route of administration. The data presented examine this hypothesis.

Design and methods: Striant, the sustained and controlled-release T buccal system (TBS), containing 30 mg was applied twice daily (at approx 08.00 and 22.00) to hypogonadal males and hormonal levels were measured by standard technology.

Results: In the first open-label, multicenter study in 82 hypogonadal males, Striant was given twice daily for 12 weeks. Of these, 86.2% had mean serum concentrations ($C_{avg(0-24)}$) values within the normal range (5.4+/-1.7ng/ml), compared to 1.5+/-0.9ng/ml at baseline. At 12 weeks, the percentage of time over the 24hr sampling period that total concentrations were within the normal range was 76%. In a second study in 29 hypogonadal males, quantitatively and qualitatively similar results were observed. A $C_{avg(0-24)}$ of 5.5+/-1.7ng/ml, from a baseline of 1.2+/-0.7ng/ml, was observed after 7 days of twice-daily Striant administration. Over 92 % of patients achieved T within the normal range and the mean percentage of time over the 24hr sampling period that T concentrations remained within the physiological range was 84%. In neither study was the ratio of T to DHT altered.

Conclusions: In an attempt to achieve and maintain physiological T levels in hypogonadal males, buccal administration appears to offer a viable alternative to gels, patches and injectables.

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GYNECOLOGICAL AND SEXUAL COMPLICATIONS IN WOMEN WITH BLEEDING DISORDERS

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Women with bleeding disorders are typically undiagnosed, misdiagnosed, and/or receive surgery or hormone therapy for what actually is a coagulation problem. While the literature on bleeding disorders in women is increasing, much of the research leaves out information about the quality of life complications specific to women who have some type of coagulopathy. The study utilized a 'snowball' technique to gather women who have some type of bleeding disorder and who were willing to take part in this project which began in 1996. Women were contacted at hemophilia conferences, through various Internet bulletin boards such as Hemophilia Support, from advertisements about my project in magazines specifically for the hemophilia community and in hemophilia chapter newsletters around the country, my Internet web page, and through 'word of mouth.' The average age of menarche of the women in this study was 12.5 (SD ± 1.5) which they described as unusually long, frequent, heavy. The bleeding worsened over time. About half of the women had undergone from 1 to 15 dilation and curettage. Of the women in this sample, 37.9% had already undergone a hysterectomy for bleeding complications. Furthermore, over half of the women in this study reported some type complication during sexual intercourse. Complications included pain, bleeding/bruising, or "ripping" of the vagina. When women tried to talk with their doctors about this problem, they were told it was "in their head," or "they should find a smaller man" rather than treating the problem.

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POSTER PRESENTATION

TRACK 3

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NEED OF COMPREHENSIVE SEXUALITY EDUCATION: EVIDENCE FROM NEPAL

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Objectives: To explore the sexual behavior, knowledge towards the essential fact of HIV transmission and their perception on need of sexuality education in school/college among college students.

Methods: Structured self-administered questionnaires were administered to 1137 college students (573 males and 564 females) in Kathmandu Valley in 2006. Bivariate and multivariate analysis, separately for male and female, were used for the analysis.

Results: A substantial proportions of college students indulge in risky sexual behavior. Substance abuse, multiple sex partners, sex with commercial sex workers and inconsistency use of condom with both regular and non regular partners are common among the males than the females.

On the other hand, misconception about modes of HIV transmission is very high among students. Only less than two-thirds had correct knowledge about all five modes of HIV transmission (UNGASS indicator). Females were less likely (Odds Ratio = 0.61) to have correct knowledge about it than males. Furthermore, those who were highly exposed to media, and who have studied reproductive health education in school/college were more likely to have correct knowledge about HIV transmission than their counterparts.

An overwhelming majority of the students mentioned that sexuality education is necessary for youth before having sexual intercourse. Notably, almost all students (87%) have demanded sexuality education in school/college level.

Conclusions: College students are exposed to health hazards due to their risky sexual behavior; hence sexuality education including comprehensive knowledge about HIV issues should be provided in school/college. It could benefit even out-of-school youths, because their partners often are students.

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BEST PRACTICES IN POSITIVE PREVENTION INITIATIVE ON HIV/AIDS AMONG PEERS IN COMMUNITIES ENUGU WEST SENATORIAL ZONE OF ENUGU STATE

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It is alarming that the ignored and overlooked areas for HIV/AIDS education are the most devastating areas with HIV/AIDS epidemic. There has been a poor response to HIV/AIDS epidemic. In many grassroots communities due to peer knowledge on sexuality and reproductive issues. These factors has effect them in decision making and recognizing their right which in turn has predispose them to various SRH health problems including STIs, unwanted pregnancy, unsafe abortion among others people has resolved together information from media, peers internet for information on SRH issues which in most cases is incorrect.

Methodology: The project which utilizes peer education has trained 30 peer facilitators (PF) of students, teachers, out of school youth, people living with HIV and AIDS (PLWHAS), religious leaders, Okada riders from these communities. The trainings were basically on SRH issues and life building skills.

The follows series of advocacy, sensitization, training and step down training.

The trained paired peer facilitators using manual provided to conducts peer education session with their peers on abstinence, being faithful to an uninfected partner and other prevention.

Result the guiding outcome has been recorded in which a total of two hundred and forty nine (249) were reached through abstinence and eight hundred and sixty nine (869) were reached through being faithful and other prevention respectively.

Lesson learnt: Paring the peer facilitators for a minimum of 3 contact of education session per 3 hours. This has increased the number of house hold reached and facilitated on improved knowledge and positive behaviour.

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APPRENTICESHIP EDUCATION—NEW ROUTE TO STUDY SEXUAL COUNSELLING IN FINLAND

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The Finnish policy about promotion of sexual and reproductive health given by Ministry of Social Affairs and Health includes a guideline for integrating sexual counselling into standard health services all around the country. According to the policy there should be at least 1–3 sexual counsellors in every health center depending on the size of the center and even more counsellors available in major hospitals and hospital districts.

To meet the demands of the policy, JAMK University of Applied Science coordinates a new type of supplementary education program for employees in health and social work. The program is based on apprenticeship education system that uses two-pronged learning model:

- 1) basic knowledge in sexology and theoretical subjects are covered in university level educational institutions, and
- 2) practical skills are developed in a workplace under a supervisor who has competence in sexual counselling.

The apprenticeship education (30 ECTS) has four themes:

- 1) ethics, professionalism and developing competence,
- 2) knowledge base of sexual health and sexology
- 3) methods of sexual counselling and work-oriented development project.

The core competence of the education is based on the requirements of sexology and sexual health promotion as defined by the Nordic Association for Clinical Sexology (NACS): Sexology I: Basics of sexology.

The students show their skill level with performance-based exams which evaluate their knowledge of sexual counselling defined by the predetermined aims. The performance can be for example a portfolio, a developmental task of sexual counselling, a simulated client situation and a group exam.

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ATTITUDES AND BELIEFS OF TURKISH NURSING STUDENTS REGARDING GIVING SEXUAL COUNSELING TO PATIENTS

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The attitudes and beliefs of individuals with regard to special topics may affect their behaviors, thus making it important to know their attitudes regarding sexuality in the education of health staff. The aim of this study was to determine the barriers and their possible causes that affect Turkish nursing students when evaluating sexual problems occurring in patients due to illnesses or their treatments and when giving sexual counseling accordingly.

Material and method: This study was planned and applied as a descriptive study. It was executed at a military nursing school in Turkey between May and June of 2009. The study sample was composed of 125 volunteer nursing students. To collect data, a data collection form and the Sexual Attitudes and Beliefs Survey was used.

Results: Most of nursing students had gathered information regarding sexual life changes due to illnesses or treatments in patients. Most of nursing students stated that the gender and age of the patient had an influence when providing sexual counseling. When barriers regarding giving counseling by the nursing students were examined that these barriers were being uncomfortable in providing sexual counseling to patients, not allowing time for patients to discuss their sexual problems and the beliefs that sexuality is a very special topic to discuss with the patients.

Conclusion: The barriers mentioned above result in deficiencies for the nursing students in obtaining a professional attitude. For these reasons that providing more education on sexual counseling, including theoretical and practical aspects, in the nursing student curriculum is important.

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FEMALE INITIATION RITUALS AND SEXUALITY IN NORTHERN MOZAMBIQUE

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In Northern Mozambique most of the girls and boys are initiated when they are between 6 and 14 years of age and in the last few decade the age of initiation has been decreasing mainly due to the influence of Islam. The paper brings evidence on the role of female initiation rituals in the construction of girls' sexuality.

A total of 19 individual interviews and 26 focus groups discussion were carried out in December 2009 and 2010 in the provinces of Cabo Delgado and Niassa with men and women of different age groups to grasp the evolution of the practices. Participation in several phases of three initiation rituals allowed registering the messages transmitted.

Although female initiation rituals present variations according to the region, the linguistic group and the religious orientation, young initiated are prepared to engage in sexual intercourse after the rituals. They are familiarized with penetration, movements during coitus, cleaning of the penis and the vagina after sexual intercourse, massaging of their partner, avoiding sexual contact during menstruation and caring of menstrual fluids. They are also recommended to always accept having sexual intercourse at their partner' request. Girls are portrayed as the one provoking men who cannot resist. In exchange of their sexual favour they are taught that they should receive money in cash or in kind.

While significant transformations are registered including the reduction of the duration of initiation, the rituals represent a fundamental element in the construction of female sexual identity defining the onset of sexual debut.

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THE EDUCATION AND SEXUAL HEALTH NEEDS OF ADOLESCENTS IN PAKISTAN

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Talking about Sexuality is complex in conservative society like Pakistan, which is sixth most populous country with about 35 percent of the population is of adolescents with evidence of risky behaviors. A pioneering study by the World Population Foundation on the 'Status of Sexual and Reproductive Health and Rights of Young People in Pakistan (2009-10)' revealed that the most infringed Rights are the 'Right to Information and Education' and 'Right to Healthcare'. WPF believes that this is the time to challenge and change perceptions. Accordingly, WPF developed SRHR Education Curriculum for adolescents in formal and religious schools in consultation with stakeholders that informs and promotes healthy behaviors and creates demand

for SRHR friendly youth services. To address the needs WPF has engaged health providers to ensure non-judgmental SRHR friendly services to youth. The session will reflect on WPF's unique approach/model, challenges and lessons learned in this revealing journey.

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CLEARING UP! THE SEXUAL WELLBEING DEVELOPMENT PROJECT 2010–2012

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Clearing Up! The Sexual Wellbeing Development Project 2010-2012 has been funded by a national health promotion grant. The Turku Municipal Health Care and Social Services Health Promotion Unit is responsible for carrying out the project.

The Clearing Up! is targeted at promoting sexual wellbeing of young persons during their vocational training. Sexual education may occupy a minor position in vocational training even if the young student would benefit from support to his or her own sexual maturation and development especially during this phase of life.

Project provides continuation training to Vocational Institution staff. The training process emphasizes supervision of work. The adults develop their abilities to bring up sexuality related issues in discussions with their students in everyday contexts or in teaching their subjects and when the students broach this theme. Central concerns in the process are the staff's individual reflection on sexual and gender issues, encouragement to a mutual, open dialogue as well as listening, and responding, to the needs and hopes of young persons.

Targets:

Teachers' own capacities and individual reflection on sexuality and gender are strengthened.

Young, vocational students' expectations and needs regarding sex education are clarified and information, skills and support are provided.

Strengthening the young person's development toward his or her individual and comfortable sexual and gender identity.

Promotion of skills to enhance one's sexual health and wellbeing among both the students and the teachers.

Strengthening of emotional skills to prevent non-violence and promote equality.

Promotion of sexual rights.

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INCLUSION OF SEXUAL ORIENTATION AND GENDER IDENTITY IN ELECTRONIC HEALTH RECORDS

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Development of electronic health records (EHR) provides an opportunity to influence health care delivery within systems, potentially reducing health care disparities by supplementing specific information for the encounter. Recognizing disparities experienced by minority populations, a Task Force was convened at University of California, Davis Health System (UCDHS) to incorporate self-defined ethnic identity and preferred language into EHR. To reduce LGBT health care disparities, inclusion of sexual orientation and gender identity (SO/GI) in the EHR was explored by a second Task Force.

Initial responses to inclusion of SO/GI in the EHR were swift and negative. Objections were raised that clinicians lacked skills needed for gathering such sensitive information, and that seeking this information would be uncomfortable. Educating clinicians on LGBT issues became the Task Force's charge, working to: identify the rationale for discussion of SO/GI in the clinician-patient encounter; develop education to address clinician needs; identify strategies for successful local incorporation of education; and roll out education.

Using LGBT health disparities as the rationale, educational sessions identifying LGBT health care disparities and interview skills trainings were developed. Guided by key informant interviews, lectures and workshops have been presented in primary care residency training, and will be offered at each affiliated Primary Care Network Clinic. Other efforts to change atmosphere include staff education about respectful interaction with sexual minorities, public identification of LGBT-friendly providers, and seeking designation as an LGBT-friendly health system through Human Rights Campaign's Healthcare Equality Index. Provider education rollout will be completed prior to adding SO/GI to the EHR.

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ACTION RESEARCH IN CURRICULUM DESIGN ON BODY IMAGE OF NURSING INSTITUTE STUDENTS

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The study intended to explore the body images of female nursing students in Taiwan. 48 students were recruited to join the research. Researchers investigated their level of body image satisfaction by serving them a standardized instrumentation which was developed by researchers. The important findings are:

- 1) more than half of the participants were not satisfied with their breast size.
- 2) over 60% of those students perceived themselves intermediate satisfied or satisfied in their body images.

The unsatisfied body parts contribute to "breast size", "thigh", "buttocks", "body height", and "eye size".

- 3) The most-used methods they choose to promote their appearance were exercises (70.8%) and dietary management (64.6%).

Some participants (14.6%) will have weight control medication and some (12.5%) choose to accept plastic surgeries.

Based on the study outcome, a curriculum will be design to promote students' body images. The suggestions will be given to teens, their parents, and health promotion units in school.

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MOTHER-ADOLESCENT COMMUNICATION ABOUT SEX IN TAIWAN: BELIEFS AND STYLES

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The aim of the current study was to understand mothers' beliefs and ways of communication about sex with their adolescent children in Taiwan. One-on-one in-depth interviews were conducted to 18 Taiwanese mothers in 2006. Interviewer was the first author. Interviews were tape-recorded and were written down verbatim.

Based on the Grounded Theory, there derived four types of mothers' beliefs about adolescent sexuality:

1. Innocence which believed that adolescents knew nothing about sex.
2. Denial which believed that adolescent sex were uncontrollable.
3. Limited Trust which believed that adolescents were curious about sex yet their abilities to make decision were not mature enough, and
4. Fully Trust which gave adolescent full autonomy to make decision.

There also found three styles of the roles mothers believed they played in sex communication with their children: Protection, Guidance, and Informing Only. Finally, depending on the topics of communication, there found two dimensions of sex communication: the level of open-

ness and the level of sensitivity. Most of the topics mothers talked to their children were with low sensitivity (such as asking girls out), and they talked about them openly.

Cultural aspects of sex and parental roles on parent-child communication were discussed. The applications of family sex communication education were recommended.

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COLLEGE STUDENTS' SEXUAL HEALTH KNOWLEDGE, SEXUAL ATTITUDE AND SEXUAL-RELATED BEHAVIOR IN MAINLAND CHINA

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Sexual health knowledge scale, sexual attitude scale and sexual-related behavior questionnaire were used to explore 381 college students' sexual health knowledge, sexual attitude and sexual-related behavior in Anhui Province in China. The results revealed that college students were quite lack of sexual health knowledge; attitude towards sexuality trended neutral and slight open; sexual-related behavior was active and showed significant differences in gender and discipline. Positively significant correlations existed among sexual health knowledge, sexual attitude and sexual-related behavior; condom use, permissiveness, communion and instrumentality could well predict sexual-related behavior. It suggested that the targeted sexuality education should be developed for college students.

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SEXUAL HEALTH KNOWLEDGE AND SEXUAL-RELATED BEHAVIOR IN CHINESE COLLEGE STUDENTS: IMPLICATION FOR SEXUALITY EDUCATION IN MAINLAND CHINA

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This study investigated sexual health knowledge and sexual-related behavior of college students in China by using sexual health knowledge scale and sexual-related behavior questionnaire. The results revealed that Chinese college students were both quite lack of sexual health knowledge; female college students had significantly lower sexual health knowledge level than male college students. Sexual-related behaviors were active and showed diversity trends; boys had significantly more sexual activities than girls. It suggested that Chinese college students need sexuality education, especially sexual health knowledge education for female students, sexual health behavior education for male students. Besides, sexual and gender diversity, gender education, sexuality and law education should also be concerned.

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THE VALUE OF TEACHING POST GRADUATE STUDENT DOCTORS A BASIC SEXOLOGY MODULE

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The value of teaching post graduate student doctors a basic sexology module has rarely been explored for relevance to medical practice. This poster will reveal the doctors views of relevance of the module, obtained from a recent survey. Its finding will be explored and will help to address the practise needs of these and other health professionals.

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ON-LINE TEACHER TRAINING IN SEXUALITY EDUCATION IN LATIN AMERICA. COMMONALITIES AND DIFFERENCES IN THREE EXPERIENCES

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All through-out Latin America official educational systems as well as non-governmental organizations have developed different types of sexual health, sexuality education and gender training programmes for teachers. However, all these programmes require the presence of students, thereby limiting their scope. To counteract this limitation, many institutions are resorting to programmes that use current technologies.

Among the different modalities offered by technology, some of the most often used are virtual learning environments (platforms) and this is the media chosen by many educational institutions to train teachers in sexuality education.

This presentation aims at analysing and comparing three different for education and/or health professionals in Colombia, Mexico and Uruguay in order to be able to share the most successful experiences and the best practices in this field.

The analyzed programmes come from three different perspectives. An academic university experience in Mexico, a platform managed by a Sexual and Reproductive Health NGO in Colombia and a course for Primary School teachers in Uruguay.

These programmes offer some very innovative experiences in teacher training that manage to work across distances and may be a viable alternative to reach the large number of teachers that are demanded by the scaling sexuality education programmes in Latin America.

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TEACHER TRAINING IN SEXUALITY EDUCATION IN LATIN AMERICA AND THE CARIBBEAN. FIVE CASE STUDIES

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All sexuality education programmes in Latin America agree that one of the cornerstones for the achievement of the objectives they propose is the training of those teachers that implement the programmes.

Under the auspices of UNESCO, a comparative study was carried out in five countries in the Region to examine at what levels, training occurs, its scope and how effective it is in addressing the goals of national programmes in the selected countries and reaching the goals set up by the Ministerial Declaration (2008).

Conclusions:

1. Although comprehensive sexuality education as a concept is now a common feature of the reviewed programmes, the training that implementing teachers have received do not allow for a comprehensive delivery of the subject.
2. The importance of training is recognized but appropriate programmes are not always available or wide enough in scope.
3. In some cases, training programmes do not correspond to the curricula being used.
4. Basic Teacher Training Colleges have avoided engaging in sexuality education contentes in their programmes.
5. Oftentimes so called "training" activities do not meet the necessary criteria to be considered adequate for this purpose.
6. The role of civil society in teacher training has been crucial to develop the field.

Based on this results recommendations are offered to Education Ministries, NGOs, International Organizations and other stakeholders.

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WIDENER UNIVERSITY'S GRADUATE PROGRAMS IN HUMAN SEXUALITY: A 35 YEAR SUCCESS STORY AND EXAMPLE FOR ADVANCED TRAINING IN SEXUALITY EDUCATION, SEX THERAPY, AND RESEARCH
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Few academic programs exist internationally offering training in sexuality at the Masters and Doctoral levels. Graduate programs at Widener University in Philadelphia, Pennsylvania have an applied scholarship focus, providing a Master's degree in Human Sexuality with an Education or Clinical focus, as well as a research-oriented doctoral degree in Human Sexuality. Learning outcomes are aligned with AASECT requirements for certification. Beginning at the University of Pennsylvania 35 years ago, the program has grown during its 12 years at Widener, now enrolling over 200 students, Students commute from across the United States and Canada to attend weekend classes, while others are in residence pursuing dual degree programs in Social Work or Clinical Psychology, along with sexuality studies. Presenters will cover the curriculum and the rationale for affective education teaching methods. "Take away messages" will include how aspects of this successful program might be replicated to advance access to training internationally.

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YOUTH'S PERCEPTIONS OF THE USE OF REVERSE DISCOURSE IN ONLINE SEXUALITY EDUCATION

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Introduction: In an effort to be relevant to youth culture, sexuality education media often employ the use of reverse discourse—the acknowledgement and rejection of shame associated with stigmatized terms. By unapologetically using phrases such as 'hook-up' and 'fuck-buddy' in healthy sexuality promotion materials, this technique is thought to destigmatize 'risky' behaviours and resonate with youth. This study investigated the use of reverse discourse in web-based media promoting healthy sexuality.

Methods: A sample of English-language, online sexual health resources ($n = 15$) were qualitatively assessed. These sites were reviewed by 20 Canadian youth (ages 15-24) during semi-structured, in-depth interviews to examine the impact of the reverse discourse on perceived saliency (e.g., relevance of information) and credibility (e.g., validity of information). Youth were asked to examine textual (e.g., clinical versus colloquial language) and visual (e.g., medicalized versus sexualized images) enactments of reverse discourse.

Results: For many youth, risqué depictions of sexual health information corresponded with lower perceived appeal, quality, and trust of the websites. The juxtaposition of colloquial portrayals of youth sexual behaviour with dominant sexual health 'risk' discourse served to both re-stigmatize youth sexual health behavior as inherently 'risky', and lower youth's perceptions of website credibility.

Conclusions: While many online sexual health promotion programs utilize reverse discourse, this technique may not be acceptable for all youth. In order to avoid inadvertently exacerbating existing barriers for youth, socio-technical considerations must be attended to in the development of web-based resources promoting healthy sexuality.

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ADOLESCENTS AND SOAP OPERAS: THEIR UNDERSTANDING ABOUT ADOLESCENT PREGNANCY

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This study aimed to construct a diagnostic of the adolescent understanding of some sexuality issues; adolescents from the eighth grade of one Public School. The central question, data were drawn from oral and written reports regarding the theme: the adolescent pregnancy. The strategy to motivate debate was the practice of workshops with audiovisual material made of scenes from Rede Globo Television soap operas related to the research's subject. It has showed the television and soap operas importance in the sexual education process. The above has resulted into a diagnostic construction regarding the way of perception and thinking of adolescents about this chosen theme, checking which aspects of the sexual education history are preponderant to their way of thinking. The qualitative research, of dialectic character, was made by action-research, because the researcher already works at classrooms with adolescents. The evaluation of oral and written reports was done according to the analysis of contents, emphasizing three categories named:

- the usual still give the rules of how adolescents are still the same as "our parents"
- soap operas as a rich pedagogical way for a rich work about sexuality
- the hope expressed by contradiction.

Those categories evidence the importance of the pedagogical use of the media of communication in the youths sexual education; education that has been revealed too conservative, but with lines of hope to a new look at the sexuality.

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EMANCIPATORY INTENTIONAL SEXUAL EDUCATION: URGENT NEED IN TEACHERS' FORMATION COURSES

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With the aim of performing studies to identify the importance of a proposal of an intentional sexual education in an emancipatory approach in the higher education curricula, more specifically in the Pedagogy courses, some data was collected by questionnaire of open questions with a sample of 300 students from all stages of this degree in three universities, two Brazilian and one Portuguese. The work is part of a research post-doctoral research that makes a comparison between Portugal and Brazil to subsidize the development of intentional actions of specific training in sex education for future teachers. Using qualitative methodology, results showed that the students claim that intentional sexual education is of paramount importance within the curriculum, since the access to sexual and reproductive rights of all people, is essential for these students to take more responsible pedagogical decisions, initially through an understanding of their own sexuality, in spaces where they can express their feelings and emotions without fear and false beliefs. The action of developed training during the study proved the need to steadily expand the awareness of intentional spaces for reflection and debate on the issue of sex education in the perspective of human emancipation.

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KNOWLEDGE OF HIV/AIDS AND REPRODUCTIVE HEALTH AND SELF-REPORTED SEXUAL BEHAVIORS AMONG SENIOR HIGH SCHOOL STUDENTS IN PAPUA AND WEST PAPUA PROVINCES, INDONESIA

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Papua and West Papua Provinces have the highest prevalence of HIV/AIDS among all provinces in Indonesia. In 2009, 94.4% HIV/AIDS cases in Papua province were transmitted through heterosexual intercourse and HIV/AIDS cases among 15–19 years age group were in the fourth rank. A study in 2007 revealed 46.9% Junior High School students had misconception on HIV/AIDS transmission and prevention. Previous studies also found high-risk sexual behaviors in some Papuan cultures, including multiple sex partners and early initiation of sexual activity. These features motivated Diarsvitri, to carry out the 2009 Reducing the Risk of HIV/AIDS: Intervention Trial for Young Papuans Study.

Sixteen Senior High Schools were randomly selected and agreed to participate to either receive the reproductive health education program or act as a control group. Students of Year 11 from the selected schools (N = 1082) took a pre-test and two months later, a post-assessment test.

The aim of this study was to analyze the association between knowledge of 25 HIV/AIDS and reproductive health questions on the pre-test and the self-reported sexual behaviors before the intervention. We also used qualitative method to explore perspectives and experiences on sexuality.

Results showed more than 50% of students had limited knowledge on HIV testing, safe sex and STDs prevention. Although female students had better knowledge test and demonstrated less sexual intercourse experiences (28.5% compared to 46.5% of males), they carried a more unfavorable condition related to the impact of premarital sex, including pregnancy and unsafe abortion.

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THE IMPORTANCE OF REPRODUCTIVE HEALTH AND HIV/AIDS EDUCATION PROGRAM FOR YOUNG PEOPLE IN PAPUA AND WEST PAPUA PROVINCES, INDONESIA

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The aim of this study was to evaluate the effectiveness of the reproductive health and HIV/AIDS education program in changing young people's knowledge, attitudes and behavior intention associated with HIV/AIDS and sexuality. Sixteen Senior High Schools were randomly selected and agreed to participate to either receive the program or act as a control group. Students of Year 11 from the selected schools (N = 1082) took a pre-test and two months later, a post-assessment test. Changes in knowledge, attitude and behavior intention between the two groups were compared using a mixed model.

Findings showed that the intervention was associated with 0.11 points of better knowledge (95% CI: 0.083–0.117), 0.13 points for

better attitude (95% CI: 0.092–0.272) and 0.18 points for better behavior intention (95% CI: 0.105–0.332) after adjusting for age, gender, previous sexual experience, ethnicity and pre test mean score.

Thus, the reproductive health and HIV/AIDS education proved to be effective in changing knowledge, attitudes and behavior intention of students and it is important to include it in the school curricula.

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PEDIATRICIAN, TAKE CARE OF ADOLESCENT: PSYCHOLOGICAL AND SEXOLOGICAL TRAINING OF FAMILY PEDIATRICIANS

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Introduction: Adolescents are interested in existential and ideological issues which involve their choices in terms of identity and sexuality. From predominantly diadic relationships with the same sex, they go through the experience of being part of a group and move to the first affective experiences with the other sex.

Objective: Pediatricians need to receive psycho-sexological training in order to better hold the affective and relational factors expressed by the adolescents.

Material and methods: The method foresees the integration of medical, psychological, anthropological, sociological and pedagogical knowledge, applied by psycho-sexologists in different ways and with different goals.

Training courses with frontal lessons were used on predetermined topics and training sessions with clinical case discussions, submission of tests directly completed by participants. Each psycho-sexological training takes about five hours.

Results: During 2008–10, 4 training courses for 120 pediatricians were organised by 2 pediatricians and 2 psycho-sexologists in the provinces of Turin and Vercelli (Italy).

Conclusions: To give family pediatricians the necessary tools to safeguard the psycho-sexual health of adolescents and recognise their sexual habits, in order to guide them to make the right relational and affective choices, while maintaining the relationship with adults within the process of individuation and separation.

Pediatricians who have received a psycho-sexological training will not only look at the anatomo-physiological aspects of sexual development, but also take account of the intimacy which expresses the adolescent's sexuality.

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A QUALITY EVALUATION OF TRAINING PROGRAMME ON CLINICAL SEXOLOGY IN CHRONIC RENAL INSUFFICIENCY PATIENTS

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Introduction: Chronic Renal Insufficiency negatively impacts on patients' affective and relational experiences, thus compromising their quality of life. The training programme aims at providing a correct sexological background to health professionals in order to prevent the onset of pathological relationships in CRI patients. The course focuses on counselling and active-selective listening tools to deal with any sexual issue that may be brought up and ensure a comprehensive care of patients.

Material and methods: 67 members of the dialysis staff participated in the course and gave a qualitative evaluation by answering a series of questions. The Sternberg triangle test and a body perception test on "sensitive body zones" were submitted and completed. Besides frontal lessons, the didactical method included interactive discussions after slide presentations, movies or readings. Didactic brochures were provided.

Results: 84% of the staff felt better informed on how to deal with sexual issues in dialysis patients. 86% appreciated the course design

and didactical method. 82% found the course useful and relevant for their profession. 69% found the duration of the course appropriate (12 hours). 31% felt the need for more sessions.

Conclusions: Gaining awareness of one's own behaviours and rigidities often greatly improves relationships with patients, ensuring a better quality of life for patients and a better professional life for caregivers.

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PROGRAM EVALUATION "SEX EDUCATION FOR CHILDREN—SEC"

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Introduction: The evaluation of sex education programs in Portugal for the first cycle, hasn't been subject of research. As such, it remains the need to get started in this branch.

Objectives: We intend to evaluate a sex education program for the students of third grade, which was prepared according to directions of the law n. ° 60/2009 in Portugal.

Method: The SEC program consists of five sessions, totaling six hours. For the evaluation of the program we have used a qualitative methodology based on interviews before and after application on a sample of two groups of students between 8 and 9 years old: 16 students were in the experimental group (participants of the ESC) and 11 in the control group. The interviews were analyzed using content analysis.

Results: Before implementing the program, both groups had some knowledge in the area of sexuality. On the other hand, had misconceptions and numerous gender stereotypes. After the SEC application, we found an increase in knowledge in the experimental group, compared with the control group, but in both groups persisted gender stereotypes.

Conclusion: Our results indicate that the sex education law is unable to meet the specific needs of this age group by not to stressing the importance of working in the sex education programs for the first cycle, the gender stereotypes and therefore, gender inequalities.

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A MULTIDISCIPLINARY APPROACH TO POSTGRADUATE TRAINING IN SEX THERAPY, SEXUALITY COUNSELING AND SEXUALITY EDUCATION: LOCAL AND DISTANCE LEARNING MODELS FOR HEALTH CARE PROVIDERS

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Objective: Addressing sexual health concerns of patients has been an emerging concept for several decades. However, there have been very few training opportunities that would prepare health and mental health care providers for such a responsibility. The authors propose a post-graduate interdisciplinary model for health professionals in social work, medicine, nursing and psychology who seek specialized, focused training in sexual health.

Methods: An 18 month model which includes both residential and distance learning was developed based on the extant literature on sexual health education and sex therapy, and in consultation with the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). Program faculty are exclusively AASECT certified sex therapists and educators.

Results: The first cohort of 29 completed the program in 2010. A second cohort is in training. Enrollment for the 3rd cohort is in process and includes international applicants. As the first cohort began training, 71% of participants in the first cohort reported having 'no' or 'average' knowledge of sexual health and treatment of sexual problems and 61% of participants reported having 'above average' or 'very great' comfort

in discussing what they knew about sexual health. At conclusion of the training program, 15% of the cohort reported 'average' knowledge and 85% reported 'above average' or 'very great' knowledge of sexual health and treatment of sexual problems and 96% reported 'above average' or 'very great' comfort in discussing what they knew.

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A MULTIDISCIPLINARY APPROACH TO POSTGRADUATE TRAINING IN SEX THERAPY, SEXUALITY COUNSELING AND SEXUALITY EDUCATION: LOCAL AND DISTANCE LEARNING MODELS FOR HEALTH CARE PROVIDERS

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Objective: Addressing sexual health concerns of patients has been an emerging concept for several decades. However, there have been very few training opportunities that would prepare health and mental health care providers for such a responsibility. The authors propose a post-graduate interdisciplinary model for health professionals in social work, medicine, nursing and psychology who seek specialized, focused training in sexual health.

Methods: An 18 month model which includes both residential and distance learning was developed based on the extant literature on sexual health education and sex therapy, and in consultation with the American Association of Sexuality Educators, Counselors, and Therapists (AASECT). Program faculty are exclusively AASECT certified sex therapists and educators.

Results: The first cohort of 29 completed the program in 2010. A second cohort is in training. Enrollment for the 3rd cohort is in process and includes international applicants. As the first cohort began training, 71% of participants in the first cohort reported having 'no' or 'average' knowledge of sexual health and treatment of sexual problems and 61% of participants reported having 'above average' or 'very great' comfort in discussing what they knew about sexual health. At conclusion of the training program, 15% of the cohort reported 'average' knowledge and 85% reported 'above average' or 'very great' knowledge of sexual health and treatment of sexual problems and 96% reported 'above average' or 'very great' comfort in discussing what they knew.

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IDENTIFYING PREDICTORS OF VARIABILITY IN SEXUAL HEALTH KNOWLEDGE, ATTITUDES AND PRACTICES AMONG UK YOUTH FOR MAIN SOURCES OF SEX EDUCATION

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Objectives: According to the NIH system, the UK has one of the highest rates of unwanted pregnancy in Europe. The main objective is to explore predictors of sexual health knowledge, attitudes, and practices (KAP) among youngsters in the UK.

Methods: Study is based on a Web-based survey carried out between December 2009 and March 2010 (n = 689) among youngsters between the ages of 15 and 20 in the UK. Descriptive and a robust multiple linear regression models were used and a 41-item KAP Scale (Cronbach's alpha > 0.7).

Results: Among sexually active, use of condoms at last sex was 55.9%. Controlling for socio-demographic characteristics and clustering of the data, predictors identified for higher levels of sexual health KAP are: parents as main source of sex education, females, and lower numbers of sexual partners.

Conclusions: Areas that merit further attention: a) need for parents to engage in sex education of their children; b) re-emphasizes the importance of creating targeted opportunities for young males to participate in reproductive health programs; and c) importance to ensure that youth with multiple sexual partners are using appropriate protection.

Table 1 (UK)

Sexual Health KAP Scale (UK)	Coef	Robust Std. Err	t	P > t	[95% Conf. Interval]
Actual Age	0.010	0.270	0.040	0.970	-0.521; 0.542
Male	-3.756	0.746	-5.040	0.000	-5.224; -2.289
No. Sexual partners	0.193	0.096	2.010	0.046	0.004; 0.382
Parents	3.566	1.340	2.660	0.008	0.929; 6.203
Health professional	2.220	1.228	1.810	0.072	-0.197; 4.637
Teachers	1.307	0.880	1.490	0.138	-0.424; 3.039

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FLAGSYSTEM. TALKING WITH CHILDREN AND YOUNG PEOPLE ABOUT SEX AND UNACCEPTABLE SEXUAL BEHAVIOUR

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The flagssystem aims to be a preventive working tool which can offer a framework and a guide to anyone that works with children and young people. The objective is to make sexuality, desires and boundaries, criteria and gradtions of unacceptable seual behaviour a subject of discussion. In this way the methods aims to make a contribution to preventing sexual unacceptable behaviour amongst and towards children and young people.

The method consist of a normatieve list based on literature of sexual development of children and young people. In this list sexual behaviour is ordered referring to age or developmental stage, and to the scale of acceptability of the behavior; green flag is acceptable sexual behaviour, yellow flag is mildly unacceptable, red flag is seriously unacceptable, and black flag us severely unacceptable sexual behaviour.

The 6 criteria that are used to asses the color of the flag are

1. Mutual Consent
2. Voluntarity
3. Equality
4. age or development
- 5 context
6. Selfrespect

We have 3 years of experience in working with the method, and the evaluations are very positive. The flag system fills up the gap of the classical sexuality education towards sexualisation and the need for more and better resilience programmes.

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BOUNDARY FLUIDITY: SEX EDUCATION, DISABILITIES AND THE CRIMINAL JUSTICE SYSTEM

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At any time, anyone can become a crime victim, defendant, or witness of a crime. However, individuals with disabilities are at increased vulnerability for becoming a victim of sexual violence or charged with a sexual offense. When criminal against individuals with intellectual and developmental disabilities are reported there is a lower rate of prosecution and conviction as the criminal justice system does not perceive persons with disabilities that are victims of crime to be believable and or credible. Conversely, when an individual with an intellectual disability is charged with a criminal act they are perceived by the same criminal justice system to be believable and credible.

The objective of this presentation is to recognize the impact and influence that “fuzzy” personal, social, and professional boundaries that exist around sexuality, intimacy, and touch translates to persons with intellectual disabilities. And, how these same “fuzzy” boundaries are viewed by criminal justice professionals.

Case reports will be used to illustrate the importance of providing comprehensive sex education across the life span utilizing non-traditional formats, including developing sexual safety plans.

This is an interactive presentation, including lecture, DVD clips, and discussion.

The goal/result of this presentation is to:

- 1) increase sex education for persons with disabilities;
- 2) build awareness to the impact the lack of sex education plays in the criminal justice system; and
- 3) enhance the skill base of sex educators working with individuals with intellectual and developmental disabilities.

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“SEXUALITY AND PREVENTION OF HIV / AIDS” CAOJ—CENTER FOR COUNSELING AND GUIDANCE OF CHILDREN AND TEENAGERS (LISBON)

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In the field of Health Education for Sexuality and Prevention, is now considered that peer education is more effective than that which is performed by educational agents with different status, because young people, when properly trained exert positive influence on the formation of others.

In the teaching / learning process using the peer education, the activities organized by CAOJ and targeting adolescents who attend the 7th, 8th and 9th grade, are first directed by young volunteers and in a second stage by students in classes where there was intervention, which assume the role of peer educators.

The main objectives of the project are: develop the concept of human sexuality based on interpersonal relationships,

- b) promote the strengthening of the personal and social skills;
- c) encourage the prevention of risk behaviors
- d) explore themes related to human sexuality and prevention.

The intervention is developed over 3 academic years. In 1st and 2nd years, training takes place in the discipline of Education for Health, being held 8-10 sessions of 90 minutes. In the 3rd year, the school set the number of sessions and selects the group in which that intervention occurs.

We use active and participatory methodologies such as group dynamics, debates, work groups, and theater.

In 2009/2010, the CAOJ developed its intervention in 15 schools, 21 classes, involving 60 volunteers and 380 students.

Qualitative data, based on the perceptions of teachers, the feedback was very positive, highlighting the impact of the intervention on the increasing knowledge and the improving interpersonal skills.

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EROTISM AND PLEASURE AS SEXUAL EDUCATION

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Pleasure and joy are full of sensuality that this give us knowledge plane of body and emotional knowledge, as well vital energy for a more rich live in sensations that brings us to a personal development towards emotional and sexual health that integrates ourselves. Historically this has being prohibited to experiment them.

Erotism as an expresion is also joy but it has a strong influence from the religious point of view, and because that it’s forbidden and

repressed. Human sexual behavior have more social connotations that merely biological, that means that if erotism pleasure and joy impregnate, and enlighten our sexual behavior, these are things that we have to cultivate with new conceptual approaches and learnings, more in the acceptance of the great diversity and different expressions of joy pleasure and sexual erotism. In this work we follow the guide of pleasures joys and erotism as human sexual expressions along the span life with the possibility of new learning about them.

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SEXUALITY AND INTIMACY IN LATER LIFE: DO UNDERGRADUATE NURSES APPLY THEIR CLASSROOM LEARNING IN PRACTICE?

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This paper explores the theory-practice gap using the results of a self-evaluation exercise by 216 undergraduate nurses. At the end of a classroom based session about sexual and intimacy needs in older people, learners were asked anonymously to identify one practical application which they would integrate into practice with older people. Following their associated clinical placement, an anonymous follow up postal questionnaire was sent. This was adapted from the Report and Respond method proposed by Stronach and Maclure (1997). The questionnaire enquired about actual application into practice. Although response rates were low (25 learners, 11.5% responded), these respondents identified transfer in intellectual, cognitive, practical and transferable domains of learning, including increased confidence and empathy with older people. Respondents also provided qualitative detail about their experiences of cultural and organisational barriers to integrating their learning in practice. The findings are discussed in relation to methodological limitations and potential improvements in the design of future learning experiences

Reference:

Stronach I., Maclure M., (1997). Educational Research Undone The Postmodern Embrace, Buckingham, Open University Press.

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YOUNG PEOPLE'S VIEWS ON THE APPROPRIATE TIMING OF FIRST SEXUAL INTERCOURSE: A QUALITATIVE STUDY

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Background and aims: The appropriateness of young people's sexual activity has recently been framed in terms of readiness to have sex. This approach regards the timing of first sexual intercourse as appropriate according to personally defined, individually applied criteria, contrasting with previous emphases on externally defined, universally applied criteria such as marriage or age. The strength of the readiness approach lies in its recognition of the variation that exists between individuals. Its weakness is a lack of clarity over what being ready to have sex might mean in practical terms. There is no data on the perspectives of young people on the appropriate timing of first sexual intercourse. This study addresses this gap.

Methods: Thirty depth interviews were conducted with 16-17 year olds living in southwest London. Young people of both sexes, from a variety of ethnic backgrounds and with various levels of sexual experience were included.

Results: The majority of young people rejected marriage as a marker for the appropriate timing of first sex. Those who did value marriage often upheld it as an ideal rather than a realistic target. Age was broadly perceived as a relevant marker, although an exclusive focus on age was rejected. Young people conceptualised readiness not only in relation

to themselves but also in relation to their partner and the wider social world.

Conclusions: The young people endorsed an individualised approach to sexual readiness. These results will be useful to policy makers and sex educators in ensuring that sex education is relevant and holistic.

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SEXUALITY AND THE PERSON WITH DISABILITY—AN AWARENESS WORKSHOP

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Synopsis and learning objectives: Disability produces problems that affect sexual function and behavior. Thus, sexuality is an integral part of the rehabilitation process that is too often neglected. The main reason is feeling of unease on the side of the care giver, because of societal attitudes as well as lack of systematic knowledge. Despite the importance of sexual health, little attention is paid into sexual education of care-givers.

The aim of this workshop is to increase the awareness of professionals to their own attitudes and the barriers of sexuality they wish to overcome, and to provide medical and psycho-sexual knowledge regarding sexuality of persons with disability. We intend to bring into the light sexual concerns presented by patients and to provide with guide to better care in the field of sexuality and disability. The number of participants is limited to 25 vacancies because of the intimate nature of the workshop. The level of the workshop is basic and intermediate.

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YOUTH SEXUALITY IN GERMANY REPEAT SURVEY OF 14 TO 17-YEAR-OLDS CURRENT FOCUS: MIGRATION

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Objectives: For 30 years now the Federal Centre for Health Education in Germany has been analysing the attitudes and behaviour of young people concerning sex education, sexuality, and contraception. The current Youth Sexuality Survey is the seventh of its kind, carried out in 2009/10. The results show significant changes in contraceptive behaviour over recent years. We will discuss the reasons for these changes.

Design & methods: The present study is a replica study of six previous representative investigations (1980,1994,1996,1998,2001 and 2005). The Study based on 3543 girls and boys with German and foreign citizenship (face-to-face interviews). The methods for selecting candidates was the quota method.

Results: The proportion of girls who did not use contraception for the first sexual intercourse also halved since 1980. Now the number of German girls and boys who did not use contraception have been going down under 10%. Condoms are the first choice of contraception methods. 7 to 10 girls and 6 to 10 boys state that they received information from their parents about contraception. More than 80% of the girls and boys have learned about different contraception methods at school in sex education classes which are obligatory in Germany.

Conclusion: Most of the parents and teachers offer a helpful information about contraception in Germany. Condom use is a clear and open discussed message in Germany since 15 years. The open communication results in responsible contraception behaviour among young people, which explains why Germany has one of the lowest rates of teenage pregnancies in Europe.

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A CASE FOR PLEASURE IN SEX AND RELATIONSHIPS EDUCATION (SRE) FOR YOUNG PEOPLE

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Pleasure and desire were highlighted as omissions in constructions and discourses of female sexuality by feminist works more than twenty years ago (Fine 1988). Though enduring norms can operate to maintain passive notions of female sexuality and silence on pleasure, particularly in school cultures and education on sexuality and sexual health, recent research has begun to challenge this impasse. Quantitative and qualitative studies reveal the numerous constraints on females in actively declaring desires for, and experience of pleasure in sexual practice, but some display resistance in order to meet their aspirations for enjoyable sexual experiences. Though there is less research on young men, there are indications that motivations for enjoyable and safe sexual relations are not dissimilar from young women. This paper will deploy research on young people to offer a rationale for Sex and Relationship Education (SRE) based on pleasure and sex-positive notions of sexual health. It will be argued that sex positive SRE can challenge heteronormative and gendered constructs of sexual identity and practices, contribute to developing sexual competence, resisting coercion, avoiding regret and supporting safer and more egalitarian relationships.

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THE COMMUNICATION OF THE SEXUALITY AMONG ONCOLOGIST NURSES IN BRAZIL

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Introduction: The discovery of a mammary nodule provokes an intense emotional reaction facing the possibility of multiple losses associates to the body image, the feeling of femininity and the affective-sexual relationship. There is a growing literature regarding the impact of the breast cancer on woman's sexuality, however few of them are on the communication of health care professionals (HCP), in particular the nurses. The **objective** of the study was to investigate the way the sexuality is communicated in the context of health care offered by the oncologist nurses.

Method: This is a qualitative study, descriptive exploratory in which participated 28 nurses through in-depth interviews. The material was submitted to the thematic analysis of content, with the intention to emerge the units of meaning allowed the formation of thematic categories.

Results: There are variations in the speech from nurses in:

- 1) No communication;
- 2) evasive speeches and negation of the sexuality in the care;
- 3) communication in a stratified way evidencing the biomedical model and
- 4) communication is welcome and integrated including family members.

Conclusion: As potential contribution, we expect that this study can bring to the light new knowledge concerning the interface of the sexuality and care in oncology, in order to contemplate the questions of the sexuality in the production of the health care and improve qualification of oncologist nurses and other HCPs.

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SEXUALITY EDUCATION FOR THE VERY YOUNG: SRH INFORMATION NEEDS OF 10–14 YEAR OLDS IN INDIA

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Adolescence has special needs. The adolescent face reproductive and sexual health challenges. Like unwanted pregnancies, sexually transmitted infections (STIs) including HIV/AIDS and non-consensual sex.

Most of these consequences can be prevented, provided young people have adequate information on sexual and reproductive health. However, access to comprehensive sexuality education is a very controversial and challenging issue.

FPA India conducted a national level survey of the school going young adolescent boys and girls among age 10–14 years to understand their information needs. The survey was conducted in 40 locations across 17 states involving 503 schools. It was a free choice questionnaire where children could frame their questions. Later, all questions were compiled and categorized as “Most commonly asked questions” and also “Most unusual questions”.

Findings:

1. Over 60% young boys wanted to know on puberty related changes and had questions related to size and shape of genital organs, breast development, and homosexuality
2. 78% young girls wanted to know about conception and menstrual changes, reasons of being attracted to opposite sex and also on gender discrimination
3. 64% Boys and girls wanted to know about various contraceptive methods
4. Around 8% indicated any need for information on moral values & on personality development

Conclusions:

1. The information needs of very young adolescents are as in-depth as that of 15–19 year old
2. Parent and teachers do not have very clear understanding of what young people want to know.
3. Adolescent have a right to comprehensive sexuality education designed for their needs.

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COMMUNICATION ABOUT REPRODUCTIVE HEALTH WITH ADOLESCENT BOYS

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Objectives: Promotion of primary prevention of reproductive health for men is not virtually done in the Czech Republic. Adolescents often do not realize the value of reproduction health. However, they constitute the age group most frequently endangered by incidence of testicular cancer and showing risk behavior for STI transfer.

Design and methods: The pilot quantitative analysis of attitudes of adolescents to prevention of reproductive health helped us to get insight into an unexplored area. A short survey with 5 questions was filled in by 391 boys aged 15–19, studying at secondary schools.

Results: The respondents state most frequently not to talk to anybody about that topic; reproductive health is perceived as a very intimate topic. Information is exchanged most frequently among friends. The topic of reproductive health is not so important in partner communication at that age, but girls—friends can suggest to boys that they should care for their health. Physicians were appreciated the least, although the information should be transferred preferably by health care workers.

Conclusion: Boys wish and need information in the period of adolescence, but they still do not want to speak about it; they are rather

passive recipients of information. It can be expected that it will take long time to motivate men to take positive approach to reproductive health. Success can be produced by school-based programs, high-quality information in the media and education of professionals.

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THE MARITAL ADJUSTMENT AND SUPPORT NEEDS OF ADULTS WITH INTELLECTUAL DISABILITIES IN TAIWAN

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Background: People with Disabilities Rights Protection Act was amended in 2007 in Taiwan. Article 50 of the Act, a new regulation, requires the local authorities provide marital and reproductive health counseling and services according to the results of need assessment. This article will come into force, five years since the date of promulgation, in 2012. It is the first time for people with disabilities to have such counseling and services. Not only the local authorities, but the agencies and staff are also thinking how and what to support the new 'needs'. Adults with ID and their parents begin to think the intimate and family life as well. However, there is rare study here to listen to their voices on marriage and family life.

Aims: The purpose of the study is to explore the marital adjustment and support needs of adults with intellectual disabilities.

Methods: The method of deep interview and focus group interview are conducted. The former interviewed 4 pair of couples, including 7 adults with ID and 1 without disabilities, to collect qualitative data of marital adjustment and support needs. The later interviewed 8 staffs and 8 decision-makers, via two focus groups, to realize their perspectives and supporting practices for married adults with ID.

Results: Four moving but laborious marital stories of couples with ID are depicted. Some findings of their support needs are proposed.

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THE SITUATION OF SEXUALITY EDUCATION FOR PARENTS WITH THE MENTALLY RETARDED CHILDREN

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Regarding there are a few researches in sexuality education of parents with the mentally retarded children in Taiwan, and comparing to normal family, parents with the mentally retarded children face more challenge in being negative labeled and children's problems. Therefore, this research tried to understand their situation from sexual knowledge, attitudes and communication behavior and plan to construct an effective intervention on sexuality education in the future. There are some findings from 29 parents' interviews as follow:

1. Parents lack for sexual knowledge. They think their children have no sexual needs (myths of asexuality) and abilities and condition to breed (myths of procreation). They think it is unnecessary for mentally retarded people's marriage (myths of marriage and raise). They are also worried about their daughters would be attacked by and their sons would attack others sexually (myths of sexual attack).
2. Parents' sexual attitude is negative. They totally exclude their children from sexual behavior, and do not give their children sexuality education actively in order to avoid encouraging their children's interests in sex. If they have to implement sexuality education to their children, it must because they have no choice in some situations. They are worried and consider themselves disability to be sexuality educators.
3. In sexual communication behavior, most of parents lack for subjects and frequencies in communication because they are sensitive and anxious to sex issues and feel uncomfortable in communication usually.

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LEARNING ARENA SEXUALITY: EDUCATIONAL CHALLENGE-ACADEMIC RESPONSIBILITY—THE GERMAN RECOMMENDATIONS

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Recommendations regarding sex education in the schools of the Federal Republic of Germany—valid as a framework/ guideline for all the German states.

Following a decision made by the Permanent Conference of the State Secretaries of Education and Culture on March 10, 1968.

Although the recommendations which were decided upon in 1968 by the Standing Conference of the State Secretaries of Education and Cultural Affairs of the Federal Republic of Germany (KMK) were revoked in the year 2002, they will nevertheless be dealt with here in detail because they are the basis for all further developments with regard to sex education in schools. All regulations of the Federal States (Länder) are based on the recommendations of the KMK dating from the year 1968 and will thus be used as a point of reference and for the purpose of comparing the documentation of the Federal States (Länder).

Due to the fact that the KMK thereafter passed no more resolutions concerning sex education and the guidelines of the individual states (Länder) go far beyond that with regard to content, these recommendations are more or less of historical interest.

They were composed of three parts: tasks, implementation (basics, teaching objectives, contribution of individual subjects) and helps for teachers (basic and advanced training/education).

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SOURCES OF INFORMATION AND ATTITUDES ABOUT LOVE AND SEXUALITY AMONG YOUNG PEOPLE FROM 3 DEVELOPING COUNTRIES

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Background: Adequate knowledge is essential for youth to make informed decisions concerning their sexuality. Knowledge and attitudes about love and sexuality depend on the sources of information available to teens. Currently, information conveyed to youth is more biological than emotional.

Objectives: We attempted to determine the sources of information about love and sexuality that youth in three developing countries have.

Methods: An anonymous questionnaire was administered to representative samples of students in public and private schools in the Philippines, El Salvador and Peru.

Results: A total of 8,495 students, aged 14–18, participated in the study. Students reported that their friends were their main source of information about love and sexuality (46.7% of males and 56.3% of females), although they valued their parents opinions more than those of their friends. The majority of participants reported that they would like to know more about how to better manage their feelings and emotions (83.2%), what "falling in love" means (82.2%) or the difference between desire, sexual attraction and love (80.1%), rather than biological considerations such as contraception (67%) or physical changes in boys and girls (59.4%).

Conclusions: Parents are still not the main source of information about love and sexuality in spite of being more valued than their friends by their children. Youth also express a greater need for information about emotional aspects of sexuality rather than strictly biological ones.

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EXTERNAL PRESSURE IN SEXUAL DEBUT AMONG ADOLESCENTS FROM 3 DEVELOPING COUNTRIES

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Background: Early sexual initiation is sometimes influenced by external pressures, lowering the control of youth over their sexuality. This can lead to negative consequences, such as riskier sex or regret.

Objective: To explore if reasons for sexual debut among youth from 3 developing countries include external pressures.

Methods: A multi-stage sampling of clusters representative of schools in the Philippines, El Salvador and Peru was conducted. Students, aged 14-18, responded to an anonymous questionnaire.

Results: Out of 8495 participants, 1776 (21%) stated having had sexual relationships. Among those, 31.3% of girls and 38.8% of boys indicated at least one circumstance implying external pressure for sexual debut: "Most of my friends had sex" (18.1% boys, 7% girls, $p < 0.001$), "I wanted to be more popular" (12.3% boys, 3.5% girls, $p < 0.001$), "I was afraid to lose him/her" (16.7% boys, 17.7% girls, $p = 0.59$), "I did not know how to say no to a person who insisted" (17.4% boys, 16% girls, $p = 0.46$). In univariate analysis, there were no differences between those who reported external pressure and those who did not with respect to age, religiosity, socioeconomic status, public/private school and academic grades. Reporting external pressure was higher among boys, those attending coeducational schools and those reporting that friends are their main source of information about sexuality.

Conclusions: One third of sexually active youth reported that their sexual debut was motivated by external pressure. Empowering boys and girls to identify and avoid situations of pressure could help them to make better informed decisions concerning sexuality.

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RELATIONSHIPS AMONG ADOLESCENTS' SEXUAL SELF-CONCEPT, SEXUAL SELF-EFFICACY, AND SEXUAL RISK BEHAVIOUR IN TAIWAN

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Introduction and objectives: Adolescents are normally considered to be sexually active and expose themselves to crisis of infecting sexual transmitted diseases (STDs) and unplanned pregnancy while trying sexual risk behaviour frequently as the occurrence of change on their body, mind, and hormone. The study mainly aimed to explore the relationships among sexual self-concept, sexual self-efficacy and sexual risk behaviour.

Methods: A description analysis, a cross-sectional design, and a structured questionnaire were used to collect data from a medicine college in central Taiwan. A total of 300 questionnaires were issued, with 265 valid copies replied, yielding a response rate of 88.3%.

Results: The findings of this study revealed that

- The negative sexual affect of self-concept scored highest; the personal efficacy of self-concept scored higher than behavioural skills.
- There was no difference among sexual self-concept, sexual self-efficacy, and sexual risk behaviour in respect to gender, have/have no boyfriend or girlfriend, and with/without sexual experience.

- The relationship between overall self-concept and overall self-efficacy was statistically significant, and so did the relationship between overall self-efficacy and overall sexual risk behaviour.
- The predicting power of sexual self-concept and sexual self-efficacy towards sexual risk behaviour was not satisfactory as the overall R^2 was 0.24 only.

Conclusion: The study suggests sexual health empowerment course should be emphasized in educational institutes to enhance adolescents' knowledge on sexual self-concept and sexual self-efficacy, and to further promote their sexual well being and safe sex practice.

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THE ROLE OF GENERAL ASSISTANTS IN SUPPORTING SEXUALLY ABUSED LEARNERS WITH INTELLECTUAL DISABILITIES

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The new education policy of South Africa recognizes that all learners, irrespective of their challenges can learn if they are provided with adequate and appropriate support which responds to their diverse ways of learning. The White Paper 6 in particular embraces the roles of a wide range of support structures including professional and non-professional teaching staff such as class assistants (DoE, 2001). Whilst the roles of professional support staff are clearly known and spelled out in most of the documents, the situation is otherwise with regard to the roles of non-professional staff such as class assistants, also known as general assistants, teacher assistants, class aids Para-educators/professionals. Without clear roles, educators may come to view class assistants as fully responsible for learners with disabilities. Conversely, educators may perceive themselves as primary holders of the responsibilities for education of children. For that, Riggs (2001) warned that the roles of class assistants should be made explicit and be driven by clear guidelines. According to Giangreco and Doyle (2007) class assistant should provide support, meet needs of specific learners and/or program needs within the school. These include responsibilities such as: assisting learners with physical and mobility challenges by lifting, positioning, exercising and transferring from or to transportation. The aim of the study is to investigate the way class assistants are currently involved in supporting learners who are sexually abused in order to suggest guidelines on how to give support to these learners. A Qualitative case study research design will be used for this study.

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THE EFFECT OF SEX EDUCATION ON FAMILY HEALTH ON TEHRAN MEDICAL UNIVERSITY STUDENTS

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Background and aim: In today society, human life, in all life dimensions have been changed. marriage married life, sexual behavior, also, have been changed. sex education can provide opportunity to learn about sex awareness and sex roles. Sex education helps youth to clarify their values, avoid risky behaviors and improve negotiation skills. Research goals are the study of sex education effect on prevention of sexual problems, health behavior, sex appropriate behavior, mental health, family health, and gender identity.

Material & method: In this research method was experimental and research design was post-test with one group. Statistical sample were 92(36 female, 56 male)university student. The sampling method was stratified. To collect data a questionnaire was used the questionnaire consists of 20 items with Likert type five-scale response option (with a score rang of one to five). The questionnaire face and content validity were established using a panel of experts. A Cronbach s aloha reliability

of 0.84 was obtained of questionnaire in a pilot study with 30 students.

Results: In the present study to analyze data t-test have been used. Six hypotheses were tested.

The result showed that

- 1) Sex education have effect on health behavior ($t = 13.006, p < 0.0001$)
- 2) Sex education have effect on sex appropriate behavior ($t = 10.017, p < 0.0001$)
- 3) Sex education have effect on mental health and prevention of sexual problems ($t = 12.555, p < 0.0001$)
- 4) Sex education have effect on effect on family health ($t = 9.720, p < 0.0001$)
- 5) Sex education have effect on effect on appropriate gender identity ($t = 0.556, p > 0.000$)
- 6) Sex education have effect on effect on sex education is different between male and female students ($t = 0.556, p > 0.000$)

Conclusion: The results of this research is consistent with other studies. For example Gibson and Mitchell (1999), Cooney (1991), Bee (1998), Berryman et al. (2002), Franken (2002), Jaff (1998), Schickedanz et al (2001).

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STRIPPING BACK THE VENEER: A QUALITATIVE STUDY OF UNDERGRADUATE STUDENTS' LEARNING EXPERIENCE IN SEXOLOGY

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This qualitative research responded to significant issues related to the problematic nature of in sexuality in Australian society. The study provided insights into how higher education students extended their understanding of sexuality. It emerged from the considerable body of anecdotal evidence that has been gathered over thirty years in the award winning¹ sexuality education program at Curtin University. The research provided unique insights into sexuality education an adult learning environment, using ethnographic methods to reveal ways in which undergraduate students perceived and interpreted new knowledge acquired from formal studies in sexology.

This presentation will focus on the early messages students brought to the sexology class. How did the experiences and perceptions about sexuality from childhood impact on the present? Sub themes that emerged included: knowledge and attitudes absorbed from parents; the role of religion; and the impact of sexual abuse.

The study also illuminated how the content and learning strategies influenced participant perceptions of their own sexuality. The rich body of information that emerged from this study provided much needed information about the processes and learning outcomes for students at this level, making a significant contribution to an important issue that has thus far received scant attention in the literature on sexuality education at tertiary level.

¹ In 2007 the Department of Sexology team at Curtin University was the first tertiary institution to receive the Award for Innovation and Excellence in Sexuality Education from the World Association for Sexual Health (WAS).

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SYSTEMATIC DESIGN OF SEXUAL HEALTH CURRICULUM FOR IRAN'S HIGHER EDUCATION (A NEW VIEW POINT)

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Payam Noor, Sirjan, Iran

The current research is conducted to design the infrastructure of sexual health curriculum in Iran university education on the basis of recent researches and studies in realm of sexual issues, hygiene and psyche health education through descriptive method. The most updated factors and models have been used to codify the document in

curriculum planning. This article is based on survey study and due to the indisputable role of education in developing countries, efforts have been made to present the new model for the development of sexual health in Iran and finally, presentation of main characteristic of the developing model, submit the method of operation in the form of preparing Iran sexual health education textbook to be used effectively for the learners. Being in compliance with international models though it is fully localized for all in our country, is the important characteristic of the presented model. This typology offers the wide range of proposals for psychiatrists, educational psychology, curriculum planners, health educators and educational policymakers in order to set the modern educational strategies for high education development. Also the result of the model and current ideas will make the leading framework to move Iranian society towards the sexual care and hygiene development.

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PRACTITIONER IMPACT UPON SOCIETAL UNDERSTANDINGS OF CHILD SEXUAL ABUSE: EVIDENCE BASED POLICY, PUBLIC CRIMINOLOGY AND MEDIA DISCUSSIONS

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This research will discuss findings from qualitative research conducted with a broad group of criminological orientated professional's (practitioners, media representatives and academics) about the media's coverage of paedophilia, its impact upon the public and the realities of 'Public Criminology'. The findings suggest that professional's believe that the media misrepresents and does not report paedophilia responsibly, which has resulted in a poor public understanding and moral panic. However, the participants believe that professionals are also responsible for the current misperceptions around paedophilia through their discussions of it and media engagement surrounding paedophilia in modern society. Hence, raising the question of whether the current 'Public Criminology' around paedophilia is effective in educating the public? This paper will end with a discussion on how 'Public Criminology' focused on a paedophilia could be made more contemporary, more media orientated and more public friendly possibly resulting in a better societal understanding of paedophilia.

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GAPS IN AFRICAN ADOLESCENTS' RECEIPT OF SCHOOL-BASED SEX EDUCATION

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School provides an excellent forum for reaching a large number of adolescents in a structured setting, particularly given that in sub-Saharan Africa today, adolescents are increasingly receiving more years of education than previous generations. As official data on sexuality education in sub-Saharan Africa is largely unavailable, national surveys of adolescents provide valuable evidence on the extent and timing of receipt of sex education at school, and help identify sub-groups who are disproportionately lacking in receipt of sex education. Using four nationally representative surveys conducted in 2003–2004 with 12–19 year olds in Burkina Faso, Ghana, Malawi and Uganda, we examine who got sex education in schools; when is it taught relative to first sex; and whether receipt of sex education predicts possessing in-depth of knowledge about HIV prevention. Our results show that approximately half of all adolescents were being exposed to sex education in schools. Urban schools were more likely to teach sex education than rural schools and males were more likely to report exposure as compared to females. Most young people get sex education after age 15 but nevertheless before first sex. Exposure to sex education had mixed effects on detailed knowledge of HIV/AIDS. In Ghana and Uganda, it had a posi-

tive effect for females but no difference for males, while in Malawi and Burkina Faso, it had a negative effect. These results highlight the need to focus on reaching youth in rural areas, girls, and on the quality of sex education being taught, especially on the subject of HIV.

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**MOVING FROM PAPER TO PRACTICE:
AN EXAMINATION OF TEACHERS'
IMPLEMENTATION OF RELATIONSHIPS AND
SEXUALITY EDUCATION (RSE) IN IRISH
POST-PRIMARY SCHOOLS**

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It is argued that school-based sex education is the most effective way to target adolescent populations. In Ireland, Relationships and Sexuality Education (RSE) is implemented within the Social Personal and Health Education (SPHE) programme in post-primary schools. RSE is a teacher-delivered programme which requires teachers to act as facilitators. This shift from traditional 'chalk and talk' teaching methods is difficult and poses challenges to effective implementation of sex education. Recent reports have highlighted this challenge regarding the implementation of RSE, as well as other factors, such as the need for improved teacher training.

This paper will critically examine the in-service training provided to RSE teachers and explore how this training translates into practice. A model of school-based implementation was derived from a review of the literature. A mixed method (MM) approach was then employed to examine components of the model as they relate to RSE. These methods included self-report forms, lesson plans, attendance lists and questionnaires.

The findings highlight several issues relating to the tension between fidelity of implementation and programme adaptation. Fidelity of implementation refers to programme delivery as prescribed by the programme developer, while programme adaptation describes modifications made to a programme to suit the context or audience. Key elements highlighted by this tension include teacher, programme and organisational characteristics. The delicate nature of sex education and the non-examinable status of RSE were some contributory barriers to the effective implementation at school-level.

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**PEER EDUCATION IS VERY EFFECTIVE IN
PROMOTION OF KNOWLEDGE AND
ATTITUDE OF HIGH SCHOOL STUDENTS
ABOUT HIV/AIDS/STIS IN BAHAWALPUR,
PAKISTAN**

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Objective: High risk behaviors such as drug abuse and unprotected sexual contact are frequently observed in these age groups. Hence promotion of adolescent's knowledge/attitude regarding prevention of HIV/AIDS/STIs is very crucial for reduction of its incidence. Peer education is considered one of the most effective educational methods in order to increase knowledge/attitude of a target population. Study purpose is to determine the efficacy of peer education on knowledge/attitude of students toward HIV/AIDS/STIs.

Methods: Study conducted from September-February 2011, 1425 participants (755 males, 670 females) were recruited using cluster random sampling. Subjects were divided randomly to five groups, in each group 285 male & female. A standard questionnaire was designed and knowledge/attitude of students were assessed as a pretest. Post test evaluation was performed in after five months period of education by educated peers for the two case groups.

Results: After five months level of knowledge/attitude of participants in case groups 15.46+_{3.42} was remarkably higher compared to

control groups 12.65+_{3.61} [P < 0.05] highlighting the efficacy of the performed education. Categorization of scores based on participants' sex revealed that school girls tended to score significantly higher in both pretest and post test than boys with P < 0.05 and P < 0.01 respectively.

Conclusion: Results indicate that peer education is very effective in promotion of knowledge and attitude of high school students about HIV/AIDS/STIs. Therefore implementation of this method is strongly recommended at national level in order to increase awareness of youth and reduce the incidence of HIV/AIDS/STIs in this age group.

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**GENDER-SENSITIVE STRATEGIES FOR
ADDRESSING SEXUAL VIOLENCE IN
SPECIAL SCHOOLS FOR LEARNERS WITH
MILD INTELLECTUAL DISABILITIES IN
SOUTH AFRICA**

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This paper reports on an aspect of the on-going doctoral study which focuses on the experiences of sexual violence amongst learners with intellectual disability at selected special schools in South Africa. Special attention will be on participants' views with regard to strategies for addressing the problem at schools catering for learners with intellectual disability. The strategies include: (a) single-gender sessions which will challenge issues like coercive sex and gender stereotypes; (b) addressing negative cultural norms associated with violent behaviours of masculinity in boys, (c) an gender sensitive school environment that promotes and respect the rights of female learners; (d) empowering girls with protective skills and a platform to report sexually violent behaviours; (e) relevant and responsive sexuality education programs. It was further recommended that teacher training equip teachers with knowledge and skills to handle reported incidents.

The study followed a qualitative approach, and collected data by means of in-depth interviews conducted with 18 participants. School documents (incident report books) were also analysed.

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**PERCEPTIONS OF SEXUAL PRACTICES AND
REPRODUCTIVE HEALTH PROBLEMS
AMONG THE ELDERLY IN IBADAN, NIGERIA**

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Most studies on sexual behaviour in Nigeria focus on young people and adults, limited attention is paid to elderly people. Hence there is dearth of information about elderly persons' reproductive health challenges and involvement in risky sexual activities. This study therefore examined the perceptions of sexual practices and reproductive health problems among the elderly in Nigeria.

The study was cross sectional in design, 400 elderly persons aged 65 years and above were selected using a three-stage sampling technique. Both qualitative and quantitative methods of data collection were adopted for the study. The FGDs were recorded and analysed using the thematic approach, while the data from the questionnaires were analysed using descriptive and Chi-square tests.

Slightly more than half, (50.5%) were males. A total of 25% of the participants had extramarital-sex since they attained 65 years old. Among this subgroup, very few (6.8%) used condom. Low level of condom-use was attributed to the belief that condom is unnecessary (34.5%) and perception (50%) that condom is not meant for elderly. Moreover, majority (68.8%) believed that sex with virgin could boost immunity against STIs/HIV. Whereas, early ejaculation/erectile dysfunction (31.3%) and inadequate vaginal lubrication (10.3%) were the

reported main sexual problems of males and females respectively. However, FGD participants were unanimous in their opinion that sexual dysfunction was due to ageing.

Majority of the elderly were involved in risky sexual practices. Therefore, health education intervention programmes such as training on safe sex practices and counselling services are needed to address the problem.

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WHAT A DIFFERENCE A YEAR MAKES: IRISH YOUNG PEOPLE'S PERCEPTIONS OF THE FACTORS INFLUENCING CONDOM USE AMONG THEIR PEERS

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Aim and methodology: The aim of the study was to explore the young people's perspectives on the factors affecting condom use. Two data sets were generated; one from younger participants, modal age 16 years, (ranging from 15-18 years), the other from older students, modal age 19 years.

Results: Participants identified the multi-dimensional factors that influence Irish condom use. Both groups demonstrated how proximal and distal determinants effect positive sexual health. The issues identified by both groups of participants included: male resistance to condom use, females asking for them to be used, misconceptions of how risky unsafe sex was (related to being uninformed and uneducated), and young women being pressurised to have penetrative sex without condoms. Both groups placed drink and drugs high on the lists of the reasons why condoms were not used. Although only one year separated some of the two groups there were differences in attitudes based on their own or their peers' experience, particularly in statements related to relationship effects on sexual practice.

Conclusion: It was clear that a couple of years in the life of an adolescent effect attitudes and behaviours in terms of sexual health and relationships. This supports the value of continuous sex education being initiated before sexual activity. Underpinned by the value of giving time and space to open and honest discussions of all forms of sexual intimacy and so challenge hegemonic normative sexual behaviours.

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IRISH RELATIONSHIPS AND SEXUALITY EDUCATION TEACHERS' REACTIONS TO POST-PRIMARY SCHOOLS STUDENTS' IDEAS FOR EFFECTIVE SEX EDUCATION

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Aim and methodology: This paper is drawn from a study which facilitated young Irish people, through a participatory research methodology, to generate, collate and present their views on effective sex education without adult filtering or censure. The young people presented their views within 'Webs'. Relationships and Sexuality Education (RSE) teachers were then asked what teachers would need in order to incorporate the students' suggestions on content and proposed methods into sex education classes in Irish post-primary schools.

Results: The data presented in 58 webs created by 404 school students (15-18 years) were presented to 26 teachers during two workshops. The teachers added two layers of further detail to students' 'Webs' in order to present teachers' views.

Conclusions: In general teachers responded positively to the issues raised in the 'Webs', and stated a need for more training as well as whole school support in order to deliver some of the learning outcomes identified. They reported that other learning outcomes would best be delivered by outside facilitators but a further set of outcomes

were deemed beyond the scope of the RSE programme. For the most part the teaching methods proposed by the students were considered to be acceptable, except where additional expenditure would be required. This study showed that it is possible to involve stakeholders in the development of curricula to ensure sex education meets the needs of those for whom it is designed and those who deliver it.

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INTEGRATING REPRODUCTIVE HEALTH EDUCATION AMONG YOUNG PEOPLE IN NIGERIA USING SPORTS AS A TOOL

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Background: Clear understanding of the situation of young people and their need is required to design and successfully implement interventions to stem tide of vulnerability among them. Young people have different needs and problems from adults; thus they have to be treated and their needs addressed differently. However, sports especially football, passion of many young people in Nigeria is the most effective way to do so. This project since 2008 uses YIRHEA Street Football (YSF) a reproductive health package to create a fun open environment where young people can comfortably explore sensitive issues.

Methodology: This project which uses special football competition (Monkey Post) was made up of a team 4 with 2 players as reserves. It targeted young people within ages of 15-19 years. 8 teams made up of 48 young people were selected and registered. Participants were enrolled in a compulsory 3-day workshop tagged YIRHEA Street football (YSF) Institute. YSF Institute provided participants with information on HIV/AIDS and basic reproductive health education including life skills.

Result: YSF Institute was compulsory for competing in the soccer competition; attrition was insignificant during the workshop that benefited 450 young people. This program was reported at young people favorite TV and radio sports programs including 7 National Dailies in Nigeria. It built the capacity of young people, provided them with resource materials, condoms and discovered new talents.

Conclusion: There is need for donor agencies and programmers to explore this avenue so that they can reach more young people as it is cost effective.

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CONTRACEPTIVE PREVALENCE AMONGST MARRIED WOMEN IN BAYELSA STATE OF NIGERIA

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Objective: A research on the contraceptive prevalence amongst married women residing in Bayelsa State of Nigeria was carried out. Its principal objectives was to carryout a random estimate of contraceptive prevalence amongst married women in Bayelsa State, and to determine the contraceptive prevalence, types of contraceptive used and factors affecting the latter amongst women in Bayelsa State.

Methodology: A sample random method was employed where only four hundred and ninety eight (498) women within the age range of 15-45 years of age were interviewed. Out of the five hundred (500) questionnaire only four hundred and ninety eight (498) were retrieved and used in this study.

Results: The highest contraceptive prevalence were between age range of (21-30) (75, 15.7%) highest users based on educational level are Tertiary 142 (28.5%) occupation was business women 99 (19.9%) based on children 1-2 surviving children 104 (28.7%). From the result of the research carried out, contraceptive prevalence rate amongst married women in Bayelsa is low when compared to world wide figure, though higher than the national figure in Nigeria. Education of eligible women on the use of contraceptive should be encouraged.

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INVOLVING PARENTS INTO SEXUALITY EDUCATION OF YOUTH IN PAKISTAN

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Sexuality education (SE) in a conservative society like Pakistan is understood to be associated with various socio-political challenges. An evaluation study conducted by RutgersWPF on SRHR-education found that overall impact of SE interventions remains limited without parental involvement. This study also highlights the burning issues of harassment and gender roles for girls and boys respectively. To bridge the communication gap between youth and their parents story telling approach was used. In the pilot phase, two stories were developed, one on gender role for boys and the other on harassment for girls. The stories were shared with 23 girls and 28 boys, age 14–16, previously exposed to SE curriculum, of 4 selected schools in urban and semi urban areas of Karachi out of 270 schools of SE intervention. The main characters of the story were taken from the SE curriculum and students were asked to reflect on their comfort in sharing the story with their parents and the importance of addressing the issue highlighted in the story with parents. Though the work is still in progress, the first phase of pilot study shows that students approved the themes and were comfortable in sharing the stories with their parents. Minor editions and language modifications suggested by some students were incorporated in the final draft along with some pictorials. The final draft will be pre tested with students and their parents to encourage communication and build confidence between children and their parents.

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SEXUAL BEHAVIORS, KNOWLEDGE AND ATTITUDES IN A NATIONAL SAMPLE OF PORTUGUESE SCHOOL STUDENTS

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Aims: Sex education is becoming a regular practice in Portuguese schools. The aim of this research was to deepen knowledge of sexual behavior in Portuguese adolescents, including knowledge and attitudes about HIV/AIDS, and assessing whether they changed from past surveys and how significant sex education may have been in that process.

Methods: Data were collected through a self-administered questionnaire from the Portuguese sample of the Health Behavior in School-aged Children (HBSC), a collaborative WHO study. The study provides national representative data of students attending 6th, 8th and 10th grades. The 2010 sample is constituted by 5050 participants (52.3% female and 47.7% male), with an average age of 14 years old. A subset of participants attending 8th and 10th grades was constituted in order to study sexual behavior.

Results: Results showed that, in general, adolescents have good knowledge about HIV and aren't intolerant towards HIV infected people. The findings also show that 78.2% of adolescents aren't sexually active. Considering those who are sexually active, 82.5% referred having used condom during last sexual intercourse. Comparing with past results, this showed a decrease in the number of teenagers who reported having had sexual intercourse and an increase in the number of those having used condom.

Conclusions: Sex education may have been responsible for the positive evolution in adolescents' sexual risk behaviors, in their level of information and positive attitudes. Nevertheless, there's still a long way to go since there are still adolescents that get involved in risk behaviors.

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SELF-KNOWLEDGE AND CHANGE IN EDUCATORS WOMEN OF THE CONECUITLANI NET

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In 2008 through in agreement between Faculty of Psychology of the Universidad Nacional Autónoma de México, and The Reecounter Therapy Foundation of Valencia, Spain, lided by Fina Sanz, that has created the Reecounter Therapy, to give to the community women educators of the Conecuitlani Net, that atend Preeschool children from 3 to 6 years old, a workshop of selveknowledge for the change. The objetive was to give them tools so that they can include gender equity, the good treatment and peace relationships, and for that, it was applied the selveknowledge workshop for the change. This presentation report the experience with 13 of them that through 12 sessions of 3 hours each, once a week, in which they do exercises that lead them to contact with themselves and the other participants through the selveperception using drowings, expressions with the hands of positive and negative emotions , full breath, rooting the body, open the senses, global and genital erotism, the concept of afective family and care. All sessions began with reflections and metioning the objetives for each session, a round was open to leasen the experiences of everyone in the group. Than it was given the homework exercises and the session was closed with that. Than, it was done the care exercises that consisted in eating and shearing food that was prepared by the group. Results was that community women educators improved their relationships with their pupils and their families and also their selveimage was improved in order to achive selve empowerment.

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SAFER SEX AND CONDOM USAGE IN NORTH AMERICAN MEDICAL STUDENTS

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Introduction: Previous studies indicate that sexual beliefs and mores of students in medical professions may influence their capacity to care for patients' sexuality and safer sex issues. Students represent a large sample of reproductive age individuals. In this study we examined condom usage patterns in North American medical students.

Methods: North American medical students were contacted via online medical student social and information networks and invited to participate in an internet based survey assessing ethnodemographic factors, sexual history, use of contraceptive and barrier methods. Descriptive statistics and logistic regression were utilized to analyze responses.

Results: Among 2,269 complete responses, condoms were utilized by 1,011 respondents (50% of men and 40% of women). Overall, men were more likely than women to report using condoms (OR 1.47 95% CI 1.24-1.74), which was consistent across all racial groups. On multivariate analysis, condoms usage was associated with being Hispanic, younger than 35, unmarried, having more recent sexual partners, and not reporting erectile dysfunction. There was no association between comfort in discussing sex or opinion of sexual health training in medical school and condom use. Medical students had overall higher rates of condom usage than age matched peers from the US population.

Conclusions: There are significant ethnodemographic differences in condom usage even in this highly educated population. There are also differences between the general US population and medical students. The personal safer sex choices of medical students may influence their ability to accurately convey information about safer sex to their patients.

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SURVEY RESULTS—WHAT SEXUAL EDUCATION RESOURCES DO HEALTH EDUCATORS PERCEIVE THEY NEED IN ORDER TO FEEL CONFIDENT IN DELIVERING THIS ROLE TO PATIENTS

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A piloted survey questionnaire was used to collect the current situations, patient groupings, and previous training of sexual educators and compare it with their confidence in delivering this help in differing sexually related topics.

The results show that despite qualifications and experience many educators still lack confidence at talking to patients in areas concerned with sexual intimacy. This is seen as often linked to cultural and religious concerns.

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FIZZING; EMPOWERING, SUPPORTING AND ENABLING SEXUALITY EDUCATION

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Fizzing is a method in sexuality education for young people by way of participatory reflection, questioning, and sharing of their own thoughts about sexuality, human life, and the world we live in today. Fizzing's vision is that a human being is unique and immeasurable with at least physical, psychic and spiritual dimensions overlapping in relations with other human beings.

Each session is a unique reflection of its participants. The particular themes and approaches for each process are selected and specifically tailored focusing on the issues raised and identified by the young themselves.

Foundation of the process are Rendezvous; meaningfulness of every moment, connection with oneself and others, coexisting side by side, Martin Buber's thought "I become me through you" and Presence; open dialogue, presence instead of teaching, lingering flow of thoughts and feelings without a premeditated intention in the atmosphere of pedagogic love.

Fizzing creates stories because stories create reality. They uphold and pull down structures, enable discussion about values and virtues. Stories are inspired by young people's environments and built in rendezvous, and thereby shape the concept of a human.

To build, create, share, experience and gain understanding from somewhere beyond words, Fizzing makes art. It presents an opportunity to create reality instead of merely adapting to it passively.

One important tool in education is Humour. It is an attitude to life, wisdom and phenomena which by way of distancing allows space and a way for increased understanding and an equal and empowering field of rendezvous enabling greater spontaneous sharing.

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INFANT SEXUALITY IN A PRE-SCHOOL EDUCATION

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A pre-school education research makes us think about the process of educating children aiming to: (a) get to know about the infant sexuality and how it can happen at school; (b) understand what the educators really know about the children's sexuality; (c) how teachers deal with the sexual experiences that the children daily live at school; (d) understand how sexual education can contribute for the improvement of education practices and changes in the school ethos. Sexuality is a social, historical and political construction related to power and rules. Searching for the answers for these disturbing questions we reach to:

(1) qualitative research with participative observation; (2) collecting information, free observation registers, children and educators narration; (3) bibliography analysis; (4) semi-structured individual interviews with educators; (4) narrative content analysis. The preliminary conclusion was based on the everyday information as: (a) educators have different interpretations about the behaviour related to sexuality; (b) educators don't like to talk about sexuality because they think children are asexual; (c) educators carry their own sexual secrets and sufferings; (d) educators know nothing about children's sexual life and their culture values. This unfinished research may contribute to think about education comprehending sexuality, in order to rearrange the students and educators' personal values and the consciousness of the individual capacity to encourage institutional movements that are able to transform social groups which they live in, recognizing the link with the society and the engagement with a new social arrangement.

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INTERACTIVE THEATRE FOR SEXUALITY AND REPRODUCTIVE HEALTH EDUCATION TO LEARN AND PRACTICE (IT-HELP)

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Issues: Pakistan has the largest demographic dividend of youth, i.e. 63 % population below the age of 29 (out of 170 million), but unfortunately majority of the youth are unaware about sexual and reproductive health and rights and lacks in access to sexuality education and services due to socio-cultural norms which leads to harmful sex practices, increase rate of STI/RTI including HIV/AIDS and creating myths and misconceptions in their minds.

Description: Chanan Development Association, a youth lead NGO, launched an innovative program on self-help basis with titled "Interactive Theatre for Sexuality and reproductive Health Education to Learn and Practice (IT-HELP)". The project aimed at Equipping young activist with the skill of Interactive Theatre to reduce the stigma related to their sexuality. for this

1. 22 Youth Groups formulated,
2. 200 performances staged
3. 40,000 young people approached to promote informed choices among marginalized segment of the society, i.e. youth, women, Madrasah students and MSM.

Lessons learned: Young people possess a great ability to challenge societal norms and bringing change in their own and other peers attitude, knowledge and practices. Through capacity building on innovative/interactive skills, youth activists can play an active role in combating stigma related to sexuality, can promote health, safer sex practices to engage marginalized communities, generate dialogue even on sensitive issues like sexuality/SRHR.

Next steps: Involving young activists and employing arts based approaches should have to be ensured in every awareness raising program for reaching marginalized groups and initiating dialogues in very rigid and backwards communities.

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PEER-EDUCATION IN HIV-INFECTION PREVENTION: AN ITALIAN ACTION-RESEARCH PROJECT

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Objective: This work presents both a descriptive survey on HIV-risk behavior in adolescents and an evaluation of peer-education effectiveness in developing knowledge and positive attitudes with regards to sexual health.

Methods: This three-phase study involved 1,773 students (850 M and 923 F) aged from 14 to 20 yrs (mean age 15.92) divided into an experi-

mental (EG) and a control group (CG). The following instruments were used for pre-test, post-test and follow-up: an *ad hoc* questionnaire evaluating socio-demographic data, knowledge about HIV infection, risk perception, risk behaviors and their correlates; a scale of self-efficacy. Peer educators were trained to deliver three 1-h classroom sessions of HIV prevention to students of EG.

Results: Participants displayed a good level of information regarding biological aspects of HIV. By contrast, they showed social stereotypes and poor knowledge concerning the reliability of diagnosis tests, vaccine, and transmission modes. At pre-test, systematic use of condoms was declared by a quite low percentage of sexually active participants and motivated by unwanted pregnancies prevention rather than STDs (about 1/2 in vaginal sex; 1/3 in anal sex and 1/10 in oral sex). Variance analysis (MANOVA) revealed significant post-test differences between EG and CG regarding transmission of knowledge [F (1, 417) = 18.8; p = 0.001], risk behaviors [F (1, 32) = 4.1; p = .045], HIV-infection preventive behaviors [F (1, 429) = 10.1; p = 0.002].

Conclusion: The data showed that students in the intervention group (EG) improved both their HIV-knowledge and preventive behaviors, although changes of the latter do not appear stable over time.

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KNOWLEDGE OF HIV/AIDS AND RISK BEHAVIOUR AMONG ADOLESCENTS: A LONGITUDINAL ANALYSIS

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Objective: Sexual risk taking among adolescents represents a significant health problem. Many sources of HIV information (radio and television) have become increasingly accessible over time; nevertheless, risk behaviour in adolescents does not appear to have decreased. During a ten-year period, the authors studied changes in adolescents' knowledge about AIDS infection and syndrome and its relation to their attitudes and risk behaviours.

Methods: 5,624 adolescents (M = 2,809; F = 2,815), belonging to ten different high schools in Rome (Italy), with age ranging 14–21 (average = 16.60; SD = 1.39) were recruited from 2000 to 2010. Participants were asked to complete an *ad hoc* questionnaire investigating: socio-demographic data, sexual behaviours, risk perception, personal beliefs and stereotypes regarding AIDS/HIV.

Results: Data showed a negative trend over time regarding knowledge about AIDS/HIV and perception of personal risk of acquiring the virus. Moreover, results highlighted some misinformation about modes of HIV transmission: a relevant rate of adolescents considered blood donation as a risky practice and this erroneous belief increased over time (30% in 2000 vs 57% in 2010).

The risk of contracting STDs increases with the first sexual intercourse that is characterized by the highest use of natural methods of birth control. Despite the increase in the use of condom and in the perception of this being the only device for the prevention of STDs, participants reported a decreasing condom use in oral and anal intercourse over time.

Conclusions: Accessibility to information, is not enough to ensure a radical change in risk behaviours. Different strategies in prevention programs should be considered.

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PROVIDING SEXUALITY EDUCATION INCLUDING HIV/AIDS PREVENTION AMONG RURAL WOMEN OF DISTRICT LAHORE THROUGH INTERACTIVE THEATRE

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Background: In Pakistani society women sexuality and HIV/AIDS both considered as taboo and a big stigma which creates an environment of frustration and repression, hindering women from accessing the available information and healthcare services regarding sexual and reproductive health information. Lack of information and services increase the vulnerability of community women, high risk sexual behaviors, unintended pregnancies, teenage pregnancies, unsafe abortions, family planning methods and HIV and AIDs including STIs, STDs.

Methods: The project aims at empowering community women give them accurate information through interactive theatre and capacity building. The activities of the projects are

1. Conducting research in District Lahore to find out the knowledge, Attitude, and Perception of women about sexuality and HIV/AIDS
2. Educating 1000 community women of District Lahore about sexuality rights, family planning including STIs, STDs and HIV/AIDS, mode of Transmission and Prevention
3. Enabling community women to establish "Sexuality Education Clubs" in their areas for replicating the information among other women of their communities and to enable them to fight the stigma and discrimination related to sexuality and HIV/AIDS in Islamic society.

Results:

1. 1000 community women of "Lahore" got accurate education about sexuality rights and HIV/AIDS
2. 15 Sexuality Education Clubs established and start functioning efficiently, 700 young women volunteered to be part of these Clubs

Conclusion: Need to give Sexuality education to community women as they have no source to get accurate information about their sexuality health and rights which creates their vulnerabilities to HIV/AIDS.

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COMPARING PROFESSIONAL NURSES AND ADVANCED PRACTICE NURSES PERCEPTIONS OF CONFIDENCE AND COMFORT IN DISCUSSING ISSUES OF SEX AND SEXUALITY WITH PATIENTS

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Registered professional nurses are well versed about methods to address sensitive issues with patients and are knowledgeable about how disease and treatment can affect patients' sexual health and wellbeing. However, while professional nurses believe that issues of sexual health and sexuality are not too sensitive to discuss, they often express discomfort and lack of confidence in initiating discussions with patients when issues of sexual health and sexuality should be addressed. Lack of time, education, and ability to cope with patients' sexual health issues are often identified as barriers. For this study, Magnan's (2005) Sexual Beliefs and Attitudes Survey was used to measure professional nurses perceived discomfort levels in discussing sexual health and sexuality issues with patients. Two focus groups were developed and perceived barriers to discussing sexual health and sexuality issues with patients were identified. One group was comprised of professional

registered nurses and the other group was comprised of advanced practice nurses. Open forum lectures addressing the identified barriers were presented and methods for discussing sexual health, sexuality and conducting comprehensive sexual health histories were included. The open forum format encouraged discussion of patient situations encountered by nurses and advanced practice nurses. Conclusions of this study were that there were few differences between professional and advanced practice nurses' perceived barriers to addressing sexual health and sexuality issues with patients. There is a need in all levels of nursing education to include a focus on methods to discuss sexual health and sexuality issues with patients.

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PARENTAL MANAGEMENT OF YOUNG CHILDREN'S SEXUAL EDUCATION AND INQUISITIVE QUESTIONING

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Introduction: "Where do babies come from?". "Why do boys have willies?". "What does gay mean?". Probably all parents have faced such 'innocent' questions from young children on issues relating to sex and reproduction. Similarly, nearly all parents have found these questions challenging to answer. There has hitherto been very little research interest in this area of communication, possibly because it is, by its very nature, seen to be intrusive and unduly inquisitive. However, there are strong indications that the impact of early styles of communication can be immense in terms of sexual development, safety and outcomes.

Aim: The aim of this study was to explore parents' experiences, fears, concerns and justifications regarding early childhood sexual socialisation and development, their personal experiences of initiating sexuality communication, reacting and responding to their child's emerging sexuality and sexual curiosity, and their understanding of the impact their actions and reactions may have on their children both now and in the future.

Method: Five focus groups discussions were held in South Central England with parents of 4-7 year olds drawn from a range of socio-economic backgrounds.

Results: Thematic analysis of the focus group transcripts revealed parents to be educating their children (sometimes unknowingly) about sex and relationships related issues; however, a number of barriers to communication were clearly evident, including the need to protect childhood 'innocence', the prevention of confusion and misunderstanding, suitable timing and age appropriateness of explanations, discomfort with terminology and being unprepared for impromptu questioning.

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EMBEDDED AGGRESSION IN PORNOGRAPHIC DESIRE: LISTENING TO THE AUDIENCE

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This research project used qualitative method to investigate the role pornography plays in shaping sexual desires and relationships.

I interviewed 20 heterosexual men and found the following patterns among men who regularly watch pornography:

- the earlier a man started watching pornography in his life, the more likely it was that he would continue using pornography as a masturbatory aid;
- pornography and masturbation are always linked, and these men no longer masturbate without pornography;
- the sexual acts that they desire closely resemble pornography: threesomes, anal sex, group sex, sex in public spaces, ejaculation on/in a woman's face/mouth, etc.

Some respondents explicitly stated that they got these ideas from pornography; and

- they either have performed or desired to perform certain aggressive acts on a woman: pulling hair, spanking, choking, manhandling/rough sex, and gagging.

I also interviewed 20 women about their pornography use. Compared to their male counterparts, they viewed a lower quantity of pornography and less frequently. They were also more selective about the type of pornography that they watch, and generally avoided pornography that mistreats women. Nonetheless, there were also female viewers of pornography who said that they liked "rough sex" or "being manhandled" and that they looked to pornography for ideas to incorporate into their own sexual acts and scenarios.

Many respondents said that pornography is their primary source of information about sex and the research results strikingly reflect that what these porn users learned.

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THE PRICE OF PLEASURE: PORNOGRAPHY, SEXUALITY, AND RELATIONSHIPS

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The Price of Pleasure: Pornography, Sexuality, and Relationships (2010, 60 min) is a documentary film that investigates pornography as both a genre of representation and as a distinct form of industrial practice.

Once relegated to the margins of society, pornography has emerged as one of the most visible and profitable sectors of the cultural industries, assuming an unprecedented role in the mainstream of our popular culture. *The Price of Pleasure* tackles the complexity behind this seeming paradox, placing the voices of critics, producers, and performers alongside the observations of men and women as they candidly discuss the role that pornography has played in shaping their sexual imaginations and relationships. By investigating the production, content, and consumption of pornography, the film moves beyond the liberal versus conservative debates so common in the culture to paint a nuanced portrait of how pleasure and pain, commerce and power, liberty and responsibility have become intertwined in the most intimate area of our lives. As a whole, the film argues that pornography should be understood as the product of three dominant and interlinked systems of oppression in U.S. society: patriarchy, white supremacy, and capitalism on both macro and micro levels. On the macro level, the racist and sexist mainstream pornographic materials rely on these oppressive systems in order to achieve mass production and consumption. On the micro level, the audiences internalize the systems' values so as to find those sexist images and problematic racial dynamics sexually arousing.

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LONGITUDINAL CHANGES OF THE SEXUAL HEALTH CARE EDUCATION AMONG THE NURSING STUDENTS IN TAIWAN

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Purpose: The nursing curriculum in Taiwan has neglected to include sexual health care. This study was to evaluate the longitudinal changes of a sexual health care education for nursing students in Taiwan.

Methods: This study was conducted using a single pre-post test group design for 95 senior nursing students from Department of Nursing, Chang Gung Institute of Technology, Taiwan. The students received a 12-week sexual health care education, including sessions of biopsychosocial aspects of sexuality, sexuality throughout the life cycle, sexual harassment in the medial environment, sexual arousal and response, nursing assessment, sexual dysfunctions, atypical sexual variations and gender identity, sexuality and impaired systematic

function, sexuality and reproductive cycle, sexuality and mutilating surgery, sexuality and mental illness, and sexuality and sex victim. The longitudinal changes from the study baseline to the follow-ups at the 13th and 18th weeks were estimated using the hierarchical linear models for the repeated measures of knowledge of sexual health care, attitude to sexual health care, and self-efficacy for sexual health care.

Results: The sexual health care education had significantly positive changes on the students' knowledge of sexual health care ($B = 0.23$, $P < 0.001$), attitude to sexual health care ($B = 0.36$, $P < 0.01$), and self-efficacy for sexual health care ($B = 1.24$, $P < 0.001$).

Conclusions: The sexual health care education had positive changes in improving nursing students' knowledge, attitude, and self-efficacy for sexual health care. Nursing students will become more knowledgeable, comfortable, and confidence when talking with patients about sexuality, which is necessary for the comprehensive care in nursing practice.

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A GLOBAL PERSPECTIVE ON SCHOOL-BASED SEX EDUCATION AND MUSLIMS: CHALLENGES AND OPPORTUNITIES

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The crucial need for reform in school-based sex education (SBSE) has been triggered by various social changes during the past decades. Studies across the globe have revealed that culturally sensitive and properly designed SBSE programmes can reduce the risk of HIV and other STIs and unintended pregnancy. However, teaching about sexuality in schools has been a matter of controversy and debate among Muslim communities across the globe for a long time. There is a lack in our knowledge regarding how to employ a practical approach in developing and implementing Islamically tailored SBSE programmes. In this review, I will look thematically at the literature to explore this issue. It will start by defining sex education and its potential contributions to raising the level of sexual health around the world, as well as different approaches and dilemmas associated with it. Addressing the dilemmas, the importance of values in developing and delivering sex education programmes will be highlighted, as well as religious values. Focusing on the Muslim community, Islam as a value system will be looked at and the ways by which different interpretations of Islam interact with issues of sexuality and sex education, including problematic and challenging areas, will be discussed. The final section of the review will refine the argument in favour of utilising Islam as a framework for developing Islamically acceptable sex education programmes and will present practical solutions on how to approach a reform in order to provide young Muslims with better sexual health outcomes around the Globe.

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LEVEL OF KNOWLEDGE OF NEWLY MARRIED COUPLES REFERING TO MARRIAGE CONSULTATION CENTER IN TEHRAN: SAFE, RESPONSIBLE, ENJOYABLE SEXUAL RELATIONSHIP

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Introduction: Marriage is the most basic, essential and sacred relationship which in its correct definition consists of dynamic physical and psychological communication between couples. Legally, all Iranian prospective couples should attend Marriage Consultation Center before marriage. In this study, we aimed to evaluate current knowledge of safe, responsible, enjoyable sexual relation among Iranian prospective couples.

Methods and material: A cross sectional study was conducted on 150 randomly selected couples (300 subjects) who were referred to Tehran's

Marriage Consultation Center. A questionnaire of 31 questions was developed and filled by all the study participants. 83.3% of females and 39.3% of males were younger than 24 years.

Results: The average knowledge score of males were 12 ± 3 compared to 10 ± 3 properly-answered questions out of 31. The highest knowledge level was among participants with college education (15 ± 1 vs. 11 ± 2 , respectively). In age group below 19 years, females' knowledge was higher than that in males (9 ± 1 vs. 7 ± 2.5 , respectively); however, in other age groups, males had higher knowledge. Most of the subjects had obtained their knowledge from unreliable sources (70.3% females vs. 64.7% of males). 44.3% of women and 15% of men had moderate to severe phobia in sexual relationship.

Discussion: We found that Iranian newly married couples have very limited knowledge on safe, responsible and enjoyable sexual relationship; and their knowledge is mainly obtained through unreliable ways. This alarms us to pay more attention to educate Iranian young men and women regarding sexual relationship.

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THE CURTIN ALLY PROGRAM FOSTERS A UNIVERSITY CULTURE WHICH IS INCLUSIVE OF SEXUAL AND GENDER DIVERSITY

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Discrimination against GLBTI people may lead to feelings of inadequacy, guilt and depression, and further isolation from social structures, including school/university, family and work. It is well documented that many GLBTI people use drugs & alcohol to cope with the difficulties they face e.g. coming out; hiding sexual orientation or gender identity; entering gay & lesbian social or commercial scene, thus creating both individual and public health concerns. Additionally, suicide rates amongst people who either identify as homosexual or are same sex attracted (SSA) is 2-7 times higher than amongst heterosexuals (Cochran & Mays, 2000). Hillier and colleagues (2005) found that it is important to assist young people to understand homophobia and discrimination as it can help facilitate them reframing the negative messages about sexual differences.

Curtin University implemented the Curtin Ally Program in 2006 with the aim of fostering a University culture which is inclusive of sexual and gender diversity. It is designed to provide a campus based sexuality and gender sensitivity training to both staff and students, in-part meeting the WAS Universal Declaration of Sexual Rights. The Curtin Ally Program offers training which assists participants to explore the issues and their impacts on Curtin staff and students who are GLBTI.

This presentation aims to showcase the Curtin Ally Program with the hope that other service delivery agencies might adopt this model in their health programs (academic or community based). It is also hoped that this presentation will increase the awareness of the experiences of GLBTI tertiary students.

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'SEX—IN YOUR WAY'. A BOOKLET ABOUT SEXUALITY FOR TEENAGERS

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Objective: To make a booklet about sexuality, describing different ways of having sex.

Background and aims: There is a demand from youth clinics, parents, teachers and teenagers for a shorter material about sexuality for teenagers. The aim with the booklet is to make teenagers (age 14–16) more knowledgeable and confident, and to improve their self-efficacy as sexual beings with themselves and/or with a (potential) partner/s. The aim is also to broaden the view on what sex could be and avoid the focus on penetrative sex as 'real sex'.

Method: Sex is not simply something one do or feel, it's also about knowledge. The booklet is written with a non-normative perspective, i.e. it's addressing hetero-, bi-, homosexual and transgender persons without using the terms sexual orientation or transgender. In an open way the booklet describes different emotions and ways of having sex. One can read about fondling, sex with oneself (masturbation), being together with other/s, sensitive parts etc.

It also has a rights perspective and talks about the right to one's own body and sexuality, mutuality, and norms. Everyone has the right to say yes and no. Everyone should have the freedom to choose, to be oneself and to enjoy.

Illustrated with cartoon-like pictures.

Results: The booklet will be released in March 2011. Consequently we don't have any results to show yet. Though, at the time for the conference we will. As we already know there is a demand, we are confident it will get attention and be used.

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ARE CHILDREN LEARNING ENOUGH HIV/AIDS KNOWLEDGE FROM INDONESIAN SCHOOL TEXTBOOKS?

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When HIV/AIDS was first identified in Indonesia in 1987, it was considered to be a disease related to foreigners and to homosexuality or commercial sex workers and their clients. Media coverage on HIV/AIDS was minimal and stigmatising. The government did not think that HIV/AIDS could enter the general population to the extent that it has today. Though currently Indonesia has a low prevalence of HIV infection of 0.1% among adults aged 15–49 years old, the number of AIDS cases continues to rise. HIV/AIDS has infected the general population of housewives, pregnant women and their babies and not just among those with high risk sexual behaviours and intravenous drug users. Informal education and campaigns on HIV/AIDS started in the mid 1990s initiated by NGOs. Recently the Indonesian Government decided to include HIV/AIDS education in formal school curricula starting from primary schools. This paper assesses the content of primary and secondary school text books that reflect the new curricula. Three hundred books were reviewed using a *Reproductive Health Analysis Module* developed by the authors to evaluate the depth of information given in Biology, Science, Sport and Health Education, Social Sciences and Islamic Religion text books. The assessment covered information given, anatomical accuracy, gender depictions, and the social and religious values applied to HIV/AIDS. The results show that HIV/AIDS is covered mainly in a chapter attached to Sport and Health Education textbooks. The information provided is conservative in nature and in some cases does not deliver safe sex messages that would benefit students.

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LEARNING PROFESSIONAL COMPETENCES—SEXUAL COUNSELLING AND THERAPY TRAINING IN JAMK UNIVERSITY OF APPLIED SCIENCES IN 2000–2007

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The objective was to study how adult students developed their professional competences in Sexual Counselling and Therapy training programmes based on NACS education and authorisation guidelines. The aim of the study was to find out how the professionals describe their sexual counselling and therapy competencies had changed after their studies.

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Professionals were asked about client relationships: ability to build relationships, skills connected with studying and clarifying them, and management of the client relationship process. The study utilized the Internet-based Digium Survey and Research System. The professionals who participated the training in 2000–2007 were sent a semi-structured questionnaire (N = 109) by email. The reply rate was 56%.

The respondents felt that their most impressive skills in building relationship were respect and confidentiality for the client. Skills connected with studying and clarifying client relationships had improved in all demanding areas. The greatest improvements were in focusing matters, setting questions and managing confrontation. About half of the respondents reported having extremely good skills in concluding cooperation agreements. Slightly over 50% of the respondents felt that their skills connected with the progress of the client relationship process were extremely good after training in all the skill areas: working on issues to be solved, setting goals and planning the work.

In conclusion, results show that the Nordic Programme and its implementation in JAMK provide the participants with good competences and skills for working as sexual counsellors and therapists.

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FEMALE SEXUAL PRECOCITY: A CURRENT AND FUTURE PURSUIT

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We present a theoretical and experimental study that proposes an alternative to a hyper-vigilant mentality that may restrict sexual play behaviour in female humans, from childhood through to post-pubescence. Our theoretical commentary is based on a thorough review of recent and classic literature, and informed by our experimental work conducted with a sheep model of female sexual behavior. Sexual confidence in a female human emerging from her adolescent years is an oxymoron; a combination of restriction and coercion by the society she finds herself in is a recipe for confusion. Childhood carers, real and virtual environments, and internal cognisance; influencing the sexual and reproductive choices of the mothers of the future. We review the Hensel model of Sexual Esteem, Openness and declined Sexual Anxiety (Hensel et al., *Journal of Adolescence* 2010, doi:10.1016/j.adolescence.2010.09.005). We propose an extension that uses a concept of an internal hologram as the conscious and sub-conscious self-representation of sexual and gender presence in the social environment. We also present current animal research that shows how stress inhibits sexual motivation; females who have distressful and displeasurable experiences have a propensity to cease sexual encounters and suppress their sexual behaviour. We contend that rather than a latent period of sexual development during childhood, there are critical periods of exploration which, when effected, produce a confident adolescent, in turn producing a confident, sexually precocious woman.

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THE ART OF SEXUAL SCIENCE: GROMMETS, GIRLY-GIRLS, AND GRANDPAS. . . AND EVERYTHING IN BETWEEN

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A theatrical lecture on the novelty of the science of human sexuality: educational, but rollicking good fun. . . 'sex ed' like never before. Pilot lecture to be held in rural Victoria, Australia in early May 2011.

Targeted audience: Secondary school students, medical and community health professionals, parents, general public, art & science community groups.

- Visually amazing and involving
- concise anatomical illustrations
- digital animations
- short films

- skits
- slideshows

The content: covers the emotive involvement of the sexual human from the neuroendocrine perspective in theatre, words, and pictures; reviews the physiological basis of heterosexual reproductive sexuality with concise anatomical illustrations and animations, with the neuropsychological involvement that extends to all human bonding across the lifespan, regardless of sexual preference. The aim is to present a non-hallowed view of sexual involvement, using an evolutionary psychology background as a basis for re-examining the standard sexual premise, especially in its applications in rural and country areas.

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REPRESENTATIONS OF WOMEN SEXUALITY AMONG NURSES IN BRAZIL

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Introduction: The development of new treatments has improved survival and quality of life among cancer patients. As an important aspect of life nurses are demanded to answer questions and provide orientation on sexual life of patients.

Objectives: To understand the representations of sexuality among nurses working with women surviving breast cancer after diagnosis and during treatment assuming that their representations will affect communication with the patient.

Methods: A qualitative study using an in-depth guideline to interview 28 nurses living and working in the Southeast of Brazil. The narratives were submitted to a content analysis and categories of representations were identified.

Results: Several representations of sexuality were found in the nurses' discourses: Sexuality as:

- 1) dangerous and risky for diseases;
- 2) a basic human need for health and well being;
- 3) a prerogative of youth linked to reproduction and associating sexual intercourse in mature age with displeasure;
- 4) an expression of an idealized pattern of beauty being connected to body image and self-esteem;
- 5) linked to the idea that love and sex must be experienced together being sex a complement of love;
- 6) sexual fantasy and erotization of patients including the manipulation of patient's body and their reactions as expression of sexuality.

Conclusions: The wide range of nurse's representations about sexuality probably interferes in their practice and communication. Understanding nurses' representations on sexuality provides knowledge to redesign nurses' qualification training. Nurse's training should include orientation on cancer patient sexuality.

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MOTHERS' TALK ABOUT SEXUAL HEALTH WITH THEIR DAUGHTERS: THE INFLUENCE OF SOCIAL AND CULTURAL FACTORS IN FORTALEZA, BRAZIL

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Introduction: Sexual health life is an important aspect for the adolescent development. The family must promote communication among its members, especially for adolescent girls. Traditionally, mothers

have the responsibility to talk with their daughters about sex and sexuality in order to prevent an unwanted pregnancy and STD/HIV.

Objectives: To uncover, based on the mothers' experience, their talks to their daughters about sex, sexuality and prevention.

Methodology: Fifteen women age between 32–43 years old who participate of the Family Health Unit, in Fortaleza, Ceará, Brazil. Data collection and analysis based on Transcultural Theory. Interviews and focus group were used. This research was approved by the Ethics Committee of Federal University of Ceara.

Results: Social and cultural factors influence mothers in the way they talk about this sensitive theme, such as, limited knowledge, fear, emotions and shame. Also any talk about prevention is focused on pregnancy prevention. Regarding the DST/HIV, there are little discussion about it as an argument for prevention, and it pointed out a perspective of risk to life and it did not mention anything about signs and symptoms.

Conclusion: There is need for the community nurse to consider social and cultural factors in the family health care, improving knowledge and communication skills for mothers hence sexual health promotion for adolescent girls.

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APPLICATION OF THE PARENT ADOLESCENT COMMUNICATION SCALE WITH BRAZILIAN FEMALE ADOLESCENTS TO PROMOTE SEXUAL HEALTH

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Introduction: The proposal of Parent Adolescent Communication Scale (PACS) is to assess adolescent girls' frequency of communication related to sex, condom use, pregnancy, STD and HIV with their parents.

Objective: To apply the PACS as technology to enhance health education programme for female adolescents.

Methodology: Firstly, the study consisted of translation/adaptation-validation of the PACS to Brazil because it was used originally in the United States of America. Secondly, it was applied to 313 female adolescents aged 14 to 18 years old, who have already sexual intercourse. Of these, 171 adolescents are of government schools and 142 are of private schools.

Results: Girls of government schools heard about sexuality by television and friends, while girls of the private schools got some information from their parents and internet. Girls cited the mother as a main source of information more than their father. In a government schools, the teacher was appointed as source of information about STD/HIV. On the other hand, in private schools that information were obtained through the Internet and family. In both types of schools, the scale showed that the more consistent condom use is associated with greater parental communication among parent and daughters.

Conclusion: PACS is a useful instrument to use with adolescents because its data show in what extend the parent communication may contribute to adolescent health behaviour.

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VALE SONHAR PROJECT

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Vale Sonhar Project has the objective of assessing a methodology to reduce the number of teenage pregnancy and its potential reapplicability for schools in Brazil by means of teachers' training for use VALE SONHAR GAME, created by Kaplan Institute specifically for prevention workshops.

The project was performed in all public middle schools of 3 States in Brazil, Alagoas (178 schools), Espírito Santo (282) and São Paulo (3,578). The methodology consists in applying 3 workshops, which strategy is to motivate young boys and girls to perform safe sex through the perception of the pregnancy impacts in their professional life projects, and by gaining knowledge of reproduction, risky sexual practices and contraceptive methods. In order to evaluate its effectiveness, a pregnancy poll was applied to the students before and one year after the workshops had begun.

Results: In **Alagoas**, the workshops were performed in 60% (105) of the schools involved, in **Espírito Santo** 127 (47%) and in **São Paulo** 42% (1,486), benefiting respectively **42,841** students, **35,132** and **182,944** in 2 years of project. The pregnancy rate reduction was of **50%** in **AL**, **31%** in **ES** and **14%** in **SP**.

The impact of pregnancy on the life project was a determining factor in the motivation of young boys and girls to learn the content and an incentive for prevention. This result, associated to the success of the reapplicability has turned **Vale Sonhar Project** into a **public policy of the Education Departments of the States of Alagoas and São Paulo**.

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PROFESSIONAL COMPETENCE ASSESSMENT AMONG STUDENTS PARTICIPATING CONTINUING EDUCATION MODULE FOR ADOLESCENTS SEXUAL HEALTH PROMOTION

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Young people's sexual health promotion and developing professionals' sexual health promotion competence are the main priorities of the National Action Programme for Sexual and Reproductive Health Promotion 2007–2011. As a part of Metropolia University of Applied Sciences' project 'Sexual Health Promotion in School and Student Health Care Services' an educational module (10 credits) for professionals from primary health care services has been created.

The module was planned based on the scientific knowledge and evidence of adolescent's sexual health promotion including five competence areas: biological, psychological, social and cultural aspect of sexual development, health and medical science base, methods for sexual health promotion. The educational module is conducted between October 2010 and February 2011. Pre-test of professionals competence self-assessment (Visual Analogues Scale VAS) was done before starting the continuing educational module. Respectively, post-test will be conducted after the education in February 2011.

Results of the pre-test revealed, that professionals experienced the highest competence in the area of health and medical sciences. The lowest competence area was in social and cultural aspect of sexuality and sexual health. Final results will be presented in the presentation.

Educational module will be modified based on the final results of the evaluation.

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SEXOLOGY AND SEXUAL EDUCATION: WAY OR CROSSING ROAD

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In Argentina, was approved in 2006 a Comprehensive Sexual Education. This law, incorporate sex education as an educational right of all. This generated the need to train teachers for the task. In this context, the National University of Tucumán offered training on the subject-oriented teachers (divided into three stages, with four modules each).

At the beginning of the first stage and the second was performed a specific question about expectations of the same (Stage I) and the usefulness of the first stage (top of the second stage).

After analyzing the responses follows some skills necessary to take into account in teacher training in sex education. With these data re made the crossing with the idea of sexology as a profession.

According to our analysis, we found the following conclusions:

- a—The idea of sex education raised in the law (Viola, 2010), recovered by the teachers, an idea associated with sexual health in an integral sense.
- b—sexology as a field of study does not provide *per se*, skills for sex education but it acquires a complementary elements.
- c—sexuality as a field of study required, as opposed to sex as a phenomenon of study, a *cultural nomad* (Viola, 2011).

This strengthens the idea that the sex-ology should be distinguished from sexua-logy (Viola, 2003.2010).

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A NEED AND IMPORTANCE OF FAMILY LIFE EDUCATION FOR ADOLESCENTS IN INDIA: SPECIAL REFERENCE TO EAG STATES

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Adolescent is a vital phase of life. It is one of the most apprehensive stages in which they try to adjust to the various physical, emotional and psychological changes. Though there has been a growing medium of information and education from various sources specifically from media and peer groups with an increasing emphasis on safe maternal and reproductive health of women through the national program, the access to quality information on each of these aspects of family life education is questionable.

Objectives: To understand the need and importance of family life education among adolescent girls.

Data and methods: The analysis is been conducted with the help of District Level Household survey-3. The data from EAG states (70,530 unmarried women) from DLHS-3 were analyses by using various statistical analyses for adolescent girls and women aged 15 to 24 years.

Results: The awareness of family life education (FLE) which consists of knowledge about bodies, growing up, male-female relationship and sexual matters is primarily very low among young adolescent girls (15–17 years) and among those who have less than 10 years of schooling. The awareness increases with the increase in the standard of living and is highest among the richest.

The interaction between the awareness and importance of FLE and the outcome variables like discussion around contraceptives, knowledge about reproduction knowledge about RTI/STI symptoms and knowledge about mode of HIV transmission among all the groups is quite low across various socio-economic groups.

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THE IMPORTANCE OF ENTERTAINMENT FOR SEXUALITY EDUCATION

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Previous research into sexuality education has primarily focussed on formal schooling as the principal site of learning for young people. This discounts the fact that the sexuality information young people want to know more about—addressing emotional and pleasurable aspects of the practice—is provided from informal sources such as peers, the internet, and entertainment media. The difficulties associated with presenting emotional and pleasurable information in formal school settings calls for more creative methods of delivery. Working collaboratively with producers of entertainment media to deliver sexuality education allows for these messages to be presented in ways that are relevant to young people's own experiences and interests.

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EFFECTS OF THE EDUCATIONAL INTERVENTION TO THE NURSES ABOUT SEXUALITY OF THE PATIENTS WITH GYNECOLOGIC CANCER

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Purpose: The purpose of this study was to assess the effects of the educational intervention on nurses' knowledge and consciousness about sexuality of gynecologic cancer patients and nurses' embarrassment into talking about sexuality.

Method: This study was designed as a pre-post anonymous questionnaire survey. After signing consent form, a ninety-minute intervention was conducted to nurses. The contents of this intervention were a lecture, role playing and discussion about sexuality of the gynecologic cancer patients. Participants were asked to complete a questionnaire before and after the intervention. The outcome measures were knowledge, consciousness and embarrassment. The knowledge was assessed from the total number of correct answers to 10 questions. The consciousness and the embarrassment were assessed from a single Likert-type scale, ranged from 1 = "not at all" to 4 = "very much", independently.

Results: Twenty three nurses participated in this study. The mean knowledge score significantly increased after the intervention from 7.65 ± 1.43 to 8.60 ± 1.11 ($p = 0.004$). The consciousness score and embarrassment score were unchanged. After the intervention, all of the participants reported that it was my role to deal with patients' sexuality. In the discussions, participants mentioned about the necessity of acquiring of the knowledge and resources, enhancing of communication skills, and changing their attitude for sexuality problems.

Discussion: This study suggested that the educational intervention could enhance nurses' knowledge of sexuality of gynecologic cancer patients. It is necessary to develop and repeat the intervention in order to change nurses' consciousness and embarrassment.

POSTER PRESENTATION

TRACK 4

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FREQUENCY OF CROSS-DRESSING AND TRANSGENDER RELATED THOUGHTS AND ASSOCIATIONS TO SEXUAL AND MENTAL DISTRESS

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Frequency of cross-dressing and transgender related thoughts were measured in a large population based sample of Finnish twins. Participants consisted of 3261 twins aged 33–43. Participants completed anonymous posted questionnaires. Items pertaining to transgender thoughts were: Have you felt that you really are a woman (for men: for women: felt you are a man), have you ever wanted to have a woman's/man's body, have you considered having a so called sex reassignment surgery? Responses ranged from less than one percent to approximately 11 % for feelings of really being a man for female participants. Associations between the items and felt sexual distress and depressive and anxious symptoms were also studied. Results and possible confounding factors will be discussed.

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SEXUAL SAFETY AMONG US BLACK WOMEN: WHAT ARE WE MISSING?

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Introduction: Sexual safety research about US Black women often focuses on sexual risk behaviors relating to HIV/AIDS, STIs, unintended pregnancies and condom use negotiations. However, sexual safety is broader than sexual activity and includes emotional dimensions of intimacy which are influenced by culture, social determinants, and personal values. Exclusive focus on risk behaviors limits our knowledge about ways women seek to maintain sexual safety.

Aims: This presentation aims to:

- 1) explore cultural influences, conceptualizations and social determinants of sexual safety and
- 2) recommend culturally-congruent theoretical models to promote sexual safety among Black women.

Methods: Sexual safety intervention studies focusing on adult Black women in peer-reviewed publications between 2000 and 2010 were critically analyzed. Strengths and limitations of current theoretical and conceptual approaches to sexual safety guided the investigation.

Results: While numerous sexual safety intervention studies aimed to decrease risks for HIV/AIDS, STIs, and/or unintended pregnancies, few were rooted in theories acknowledging the emotionality of sexual activity. Most studies focused on promoting condom and contraceptive use, endorsed limiting numbers of sexual partnerships and encouraged women to refuse unprotected sex. Few studies included broader emotional aspects of sexual activity such as love, trust, intimacy, and desire.

Conclusions: Research aimed at improving the sexual safety of Black women neglects the love, trust, intimacy, and desire associated with sexual activity. This gap in the literature can be filled by targeting research to focus on emotions, socially determined definitions of sexual safety, and holistic theoretical models as foundations for interventions that promote sexual safety.

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STATE OF KNOWLEDGE ABOUT HUMAN SEXUALITY, SEXUAL HEALTH AND REPRODUCTIVE HEALTH

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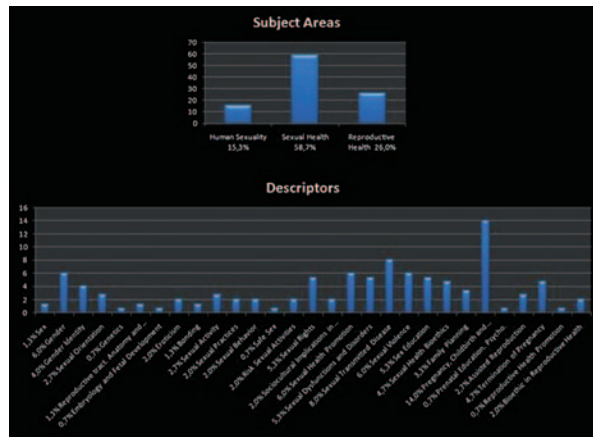
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Objective: To assess state of knowledge about Human Sexuality, Sexual Health and Reproductive Health, relevant for building a textual corpus for compiling specialized dictionaries.

Methodology: We're dealing with a bibliometric, descriptive, cross-sectional and retrospective study, conducted in online indexed scientific journals (2001–2010). Our dependent variable was Scientific Productivity. The research was conducted on SCIELO database. Subject areas were selected to delimit the research field, from which descriptors were derived. From these areas we obtained our independent variables: the state of knowledge about Human Sexuality, Sexual Health and Reproductive Health. Our sample comprises 150 publications. Each document was characterized by type of publication or study, date, country, main author's profession, subject area and productivity descriptors. Productivity was analyzed using SPSS 19.

Results: Countries reporting major productivity: Mexico (60.7%), Cuba (9.3%), Spain (8.0%). Most productive journals: *Salud pública de México* (30.0%), *Perinatología y reproducción humana* (8.0%), *La ventana. Estudios de género* (6.0%). Subject areas: Sexual Health (58.7%), Reproductive Health (26%), Human Sexuality (15.3%). Highest productivity: physicians (40%), sociologists (16.0%), psychologists (14.7%) nurses (6.0%). Types of publication or study: quantitative (46.0%), qualitative (14.0%), mixed studies (4.7%), review papers (35.3%). Most papers on Human Sexuality and Sexual and Reproductive Health

dealt with Pregnancy, Delivery and Puerperium, STDs, Gender, Sexual Health Promotion and Sexual Violence.



[Subjects Areas and Descriptors]

Conclusions: The researched problem is active in the multidisciplinary scientific productivity of the last decade. It's expected to broaden this study with five databases selecting accurate material for the corpus.

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MALE PENILE/URETHRAL "PLAY" OR "SOUNDING"

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Object of study: To provide quantitative and qualitative evidence about men who inserted foreign liquids and objects into their penis and/or urethra, an activity they call urethral "play" and "sounding."

Method: From a larger, cross-sectional study (N = 445), two questions inquired if they had penile tattoos and/or inserted other materials such as fluids and foreign material into their penis or urethra.

Results: The medical literature has been robust about four types of unusual genitourinary tract activities since 1755. The different published practices include embedding (a) foreign objects and/or (b) liquids subcutaneously into penile tissue, as well as inserting (c) liquids and/or (d) foreign objects into the urethra. This international subsample responded affirmatively (n = 85/24%) and many provided comments. Two respondents embedded metal balls into their penis, one, at age 13 injected water for penis enlargement; 11 inserted liquids into the urethra, and 63 reported insertion of 32 different objects, frequently urethral sounds or "sounding" (n = 33/52%) were mentioned. Major motivational themes focused on sexual stimulation and experimentation. Penile tattoos (n = 14) were also reported, mainly for aesthetics. Few complications or STDs were reported.

Conclusions: This contemporary data challenges some basic demographic assumptions and adds further evidence about these practices including a wider distribution of men using penile or urethral "play", and their descriptive actions of "sounding." Clinician awareness of these practices and devices are important to obtain accurate health histories, manage any genitourinary tract complications, and provide applicable patient education.

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AGGRESSION PREDICTS LONG-TERM DATING SUCCESS AMONG ADOLESCENTS

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Introduction: About a third of adolescents report bullying others (Craig & Harel, 2004). The ubiquity of early aggression has prompted researchers to study the evolutionary origins of aggression in childhood and adolescence. We tested the hypothesis that perpetration of aggression promotes mating success and status over time.

Method: Students in grades 6 through 9 (N = 315) nominated same sex class-mates on whether or not they engaged in six aggressive behaviors: rumor spreading, arguing with others, threatening others, calling others names, hitting, and dominating someone by excluding them from the group. Students also reported on the popularity and physical attractiveness of opposite sex peers. Dating status (measured at Time 1 and 2) involved students each reporting being in a relationship with the other (reciprocated nominations).

Results: Controlling for dating status at Time 1, girls who spread rumours (B = 0.66) hit (B = 1.06) and called names (B = 0.77), were more likely to have obtained a dating partner at follow-up whereas girls who started arguments were less likely to obtain a partner (B = -3.91). For boys, aggression did not directly predict obtaining a dating partner. However, popularity did predict dating at follow-up (B = 0.36) which was predicted by dominating others by exclusion (B = 0.53).

Conclusion: Findings provided support for our hypotheses that aggression can directly and indirectly promote the acquisition of mates. Findings are discussed in light of evolutionary theory.

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SEXUAL DEVELOPMENT AMONG DUTCH YOUTH: THE ROLE OF PSYCHOLOGICAL AND PHYSICAL FACTORS (RESEARCH PROPOSAL)

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Introduction: There is a lack of research on the influence of psychological and physical factors on adolescent sexuality. Although personality and pubertal development are suggested to influence sexual development, this has mostly been studied in cross-sectional research, while focusing on single outcome measures (condom use, or age at first intercourse).

Objective: With a longitudinal study we will investigate how personality and pubertal development determine normative and non-normative trajectories of sexual development, including all aspects of sexual development (cognitive, emotional, and behavioural). This abstract proposes the presentation of the research plan of one of four subprojects of a large study on adolescent sexuality in the Netherlands, which will be conducted between 2010 and 2014.

Methods: Five age cohorts (N = 800, 11-15 years old), will be asked to fill out online questionnaires four times every six months (measures include: e.g. personality, pubertal development, attitudes about sex, sexual behaviour, sexual identity).

Purpose: We will examine whether psychological and physical factors predict normative and non-normative sexual development (e.g. precocious, unsafe sexual behaviour, negative emotions, stronger peer influences on relational and sexual development). With latent growth modelling we will examine the sexual development trajectories, and we expect personality prototypes to influence these trajectories. Subsamples will be asked to participate in focus groups, to determine whether personality characteristics influence the process of peer mediation in groups composed of different personality types. Furthermore, we will also examine how pubertal development affects sexual development.

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GENDER NONCONFORMING SEXUAL MINORITIES WITH A LOWER LEVEL OF PSYCHOLOGICAL WELL-BEING: WHAT ROLE DOES STIGMATIZATION PLAY?

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Introduction: Gender nonconforming sexual minorities often encounter negative experiences of stigmatization and discrimination, and experience lower levels of well-being (Sandfort et al., 2007; Skidmore et al., 2006). However, it is unknown whether the experience of stigmatization mediates the relation between gender nonconformity and well-being.

Aim: The current study investigates the relation between gender nonconformity and psychological well-being, and whether this link is mediated by experienced stigmatization of one's sexual orientation.

Material and methods: Via several LGBT-directed community websites, 142 participants aged 16–24 years old filled out online questionnaires (e.g. same sex attraction, gender nonconformity, experienced stigmatization, and psychological well-being).

Conclusion: Confirming our hypothesis, gender nonconformity is related to lower levels of psychological well-being among sexual minorities, and this relation is mediated by the experience of stigmatization. The present study replicates findings among Latino gay and bisexual males (Sandfort, et al., 2007), and concludes that among gender nonconforming young sexual minorities, stigmatization has a negative impact on well-being. Despite some caveats on the assessment of stigmatization, the current study emphasizes the need for greater acceptance of gender-queer and sexual minority individuals, and stresses the need for further research of the discussed relations.

References: Skidmore, W. C., Linsenmeier, J. A. W., & Bailey, J. M. (2006). Gender nonconformity and psychological distress in lesbians and gay men. *Archives of Sexual Behavior, 35*, 685–697.
Sandfort, T. G. M., Melendez, R. M., & Diaz, R. M. (2007). Gender nonconformity, homophobia, and mental distress in Latino gay and bisexual men. *Journal of Sex Research, 44*, 181–189.

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VAGINAL PRACTICES IN TETE PROVINCE, MOZAMBIQUE: QUALITATIVE AND QUANTITATIVE RESEARCH

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The paper presents both quantitative and qualitative data of the WHO Multi-country Study on Gender, Sexuality and Vaginal Practices carried out in Tete province, Mozambique. In 2005, 103 men and women were interviewed individually or in focus group discussions. In 2007, a questionnaire was applied to 919 women. A large variety of interventions were identified and 65% of the women were involved in three or more practices in addition to daily washing. More than 80% of the women reported having ever used at least three different practices in their lifetime (excluding washing). Elongation of the vaginal labia *minora* (98.6%) and intravaginal cleansing 92.2% were universal. Insertion of substances in the vagina was practiced by 71.5%. Less than

half (47.6%) reported ingestion of substances to affect the vagina while a fourth (24.7%) stated they had performed cutting or incision at least once in their lifetime. Application of substances in the vagina (16.3%) or genitalia including steaming (14.6%) were less popular. Notions such as 'closed/open', 'dry/damp', 'hot/cold', 'heavy/light', 'life/death', 'wealth/poverty' and 'sweet/not sweet' are extremely important in order to understand and explain practices connected to sexuality, reproduction and woman's identity. These notions and practices impact on sexual health risk as they influence people's preferences for having sex with or without a condom or adoption of microbicide. Messages and interventions should take into account this situation. As other research indicate that women reporting any vaginal practice have a higher rate of HIV acquisition than those reporting none, these practices need special attention.

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THWARTED SEXUAL AGENCY: NARRATIVES FROM ADOLESCENT GIRLS IN THE U.S. CHILD WELFARE SYSTEM

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Introduction: Rates of youth pregnancy, STIs, and sexual coercion are high among American adolescent girls, particularly those in the child welfare system. Presently, many interventions focus on bolstering girls' sexual assertiveness in order to reduce these negative sexual outcomes. These efforts presuppose that girls lack the agency to advocate for their sexual interests. We conducted in-depth interviews with adolescent girls in residential treatment to assess if and how they exhibit sexual agency.

Method: Nine girls (aged 16–17) completed sexual history interviews. All had been removed from the care of their families and lived at a residential treatment facility.

Findings: Participants shared many stories of how their attempts to exert influence in sexual relationships (e.g., determining what behaviors to engage in, requesting condom use) were often thwarted by their male partners' refusals or threats. In some cases, participants' negotiation strategies backfired and resulted in unwanted experiences. Three participants had success in asserting their sexual interests in some respects yet were still subject to negative sexual outcomes. Only one participant had avoided any unwanted sexual experiences.

Conclusions: These data belie the characterization of adolescent girls as devoid of sexual agency; instead, participants exhibited agency but were overridden by male partners. Inadequate social and material resources also undermined their leverage in sexual negotiations. Participants' narratives expose gender and socioeconomic inequality, not a lack of agency, as primary barriers to girls' sexual well-being. Results indicate that girls' sexual health may be better served by addressing social inequality, not girls' supposed personal deficiencies.

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YOUTH SEXUALITY AND HIV/AIDS RISK: AN ANTHROPOLOGICAL STUDY IN URBAN CONTEXT

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Background: This study refers to the analysis of the risky sexual behaviours of Portuguese and Cape Verde young girls and boys (15–30 years old) living in slums in Lisbon's metropolitan region. This research aims to:

- a) compare and evaluate the risky sexual behaviours of the young Portuguese and Cape Verde girls and boys.
- b) Compare and evaluate the knowledges and the beliefs of the young Portuguese and Cape Verde girls and boys related to HIV/AIDS; the access to the health services and their taking of HIV test.

Method: This is a qualitative and exploratory methodology based in in-depth semi-structured interviews (160 interviews were carried out).

Results: Approximately more than half of the girls and almost all the boys were at high risk for HIV. The girls became at risk because of their sexual partners behaviour (infidelity and irregular use of condom), HIV risk was highest among girls and boys who held strong beliefs about barriers to condom use, have multiple sexual partners and reported weak behavioural intentions to reduce risk.

Conclusions: Although the personal behaviour is determinant for the HIV/AIDS vulnerability, the decisions are not taken based only in an individual decision but also in a community level. In this process should contribute many institutions in simultaneous: Schools, Public Health Services, Youth Associations, Associations of Immigrants and Parents Associations. Local meanings of beliefs and gender roles related to sexual behaviour experienced by youths of different ethnic groups, as well as their impact in the prevention of HIV/AIDS, should be considered.

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INITIAL SEDUCTION: WOMEN SAY WHAT THEY PREFER. PRELIMINARY RESULTS

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Objective: To find out the male characteristics and initial seduction strategies preferred by Brazilian women.

Methods: Four out of 9 seduction-specific questionnaire items were examined:

- 1—which male stranger has the most chance of success in courtship?;
- 2—what is the best first dating invitation?;
- 3—what is the best way to make this first invitation?;
- 4—what behaviors by the man increase the chance of developing a relationship?

Results: An interesting, charming, intelligent man, who is good-humored and nice to talk to is more successful at courtship. Women would rather have first an invitation to talk, to go out without a pre-determined place or activity, to dine out, to dine and dance. Except by a personal invitation, if he is “almost her boyfriend”, the way the invitation is made doesn’t matter, whether through written language or the telephone (40,70 %); still, 28,76 % prefer a phone call. The chance of a relationship increases when the man calls her as he promised in the first date (22,80 %), is gentle, such as opening the car door or lending her his coat (if it gets cold) (20,19 %), brings her flowers or some treat (15,84 %).

Conclusions: Women value non-physical aspects in men. They are traditional regarding the way the invitation is made, only accept written language (by cellular phone or internet) if he is “almost boyfriend”; in the initial seduction phase, they prefer a phone call. A relationship may develop if he calls again and is gentle.

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MEN WHO HAVE SEX WITH MEN: FACTORS RELATED TO INTERNALIZED HOMONEGATIVITY, CULTURE, AND RELIGION

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The enormous impact of AIDS around the world is substantially influenced by factors often related to regional attitudes, values, and behaviour. A recent study in Malaysia demonstrated that men who have sex with men have the lowest rates of condom usage (Low, Siti, Wong, & Tan, 2009). Societies often convey attitudes of homophobia or homonegativity that influence beliefs that may impact on males who have

sex with men creating internalized homonegativity (IH) in those who may describe themselves as bisexual or gay. IH has been shown to be related to a number of other factors, including shame and insecure attachment styles (Brown & Trevethan, 2010). The current study was designed to consider IH in relation to culture, sexuality, and religiosity. It involved an online survey of men who have sex with men in Malaysia (n = 234) and Australia (n = 124) exploring variables of shame, self esteem, avoidant and anxious attachment styles, religiosity, and IH. Less than half of these men reported always protecting themselves and their partners by using condoms when they have sex. Malaysian respondents reported higher levels of IH, shame, religiosity and insecure attachment styles, and self esteem. Multivariate analysis reduced these differences to anxious attachment style, shame and self esteem when taking age into consideration. There were also differences in religion on variables of anxious attachment style, shame, self esteem and IH. IH was predicted by shame, avoidant attachment style and by religiosity. These findings are discussed in relation to implications for sexual health.

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DIGGING IN MY SECRET GARDEN: EROTOPHOBIA, THE “HIDDEN OBSERVER,” AND REPORTED SEXUAL FANTASIES

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Erotophobia—a broad-based, affectively negative response to erotic stimuli—has been linked to a decreased willingness to disclose intimate information such as the occurrence, frequency, and details of one’s sexual fantasies. Previous research has not established whether this link reflects veridically impoverished experience or inhibition-driven reporting bias, however. Thus, in the present study, 90 undergraduate participants (49 women, 37 men, 4 not indicated) completed an erotophobia measure on-line and, in a separate session, were randomly assigned to either a standard disclosure or “hidden observer” (HO, or the ostensible part of them that knows their deepest secrets but will only reveal them if questioned directly) disclosure condition, at which point they were asked to submit a narrative of their favourite sexual fantasy. Compared to the standard disclosure condition, HO virtually eliminated reluctance to disclose fantasies, and the resulting fantasies were more explicit, even among erotophobic individuals; HO also allowed the latter to admit that bringing sexual fantasies “on-line” serves an affective compensation function. The utility of the “hidden observer” technique as a disinhibitory tool that can bypass self-censoring in the reporting of sexual attitudes and experiences therefore deserves additional investigation.

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WHY DO SOME INCARCERATED MALE YOUNG OFFENDERS REPORT HIGH CONTRACEPTIVE USE AND OTHERS LOW USE OR NONE?

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Objectives: Relatively little is known about young men’s, compared to young women’s, contraceptive attitudes and behaviour. This presentation compares the accounts of those young men incarcerated in a Young Offender Institution who report high contraceptive use with those who report low or no contraceptive use, in order to explore factors which may explain frequency of use.

Methods: Sixty seven men, aged 16–21 years, were asked how often they had used contraception when having sex. In-depth interviews were conducted with 40 of these men, exploring their contraceptive attitudes and behaviour.

Results: Twenty of those surveyed reported using contraception on every or most occasion(s) of intercourse; 30 reported using contraception never or not very often. Factors which distinguished these two groups included: the strength of fear of pregnancy and/or STIs; the extent to which individuals had thought about contraception and linked it with the prevention of unwanted outcomes following intercourse; views as to which partner should be responsible for contraceptive use; and the extent to which extraneous factors such as alcohol use, 'heat of the moment' and not having a condom to hand had occurred as barriers to contraceptive use.

Conclusions: By focusing on men who report using contraception on all or most occasions of intercourse we can better understand the processes which may be involved in encouraging young men to use contraception, including those around risk aversity. Such understanding may inform health promotion initiatives in this area, particularly amongst marginalised young men.

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PURCHASING SEX—DESCRIBING THE LIVED EXPERIENCES OF MEN WHO BUY SEX IN AUSTRALIA THROUGH CLIENT NARRATIVE

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The current study examines the lived experiences of buying sex within the context of clients daily lives and social situations. Using narratives of the experiences of purchasing sexual services, and an interpretive phenomenological analysis, this study investigates how clients conceptualise their experiences and choices including perceived risks, benefits and the effect on self-confidence/esteem. This presentation will provide historical background into the Australian sex industry demonstrating the influences which underpin how social mores, mythologies and stereotypes have emerged and continue to influence debate.

Client demographics, the prevalence and motivations of buying sex are essentially similar globally; however each country or region has different regulatory policies, cultural and social factors and local economies which have varying dependence on sex industry income. In Australia, there has been a growing trend towards legalisation or decriminalisation of the sex industry which reflects changing moral attitudes to sex work, recognition of the need to provide sex workers with access to services and growing support for harm minimisation approaches.

An online approach to data collection resulted in 137 responses, which allowed for in-depth analysis of 25 narratives of men's accounts providing empirical evidence-based research about accessing commercial sexual services in Australia. This presentation discusses client motivations including; his perceived risks and benefits, the effect on his self-confidence, worth and esteem and his experiences of stereotyping, internalised stigma, and his own attitudes and perception of disclosure within the current Australian social context.

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THE MISSING DISCOURSE OF MALE DESIRE? SEXUAL THEMES IN U.S. AND BRITISH NEWS COVERAGE OF MALE CIRCUMCISION AND FEMALE GENITAL CUTTING

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Object: Scholars have documented a "missing discourse of female desire" in U.S. and British popular culture, privileging male sexual pleasure and neglecting its female counterpart. One rare case where this pattern is reversed, news coverage of female genital cutting (FGC) and male circumcision (MC)—two genital surgeries typically performed on children with parental consent—illuminates the social construction of gendered sexuality and its relationship to activism around

sexual health. This paper analyzes sexual themes in U.S. and British print news coverage of FGC and MC from 1985–2009.

Methods: Data come from interviews with 18 U.S. and British journalists and activists and 671 U.S. and 849 British non-editorial news items published in 20 newspapers and 4 news magazines. Data were analyzed using enumerative and interpretive methods, following grounded theory precepts.

Results: Ten sexuality-related themes—controls sexuality, stops/does not stop/causes sexual pleasure, stops/causes masturbation, causes/stops sexual problems, causes partner pleasure, and stops rape—appeared with different frequencies and in qualitatively distinctive ways depending on which practice they pertained to. Though rare, references to desire and pleasure were more prevalent in coverage of FGC, especially in U.S. sources. Journalists routinely presented FGC as impeding female pleasure but rarely mentioned MC's relationship to pleasure.

Conclusions: These patterns can be traced to journalistic practices; cultural understandings of gendered and raced sexuality; and the intersections of gender, race, nationality, and sexuality in popular and journalistic imaginations. Although not "missing," female desire is constructed in ways that reinforce (hetero)sexist understandings of gendered sexuality.

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SEXUAL IDENTITY & RECOVERY AFTER DOMESTIC VIOLENCE

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Introduction: For women in Australia, sexual assault, domestic and family violence are some of the most pervasive human rights violations. According to the Australian Bureau of Statistics (2005) nearly one in five Australian women has experienced violence by a current or previous intimate partner.

Research on intimate partner abuse and violence (IPV) has focused on factors related to a woman's decision to leave or stay and the processes involved in arriving at that decision. However, studies on IPV have seldom ventured beyond the point of physical separation and little is known about the experience of women who have permanently left their abusive partners. The oppressive nature of the abusive relationship leads to restricted personal growth as survival was prioritised over self-development. Consequently, the post-separation period affords opportunities for redirection of energy and intention and extrication from false beliefs of their characteristics and identity.

Objective: The aim of this research is to establish theory that predicated the construction of a woman's sexual self identity, personal strength and sexual agency after the permanent physical separation from an abusive relationship.

Design: This qualitative, grounded theory research will utilise explorative interviews with women, who are permanently separated from an IPV relationship, as the main source of data. The resultant framework will prove greater depth in understanding women's process of leaving and recovery from IPV and what has assisted them regaining their psychological, emotional and sexual equilibrium.

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HOMOPHOBIA: A MATTER OF HEALTH

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Homophobia should be included in the context of health is justified by the brief quantitative analysis of the material produced. It is noticed that there are few studies in the area of public health that try to understand the violence against homosexuals. The objective of this study is to understand some clues of the "state of the art" of "homophobia" in the portal Scielo. This research is a bibliographic features, where a brief investigation was conducted in three major Virtual Health Library (VHL) on 16/08/2010, considering the word homophobia as

a descriptor. The choice of the following VHL was due to the visibility of them in Brazil, as well as the possibility of free access to abstracts. As a result 19 items were found in the Scielo base, 24 in LILACS database and one article in IBECs. It can be seen therefore, the need to address the theme as a public health issue and demands greater attention from researchers in violence and health. It was done a brief reading of abstracts of the scientific articles found in Scielo portal. This web site was choiced because of the easy access data, the visibility of that area of public health. Although the number of articles published in the source studied is still incipient to address the issue of homophobia, the theme was diversified in the reviewed articles, but it does not mean that it is satisfactory. This research could show that public health must pay more attention about the violence against homosexuals.

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PRESIDENT OBAMA'S NATIONAL HIV/AIDS STRATEGY FOR THE UNITED STATES: CHANGE WE CAN BELIEVE IN OR MORE OF THE SAME?

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Introduction: In July 2010, the White House released President Obama's long-awaited National HIV/AIDS Strategy and accompanying Federal Implementation Plan. Our purpose was to assess the plan and its chances for success.

The good: President Obama and his advisors are to be commended for clearly enunciating three admirable goals, identifying eleven bold action steps, and recommending "efficiency," "innovation," and a collaborative "public health approach to sexual health." "To successfully address HIV," they write, "we need more and better community-level approaches. . . ."

The bad: The Enhanced Comprehensive HIV Prevention Plan developed by federal officials contains 14 *required* interventions. All are biomedical. Most are directed at the behaviors of individuals (often classified as "HIV positive" or "highest risk"). None is empowering, culturally competent, or directed at the fundamental causes of HIV disease.

The ugly: Among the 30 "HIV prevention and risk reduction tools for HIV-negative and HIV-positive individuals" offered by federal officials are these "community" interventions: access to condoms, syringe services, social marketing, availability of post-exposure prophylaxis, and reducing community viral load. Missing are the four community-level interventions critical to our success in reducing disparities in HIV disease in Broward County: professional and peer educational outreach to residents and businesses serving vulnerable populations, strategic communications, organizational capacity building, and public health infrastructure development.

Conclusion: There is an obvious disconnect between the Obama administration's national strategy and the 14 interventions *mandated* for federal support. Formative research conducted in collaboration with communities at greatest risk should determine which interventions are most likely to eliminate local endemics.

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REPRODUCTIVE BEHAVIOUR OF YOUNG WOMEN AND ITS ASSOCIATION WITH THE FINANCIAL AND ECONOMIC SITUATION IN THE REPUBLIC OF KAZAKHSTAN

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Objective: The aim of the present study was to characterize the main features of reproductive behaviour of young married women residing in Astana, while taking into account the influence of the economic conditions on the demographic ideals.

Data & methods: We developed a questionnaire that was used to survey young married women, aged 18–29 years (350 respondents).

Results: Regarding the influence of economic factors on the demographic ideals, we found that the index of poverty depth in Astana decreased since 0.9 in 2003 to 0.3 in 2009. The index of keenness poverty decreased since 0.3 to 0.0 in the same time period. The average monthly financial expenditure of households per capita increased by a factor of 2.3.

According to the survey results, 37.6% respondents noted that they would prefer not to work but to keep the house. They also indicated that they believe that unemployment leads to the worsening of economic status of the family.

The following reasons that inhibit having a second child (for the family with one child) were provided: financial difficulties (35.8%), unsatisfactory living conditions (28.5), family interrelations (15.8), etc.

More than a half (53.1%) of young women believed that the best conditions for education, formations and maintenance of children are available in two-child-family.

The most frequent reasons for abortions in young families were absence of the registered marriage (25.3%) and also material difficulties in a family.

Conclusions: The obtained data allow addressing only some of the issues related to reproductive behaviour of young women.

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IS EQUITY POWERFUL? QUESTIONING YOUNG HETEROSEXUAL ADOLESCENTS ABOUT POWER, SEXUAL RELATIONSHIPS AND EQUITY

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Introduction: Research in sexual health has outlined the negative effects of power inequities on outcomes. While the evidence base on the influence of power inequities continues to grow there has been limited consideration of the concept of equity and how equity is understood in relation to power within sexual relationships.

Methods: Interviews with heterosexual youth (males, n = 13; females, n = 22) were conducted at a sexual health clinic in Ottawa, Canada. Interviews focused on issues of power, sexual health and relationships. Interviews were tape recorded and transcribed. Each transcript was coded line by line using codes to label each new idea represented. Concepts and themes were then developed through an iterative process.

Results: Some participants were puzzled by questions about the exercise of power in their relationships. These participants described relationships that were characterized by equity. The presence of equity eliminated the need to have or to use power and equity itself was not seen as powerful. Power, either having it or using it, was seen as negative.

Conclusions: Equity is generally not defined as a lack of power but rather as a situation in which the distribution of power is equal, fair or just. Power is variously defined as either something possessed, expressed, or resisted. The young people here described equity as a resistance to power. These results challenge ideas about traditional notions of dominance/submission within relationships and raise questions about whether equity is the manifestation of equal power relations or whether it is needs to reconceptualised as distinct from power.

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CURRENT RISK FACTORS FOR HIV SEROCONVERSION AMONG GAY MEN

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The HIV Seroconversion Study (SCS) is a study of recently seroconverted people in Australia. We describe the characteristics of gay men

in this sample and how the circumstances of the event that led to their seroconversion compare to those of a recent occasion of unprotected anal intercourse with casual partners (UAIC) among gay men in the PASH (Pleasure and Sexual Health) Study.

116 men in SCS described a UAIC event that they believe led to their HIV infection, 343 HIV-negative men in PASH described a recent UAIC event. Demographically, and in terms of their sexual practice, the two samples are remarkably similar.

The contexts in which the sexual risk event occurred were broadly similar but differed on these key aspects: in SCS it was more likely to have occurred in the context of group sex (41.7% versus 15.4%), men in SCS study appear to have been less likely to have been told the HIV status of their partner than those in PASH (43.1% versus 72.3%), men in SCS were more likely to engage in UAI with partners they believed to be HIV-positive (25.9% versus 3.8%) and the men in SCS were more likely to have been the receptive partner (83.6% versus 63.0%).

The men in SCS appear less likely to employ strategies that might minimise their risk of acquiring HIV in the context of UAI than were the men in PASH. Clearer guidelines for non condom-based risk-reduction may help some men protect themselves, and their partners, from possible HIV infection.

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UNCOMMITTED AFFECTIVE-SEXUAL RELATIONSHIP THROUGHOUT THE LIFE CYCLE AND ITS RELATION TO ATTACHMENT PATTERNS

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Introduction: In Portugal, few studies have been dedicated to examine the interaction between attachment patterns and emotional relationships without commitment.

Objectives: Analyze if secure attachment relationships of men and women of different sexual orientations are associated to certain characteristics and involvement in casual sexual relationships.

Methodology: We have gathered a sample of 215 subjects, with ages between 20 and 55 years old and used the following assessment instruments: Questionnaire CTR-R, (Fávero, Andrade & Pereira, 2005) and the Adult Attachment Scale—EVA (M.C. Canavaro, 1995; Portuguese version of the Adult Attachment Scale-R: Collins & Read, 1990).

Results: Data from a previous study (conducted with a sample of 150 individuals) indicate that the more individuals approach the pattern of a secure attachment, the more they report related experiences of being involved in stable relationships and, secondly, more insecure individuals (without differences between avoidant and anxious attachment styles) reported increased involvement in casual sex without commitment. Other data, such as the use of contraceptive methods in the affective-sexual relationships without commitment, timing of the initiation of coital sexual relations, sexual victimization, stalking, among others, are related to the attachment pattern.

Conclusion: The way sexuality is experienced differs from subject to subject, being the pattern of attachment an influencing factor. The study has not yet been completed and its final results will be presented, but the preliminary study points to the existence of a significant relation between involvement in sexual relations without emotional commitment and patterns of attachment.

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THE REPRESENTATIONS OF HUMAN SEXUALITY IN CHILDREN OF THE XXI CENTURY

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Introduction: Sex education is carried out by various information agents, as such, is necessary to start to reflect on the impact of their messages on the perception that children will build on sexuality.

Objective: To describe the representations that students in the third grade, built on various topics of sexuality.

Method: We conducted two group interviews, and then analyzed through a content analysis. The sample consisted of 26 students, divided into two groups, with ages between 8 to 9 years old.

Results: Students have a limited view about the concept of sexuality. Also there is a lack of knowledge about the teaching of sex education sessions, that express thoughts, at times, removed from reality, and also showed some unrealistic ideas about human reproduction. Moreover, their construction of sexuality is impregnated with gender stereotypes.

Conclusions: This research sheds light on the permanence of the traditional notion of gender roles that society constructs and transmits. We considered relevant the involvement of the school environment in the implementation of sessions structured to promoting a free and responsible sexuality, allowing to deconstruct these beliefs. The representations concerning gender roles possibly reflect the attitude of significant adults from children.

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BEING ELDERLY IN PORTUGAL: REPRESENTATIONS AND EXPERIENCES OF OLD AGE, SEXUALITY AND EMOTIONAL AND CASUAL RELATIONSHIPS

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Introduction: The growing aging population in modern societies leads to new needs in the field of scientific research on human aging. There is insufficient available qualitative research on aspects of sexuality at the stage of old age.

Objective: We intend to analyze and understand the experiences and social representations of elders committed in a care center on the phenomenon of old age and its sexuality in relational and social aspects.

Methodology: We conducted semi-structured interviews with three elderly men and three elderly women committed in a care center approaching seven distinct themes. The data collected was analyzed using content analysis.

Results: The results show the heterogeneity of human aging, being the social representation of aging and sexuality are different and influenced by several factors, but described as a reductionist and genital view. Casual relationships were present in youth and in old age of the interviewed, but with distinct features of today. The difference between genders is present in the discourse of the elderly, prevailing male domination.

Conclusion: Over the years affective relations have been changing its values, depreciating virginity, respect and commitment. It is believed that sex education and the training of health workers in health will be the most effective strategies to eliminate some of the myths and stereotypes by providing useful information for the reduction of sexual risk behaviors and improving sexual satisfaction in the elderly.

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KNOWLEDGE AND ATTITUDES ABOUT HIV/AIDS AMONG ADOLESCENTS IN YOUTH DETENTION CENTERS OF GALICIA (SPAIN)

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The sample consisted of 134 subjects of adolescents (76.1% men and 23.9% women) with a mean age located in the 16.17 years (range (13 to 20 years). The Spanish were 79.1% and 20.9% foreigners. Their participation was anonymous and voluntary. In the study were administered a questionnaire on knowledge, attitudes (affective component) related to HIV / AIDS and Sexual Practices. The level of knowledge was low, standing at an average rate of success of 51.91% for global understanding and a 60.48% for VIH transmission routes; no statisti-

cally significant differences by gender, except in protection methods scale ($F = 4.25$, $p < 0.042$). Also there is a positive evaluation toward monogamy, of indifference towards people with AIDS and moderately prejudiced against homosexuals, drug users and promiscuity. Significant differences by gender in the assessment of monogamous men ($F = 10.34$, $p < 0.002$), virgin girls ($F = 11.25$, $p < 0.001$), promiscuous men ($f = 11.22$, $p < 0.001$), young people going to brothels ($F = 6.72$, $p < 0.011$) and sex ($F = 12.13$, $p < 0.001$). 85.8% reported having had intercourse at least once in their life, being the average age of first sex at 13.89 years ($S_x = 1.75$). In the past 6 months to remain sexually active reported the 90.40% (an average of 2.52 partners). The percentage of consistent condom use in vaginal intercourse stood at 39.1%. Furthermore, 42.6% reported felt regret for not taking proper precautions with their regular partner and 38.3% with a casual partner.

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SEXUAL HEALTH AND CARE IN A GROUP OF MALE-TO-FEMALE TRANSGENDER SEX WORKERS IN BARCELONA, SPAIN

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Introduction: In Spain there are very few studies about risk and sexual vulnerability among male-to-female transgender sex workers (MTFSWs).

Objectives: To analyze the meanings of the experience of being transgender, sex work, unprotected sex and sexual health in MTFSWs.

Methodology: A qualitative study was carried out with 45 MTFSWs (aged 19–62): 25 in individual interviews and 20 in three discussion groups.

Results: 67% of the participants were from Latin America. Different forms of self-definition were observed (female, transsexual, transvestite, and person). All have experienced some form of rejection and discrimination for being transsexual. Sex work maintains and reinforces their sense of female identity (being desired by men) and represents for them the only means of livelihood while many have not sought other work options because they anticipate the denial of access to formal jobs and because some of them are in an irregular situation in Spain. Most use condoms with clients, except those who are HIV-positive who do not use them especially if the client offers more money. Among the HIV-positive MTFSWs there are some difficulties in understanding certain aspects of the disease (reading of the analysis, treatment). It is with casual sexual partners and stable partner that condom use is inconsistent among some MTFSWs. Health care and the relationship with the GP are positively valued.

Conclusions: MTFSWs are a highly vulnerable group, especially immigrants. Health services in Barcelona can be a major means of providing information on sexual health and HIV/STIs prevention messages to MTFSWs.

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COPING WITH CONFLICTS AND DATING ISSUES DURING ADOLESCENCE: A SYSTEMIC PERSPECTIVE ON INTIMACY

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Introduction: First romantic relationships represent a developmental challenge for adolescents (Collins, Welsh, & Furman, 2009). Youth face conflicts and dating issues that may lead to coercive interactions.

Methods: Using a mixed method strategy (Creswell, 2003), this study targets 40 heterosexual couples aged 14 to 20. Each partner completed adapted coping strategy measures related to conflict in dating relationships (Self-Report Coping Style (SRCS): Causey & Dubow, 1992), conflicts (Adolescent Couples' Issues Checklist (ACIC): Welsh et al., 2001), intimacy (Personal Assessment of Intimacy in Relationships Modified (PAIR-M): Schaefer & Olsen, 1981) and dating violence

(Violence faite aux filles dans le contexte des fréquentations à l'adolescence (VIFFA): Lavoie & Vézina, 2001) and participated in a semi-structured interview.

Results: Thirty-eight percent of youth reported sustaining some form of physical/sexual/psychological victimization. Concerning conflicts and dating issues, frequency of different types of coping strategies was not found to differ in adolescents reporting sustaining victimization in their romantic relationships. Overall, Pearson's correlations showed that coping strategy type was related to the frequency of conflicts which differed according to gender. For males, conflict frequency ($r = .40$), sexual intimacy ($r = -.35$) and negative intimacy ($r = .42$) were associated with avoidance coping strategies. For females, conflict frequency ($r = -.38$) and sexual intimacy ($r = .34$) were related to approach coping strategies. Positive intimacy ($r = .34$) was related to approach coping while conflict frequency ($r = .27$) and negative intimacy ($r = .27$) were correlated with avoidance coping strategies.

Conclusion: From a systemic perspective, these results highlight the contribution of intimacy in the understanding of adolescent's romantic relationships and conflict resolution.

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ONLINE SEXUAL GROOMING: A CROSS-CULTURAL PERSPECTIVE ON ONLINE CHILD GROOMING VICTIMIZATION

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Introduction: New technologies, particularly the Internet, are valuable educational, entertaining and connection resources but they also create a new and mostly unregulated environment that exposes children to a multiplicity of risks: violence, bullying, misinformation and sexual predators, amongst others. In fact, the unmonitored interface between children and adults has led to a growing concern about the Internet's role as a tool for adults wishing to sexual exploit and abuse young people.

Objective: This research intends to examine the prevalence and scale of online child sexual grooming, how it takes place and the core characteristics (behaviors, frequency, and duration) of the online grooming victimization.

Methodology: We have developed a questionnaire (Online Victimization Assessment) that was applied to a representative sample of youngsters from ten to eighteen years old, from Portugal, Spain and the United Kingdom (that are classified at a medium-high level of access to new technologies and exposure to online risks).

Results: A preliminary analysis of the questionnaire application to 6000 youngsters (which is still in the application stage to enlarge our sample) allow us to understand that the online grooming phenomenon isn't one of the most present risks in the three realities analyzed.

Conclusions: Preliminary results, allow us to comprehend that, although online grooming (when compared to cyberbullying, cyberstalking, amongst others) doesn't constitute one of the most frequent risk to which our youngsters are exposed, its impact can be classified as one of the most severe on their lives.

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A REVIEW OF 20 YEARS OF PROGRAMMATIC APPROACHES TARGETING YOUNG PEOPLE LIVING WITH HIV: HOW CAN EVIDENCE INFORM "PREVENTION FOR POSITIVES" YOUTH SERVICES TODAY?

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Background: Effective sexual health and prevention programs are important for youth living with HIV. This study examined literature concerning risk-reduction programs for youth post-HIV infection in

resource-rich countries, casting a critical gaze at the current evidence provided by peer-reviewed sources.

Methods: Methods included a systematic narrative synthesis of the available literature. Searches involved keywords and seven health-related electronic databases to locate articles (1990–2010) including key terms related to intervention, programs, and/or services targeting HIV-positive youth. Content analysis was used to group data.

Results: Preliminary analysis located 46 articles describing 27 unique youth programs involving young people who were HIV-positive. In this review, we categorize authors' accounts of various prevention program barriers and program facilitators. Facilitators or "core elements" to successful programs are related to service structure, delivery, and providers such as: providing for basic needs and stability; using a developmental framework; comprehensive care environments including case management; adult and youth partnerships; extensive formative research; youth involvement in program planning and as peers/staff; family and partner involvement; youth-oriented services tailored to the population; and having approachable friendly staff. We identify gaps in the literature that make it difficult to draw conclusions about core elements necessary for successful delivery of effective programs to this population of young people.

Conclusions: Given that the current evidence base is missing pertinent details to enable the comparability of various sexual health programs and other intervention components, the review concludes with recommending rethinking the "evidence" necessary to inform real-world program design, implementation, and evaluation.

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THE PENIS: NEW AESTHETICS, NEW NORMS AND NEW CHALLENGES

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Scope: This paper provides an overview of current issues relating to the penis in popular and primarily visual culture. It illustrates how penile aesthetics and men's anxieties are being marketed in a range of sites (primarily the internet).

Background: The penis has become more salient within contemporary Western culture in the last few decades (Brubaker and Johnson, 2008; Stephens, 2007). Changes wrought by feminism, gay culture, consumer cultures and the internet mean that, relatively recently, cultural understandings of the penis have perhaps shifted, or re-aligned, in new ways (e.g. Stephens, 2007). A reflexive twist of the male gaze refocuses men's attention on their own bodies, particularly those aspects associated with traditional ideas of masculinity, such as muscularity (e.g. Creary et al., 2007), or indeed, the penis.

Methods: We reviewed the literature and analysed 'penis enhancement' internet sites to illustrate both the range and scope of contemporary penile discourse.

Findings: We highlight the changing visibility of the penis as a result of the "normalisation" of pornography and increases in sexual partnership changes, penis "enhancement" and malleability in terms of pharmaceutical and surgical possibilities, and a change in the significance of the penis in a range of homosocial (i.e. not necessarily homosexual settings). We provide a tentative exploration of how these changes may be impacting upon a variety of men and outline how critical this area of work is for the study of sex, embodiment, gender, health and identity.

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IDENTIFYING PREDICTORS OF VARIABILITY IN SEXUAL HEALTH KNOWLEDGE, ATTITUDES AND PRACTICES AMONG EASTERN AND WESTERN EUROPEAN YOUTH

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Objectives: According to Eurosurveillance, "countries of Eastern Europe continue to experience some of the highest rates of new HIV infections in the world." Study objective is to explore predictors of sexual health knowledge, attitudes, and practices (KAP) among youngsters in 15 European countries.

Methods: Data collected from a Web-based survey between December 2009 and March 2010 among youngsters in Europe between ages of 15 and 20. Descriptive and linear regression models were developed based on a 41-item Sexual Health KAP Scale (Conbrach's alpha > 0.7).

Results: Condom use varied from 49.7% to 78.7%.

Table 1.

Kap Scale	Coef.	Robust Std. Err.	t	P > t	[95% Conf. Interval]
Reference Group	20.350	1.271	16.010	0.000	17.858; 22.843
Western Europe	2.971	0.224	13.250	0.000	2.532; 3.411
Actual Age	0.056	0.063	0.890	0.375	-0.068; 0.179
Male	-3.013	0.189	-15.930	0.000	-3.384; -2.642
Age at 1st Sex	-0.275	0.036	-7.720	0.000	-0.344; -0.205
Education					
Health professional	2.879	0.418	6.880	0.000	2.059; 3.699
Parents	1.911	0.279	6.850	0.000	1.364; 2.457
Teachers	1.564	0.282	5.540	0.000	1.011; 2.116
No. Sexual partners	-0.127	0.029	-4.420	0.000	-0.184; -0.071

Controlling for socio-demographic and clustering, significant difference was identified for Eastern vs. Western Europe. Eastern youth score on average 2.9 points lower compared to Westerns.

Conclusions: Areas that merit attention: a) Eastern European countries should promote sexual health; b) parents to engage in sex education and support periodical visits to doctors; and c) males must participate in reproductive health programs.

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SEX THAT GIVES AND TAKES AWAY: SEXUALITY IN OLDER AGE IN RURAL MALAWI

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Objective: This paper deals with practices and beliefs about sex among older adults. It is part of a larger project on experiences and meanings of ageing in rural Malawi.

Methods: Fieldwork was carried out between 2008 and 2010 using a grounded theory approach. Qualitative data were collected from men (n = 20) and women (n = 21) aged between 50 and 90 using novel in-depth multiple dependent interviews (n = 135). Data analysis is thematic and makes comparisons across themes and individuals.

Results: The ageing body was viewed in terms of declining strength and potency, or 'heat'. Sex was understood both as requiring and as giving strength. On one hand, men and women understood declining desire for sex as a reflection of the body's 'cooling' with age, and declining strength to perform sex as a reflection of a decline in physical strength more generally. Women particularly discussed sex as another form of 'work' requiring bodily strength that must be balanced with other necessary work to be done in the household and garden. On the other hand, sex was understood to confirm or give strength. For men and women sex was seen as confirming their strength and contribution to their households. For women, sex and semen was understood to replenish some of the strength lost as their bodies had aged.

Conclusions: This research is one of few qualitative examinations of the ageing process in Africa. It highlights the importance of sex and sexuality in negotiating older age in rural Malawi.

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EXPLORING THE NEEDS OF EXPERIENCES OF PEOPLE AGEING WITH HIV IN THE LONDON BOROUGH OF NEWHAM: METHODOLOGY AND PRELIMINARY FINDINGS

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Despite a growing population of people living with HIV (PLHIV) aged 50+ and people becoming infected with HIV later in life, we currently know very little about getting older with HIV. There is some research on the experiences of older MSM living with HIV; however, little is known about those who have become infected with HIV via heterosexual transmission, especially those from ethnic minority groups living in ethnically diverse areas.

This paper will present the methodology and preliminary findings from an exploratory, mixed-methods study designed to explore the needs and experiences of older adults with HIV in the East London borough of Newham, an ethnically diverse and socially disadvantaged urban area. The study set out to collect data on physical, sexual and social health needs, as well as patterns of service use. Quantitative data are collected from HIV+ adults 50 and older using a 42-item questionnaire developed with reference to several pre-validated health, lifestyle and ageing questionnaires. The qualitative component of the study utilises focus groups to explore experiences of various health and social care professionals working with this population, PLHIV and their partners, friends, family members and/or carers. Additionally, the study explores the availability of services in Newham to meet the needs of those older adults living with HIV. Services were mapped to create a user-friendly, accessible guide for health and social care professionals as well as for PLHIV aged 50 and older. Data collection and analysis is ongoing and preliminary findings will be presented.

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THE EFFECTS OF PEER SEXUAL COERCION ON RISK FACTORS FOR SEXUAL COERCION: EVIDENCE FOR A FEEDBACK LOOP

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Objective: Investigators have identified a number of factors that increase the risk for experiencing sexual coercion, but as yet little is known about how sexual coercion in turn affects these risk factors. The present study was designed to test the hypothesis that, after an incident of sexual coercion, adolescents would exhibit increases in several behaviors known to increase risk for victimization.

Method: The data were drawn from the first five yearly waves of an ongoing longitudinal study of a representative sample of 200 adolescents in the United States. Questionnaire data on sexual coercion, sexual behavior, internalizing and externalizing symptoms, and substance use were gathered in each wave; parents and friends also reported on externalizing symptoms and substance use.

Results: Ninety five participants reported being sexually coerced by a peer at some point. Their pre-coercion and post-coercion data were analysed using piece-wise growth curve analyses to determine if the intercept or slope of the trajectory changed with victimization. As predicted, after experiencing sexual coercion, adolescents reported experiencing more internalizing and externalizing symptoms than they had before; they reported more frequent sexual intercourse as well as a greater total number and number of casual intercourse partners. Adolescents also became more anxious in their romantic attachment

style. Finally, increases in alcohol use, drug use, and problems related to substance use occurred.

Conclusion: These findings suggest the presence of a feedback loop, in which the experience of sexual coercion leads to an intensification of the factors that initially contributed risk for coercion.

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PSYCHOSOCIAL PREDICTORS OF SEXUAL BEHAVIOUR

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Introduction: From a psychosocial approach, individual (Fuertes y López, 1997) and interpersonal aspects (DeLameter y Sill, 2005) function as key regulators of human sexuality.

Aim: To predict sexual behaviour in adult men and women within an urban context in Mexico.

Material and methods: A non-representative sample of 209 participants (63% women and 37% men) answered the following self-report measures: the Sexual Motivation Scale, the Adult Attachment Vignettes, the Love Styles Inventory, the Sociosexual Orientation Inventory, and the Sexual Behaviour Inventory. For each dimension of sexual behaviour that was evaluated, a multivariate regression analysis was performed (hierarchical method).

Results:

- Physical sexual motivation and friendly-erotic love predict the frequency of *physical contact* (non-genital) and *seduction*;
- Physical sexual motivation, insecure attachment, friendly-erotic love, playful love and sociosexuality predict the frequency of *sexual contact*;
- Friendly-erotic love, pragmatic love, playful love and sociosexuality predict the frequency of *self-eroticism*; and
- Physical sexual motivation, emotional sexual motivation and sociosexuality predict the number of life-time *sexual partners*.

Conclusion: Findings suggest that different sexual motives (Browning et al., 2000)—in this case the seek of pleasure and the expression of emotions-, and several aspects of affective interaction (Peña Sánchez, 2003)—such as attachment, love and sociosexuality—underlie and regulate sexual behaviour, and therefore could be useful to predict it.

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SEE ME—A STUDY ABOUT YOUTH, SEX AND THE INTERNET

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Objective: The objective of the study is to improve the existing knowledge on youth' experience of sexual exploration through the Internet.

Aim: The Swedish National Board for Your Affairs was instructed by the Swedish Government to conduct a study among young people between 13–25. The aim was to illuminate young people's experience of, and attitudes towards, exposure of a sexual nature and sexual exploitation through the Internet.

Results: The study shows that the Internet plays an extremely vital part of young peoples everyday life and thus they are exposed to the many sexual elements online.

See me shows that there is only a minority of young people that are posting sexy pictures of themselves and that there are several different explanations to sexual self-exposure, among them curiosity and boosting their self-esteem.

The study also shows that there is no increase in sexual services for compensation. So technology cannot be blamed for the fact that a minority of young men and women receives compensation for sexual services. What can be seen is that youth have a more accepting attitude towards selling sex.

The Internet seems to be particularly important to young LGBT-persons. A way of seeking contact with others with similar experiences and/or to find supporting organisations. Unfortunately Internet is also especially hazardous for young LGBT-persons who report higher number of unwanted sexual contacts.

Conclusion: Internet is not as scary, hostile environment where young people get harassed and hurt but a natural part of their lives, which is mostly positive.

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WOMEN'S AND MEN'S SOCIAL-PERCEPTION OF A PENIS. WHAT ARE THE MOST IMPORTANT PREDICTORS?

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Introduction: Studies on genital perception of men are still rare. Furthermore, most of them focus on the self-perception whereas only a few examine social-perception. Previous studies showed that genital self-perception of men is associated with their sexual experience. The aim of this study is to evaluate women's and men's perception of other men's genitalia and to reveal the most relevant predictors of penile social-perception.

Methods: Standardized photos were taken of genitals of 18 circumcised men. 185 men and women in different age-groups (age-range: 17–20; 25–30 and 40–45) were asked to rate a selection of these pictures with a structured questionnaire.

Results: Overall, there was no significant differences in the sum-score of penile social-perception of men and women (sum-score of social-perception = satisfaction with penile length, penile girth, meatal position and shape, shape of the glans, appearance of scrotum, shape of penile skin, appearance of pubic hair & general cosmetic appearance). Higher age, being in a relationship, and a higher sexual interest predicted a better women-reported social-perception of men's genitalia. No predictor could be found for men-reported overall social-perception.

Conclusions: Overall, penile social-perception does not differ between women and men. In contrast to men-reported social-perception, there are several predictors for women-reported penile social-perception.

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SEXUAL HEALTH RISK AMONG YOUNG BRITISH PAKISTANIS IN LONDON: IS THERE UNMET NEED?

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Introduction: Pakistanis are the UK's second largest ethnic group and one of the largest Muslim communities. However, relative to others there is a paucity of sexual health research among this group.

Aim & design: Between June–September 2008 thirty in-depth interviews were conducted with Pakistanis (aged 16–25) and community workers to explore key life and social/cultural issues and their implications for relationships, sexual behaviour and sexual health need/support. Participants were purposively selected across community settings.

Results: Contrary to faith and cultural norms relationships do occur but are primarily conducted in secrecy. There were striking gender differences in perceptions and types of relationships and sexual health risk. For young women the ideal was a relationship for marriage. However, many described partners as 'bad boys' and 'gangster types' and some relationships as pressurised and 'unhealthy'. Few felt they had access to support. The young men distinguished between 'wifey girls' and those for casual encounters who were non-Pakistani. Among

the sexually active, condom use was inconsistent. Others had experienced mutual touching and/or oral sex. Sexual health knowledge was poor and few knew how to access help.

Conclusions: The secrecy within which young Pakistanis have relationships and the pressures and gender roles they negotiate mean that some are at risk of poor sexual health and may not receive the support they need. This has implications for the delivery of appropriate preventative and curative sexual health services, which should also encompass a broad definition of sexual health and risk, particularly when working with this population group.

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YOUNG MEN'S PERCEPTIONS OF MASCULINITY AND EXPRESSIONS OF SEXUALITY

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Problem: In the U.S., adolescent males are often described as hyper-sexual. Yet, national data revealed that their rates of sexual activity were essentially equivalent to female adolescents. This phenomenon has not been adequately explored from the perspective of adolescent males themselves.

Purpose: To explore young men's perceptions of masculinity and how they express their sexuality.

Framework: In this study, sexuality was viewed as a developmental phenomenon that progresses through a dynamic, modifiable life-long process occurring in multi-directions and within contexts.

Method: A life history approach was used in this qualitative descriptive study. Demographic data included age, ethnicity, and socioeconomic status. Life histories were collected during private, semi-structured interviews.

Subjects: A convenience sample of eight African-American males between the ages of 14 and 17 participated.

Analysis: Taped interviews were transcribed verbatim and narrative analysis used to extract themes. A life history grid was constructed for each participant to visually organize life events.

Results: To these participants, becoming a man meant establishing oneself as having physical competence, social adeptness and acceptance, and personal power. Esteem was gained through positive regard from male peers and from having girlfriends.

Conclusions: Lack of data regarding how adolescent males describe their own sexuality is a barrier to effective sexuality interventions and education. It also hinders the reliability of research that addresses adolescent sexuality. The results of this study may be used to improve interactions with teenage boys in clinical settings and to design future intervention studies to help young men decrease their sexual risks.

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TO BE YOUNG, UNMARRIED, AND FEMALE: SEXUAL AND REPRODUCTIVE HEALTH EXPERIENCES IN MALDIVES

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Objectives: Premarital sexual activity is a punishable offence in Maldives, and sexual and reproductive health (SRH) services are unavailable to unmarried people, producing an extreme context for youth. This paper explores factors that shape youth experiences of SRH.

Methods: In-depth interviews (n = 61) were conducted with male and female Maldivians aged 18–24 years from diverse socio-economic backgrounds, across 3 contrasting field sites (urban and rural) of Maldives. Verbatim transcripts were coded using Nvivo and discourse and content analysis applied, continually checking for common themes and distinctions.

Results: This research shows that, counter to the prevailing policy and service context, unmarried youth are sexually active, most with extremely limited knowledge of STDs, more aware of abortion than contraception.

Three key themes- gender, marital status, place of residence- contributed counterintuitively to youth's SRH experiences. Marital status, expected to be a distinguishing feature in the wholly Muslim country, seemed to be a restriction only on paper as unmarried youth do not report feeling disadvantaged in accessing SRH services. This was mirrored among youth living in urban and rural areas. The one factor that consistently divided youth's SRH experience such as obtaining contraceptives, facing social consequences of premarital sex from family and community is gender.

Conclusion: Gender differences in SRH experiences in Maldives, a Muslim theocratic state with no SRH policy for youth, are stark. They combine to produce a situation where young, unmarried women are faced with disproportionate sociocultural pressures that need to be recognised in both policy and SRH service provision in Maldives.

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EXPLORATION OF BELIEFS ABOUT CONDOM BEHAVIOURS IN A CONVENIENCE SAMPLE OF OVER 55 YEAR OLDS: AN ONLINE ELICITATION STUDY

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Background: Sexually active individuals are potentially at risk from sexually acquired infections (SAI) if safer sex is not performed. This risk is prevalent for all age groups yet most research has focussed on adolescent and gay male populations. Condoms are the only method that will protect from most SAI if used properly. However, condom use is only one aspect of safer sex behaviour with condoms, preceding use are accessing, carrying and negotiating behaviours and disposal follows use. The Theory of Planned Behaviour (TPB) may be used to elicit condom behaviour beliefs.

Methods: Seven (5 = F, 2 = M) over 55 year olds responded to anonymous online open-ended questions to elicit salient beliefs about a range of condom behaviours (accessing, carrying, negotiating, using and disposing). Data were content analysed.

Results: Some females reported they had never accessed, carried, negotiated or disposed of condoms, but had used them. Women stated feeling uneasy about performing these behaviours. The family were referents that would approve of condom behaviours but also for women a potential inhibitor to access. An advantage of condom use was in preventing SAI. Embarrassment was reported as a dislike for accessing and carrying behaviours.

Conclusions: This is the first study to explore beliefs toward the whole range of condom behaviours in a small sample of over 55 year olds. This age group although less at risk from unwanted pregnancy are still aware of the risks from unprotected sexual intercourse with new partners. Understanding beliefs in this population will assist intervention development.

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A QUALITATIVE STUDY OF THE CHANGES IN SEXUAL LIFE WOMEN CAN EXPERIENCE AT MIDLIFE AND MENOPAUSE

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Object of study: This study explored women's own perspectives on the changes they encountered in their sex lives at midlife and menopause.

Method: Twelve British women who had recently experienced natural menopause were interviewed in-depth. Data were analysed using a material-discursive approach.

Results: The majority of participants experienced changes in their sexual lives, and these primarily related to sexual desire, orgasm and

factors affecting their male partner's sexual function. However, there was heterogeneity with regard to the changes, for example some women experienced an increase in sexual desire whilst others experienced a reduction. The women connected the changes to biological, relational and psychological factors. Indeed, interpersonal factors played an important role in the women's sexual behaviour and pleasure during this time of life.

Conclusion: The findings complement the growing literature on female sexuality, and sexual health more generally, which foregrounds the relational context. They reframe the menopausal body within a social context, and in this way provide a useful perspective for looking at women's sexual difficulties at midlife.

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BELIEFS AND PRACTICES ABOUT ANTIRETROVIRAL MEDICATION AMONG POOR URBAN KENYAN PLWHA

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Interest in medication-taking as a social behavior is growing. Drawing on qualitative data, this study interrogates beliefs and practices related to antiretroviral medication use among urban poor Kenyan PLWHA. Responding PLWHA relied on a range of ingenious strategies to remember to take their medications but did not necessarily perceive adherence with medical instructions as key to treatment efficacy. They also believed that adherence can even hurt some patients. PLWHA relied on both adherence and non-adherence to seek social acceptance, maintain a reputation of being healthy, dispel rumors about one's status, and minimize economic vulnerability. Adherence was further used to mark gratitude to supportive caregivers and providers, and non-adherence to appraise the efficacy of other treatments which promise permanent cure. The medication-taking practices of poor Kenyan PLWHA reflect their struggles with deprived livelihoods and stigma.

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DEFINING SAFER SEX PRACTICES FROM OLDER GAY AND BISEXUAL MEN'S PERSPECTIVES

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Background: We investigated the sexual practices of gay/bisexual men aged 40 and older infected/at risk for HIV. The results of the qualitative components of a community-based study ($N = 802$) of gay/bisexual men aged 40–94 years ($M = 55.9$ years, $SD = 10.8$) and participatory inquiry with an audio-taped focus group of 10 gay/bisexual (aged 43–75) are presented.

Methods: Participants were recruited from community venues (e.g., gay social events, bars) in South Florida, U.S. and completed a self-administered, anonymous pen-and-paper questionnaire on sexual behaviors and attitudes. Two open-ended questions regarding reasons for using/not using condoms were added to the quantitative survey. Similar questions were asked of focus group participants to help elucidate the nuances that influence older gay/bisexual men's sexual and condom use decision-making. Using a grounded theory approach (Glaser & Strauss, 1967), data were divided by emergent themes and coded.

Results: The study participants were sexually active, practiced high-risk behaviors, and used seroadaptation strategies (serosorting, strategic sexual-positioning) for protection. Emergent themes included

- (1) problems with condom use and maintaining erections,
- (2) condom use negotiation,
- (3) sex with partners outside primary relationships,

- (4) safer sex decision making with monogamous partners,
- (5) trust issues regarding who is considered “safe” (i.e., HIV-negative), and
- (6) drug use as a factor for risky sex.

Discussion: The findings elucidate about men’s layers of decision-making for using condoms and define safer sex practices from an older gay/bisexual man’s perspective. They address the intersections of age and sexual orientation with the desire for partnership as it applies to sexual decision making regarding HIV risk/protection.

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SEXUAL BEHAVIORS AND PERCEPTION OF HIV RISK IN A MULTI-ETHNIC SAMPLE OF LESBIANS AND BISEXUAL WOMEN

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Introduction: We investigated the sexual risk-taking behaviors, HIV-testing history, and perceptions of HIV-risk of a community-based sample of lesbians/bisexual women in the United States.

Methods: A multi-ethnic community-based sample of 239 lesbians/bisexual women aged 18–68 years ($M = 35.8$, $SD = 12.2$) completed an anonymous questionnaire in offered in English and Spanish regarding their sexual practices, testing behaviors, and perceptions of HIV-risk. Participants were recruited at LGBT pride events in three major U.S. cities. The study used a cross sectional research design. Data were analyzed using correlation analysis.

Results: The majority (75.3%) self-identified as Black or non-white Hispanic. In the past 6 months, 18.2% reported having one or more male partner; 33.5% “never” or “rarely” practiced safer sex. Of the women who engaged in sex during their partner’s menstruation (27.6%), 45.3% reported having contact with the blood. Some (17.5%) reported vaginal contact with fingers/objects that were in a rectum without cleaning them first. Most believed lesbians could be at risk for HIV, but felt little personal risk. Women who reported more male partners ($r = .244$, $p < .01$), who were not in a “primary” relationship ($r = -.185$, $p < .01$), had less time with their primary partner ($r = -.191$, $p < .05$), had sex with outside female partners ($r = .169$, $p < .05$), and were in a “primary” relationship with a man ($r = .208$; $p < .01$) reported feeling they were more likely to be at risk for HIV-acquisition.

Conclusion: Understanding sexual risk-taking in lesbians/bisexual women may be beneficial in developing efficacious interventions to reduce possible risk for HIV-acquisition/transmission among this overlooked group.

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STATISTICAL ANALYSIS OF SEXUAL VIOLENCE CASES IN WIELKOPOLSKA REGION OF POLAND—STUDY OF PROSECUTOR OFFICE DATA IN YEARS 2000–2010

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Objective: To describe sexual violence cases in prosecutor office investigation.

Methods: The analysis included of prosecutor office reported sexual violence cases in Wielkopolska region of Poland in years 2000–2010. The analysis regarded rape cases, sexual intercourse with limited judgment person, extortion (forced sexual behavior) with dependant or critically disoriented person, incest, pedophilia. Information from prosecutor office included information about conclusion of the proceedings.

Results: Of the 2036 reported sexual violence cases 1060 (46%) involved rape cases, 878 (38%) pedophilia, 248 (11%) sexual intercourse with limited judgment person, 75 (3%) extortion (forced sexual behavior) with dependant or critically disoriented person and 45 (2%) incest. Only about 36% of the cases were prosecuted.

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“THE FLOW OF HER CUM”: ON A RECENT SEMANTIC SHIFT IN AN EROTIC WORD

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Recently there has been a semantic shift in the pornographic word ‘cum.’ Traditionally, the word, as a noun, is used to designate semen. However, ‘cum’ is now used to designate also female fluids during sexual activity. The concept of ‘female cum’ is discussed in relation to examples from a corpus of two hundred erotic short stories collected from the Internet, and to the physiological realities of female fluids during sex. In order to show how the innovation of ‘female cum’ is useful in written erotic narrative, a comparison is made with filmed pornography and drawn erotic comics. Finally, I argue that ‘cum’ in this new context is used as a device to arouse sexual excitement.

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FAMILY PLANNING IN UGANDA: AN IN-DEPTH ANALYSIS OF SERVICES AND COMMUNITY PERCEPTIONS IN KISORO

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The burden of maternal mortality facing Uganda is high at 435/100,000 deaths per live births. Family planning is a cost-effective way of reducing this. 15% of women in Uganda currently use modern contraception, and there is a high unmet need for family planning. This study aimed to analyse perceptions of women towards family planning and examine the services available in Kisoro, Uganda.

Purposive and convenience sampling methods were used to identify 15 female participants and 14 health-worker participants. A semi-structured interview design was utilised. Pilot interviews were carried out prior to commencing. Data was digitally recorded and analysed using thematic content analysis. Secondary data analysis of Kisoro districts health information and management system was performed. Ethical approval was granted from Leeds University and Kisoro hospital.

Contraceptive use in Kisoro was considerably lower than national statistics. Although women had good knowledge on family planning, few were accessing services, particularly young, unmarried women, in rural areas. Staff shortage, out-of-stock methods and lack of transport were significant challenges facing service delivery. Attitudes of men, and the community posed barriers to access, alongside distance to health-centres, myths about contraception, and side-effects. Religion was not a barrier.

This study highlighted many persistent challenges to increasing contraceptive uptake in Kisoro. Increasing availability of contraceptive methods, and community-based distribution can increase knowledge and bring contraceptives to rural areas. These results clearly indicated that health education targeting men and adolescents would benefit services. Good counselling on side-effects is crucial. Involving religious leaders in promoting family planning is recommended.

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REPRODUCTIVE HEALTH KNOWLEDGE AND MISPERCEPTIONS AMONG ELITE YOUNG PEOPLE IN TEHRAN; A MIX METHOD STUDY

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Objectives: This paper aims to describe reproductive health knowledge, misperceptions and their determinants among female college students in Tehran.

Method: The data of this paper has been derived from a mix method study conducted on knowledge, attitude and conduct of female college students on sexual and reproductive health in Tehran in 2005–6. The survey conducted among 1743 female college students recruited from four multidisciplinary universities in Tehran using two stage random cluster sampling. Thirty in-depth interviews enriched the survey data.

Results: The majority of respondents (92%) were well informed about the possibility of a healthy appearance of HIV infected people. More than two-thirds of respondents had correct knowledge about condom efficacy and the contraceptive efficacy of oral pills (OCP). However, 28% of survey respondents were unaware of the fact that a woman can get pregnant at first intercourse and about 24% were unaware that OCP offers effective protection against pregnancy. Unmarried sexually experienced respondents reported better information about most aspects of reproductive health than the sexually inexperienced, particularly with regard to the effectiveness of condoms in prevention of HIV infection (83% vs. 61%). Despite prevailed good knowledge regarding condom and mode of transmission of HIV and STIs, the qualitative study showed extensive misperceptions regarding the risks of transmission of STIs and HIV through non-vaginal penetrative sex. Hence condom use was only associated with vaginal sex.

Conclusion: HIV and STIs prevention programs in the country need to consider these common misperceptions to be more effective.

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MOTHER-DAUGHTER COMMUNICATION ON REPRODUCTIVE HEALTH ISSUES, A SURVEY IN TEHRAN

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Objectives: This paper tries to explain the extent of mother-daughter communication on different aspects of reproductive health issues and its determinants among female college students in Tehran.

Method: The data of this paper has been derived from a mix method study conducted on knowledge, attitude and conduct of female college students on sexual and reproductive health in Tehran in 2005–6. The survey conducted among 1743 female college students recruited from four multidisciplinary universities in Tehran using two stage random cluster sampling. Factor analysis, t-test, and linear regression models were used for the analysis of the data.

Results: The survey showed that according to the report of females, 33.5% of mothers do not teach their daughter about puberty, while this rate is 20.4% for menstruation. About 53% of mothers do not teach about reproductive system to their daughters and nearly 69% do not communicate about contraception method. About 71% do not talk about more sensitive issues related to sexuality with their daughters. Linear regression model showed that females with more educated mothers and those with better family atmosphere and relationships significantly reported greater mother-daughter communication on reproductive health issues compared to females with lower mother's education and poor family atmosphere ($p < 0.001$).

Conclusion: In this context, these results can have important implications for educating parents about reproductive health issues and equipping them with appropriate skills to impart those knowledge to their young people.

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GENDER DIFFERENCES IN COMMUNICATION OF REPRODUCTIVE HEALTH ISSUES

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Objective: Different sources, both our own and other authors' studies and long years of activities in NGOs show that men have problems in communication about reproductive health issues. As men's difficulties in communication can lead even to serious health disorders (late catchment of testicular cancer, problems at dealing with infertility), we aim at seeking possibilities to improve the situation.

Design and method: Two NGO projects aimed at information and support of communication of men were created. The first is "Adam" (www.adamcr.cz), that informs men about fertility disorders and their solution, the second is "Haveballs" (www.maskoule.cz) that teaches young men to perform self-examination of testicles and to pluck up courage to seek professional help. Both projects choose a communication mode not usual in this area—humour.

Results: Since the webs were launched in winter 2010, they have been visited by hundreds of persons. The most frequently visited topics include spermogram and prevention of infertility and carcinoma. Humorous exaggeration is appreciated both by professionals and by laymen.

Conclusions: It is still early to estimate how efficient both projects will be, whether they will contribute to reduce the number of testicular cancer captured in late stage or whether they will support the men's readiness to participate in infertility therapy, for example when gamete donation is needed. The responses of the public show that the projects have captured attention already and they seem to defend successfully their aim—to open the problem for discussion.

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MALE SEXUAL DISAPPOINTMENTS IN THEIR RELATIONSHIPS AFTER HAVING CHILDREN

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Couples spend usually several sexually active years together before they decide to have children. A child changes a couple into a triple and also everyday roles and schedules. For some men this new social circumstance creates a crisis with their partner.

In 2009 fathers were invited to write essays via internet of their experiences and feelings related to having children with their partner. Altogether 94 essays were received from men between 20 and 60 years of age. One of questions presented to these men was: How sexuality and desire are fulfilled in your relationship? 81 fathers wrote about the evolution of sexual issues in their relationship.

Three quarters of fathers reported of decrease in sexual activities in their relationship after having children. This was most frequent among the fathers whose child or one of the children was less than two years old. A third of fathers wrote about a major decrease or about a complete cessation of intercourse. A fifth of respondents reported of a stable sexual activities since having children, and only 5 percent said that their sex life had improved. Fathers described in detail of their sexual disappointments with their partners.

Fathers' essays focused much more often on the quality of their relationship and sexual issues with their partners than what mothers did in the previous similar study. These issues seem to be more important to young fathers than to young mothers.

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DRUG USE AND SEXUAL RISK BEHAVIORS AMONG YOUNG ADULTS IN BRAZIL'S CLUB SCENE

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Background: In Brazil, ecstasy and other club drug use is an emerging phenomenon. Although ecstasy was first introduced in Brazil as early as 1994, by most accounts its use remained localized and sporadic until recent years. Ecstasy and LSD are now widespread in large Brazilian cities, but there is limited information on their use among young, middle-class, club goers. We sought to understand the emerging club drug epidemic in the South of Brazil, and to investigate the extent to which Brazilian club drug users are at high risk for physical and mental health consequences. In particular, this paper examines the connections of club drug use and risky sexual behaviors.

Methods: We conducted standardized face-to-face interviews with 240 male and female ecstasy and/or LSD users, focusing on drug use and sexual history, current risk behaviors, and psychiatric symptomatology.

Results: The median age is 22 years; and the sample is 58% male. Participants reported substantial levels of substance use in the 90 days prior to interview: 97% alcohol, 73% marijuana, 75% LSD, 62% ecstasy, and 27% cocaine. Past 12 month sexual risk behaviors were high, including: sex while drunk or high (79%), unprotected sex (63%), and multiple partners (63%). Logistic regression models indicated that both LSD (OR = 2.3) and cocaine use (OR = 2.0) are associated with significant greater odds of engaging in unprotected sex, while ecstasy use (OR = .46) was associated with lower odds of unprotected sex. The implications of these findings for sexual health among young Brazilian club goers are discussed.

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PATHWAYS OF PARENTAL INFLUENCE ON SEXUAL VICTIMIZATION: PROTECTION AGAINST PEERS AND PORN OR PROVISION OF COMMUNICATION SKILLS?

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Background and aims: Previous research has shown that having a supportive and loving relationship with one's parents is a protective factor against experiencing sexual victimization among young people. Two explanations are offered in the literature: a supportive relationship with their parents can protect adolescents against the potential negative influence of other social agents (e.g., peers, media, and pornography), or a supportive relationship with their parents provides adolescents with a set of skills to effectively express and communicate their wishes and boundaries in the sexual arena. Both explanations are empirically examined in the current study.

Methods: Data were obtained from the 1 year follow-up study of a survey of sexual coercion among young people in the Netherlands (N = 1250; 15–25 years).

Results: Logistic regression analysis confirmed the prospective, protective effect of a supportive relationship with their parents on young people experiencing any form of sexual victimization. Entering media consumption and the bond with peers did not attenuate this association. However, when entering sexual communication skills, the effect of young people's relationship with their parents was no longer significant.

Conclusion: Findings suggest that the protective effect of young people's supportive relationship with their parents on sexual victimization more likely reflects a positive influence on communication skills than direct protection against the potential negative influences of other social agents. Future studies might explore this process in other (sexual) health areas.

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QUALITATIVE TESTING OF A THEORETICAL MODEL OF PARTIAL PROTECTION, RISK, AND BEHAVIOR RELATED TO VOLUNTARY MEDICAL MALE CIRCUMCISION

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Study objective: Voluntary medical male circumcision (VMMC) is being rapidly scaled up in high HIV-prevalence countries to reduce men's HIV risk. However, there is concern that men do not adequately understand that circumcision provides only partial protection against HIV, and therefore risk compensation following VMMC may dampen the impact on HIV transmission rates. For this study, a theoretical model based on the Health Belief Model, Extended Parallel Processing Model, and the Theory of Planned Behavior was developed to investigate how knowledge of partial protection might influence perceived HIV risk and subsequently HIV risk behaviors.

Methods: In-depth interviews were conducted with 44 18–39 year old men recently or planning to get circumcised in two districts in Nyanza Province, Kenya. Participants were asked about their understanding of partial protection, perceived HIV risk before and after VMMC, and sexual intentions and behavior following VMMC. Qualitative software (NVivo) was used to code and analyze data, and findings were mapped onto the theoretical model.

Results: Participants demonstrated good understanding of partial protection. Perceptions of decreased risk of HIV following VMMC did not predict risk compensative behavior. In fact, several participants indicated increased use of other HIV protective measures following VMMC, which may result from higher self-efficacy for preventing HIV following the act of getting circumcised.

Conclusions: Health behavior theory helps to explain how VMMC can serve as a catalyst for increasing HIV protective behaviors. Future efforts should explore how to further leverage VMMC for positive behavior change.

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PREVENTING HIV TRANSMISSION IN PAPUA NEW GUINEA BY REDUCING VIOLENCE AGAINST WOMEN

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Introduction: This paper will present on what men and women in Papua New Guinea say about their use and experience of violence, and the link between violence against women in intimate partner relationships and HIV and STI transmission. HIV in PNG has been declared a pandemic and it is estimated that 1.8% of the population is HIV Positive. Gender is recognised in the PNG National HIV and AIDS Prevention Strategy 2010–2015 as a crucial factor in prevention.

Objective: Two mixed method studies using structured interviews to collect data were conducted in Papua New Guinea, one with women in 4 provinces who attended Voluntary Counselling and Testing Centres and antenatal services (n = 415) in 2006 and one with men in 2 provinces of Papua New Guinea (n = 100) in 2010. The paper will present on the links between violence against women and HIV/STI transmission and gender differences in attitudes, use of violence, triggers and impacts. Implications for reducing violence and the need for strategies which understand local conditions will be discussed. For example in one province, Western Highlands Province, tribal fighting is common and affects many people and causes destruction of gardens and homes. Payment of brideprice is also much more common in Western Highlands and was found to be linked to violence against women through a culture of ownership of women's bodies once brideprice has been paid. Western Highlands also has the highest rate of

new infections. Participants' recommendations for prevention of violence will be presented.

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WHAT WOULD TEENAGE MEN DECIDE? TEENAGE MEN'S HYPOTHETICAL DECISIONS RELATING TO AN UNINTENDED PREGNANCY

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Aim: To explore adolescent men's decisions in relation to resolving a hypothetical unplanned pregnancy in their lives and to deepen understanding of the psychological and sociological determinants of adolescent men's decisions.

Methods: The research team developed a computer based interactive video drama (IVD) for the purposes of this study. Through a film drama entitled 'If I were Jack', we attempted to 'bring to life' the story of a week in the life of a young man whose girlfriend has just told him she is unexpectedly pregnant. The study sample of adolescent males (N = 360) was drawn from a stratified random sample of second level schools in Ireland and data collection included a survey conducted on an interactive computer programme & a paper & pencil questionnaire. Data analysis proceeding using a random effects logistic regression model.

Results: Adolescent men were more likely to choose to keep the baby in preference to abortion or adoption. Adolescent men's choice to continue the pregnancy in preference to abortion was significantly associated with anticipated feelings of regret in relation to abortion; perceived positive attitudes of own mother to keeping the baby and a feeling that a part of them might want a baby. Religiosity was also shown to underlie adolescent men's attitudes.

Conclusion: A greater understanding of adolescent men's views on adolescent pregnancy and pregnancy resolution would re-frame adolescent pregnancy as an issue for adolescent men as well as adolescent women and would inform gender inclusive pregnancy prevention and counselling programmes.

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EYE-TRACKING METHODOLOGY IN SEXUAL HEALTH RESEARCH: FINDINGS, METHODOLOGICAL CONSIDERATIONS, AND FUTURE DIRECTIONS

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Recent advances in cognitive science have provided the impetus to introduce novel methodologies to the study of sexuality. A series of studies utilizing eye-tracking methodology have provided a more precise understanding of how visual attention contributes to factors such as sexual desire, sexual dysfunction, and sexual information processing. These studies have found that:

- 1) individuals attend to erotic and non-erotic images in a fundamentally different manner;
- 2) sex differences exist in visual attention to preferred erotic targets; and
- 3) individuals with and without sexual dysfunction attend to erotic images differently.

Important methodological considerations when conducting eye-tracking research in sexuality include:

- 1) choice of eye-tracking equipment and lab set-up;
- 2) selection/development of stimuli;
- 3) length and method of stimulus presentation; and
- 4) dependent variables to examine.

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Future directions involve combining eye-tracking with additional psychophysiological measures (e.g., plethysmography, fMRI), examining information associated with mate selection for relationships involving different levels of commitment (including how this relates to likelihood of contraceptive use), and exploring potential sex differences in the specificity of visual attention to preferred and non-preferred erotic targets associated with self-identified sexual orientation and sexual behaviour.

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'MY BROTHER TOLD ME THAT IT WAS FOR MY OWN GOOD'—REASONS FOR PENILE CUTTING IN PAPUA NEW GUINEA

D. MacLaren¹, R. Tommbe², T. Mafile'o³, M. Redman-MacLaren¹, K. Browne⁴, W.J. McBride⁵, *Acceptability of Male Circumcision for HIV Prevention in Papua New Guinea Study*

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Papua New Guinea is a diverse country with a population of 6 million people speaking more than 800 languages. It also has more than 90% of all reported cases of HIV in Oceania. The 'Acceptability of Male Circumcision for HIV Prevention in PNG' study is documenting diverse penile cutting practices in 4 locations where people from across the country gather to study and/or work (two university sites in large urban centres, a remote mountain gold mine and coastal oil palm plantation).

Penile cutting varies across the many people groups in Papua New Guinea. This ranges from traditional cutting or removing of the foreskin in childhood/puberty to medical circumcision in infancy introduced by Christian missionaries. Over the past two decades teenage boys and young men from traditionally non-circumcising groups have increasingly engaged in penile cutting. The majority of penile cuts are a longitudinal cut of the foreskin, or some variation of the longitudinal cut.

This presentation outlines reasons study participants from across the four study sites gave for having their foreskin cut. Reasons are both historical and contemporary and include: being a part of custom/tradition; cleanliness; peer influence; to increase the size of the penis; avoid STI; increase sexual pleasure; prolong sexual intercourse; perceived increase in female sexual pleasure.

Any potential male circumcision for HIV Prevention programs in Papua New Guinea need to take into account the wide range of traditional and contemporary penile cutting practices, and the reasons these cuts are being done.

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'I WAS CIRCUMCISED IN MY UNCLE'S COCONUT PLANTATION': LOCATION AND TECHNIQUES OF PENILE CUTTING IN PAPUA NEW GUINEA

D. MacLaren¹, R. Tommbe², T. Mafile'o³, M. Redman-MacLaren¹, K. Browne⁴, W.J. McBride⁵, *Male Circumcision for HIV Prevention in Papua New Guinea Study Group*

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There are a plethora of penile cutting styles, penile cutting techniques and penile cutting locations present across the more than 800 cultural/language groups in Papua New Guinea. The 'Acceptability of Male Circumcision for HIV Prevention in PNG' study is documenting diverse penile cutting practices at four study sites.

Across the four sites between one third and two thirds of men reported having some form of penile cutting, with the majority having some form of longitudinal cut of the foreskin performed outside the medical system. Many men from cultural groups that cut the foreskin describe having their foreskin cut in or near a village by a male relative, friend or village expert and often linked to initiation ceremonies. Many men from cultural groups with no tradition of foreskin cutting and who had attended boarding school or university reported having their foreskin cut while at school or university by young men from circumcising groups or those who had learnt from circumcising groups. Tools used include bamboo, razor blades, scalpel blades, sharpened toothbrush handles, and large craft needles with strips of rubber tyre or fishing line. Many young men sourced scalpel blades, pain relief and antibiotic medication from medical clinics (either directly or via friends or relatives) and presented these to foreskin cutters. Modest gifts of money and/or food is exchanged with cutters.

Any potential male circumcision for HIV Prevention programs in Papua New Guinea need to take into account the range of traditional and contemporary penile cutting practices.

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IMPLICATIONS OF MALE CIRCUMCISION FOR HIV PREVENTION IN PAPUA NEW GUINEA: POSSIBILITIES AND CHALLENGES

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Following trials that showed male circumcision (MC) reduces the risk of heterosexual men acquiring HIV, MC is now recommended in comprehensive HIV prevention packages for populations with a heterosexual, generalised epidemic and where most men are not circumcised. The 'Acceptability of Male Circumcision for HIV Prevention in Papua New Guinea (PNG)' study is being undertaken to investigate the acceptability and feasibility of MC for HIV prevention in this South Pacific nation.

Both men and women participated in structured questionnaires, individual interviews and/or focus group discussions about MC practices and the acceptability of MC for HIV prevention. Sites for this study included two universities, a mine site and an oil palm plantation. Possible implications of MC for HIV prevention were explored with both men and women.

Participants reported a wide variety of traditional and contemporary penile cutting practices. Most non-circumcised men wishing to be circumcised reported a desire for medical personnel to perform the circumcision. Implications of MC reported by men included: possible increase in number of sexual partners and reduced use of condoms post circumcision. Women's concerns included: increasing the number of sexual partners for men (including outside of marital relationships) and decreased power to negotiate sexual encounters.

The acceptability of MC for HIV prevention in these sample groups appears to be high. The impact of MC on men's condom use, possible sexual disinhibition and potential negative impacts reported by women need to be investigated in specific locations considering MC as a potential intervention to reduce HIV throughout PNG.

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THE GENDER DISPARITY IN HIV INFECTION IN KENYA: EVIDENCE FROM THE DHS

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Introduction: Women in sub-Saharan Africa bear a disproportionate burden of HIV infections, which is exacerbated by their role in society

and biological vulnerability. Kenya typifies the situation in sub-Saharan Africa, with marked gender disparities, especially among younger adults. In this paper, we carry out a comprehensive analysis of the gender disparity in HIV infection in Kenya. The specific objectives are to (i) examine the role of HIV/AIDS awareness and sexual behaviour factors on the gender disparity; and (ii) establish how the gender disparity in HIV infection varies across districts in Kenya.

Data and methods: The study is based on secondary analysis of recent Kenya Demographic and Health Surveys conducted in 2003 and 2008. The analysis involves multilevel logistic regression analysis with particular consideration to contextual community/district variations in the gender disparity. The modelling introduces HIV/AIDS awareness and sexual behaviour factors in successive stages to understand how the gender disparity is modified by these factors.

Results: The findings show interesting patterns, confirming marked gender disparities and significant sub-national variations. However, the role of HIV awareness or sexual behaviour factors in the gender disparity is not evident. In particular, controlling for sexual behaviour factors is associated with an increase in the gender disparity.

Conclusions and policy implications: The results are useful in establishing the extent to which increased HIV/AIDS awareness or change in sexual behaviour could reduce the gender disparity in HIV infection in country, and therefore, inform efforts to curb the spread of the epidemic among vulnerable sub-groups of the population.

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SEXUAL INTERCOURSE AT AGE 15 YEAR OR YOUNGER IS A RISK INDICATOR FOR HAZARDOUS LIFESTYLE AND PROBLEMATIC LIFE SITUATION AMONG TEENAGERS IN SWEDEN

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Knowledge about risk-groups is important in public health efforts for creating societal conditions to ensure good health, on equal terms, for the entire population.

Aim: To investigate differences in lifestyle and perceived health among 15-year-old teenagers with experience of sexual intercourse and same-aged teenagers without experience of sexual intercourse.

Methods: A two-cluster questionnaire study among 15-year-old Swedish students (n = 2082) in 2009/10. Chi-2 test was used to identify differences between three groups: teenagers who have not had sexual intercourse; teenagers who had had sexual intercourse at age of 14 or younger; and, teenagers who had had intercourse at an age of 15 or older.

Results: 32% (n = 334) of girls and 31% (n = 324) of boys had had sexual intercourse. Teenagers with experience of sexual intercourse, especially those with a debut at 14 years or younger, used more tobacco, alcohol and illicit drugs, than same-aged teenagers without intercourse experience did. Furthermore, teenagers with experience of intercourse had less positive school experiences, more involvement in injuries and physical violence, were less (girls) and more (boys) physically active, and perceived a poorer health than teenagers without intercourse experience.

Conclusion: Sexual intercourse at age 15 year or younger is a risk indicator for hazardous lifestyle and problematic life situation.

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CURRENT SITUATION IN GENDER PROBLEMS IN JAPANESE SPORTS ASSOCIATIONS—A QUESTIONNAIRE STUDY

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Objective: Over the last couple of decades, gender problems in sport activities have been discussed in the International Olympic Committee (IOC) and many International Sports Federations (ISFs). As results, routine gender verification was abolished; game participation in people with sex-reassignment has possibly been permitted. However, recognition of such universal gender problems is still widely varied in different countries. In this study, we investigated attitudes of Japanese sports associations on gender problems.

Method: Mail-back surveys were done to 58 official sports associations in separated two times 2008 and 2010. The questionnaire included questions whether they know the byelaws of IOC about gender.

Results: The collection rates were 62.1% (2008) and 58.6% (2010). In both surveys, 44.4% (2008) and 47.1% (2010) of these associations answered that they didn't know the fact of abolishment of routine gender verification. About the participation in people with sex-reassignment, 3 associations understood its detail, and 52.8% (2008) and 64.7% (2010) didn't know it.

Conclusions: Other questions in this survey suggested this knowledge was strongly related to their experiences. Associations which actively participated in international games or experienced transgender issue in the past have good knowledge on the problems. Those which didn't have chance to be exposed to such issues generally show low improvement in such knowledge. Generally the most Japanese sports associations aren't well-acquainted with gender topics. However, the free descriptions suggested that they are interested in gender problem. Providing such information to people related to competitive sports could improve the situation of this universal problem in sports.

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SEXUAL BEHAVIOR COMPARISON BETWEEN HETEROSEXUAL AND NON-HETEROSEXUAL UNIVERSITY STUDENTS IN MEXICO

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Mexico, as most of the world, is changing its view of non-heterosexual expressions of sexuality. This progress can be better observed with changes in state laws in some areas; meanwhile, in other areas, society approach has made the progress. This is the case of Guadalajara, the capital of the State of Jalisco, a very conservative and religious state in Mexico.

Methods: A survey to 977 students of the Health Sciences campus of the University of Guadalajara was conducted to study their sexual behaviors, attitudes and history. There were 73 non-heterosexual students. This paper compares results of the heterosexual and Non-heterosexual subsamples and between men and women within these two categories.

Results: There is a higher percentage of sexual intercourse in the Non-heterosexual group with a χ^2 of 5.9 $p = 0.01$. Age of first consented sexual intercourse was one year younger in homosexuals, with 28% of them having a first sight sexual partner. More than twice the percentage of child sexual abuse was reported in Non-heterosexuals, with men (41%) doubling the percentage compared to women within

this group. There was a difference between non-heterosexual men and women in regards to the Kinsey scale, women tend more towards heterosexuality than men. Although 71 % of non-heterosexual men self-perceive they are in risk for HIV infection, only 50% of them have had an HIV test.

Conclusion: There are significant differences of sexuality behavior between Heterosexual and Non-heterosexual students that can affect their sexual health. School sexual-education programs should stress sexual diversity issues and health.

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MALE SEXUAL DYSFUNCTION: A QUALITATIVE APPROACH

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The current diagnostic classification system of sexual dysfunctions originated in Masters and Johnson's (1966) human sexual response model; work based primarily on the study of heterosexual males and females. Although this model has been further modified, a heterocentric perspective is still maintained with most research focusing on sexual dysfunctions experienced by heterosexual men incapable of engaging in vaginal penetration. To better understand men's perceptions and experiences of sexual dysfunctions, a series of focus groups and personal interviews were conducted with gay ($N = 16$) and heterosexual ($N = 16$) men. This paper also examined whether dysfunctions (and their interpretation) reported by gay men differed to those reported by heterosexual men. Recordings were transcribed verbatim and thematically analyzed. Analysis is ongoing however preliminary results suggest that among the themes identified with gay men is the experience of pain during anal sex. In relation to differences in interpretations of sexual dysfunctions, the main theme suggested is in relation to erectile dysfunction. Heterosexual men have strongly associated erectile dysfunction with loss of "manhood"; this theme has not emerged for gay men. Limitations of this study and directions for future research will be outlined.

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FAMILY RELATIONSHIPS AS CONTEXTS FOR SEXUAL HEALTH AMONG TRANSGENDER YOUTH

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Background/objective: Many transgender youth experience disapproval and rejection from parents (Grossman, D'Augelli, & Salter, 2006). Studies have begun to identify both damaging and effective strategies for parents of transgender youth (Brill & Pepper, 2008), and link those practices to the well-being of sexual minority youth (Ryan, Huebner, Diaz, Sanchez, 2009). This study was undertaken to examine links between family relationship characteristics and sexual health behaviors among transgender identified young people.

Method: A total of 65 transgender identified youth (age 15–25) from 8 cities in the United States completed in-depth interviews about parent relationships, and parents' responses overtime to gender expression and sexual orientation, as well as sexual history, reproductive health, and physical transition actions (i.e. hormones/ surgery).

Results: Families were coded along two dimensions: generalized parenting support and transgender specific support. Many parents were similarly supportive or not in general parenting and of transgender issues. However, some parents were engaged and involved in participants' lives, even though they were disengaged or even rejecting of their child's transgender status. Preliminary analyses suggest links between family support and adolescent well-being such that youth with parents who were both supportive in general and around transgender issues reported fewer sexual risk behaviors (e.g. high number of partners, sex work, use of non-prescribed hormones).

Conclusions: Parental support may be an important factor in sexual risk taking for transgender youth. Youth who experience family rejection based on transgender status, may be particularly vulnerable to engage in behaviors that compromise their sexual health.

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RISKY SEXUAL BEHAVIOR AMONG ADOLESCENTS: GENDER, SES, SEXUAL STATUS AND CHANGES OVER TIME

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The purpose of the study was to explore the phenomenon of risky sexual behavior (RSB) among adolescents, using longitudinal study of two points in time within a year. In each time, differences in gender, SES and sexual status (sexually active versus virgins) were examined. The study also observed changes over time, by analyzing three groups of adolescents, according to their sexual activity: sexually active at two points in time, virgins at two points in time, virgins at the first time but sexually active at the second time.

The study included 1030 (time 1) and 712 (time 2) adolescents, which were chosen randomly using stratified sampling. As hypothesized, the findings show that in two points of time, girls, high SES adolescents and virgins scored lower on RSB compared to boys, low SES adolescents and sexually active. Furthermore, as hypothesizes for changes over time, differences were found in SRB for two of the three groups: virgins at two points in time, and virgins at the first time but sexually active at the second time scored lower on RSB at time 1 compared to time 2. However, regarding sexually active at two points in time, which was the group that scored highest on RSB, there were no differences between time 1 and 2.

Conclusions suggest that the phenomenon of RSB is complex, and manifested differently according to diverse groups of adolescent population and according to changes during puberty.

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UNCONSUMMATED MARRIAGE (UM) BETWEEN TRADITION AND NEW WAYS OF APPEARANCE

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UM is the failure to perform successful intercourses at the beginning of the marriage. Vaginismus has been traditionally reported as the leading cause. Erectile dysfunction (ED) is a possible cause too, frequently depending from vaginismus. This conditions appears in a rigid socio-educative context. One could think that according to major sexual freedom and information, UM is now disappearing, but the number of observed cases by the Authors in 2009–2010 was relevant. These cases were reviewed in order to evaluate new features of the phenomenon.

10 couples consulting for UM were evaluated. Women received gynaecological assay to confirm their virginity and the possible presence of vaginismus. In males, typical andrological assay was performed to verify normal erectile function. Age, schooling, job, anatomophysiological knowledge, sexual experiences, way of approach to sex of both partners were analyzed.

15 out of 20 patients were graduate. Mean age was 39. In just one woman there was a plain vaginismus. The other women showed only poor sexual experience but no fear of penetration. No men suffered from organic ED. 6 out of 10 did not maintain, 3 had never hard erections and reported “ante portas” ejaculation. 4 men did never watch images of coitus and 5 ignore everything about sex and reported fear of pain during penetration.

In our series, traditional appearance of UM is no more effective, while males has nowadays the priority, because of their frailty, lack of self-confidence and ignorance, expressing social and cultural change of man’s role into the couple.

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HIV/AIDS RESEARCH IN IRAN—META-ANALYSIS

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Background & aim: Research on AIDS has been conducted more than 10 years in Iran. It’s unclear how studies on AIDS have been developed. Aim is to analysis of the research on AIDS in Iran critically.

Methods: A systematic review was conducted between March 1998 to Jan 2011 of all studies designated related to AIDS in Iran. It involved a comprehensive literature search and conducted both qualitative and quantitative analyses. Descriptive statistics was applied.

Results: 35447 were participated in 90 studies. Only 13 (14%) of the studies selected HIV/AIDS patients as subject. Study designs were cross-sectional 61 (68%), quasi-experimental 15 (17%), review 11 (12%) and case-report 3 (3%). Sampling was convenience 57 (63%), cluster 25 (28%) and quota 8 (9%). Knowledge—attitude about AIDS and educational intervention research were 61 (68%) of all studies. Knowledge—attitude about AIDS results were weak 6 (13%), moderate 14 (30%) and good 26 (57%). All educational intervention research was significant.

Conclusion: Since most studies were Knowledge—attitude about AIDS and educational intervention in healthy people, so studies focus on patients with AIDS is suggested. Studies with emphasis on Quality of life and Care outcomes in patients with AIDS is recommended.

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TANGO DANCE AND SEXUAL APROACH

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It is a 7 minute Video showing some aspects of tango dancing which have unusual sexual contents. Rest of the time for discussion.

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REGAINING IDENTITY BY OLD WIDOWERS IN JAPAN

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This paper aims to explore the realities of loneliness revolving around Japanese old widowers, specifically by taking into consideration the latter’s experiences and views. Should E. H. Erikson’s theory be applied, it may be said that men having lost their wife fall into identity crisis at first, but later succeed in resuming their appropriate identity after trial-and-error experiences. They repeat defining and re-defining age norms and gender identity in the face of each new experience and finally achieve stable, appropriate identity, while their behavior being censored and approved by others.

I tried to understand what kind of problems including sexual problems old widowers had, through observing how they were really attempting to build intimate relationship with a woman. I listened to those old widowers who built and continued for some time a close relationship with a woman. I would like to show what they tell about their experiences points to the kind of social circumstances they are situated in.

There are two vital matters in my argument: one is “gender identity” and the other is “age-norm constraint”. These two matters sometimes appear contradictory for an old widower concerned; he has to regulate his behavior according to age norms, while he may ignore his age when he wants to keep his gender identity.

I investigate social aspects surrounding Japanese old widowers from the viewpoint of identity.

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AIDS: A SURVEY OF AWARENESS AND SOURCE OF INFORMATION AMONG YOUTH

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The present study was conducted to find out the awareness regarding AIDS among youth. Study was conducted at Jabalpur city in the state of Madhya Pradesh, India. Sample were 1000 college going girls of Jabalpur city. Information was collected questionnaire. It has been found that 94.0% girls were having information about AIDS 79.5% girls were having knowledge of symptoms. About 69.4% girls knew that treatment is not possible, It has been found that 8.1% knew homosexual relations, 10.4% knew heterosexuals relations, 78.7% knew unsafe sexual relations, 65.4% knew infected middle, 37.5% girls knew infected blade, are mode of transmission of infection and 49.4% girls knew that HIV/AIDS can be transmitted to fetus from infected mother. It is revealed that 76.4% girls have mentioned that HIV/AIDS can be transmitted through casual contact. 11.4% girls accepted that shaking hands, 36.0% girls mentioned hugging, 14.5% girls knew kissing can transmit HIV/AIDS. 71.3% girls accepted that sexually promiscuous, 78.6% girls knew that prostitutes, 9.6% girls mentioned that sexually promiscuous, 4.8% mentioned prostitutes are at high risk of HIV/AIDS. 55.1% girls were in favor of using condoms to prevent infection whereas 38.4% girls mentioned that infection can not be prevented by condoms Regarding knowledge about male reproductive organs and sexually transmitted disease, it has been noted that only 32.1 % girls are having knowledge about male reproductive organs, 63.4% girls having no idea. 18.8% girls ever heard about sexually transmitted disease, 78.3% have not heard and 2.9% did not respond.

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THE IMPACT OF PELVIC INFLAMMATORY DISEASE ON SEXUAL, REPRODUCTIVE AND PSYCHOLOGICAL HEALTH

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Background and aims: Pelvic inflammatory disease (PID) is a condition commonly attributable to chlamydia infection. This qualitative study sought to explore the sexual, reproductive and psychological impact of this condition.

Methods: In depth, semi-structured interviews were conducted with 23 women diagnosed with PID. Both symptomatic and asymptomatic women were recruited from primary and tertiary healthcare services. Interviews were conducted with women from 2–12 months post-diagnosis in order to explore short and longer term psychological responses and experiences. A brief, self-report questionnaire containing demographic items was also completed by all women. Interview analysis was conducted using an inductive, thematic approach.

Results: Nearly all women experienced some form of distress when they received their diagnosis, and the emotional impact of their diagnosis was generally prolonged. Women typically experienced emotions such as shock, sadness or anger. At the time of diagnosis, women frequently had little or no knowledge of PID and continued to experience confusion about their condition post-diagnosis. Some women reported that PID had created conflict in their intimate relationships or had impacted on the level of intimacy they shared with their partner. Almost all women reported that their sexual behaviour had

changed dramatically post- diagnosis. The possibility of being infertile stood out for women as their greatest health concern and nearly all women reported changes to their health behaviours since their diagnosis.

Conclusion: The findings of this study indicate that a diagnosis of PID can have significant psychosocial implications for the diagnosed individual. Recommendations for health care professionals are proposed.

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THE IMPACT OF CHLAMYDIA ON SEXUAL, REPRODUCTIVE AND PSYCHOLOGICAL HEALTH

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Background and aim: This qualitative study explored the impact of chlamydia on the sexual, reproductive and psychological health of men and women.

Methods: In depth, semi-structured interviews were conducted with 31 men and women diagnosed with chlamydia. Participants were recruited from primary health care services. Interviews were conducted at the time of diagnosis and up to 4 months post-diagnosis. A brief, self-report questionnaire containing demographic items was also completed by participants. Interview analysis was conducted using an inductive, thematic approach.

Results: Nearly all participants reported that being diagnosed with chlamydia had either minimal or no impact on them. This was mostly related to having previous knowledge of chlamydia. However, some participants experienced distress when diagnosed with chlamydia, in the form of shock, sadness or feelings of being contaminated and stigmatised. Feelings of distress usually decreased over time, and in some cases resulted in feelings of relief. The majority of participants reported that they were more likely to practice safer sex, choose their partners more selectively, and be more vigilant about monitoring their sexual health since their diagnosis. Relationships with intimate partners were often positively impacted by their diagnosis, due to an increase in trust and closeness; however, some intimate relationships were negatively impacted, such as those where fidelity was questioned or sexual behaviour was impacted.

Conclusion: The findings of this study indicate that a chlamydia diagnosis may have significant psychosocial implications for some individuals. Recommendations for health care professionals are proposed.

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PREVENTATIVE ACTION AGAINST HIV/AIDS IN NIGHTCLUBS FREQUENTED BY PEOPLE OF ANTILLEAN AND SUBSAHARAN AFRICAN ORIGIN IN FRANCE

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Objective: The objective is to communicate with individuals in nightclubs in order to lay the foundations for a process of behavioural change promoting a rise in standards of health, by giving rise to self-questioning, personal reflection, and dialogue on the topic of HIV/AIDS.

The goal is successfully altering common mindsets and negative ways of thinking with relation to HIV/ AIDS .

Methodology: To rally about 15 nightclub operators who have signed a charter; to recruit a prevention 'agent' who is specialised in working with migrant communities and whose mission is, amongst other things, to make the DJs, nightclub operators and staff aware of the topic, to offer preventative advice, to distribute material (condoms, brochures, flyers, . . .), to always be available to negotiate with the organizers, to respond to questions and to construct networks of contacts. In order to achieve these objectives, Afrique Avenir produces specific tools and distributes them in these places. We use the following: banners, display shelves, charters, engraved glasses, calendars, postcards, posters, brochures and leaflets and condoms. The messages on many of these correspond to the appropriate local sociocultural realities and mental representations of HIV/AIDS.

Results: Approximately 17–20 events are carried out each month, reaching out to 3500–4000 people. Between 2006 and 2009, the number of African women diagnosed as HIV-positive fell, and among African men, the number stabilised. This seems encouraging with regard to the number of new cases.

Conclusion: Despite their different set ups, nightclubs are conducive to preventative action against HIV/AIDS.

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INTER-PERSONAL FACTORS IN CONDOM USE AND NON-USE AMONGST AFRICAN AMERICAN EMERGING ADULTS

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Background: HIV/AIDS, STDs, unintended pregnancies and abortions continue to disproportionately affect African American emerging adults, signaling that ethnically relevant interventions are needed. Though often ignored in research, health risk behaviors of African Americans occur against a unique backdrop of structural violence embodied in a history of social injustices.

Objective: To understand risk behaviors within the context of sexual and romantic relationships.

Methods: We employed the theory of planned behavior and sexual scripting theory to understand sexual risk behavior of 18–25 year old Hartford, CT African Americans. Focus group discussions comprised four groups (two male and two female) totaling 42 people (15 males and 27 females), and data from 29 open-ended sexual relationship life history interviews (SRLs) of 14 males and 15 females.

Results: Six themes describing participants sexual risk behaviors emerged:

- (a) Factors that informed condom use decisions;
- (b) Intimacy and condom use;
- (c) Condom use negotiation;
- (d) Sex without condoms;
- (e) Condom use infractions and;
- (f) Knowledge about effective condom use.

Conclusion: This study provides insight into understudied factors that may be driving sexual risk behaviors among African American emerging adults. Most importantly, the study revealed that within the context of sexual and romantic relationships, affective factors i.e. love or concern for a partner's feelings could alter sexual scripts hence disrupting the intention to use condoms. Futile efforts to reconcile condom use with intimacy needs led to sex without condoms. An information deficit seemed to interfere with consistent condom use during sex, across relationship types, and among pregnant women.

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TO DISCLOSE OR NOT TO DISCLOSURE: IMPLICATIONS IN ELIMINATING FEAR AND STIGMA EXPERIENCED BY PERSONS LIVING WITH HIV/AIDS IN NIGERIA

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Objective: To examine the pattern of self-disclosure of persons living with HIV/AIDS receiving treatment in University of Benin Teaching Hospital, Benin City, Edo State Nigeria. We also explore the reasons for disclosure and non-disclosure of sero-status to family members.

Methods: We conducted in depth personal interviews with 20 PLWHA attending CEPHAR, University of Benin Teaching Hospital, Benin City, from September to December 2010. Verbal consent was obtained from all participants and interviews audio-taped when permission was granted. We analyzed transcripts of the interviews using N6 software to identify the thematic areas.

Results: PLWHA face self-inflicted fears, those that disclosed their HIV status experiences isolation, neglect, while some experienced acceptance, accommodation and integration from family members and close friends. Reasons for non-disclosure to children include not matured, serves no purpose, children's shock and rejection, to prevent linking infection to past sexual behavior and fear of stigma and discrimination. However, there were a number of cases (30%) where PLWHA concealed their status from spouse and sex partners, which further increases the susceptibility and vulnerability of intimate partners to HIV infection.

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CIRCLE OF CULTURE AS STRATEGY TO PROMOTE SEXUAL HEALTH AND PREVENTION OF HIV/AIDS WITH CATHOLIC ADOLESCENTS IN BRAZIL

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Introduction: The church is the setting that can be valued to the cultural construction of adolescents regarding the adoption of safe sexual behaviors.

Objective: To promote a critical and reflective scenario for the discussion about sexual health and prevention of HIV/AIDS with Catholic adolescents in Ceará-Brazil.

Methodology: Action research conducted in 2009, with ten adolescents of Catholic Charismatic Group. For data collection were used interviews, participant observations, photographs, video recording and diary. Then, eight Circles of Culture were conducted according to the following steps: uncovering personal and collective meaning about sexual health, problematization, de-construction of concepts, theoretical-practical reflective thinking and (re)construction collective experience, synthesis and evaluation.

Results: The Circle of Culture contributed to adolescents' understanding about prevention. Under catholic influence, the adolescent group indicated the chastity and fidelity as health behaviour to be adopted for the prevention of the HIV/AIDS and promote the sexual health, like a consistent use of condom.

Conclusion: The church's silence about sexuality and the devaluation the condom use by adolescents. It is necessary that health professionals use emancipatory methodologies that foster dialogue bases on the respect and trust, friendly relations, involving the adoption of safe sexual behaviors among adolescents in the setting of the church.

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UNDERSTANDING MALE CULTURE AND ITS INFLUENCE ON SEXUAL BEHAVIOR AMONG ADOLESCENTS IN FORTALEZA, CEARÁ, BRAZIL

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Introduction: Adolescence is a period of biopsychology changes in which culture influence the sexual identity. Adolescents' beliefs are influenced by gender issue, mostly male orientated. In this scenario, adolescent's health promotion should focus on the gender matters towards an equal and a respectful relationship to improve sexual health and life.

Objectives: To understand the influence of male culture on sexual behavior among adolescents students from high school in Fortaleza, Brazil.

Methodology: A qualitative research was conducted in a public school during August to October in 2009 using a semi-structured interview with eight male adolescents at the age between 16 and 18 years old. The project was approved by the Ethics Committee of Federal University of Ceara.

Results: For male adolescents, the first sexual intercourse occurs with sexual workers upon peer influences. Boys cited also homophobia, prejudice, sexist as male behaviour. For these adolescents, being unfaithful is acceptable only for men. Most of them had unplanned and unprotected sex which and place them in vulnerable situations. They are encouraged to sexual activity to prove their masculinity. Thus, most of them have many sexual partners at the same time what put them in risk standards to get STD and/or HIV.

Conclusion: This study advocates that there is a need to re-direct health education agenda to male adolescents, including schools and families. Topics such as gender, choices respect, human rights, values must be part of an education programme to change harmful behaviour and contribute to their development to be better a human being.

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UNDERSTANDING THE RELATIONSHIP BETWEEN PARENTS AND ADOLESCENTS FOR SEXUAL HEALTH PROMOTION. FORTALEZA-BRAZIL

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Introduction: Family cultural factors influence parents and children behaviour in relation to sexuality and consequently in prevention of STD/AIDS.

Objective: To understand family relationship towards to promote adolescent sexual health in Ceará-Brazil.

Methodology: Qualitative study conducted in a government schools with six adolescent and their parents. For data collection were used observation and interviews. The research was approved by the ethical committee of Federal University of Ceara.

Results: Parents perceive the vulnerability of adolescents and recognize that there is a dialogue between them, although some difficulties in the dialogue about sexuality come up. While the adolescents have confirmed the need to improve the dialogue, they realize that their parents feel shame. Both parents and adolescents agreed to the importance of condom use, although some have reported not being susceptible to the DST/AIDS.

Conclusion: It is necessary to establish educational strategies that facilitate dialogue in the family relationships and thus it includes the promotion of adolescent sexual health. The community nurses can play an important role, since she/he can plan and actions of health education that meet these themes.

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INSERTIVE AND RECEPTIVE ANAL SEX: HOW VERSATILE ARE GAY MEN?

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Introduction: Gay men can choose an insertive or receptive role when having anal intercourse (AI). A common assumption is that the majority identify and practice exclusively as either insertive (tops) or receptive (bottoms) rather than both (versatile). This is particularly the case for older men who began their sexual careers when gay relationships were frequently heterosexualized as encounters between masculine, dominant tops and feminine, submissive bottoms.

Methods: This talk responds to and challenges these assumptions with online survey data from 820 Australian gay men aged 40 years and over.

Results: 49% of men identified as versatile and 59% reported taking both insertive and receptive roles in the past 12 months. Furthermore, 52% reported having reciprocal AI (took both roles in the same sexual encounter). Identifying as a top or bottom was a more consistent predictor of actual behaviour among the over-50s than among younger men. HIV-positive men, who comprised 15% of our sample, were less likely to identify as tops than HIV-negative men and also exhibited different patterns of versatility. These patterns and data on men's recent sexual encounters will be presented that shed further light on gay men's AI roles and practice.

Conclusions: These findings suggest that Australian gay men are highly versatile, though some age and HIV-status differences are present. A discussion of these findings will focus on the degree to which they reflect historical and contemporary social and cultural changes in sexual identity and behaviour and the implications for future sexual health.

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"THE PERUVIAN POSITIVE COMMUNITIES TRIAL"—METHODOLOGICAL OVERVIEW AND BASELINE DATA

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Background: Factors such as poverty, marginalization, and homophobia/transphobia, likely contribute to the disproportionately high HIV burden faced by men who have sex with men (MSM) and transgender persons in Peru.

Methods: A 2 × 2 factorial cluster randomized control trial, aimed to evaluate the effects of two interventions (structural and biomedical) to reduce sexual risk, vulnerability and incident STIs, is currently ongoing in 24 lower-income neighborhoods of Lima. Men aged 18–45, self-identified as gay/homo/bisexual or transgender, reporting at least one sexual encounter with another man in the past 12 months, were included. Interventions tested were:

- 1) *Positive Communities (PC)*, including leadership training and the creation of community centers,
- 2) Enhanced Partner Treatment (EPT) of curable STIs, including health promotion and communication campaigns. Study endpoints include:
 - i) Any-STI-aggregate Incidence rate (Laboratory-confirmed HIV, HSV-2, Syphilis, Chlamydia and/or Gonorrhoea), and
 - ii) Proportion of individuals reporting unprotected intercourse with a non-primary partner within last six-months. In addition to the baseline assessment, two follow-up visits will be conducted.

Results: 718 individuals were enrolled in 2008 (Age: median = 29, range = 18–45; Self-identified as Gay/Homosexual = 65% and transgender = 29%). 59% were not able to satisfy their basic economic

needs in the last 12 months. Baseline STI prevalence was: HIV, 20%, HSV-2, 66%, Rectal Chlamydia, 19%, Rectal Gonorrhoea, 10% and chronic Syphilis, 25%. Overall Unprotected anal sex in last 6 months was reported by 62%.

Conclusions: The study population shows high prevalence of HIV/STI and high risk sexual practices in a context of poverty and social exclusion.

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PROCESS EVALUATION: TRAINING OF LEADERS AND COMMUNITY TRAINING CENTERS IN MSM AND TRANS PEOPLE IN LIMA AND THE NORTHERN COAST OF LIMA, PERÚ

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Background: Peru has an HIV / AIDS concentrated mainly in Gay and Transgender population, factors such as stigma, discrimination, lack of fundamental rights, poor access to information, the weak capacity of community organization and poverty are elements that increase the vulnerability of MSM and Transgender people and the socially marginalized.

Methodology: During 12 months as part of the research project CPOS, “combination prevention”, we have monitored the process of leadership development and training MSM and Trans Community Centers in 4 districts of Lima Rural and Urban. It has been observed and evaluated the intervention and have interviewed more than 40 depth interviews with leaders and participants of the Community Centers. The interviews have addressed issues such as the perception of the quality of the intervention, qualities of the trainers, and other aspects related to their personal skills, ability to organize, sustainability strategy, link to the community, local authorities and their pairs.

Findings: Interviews and observation sessions have yielded a wealth of information for analysis, which highlights some of the differences in job training and creation of at urban level community organizations and rural level, which are the main barriers to the efficient participation and commitment of these people to work in preventing HIV / AIDS, human rights, fight against stigma and discrimination, ability to generate self-sustainability through small business and what is the role society plays in supporting general populations Gay and Trans for its efficient organization.

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SEXUALITY AND SEXUAL HEALTH PROBLEM OF WOMEN WITH DISABILITY IN THAILAND

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Disabled people are depicted in terms of social representation as imperfect, abnormal or underprivileged people. Society tends to treat disabled people as asexual hardly seeing their need for sex. These understandings are reproduced through the use of cultural representations and myths, and effected the sexual experiences of women with disabilities. This study used a cross-sectional survey design to explore the sexual health needs and experiences of 138 women with disability. In addition, using in-depth interviews with 5 disabled women, the study investigated sexual experiences and attitudes toward sexuality in a culture where womanhood and disability confer inferior status and how they faced with obstacles to their sexual health need. The results indicate that women with disability hold negative attitudes towards sexuality including face with limited options of birth control and lack suitable advice of sexuality. Some of them suffered from sexual vio-

lence, and 12 % reported being injured due to victimization. In some cases, disabled victims face repeated abuse. The sterilization was found with women with disability as the family were afraid that they would become pregnant if raped. Biased and differentiated manner in terms of sexuality and reproductive health are vital issues that disabled women have to face with, making them lack of opportunities, knowledge and suitable basic services including suffering with violence. Practical policy implications for sexuality education programs and services for women with disabilities is suggested.

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DESIRE AND RISK: SICK, BAD OR ‘HOT’?

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Background: Some gay men find sexual behaviours that are high risk for HIV transmission especially desirable. Such desires, and acting on them, have often been portrayed in pathological terms. We investigated the desire for and practice of risky sex among Australian gay men.

Methods: Pleasure and Sexual Health was an online survey of 2306 Australian gay men recruited during mid-2009.

Results: The majority of men were very excited by the prospect of ejaculation inside their partners, either orally (62.9%) or anally (58.8%), and equally by the prospect of their partners ejaculating inside them, either orally (55.2%) or anally (53.6%). However, only a minority (26.3%) reported any unprotected anal intercourse with casual partners (UAIC) in the previous six months. While these risky desires also correlated strongly with recent UAIC ($p < 0.001$), there was little indication that such desires, or their practice, were related to low self-esteem or lower education. Men who were very excited by and engaged in these risky behaviours were, however, more socially involved with other gay men and identified more strongly as gay ($p < 0.001$). They also tended to identify more strongly with sexually adventurous gay subcultures.

Conclusion: The desire for sexual behaviours that are higher risk for HIV transmission is not necessarily evidence of low self esteem or social isolation. Such desires often reflect the kinds of sexual milieu in which individuals participate. They might participate in these subcultures because of their desires or their desires might change in response to their social context.

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UNDERSTANDING THE SEXUAL-SELVES OF IRANIAN-AMERICAN WOMEN: A QUALITATIVE STUDY

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Objectives: The study explores Iranian-American women’s perceptions of the concept of sexual-self and identifies factors contributing to the formation of an understanding of sexual-self, gender role and gender identity.

Methods: In-depth interviews using narrative inquiry and feminist theoretical framework was used to examine the sexual life stories in Iran and in the United States of 24 first generation Iranian-American women aged 18 years and older who emigrated to the US since the Iranian revolution in 1978.

Results: Key findings revealed overt/covert messages about gender role, femininity and sexual-self both in Iran and in the United States. Themes included impact of patriarchy and prescribed gender roles; sex as a taboo subject, sinful act for women; sexual secrets; and tolerance of sexual abuse within marital and non-marital relationships. Many participants felt safe to experience and discover their current sexual-self by examining their sexual beliefs and behavior but also struggled

to integrate the old view of sexual-self with their new understanding of their social and sexual identity.

Conclusions: The narratives highlight how a strongly patriarchal culture with prescribed gender roles and emphasis on maintaining a traditional cultural identity had a long-lasting negative impact on participants' self esteem and sexual identity. The evolution of sexual self encompassed a long slow journey of letting go of secrets, guilt, fear and shame to unlearn the past in order to understand and accept their current sexual self.

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EXAMINING RESILIENCY FACTORS FOR TRANSEXUAL WOMEN OF MEXICAN ORIGIN: A CASE STUDY RESEARCH REPORT

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This workshop presents findings from case study research that examined resilience factors for three transsexual women of Mexican heritage who worked as entertainers in the southwestern United States. Of the three participants, whose ages ranged from 36–46, one was born in Mexico and immigrated to the U.S. with her family at age 6, while the other participants were born in the U.S. near the Mexican border region. The case study examined resilience through three primary methods of data collection over an 18 month period: 6–8 interviews with each participant, observations of live and taped performances, and reviewing artifacts of each participant's choosing that symbolized strength and hope in her life. Data was analyzed by using NVIVO 8 throughout the study to sort and group data. Following each round of data analysis, the researcher's assertions were reviewed first with a team of three research colleagues and next with each participant, herself. Results indicated unique sets of obstacles that each of the women had overcome, including addictions, childhood sexual abuse, and suicide attempts. All three of the women shared unwavering commitments to family even following experiences of overt rejection by parents, strong spiritual beliefs that centered around God and understanding purpose to their transsexual experiences, and optimism in overcoming trauma, grief, and loss. The findings suggest that transsexual women of Mexican origin who experience significant life challenges develop culturally distinct forms of resilience. This information can serve to inform strengths-based mental health services in work with transsexual communities of color.

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TRANS WOMEN'S SEXUALITY

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Trans women's sexuality has been construed in much of the medical and psychological literature as rather heteronormative. In contrast the queer theoretical literature has pointed to trans people as examples of people who necessarily queer the gender binary. However, neither of these theoretical stances have taken into account trans women's own conceptions of their sexuality, rather they have been constrained in their answers by the methodologies used, or they have had their answers utilised theoretically without a chance to clarify and amend.

The current study utilised the qualitative method of critical narrative analysis in which trans women's narratives were thematically interpreted in light of contemporary understandings of sex and gender and then confirmed as reflective of the lived experience of the participants before publication.

In contrast to much of the medical and psychological literature, as well as the queer-theoretical literature, trans women's sexualities were found to be neither solely reflective of heteronormative gender norms, nor solely queer and gender transgressive. The primary finding of the study was the heterogeneity of identities and sexualities; which intersected with differing body morphologies in varying ways. Conse-

quently clinicians and researchers would be well served by recognising the diversity of experience in the trans female population and attending to the lived experience of their clients and/or participants rather than co-opting their experience for reasons of experimental or theoretical expedience.

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SEXUAL DIFFICULTIES IN AUSTRALIAN MALE PRISONERS

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Aims: We explored factors related to sexual difficulties among male prisoners, a group with high rates of prior drug use.

Methods: A random sample of 2018 male prisoners in Australia were interviewed by telephone in 2006–07 (participation rate 79%) after giving informed consent in person. Responses relating to sexual difficulties experienced for a month or more in the 12 months before prison were analysed for prisoners who had served <10 years. Final models correlated sociodemographic, sexual history and health factors with any sexual difficulty (lack of interest in sex, lack of pleasure during sex, anxiety about sexual performance, erectile problems and reaching orgasm too quickly).

Results: Of the 1864 prisoners, 71% reported at least one difficulty: 36% lack of interest in sex, 45% reaching orgasm too quickly and 25% erectile difficulties. In multivariate analysis, having been sexually coerced, ever having paid for sex, having ever been paid for sex, injecting drug use, steroid use, self-reported health status, and alcohol risk were related with having any sexual difficulty.

Conclusions: Prisoners had much higher rates of sexual difficulties than the general population. Sexual difficulties may be a result of the same background factors, particularly sexual coercion (which may act as a proxy for other forms of childhood abuse or neglect), related to alcohol and drug use, mental illness and sex work, rather than a direct result of these behaviours and conditions.

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THE COUPLES NO OR LESS SEXUAL INTERCOURSE DURING PREGNANCY LEAD TO SEXLESS COUPLES IN POSTPARTUM

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In these days, more couples worry about infertility for second baby. Most of the couple insist pregnancy of the first baby was easier than second one. Such complaints come from 30's or more aged couple, but actually they don't have sexual intercourse or less after first babies' delivery. And moreover, it means almost they don't have sex also during first pregnancy at all.

We surveyed postpartum women delivered in midwifery house and hospital. Sexless tendency after delivery were no significant differences between the two. over 90% women who didn't have sex postpartum said they didn't have sex during pregnancy, because of fear of the pregnant course, no need to have sex to pregnancy, or no affection for husband. The reason why sexless during pregnancy and after delivery was considered that pregnancy and delivery are so special sacred life event that it is not sexy in their thought.

The thought is very interesting, but it effect no more children in the couple, or easy entry to using artificial reproductive technology. They say to make love without sexual intercourse realized in them.

It is unclear the reason what to make such a thought in the couples, and how to change the thought, or is it possible to change or not. It may linked with the development of ART in these days, or with the changes of the couples partnership.

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CESAREAN SECTION AS THE FINAL OUTCOME OF PREGNANCY: THE MEDIA'S INFLUENCE ON THE PREFERENCE OF PREGNANT WOMEN THROUGH DELIVERY

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Introduction: In Brazil the cesarean rates are high and the factors that account for this are complex and overlapping. Government measures have been taken to revert this situation. This paper shows a longitudinal research effort to understand the phenomena that promotes the deconstruction of a positive view of pregnancy on the vaginal delivery, with emphasis on a possible influence of the media in this process.

Methodology: A group of 10 pregnant women were interviewed every two weeks throughout the pregnancy, seeking from their own words to identify how the media, TV, newspapers, Internet etc influenced on their preference of the delivery type.

Results: The influence of the media could be observed and, although it was not the major factor, proved to be important in changing the intent. Most patients initially were attempted to conduct a normal delivery and the factors that led them to change their mind were the stories linked to complicated vaginal deliveries and inadequate health care. The women sought information in the media because they have been neglected in pre-natal consultations. Several authors have corroborated these data.

Conclusion: The negative information about natural childbirth in the media associated with the neglect of Brazilian guidelines on the benefits of vaginal delivery and cesarean section's risk factors justify in part the tendency of women to seek surgical delivery. The publication in the media and the discussion at the prenatal consultations about the risks and benefits of modes of delivery could contribute to reduce the cesarean rates in Brazil.

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BEHAVIOURAL SEXUAL PATTERNS AND SEXUAL RISK TAKING IN THE ÖRESUND REGION

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Background: The Öresund region, part of southern Sweden and eastern Denmark including the cities of Copenhagen and Malmö, has been densified the last ten years, especially through the Öresund link. Approximately 25 million individual passages are taking place over the Öresund link every year. The density and short geographic distance influence residents trajectory patterns. Residents in the region work, settle and love on both sides of the Öresund, some more resolutely than others.

Objectives: The study aims to analyze this proximity first and foremost from the perspective of communicable diseases regarding HIV/STI, sexuality and relationships in the Öresund region.

Methods: Data were collected through a cross sectional study with mix mode design included a web based questionnaire, qualitative interviews, field studies and statistical and epidemiological review from both countries.

Results: The preliminary results show that the Öresund region can be seen as a primary region, whereas the national state is of secondary interest. Epidemiological data shows substantial differences in incidence of HIV/STI within short geographical proximity. The legislation concerning prostitution and communicable diseases differ. Copenhagen, the largest city in Scandinavia, offers alternatives which are limited with Swedish prerequisites. There is also the social anonymity and liminality of a large foreign city.

Conclusions: Since the study is still in progress, the results will be presented in Glasgow.

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COMPARATIVE STUDY OF SEXUAL ATTITUDES AND LIFESTYLES IN AUSTRALIA AND POLAND

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Introduction: Although there are studies on values and attitudes in sexuality (Sperry et al., 2005), there is a paucity of research on the relationships between real and preferred sexual activity and perceived sexual attitudes (Skowronski, 2003).

Objectives:

- to investigate sexual life styles and attitudes in Australia and Poland.
- to examine if there are any relationships between sexual attitudes, preferred and actual sexual behaviour.

Methodology: A questionnaire consisting of 136 items was administered online through the university website. The volunteers were recruited through search engines and the links established through The University of Sydney, Australia and Adam Mickiewicz University, Poland.

There were 868 participants (37.9% males and 62.1% females).

The following areas of sexuality were investigated: emotional engagement and sexual activity, casual sexual relationships, homosexual behavior, validation of homosexual unions, child adoption to steady homosexual couples, extramarital sexual behavior, artificial insemination to single women, artificial insemination to women in homosexual relationships, pornography, prostitution, abortion.

Results:

- 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.
- 87% reported that their most desired sexual activities differed from their actual sexual behaviour.

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.

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COHABITATION AND PARTNERSHIP LIFE STYLES IN SINGAPORE

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Introduction: Although there are many recognized studies about cohabitation and marriage trends around the world indicate that decline is set to continue, there is a paucity of research on the partnership life styles and cohabitation in South East Asia. Recent surveys have shown that educated, single and young Singaporeans are open to cohabit (Cheng, 2003), although the social stigma continues to transpire in Singapore. To date, no data have been revealed to the Reasons for Cohabitation in Singapore.

Objective:

- To investigate the reasons for cohabitation phenomena in Singapore.

Methodology: The 45-item Reasons for Cohabitation Scale (2009) constructed by Rhoades, Stanley, & Markman was used. The 47 indi-

viduals were recruited via snowballing sampling method and online participation. 6 hypotheses were formulated to investigate the objective.

Results: The study revealed that:

- high number of participants (43.5%) cohabit as a trial run for marriage. Furthermore, women (48.0%) more than men (38.1%) agreed to “trial run for marriage”
- cohabitation does not occur because it makes sense financially
- cohabitation is a substitute for marriage
- cohabitation as a test to clear doubts towards marriage
- couples who cohabit do want to spend more time with their partners, hoping to bring the relationship closer and having a future together
- majority of the participants disagree to cohabit out of convenience.

Conclusions: Although cohabitation may seem socially unacceptable from a traditional Asian perspective, the received results suggest that there is a continued trend towards cohabitation and change in partnership life styles in Singapore.

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DIFFERENT LEVELS OF RESILIENCE IN MEN AND WOMEN

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A great deal of studies has been conducted based on the issue of gender differences. Men and women have been compared in terms of intelligence, motivation, emotional response, etc. However, only limited data is available in reference to resilience in men and women, especially in South East Asia region.

Objective:

- The research sought to investigate the levels of resilience in men and women

Method: The Resilience Assessment Questionnaire was used to investigate the levels of resilience in men and women based on the scoring system (80 or higher, 66–79, 51–65, below 50). The questionnaire consisted of 19 questions in total. 50 students (25 males and 25 females), from Raffles College of Higher Education in Singapore participated in project.

Results: A total of 17 participants (34%) scored 80 and above, 14 (28%) scored between 66–79, and 19 (38%) scored between 51–65.

There were significantly more female participants who score 80 and above (Very resilient) than male participants and the difference in resilience level between men and women was statistically significant, based on t test value in the group with the highest scores.

Conclusion: The preliminary results indicate that women are more resilient than men in the given research sample. The project is still in progress, exploring different aspects of resilience in men and women in Singapore, which may contribute to the academic discussion about gender differences in South East Asia.

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‘TO HELL?’ OR ‘TO HELL WITH IT!’: THE RISE (OR NOT) OF A RELIGION-SEXUALITY CONFLICT

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Background: Despite the long-held association between prejudice and psychological distress in LGB persons (e.g. Meyer, 2003), and between religion and homonegative prejudice (e.g. Allport & Ross, 1967), the impact of religious prejudice upon LGB persons has been largely unexamined. The present study investigated what particular internal and external factors were involved in distress pertaining to a religion-sexuality conflict.

Method: LGB participants ($N = 551$) were recruited through numerous social-networking, community and religious groups, and

completed an online questionnaire regarding past and current sexual, familial, and religious experiences. Participants also completed measures pertaining to one’s sense of self, internalized homonegativity (IH), and religiosity.

Results: Levels of both past and current religion-sexuality distress were higher when religious and family environments were perceived as more homonegative, when religion was highly important to one’s family or oneself, and with higher levels of personal religious involvement. Elevated levels of past and current distress also correlated with higher religiosity scores, a poorer sense of self, a longer time between awareness and disclosure of one’s orientation, and greater IH; however regression analyses revealed that personal IH was the most significant of these in predicting religion-sexuality distress. Interestingly, participants who had been in same-sex relationships of longer duration reported less personal IH, a stronger sense of self, and a more affirming current family environment.

Conclusions: Findings suggest that specific personal, familial, and religious ingredients are implicated in predicting the distress a religious LGB person may experience over their sexuality. Implications are of both clinical and community relevance.

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PLEASURE IN YOUR OWN HANDS: AN EXPLORATION INTO THE PRACTICE OF MASTURBATION

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Background: Masturbation is a means of exploring one’s own sexuality and developing self-understanding and is promoted as a safe alternative to higher risk practices. However, it is not clear quite how masturbation relates to other forms of sexual expression and satisfaction.

Aim and method: Using data extracted from a larger online questionnaire survey focusing on, and advertised as, exploring sexual self-awareness, this paper explores the prevalence, timing and frequency of masturbation among 1,127 men and women aged between 17 and 49 years. Respondents’ attitudes towards self-exploration were also explored, and the relationship between masturbation and sexual well-being was investigated.

Results: Eight-six percent of men and 50% of women report masturbating when alone, with the former reporting higher frequency than the latter. Amongst women, reported frequency is found to vary by number of lifetime sexual partners and current relationship status.

Compared to women who report not masturbating, those who do so are significantly more likely to deem sex as an important part of their lives and to state a strong desire for intercourse. Women aged 21 years or older who masturbate when alone report lower sexual well-being than similar women who do not masturbate, a finding that is not observed amongst younger women.

Conclusion: The relationship between self-exploration and other aspects of women’s sexual lives is not straightforward. It is not clear if masturbation serves as a replacement for alternative forms of sexual gratification, or as an adjunct. Age, as well as sexual history, appears to influence this relationship.

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VIOLENCE, PSYCHOLOGICAL DISTRESS, AND SEXUAL RISK AMONG HIGHLY VULNERABLE FEMALE SEX WORKERS

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Background: Street-based female sex workers constitute an especially vulnerable population for HIV, as they are often enmeshed in chronic patterns of substance use, sexual risk, homelessness, and violent victimization. Difficult personal histories, as well as harsh social and

economic realities, tend to fuel risky sexual behaviors among female sex workers, and the omnipresent risk of violent victimization represents an acute threat to sex workers' health, safety, and well-being. This study examines the contributions of victimization history and abuse-related traumatic factors to serious mental illness (SMI) and unprotected sex among highly marginalized female sex workers.

Methods: Using targeted sampling, we recruited and interviewed 562 drug-involved African American female sex workers. Data were collected through confidential face-to-face interviews using standardized instrumentation.

Results: Lifetime prevalence of abuse was extremely elevated at 88%. Nearly half of the sample reported abuse before the age of 18, while 34% reported violent encounters with clients in the past 90 days. SMI was quite common, with 74% reporting severe symptoms of depression, anxiety, or traumatic stress. For those with histories of abuse, SMI appeared to mediate the association between abuse-related trauma and unprotected sexual behaviors.

Conclusions: Given the extensive histories of victimization and elevated prevalence of SMI, this population would appear to be in great need of mental health services. Increasing access to mental health treatment for female sex workers would appear to be a critical component of sexual health promotion and HIV prevention initiatives with this highly vulnerable group.

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VULNERABILITY TO HIV AMONG FEMALE COMMERCIAL SEX WORKERS: RESULTS FROM A RDS STUDY IN 10 BRAZILIAN CITIES, 2008

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Introduction: This article describes risky practices related to HIV infection among female commercial sex workers, using data collected by RDS in 10 Brazilian cities, 2008.

Methods: The study included a behavior questionnaire and rapid test for HIV.

The statistical analysis attempted to take into account the dependence among observations, resulting from the recruitment chains and within recruitment cluster variation, as well as the unequal probabilities of selection.

Results: 2523 interviews were conducted successfully. The HIV prevalence rate was 4.8% (95% CI 3.4–6.2), and 18% reported at least one STI sign during lifetime. Approximately 90% reported condom use at last paid sex. However, regular condom use (regardless of type of partner) in the last twelve months was only 31.4%. Further results showed that 69.5% would accept having sex without a condom with a steady partner; 18% with a known client; and 15.5% in the situation of intense money need. Coverage of preventive gynecological exam was 58%. and coverage of HIV testing during lifetime was 65.3%, but only 19.8% in the last twelve months.

Conclusions: Using statistical methods for complex sample designs, it was possible to estimate prevalence rates and standard errors analytically. The results show that despite the higher prevalence of STI, coverage of preventive gynecological exam among FCSW is much lower than that in the general female population. The findings strongly indicate the need to reformulate prevention policies among FCSW, especially to reduce social vulnerability, stigma and discrimination, factors that are probably restricting access to health services and public policies.

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SEXUAL FUNCTION OF JORDANIAN BREAST CANCER SURVIVORS

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Breast cancer is the most common cancer among women in Jordan. There is growing evidence that women treated for breast cancer with surgery, chemotherapy, radiotherapy and hormonal therapy commonly experience disturbances in sexual function related to changes in physical, psychological, and social functions. The purposes of this study were to; describe sexual function of Jordanian breast cancer survivors, explore differences in sexual function related to selected sociodemographics and clinical variables, and to examine the significance of selected sociodemographics and clinical variables in predicting sexual function.

A descriptive cross-sectional design was used to collect data from 135 breast cancer survivors from two hospitals in Amman city, using a self-administered questionnaire consisted of sociodemographics and clinical data and the Female Sexual Function Index (FSFI).

The mean age of the sample was 50.2 years. Results showed that 75% of participants had sexual dysfunction. Results indicated that sexual function was affected by several sociodemographics and clinical variables. Stepwise regression analysis indicated that vaginal dryness, age, husband acceptance of treatment, chemotherapy, discussion of sexual relationship between the couple, and the perceived value of breast as a symbol of femininity and attraction explained 66.6% of the variance in sexual function.

Sexual dysfunction is a highly prevalent and neglected problem among breast cancer survivors. The study has many implications for practice, education and research. Health care providers need to play a more visible and instrumental role in continuously assessing and improving quality of life and sexual function of women diagnosed with breast cancer.

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SOCIODEMOGRAPHIC INFLUENCE ON EROTOPHOBIA-EROTOPHILIA

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The erotophobia-erotophilia is understood as a personality dimension and is conceptualized as a learned disposition to respond to sexual stimuli with a negative-positive affect and assessment (Fisher 1998). Different social and demographic parameters could affect the attitude toward sexuality. Thus, sex, population size, geographical situation, academic level and religiosity will be analyzed as possible factors that could affect erotophobia-erotophilia.

A total of 3824 people answered the Sexual Opinion Survey together with a sociodemographic questionnaire. Thousand four hundred and sixteen of them were men and 2203 were women. Mean age was 37.15 (SD = 13.40). All of them were involved in a heterosexual relationship and all had sexual intercourse within it. A non probabilistic convenience sample method was used.

We carried out different *Ancovas*, where age effect was controlled. Thus, significant differences, but with small Effect Size (ES), were found in sex (sig = .000; ES = .036), population size (sig = .000; ES = .031) North/South (Spain) (sig = .000; ES = .038), academic level (sig = .000; ES = .047) and religiosity (sig = .000; ES = .076). The direction of those significant differences will be discussed.

Overall, results had shown a small Effect Size. Although we should highlight the impact of the religiosity and the academic level had on the erotophobia-erotophilia when age is controlled. These two variables alone by themselves explain 8% and 5% of the erotophobia-erotophilia.

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SEXUAL ABUSE AMONG WOMEN AND MEN WITH COGNITIVE DISABILITIES IN THE NETHERLANDS: A STUDY ON PREVALENCE AND CHARACTERISTICS

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Aim: Aim of the study is to investigate prevalence and characteristics of sexual abuse among women and men with cognitive disabilities, compared to the general population in the Netherlands, by gathering information from the cognitively disabled themselves.

Method: Data were gathered by means of informants: men and women with a light to moderate cognitive disability, parents or other relatives, and professional caretakers in institutions for residential or ambulant care for people with cognitive disabilities. Respondents were recruited through the two Dutch branch organizations for care and services provision to disabled people. A representative sample of 4,200 individuals with disabilities were recruited: 1,600 of these were approached directly, 1,300 parents/relatives were asked about their child/relative and 1,300 professionals were questioned about the person concerned in their care.

The respondents with cognitive disabilities were interviewed by pedagogical professionals who are experienced in interviewing the cognitively disabled about sexual abuse. Data obtained in these interviews were quantified. Parents/relatives and professionals received questionnaires, that could be filled out on paper or on the internet. Questions were derived from a questionnaire that is used in a large scale representative study on sexual health in the Netherlands; part of this survey concerns experiences with sexual violence. In this way, figures could be compared with the general population.

Results and conclusions: By the time this abstract was written (January 2011), analyses have not been conducted yet. Results and conclusions will be presented at the World Congress of Sexual Health.

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SEXUAL DEVELOPMENT OF DUTCH YOUTH: THE ROLE OF FAMILY AND PEERS (RESEARCH PROPOSAL)

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Introduction: Research on youth sexuality has been largely descriptive, cross-sectional, and a-theoretical. It often views adolescent sexuality narrowly (timing of coital debut) and problematically (emphasizing risk behaviour). In addition, it generally lacks attention for the (social) context in which adolescents develop their sexuality, including family and peers. This abstract proposes the presentation of the research plan of one of four subprojects of a large study on adolescent sexuality in the Netherlands, to be conducted between 2010 and 2014.

Objectives: The aim of the present study is to longitudinally investigate the 'normal' development of cognitive, emotional, and behavioural aspects of sexuality during adolescence. Furthermore, it will approach sexual development as a socially contextualized process by examining the mutual relationship with proximal processes within the family and peer relationships. It will look at structural (e.g., single parenting, SES) and process family factors (e.g., relationships, communication, monitoring), as well as different mechanisms of peer influence (e.g., selection, socialization).

Methods: The proposed study adopts a mixed methods approach. First, longitudinal questionnaire data will be collected from adolescents ($N = 800$) four times every six months. The sample will consist of five age cohorts (11–15 years at wave one), and will be diverse in gender, ethnic background, and educational level. Sexual development trajectories and their relationship with family and peer variables will be examined through latent growth modelling. Second, peer influence will be further investigated by analyzing videotaped friend-

conversations about sexuality-related topics. Third, family influence will be further investigated through interviews with adolescents and parents.

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DIFFERENCES BETWEEN INDIGENOUS AND NON-INDIGENOUS CHILEAN WOMEN IN GENDER BELIEFS AND ATTITUDES TOWARDS SEXUALITY

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Introduction: Promotion and protection of sexual rights require the previous acknowledgement of the different cultural, religious and social views about sexuality. Consequently, research on how sexuality is perceived among different communities is necessary, and particularly in indigenous peoples. Therefore, attitudes toward sexuality and gender beliefs are crucial factors that need to be considered to understand sexual health behaviours and sexuality in indigenous communities. The first aim of this study is to examine the differences between aymara and non-aymara Chilean women in attitudes toward sexuality and gender beliefs.

Method: Aymara women ($n = 187$) and non-aymara women ($n = 205$) between 11 and 65 years old, from the north of Chile answered a questionnaire of attitudes toward sexuality and gender beliefs. Four age groups were created in order to compare the results among indigenous and non-indigenous women (11–14 years old, 15–18 years old, 19–45 years old and more than 45 years old).

Results: Results showed that aymara women endorse more negative attitudes toward sexuality than non-aymara women in all age groups, and that women between 19–45 years old have the most positive attitudes toward sexuality. Regarding gender beliefs, there were no differences between aymara and non-aymara women for the two younger age groups. However, for both 19–45 and 45–65 age groups, aymara women endorse more unequal gender roles than non aymara women.

Discussion: These results highlight the importance of considering the idiosyncratic view of sexuality in order to develop adequate interventions to promote sexual rights across indigenous societies.

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HIV TESTING AMONG SINGAPOREAN YOUTH: INFLUENCE OF INFORMATION AND COMMUNICATION ON KNOWLEDGE, ATTITUDES & PRACTICES

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Youth aged 15–24 years account for nearly 15% of the world's HIV infected cases and 40% of all new infections. In this context, 60% of Singaporean youth engage in unprotected sex. While no data for under-21 HIV testing is available, reports reveal that 80% of Singaporeans 21 years or older opted out of HIV testing.

The study objective is threefold:

- to examine HIV testing rates among Singaporean youth,
- to understand the psychosocial and cultural factors such as fear of disclosure and stigma that influence HIV testing practices, and
- to understand the role that HIV-related information seeking and social interactions with informal social networks shapes such attitudes and beliefs.

Data for the proposed study is scheduled to be collected in February–March 2011 through an online survey administered among 250 graduate students at an international Singaporean university. The questionnaire will include the following constructs: Knowledge of HIV testing; media use; interpersonal communication (with members of informal social networks); risk perception; subjective norms; stig-

matic perceptions; intention to test; and testing history. The study will test the Integrated Model of Behavior (IBM) in the context of Singaporean HIV testing. Quantitative analyses of data will comprise descriptive statistics and inferential statistics comprising multiple logistic and linear regression modeling.

Our exploratory study addresses a gap in social and behavioral research surrounding HIV/AIDS among Singaporean youth. Study findings will inform the content and design of culturally appropriate health communication interventions and national prevention policies aimed at enhancing HIV screening rates in Singapore.

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THE WAY OF SPEAKING ABOUT “MUTILATION” AND PERFORMING “REPAIRING”

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Since 2000 in France a new surgical technique reverses the physical damage caused by female genital mutilation by reconstructing the excised clitoris. Such surgery offers women the chance of having their clitoris repaired. This paper explores the complexity of such «repair journey» set up in the French medical care system. The journey involves many specialists (a surgeon-gynaecologist, a sexologist, a psychologist and a obstetrician). This study is based on an observational period of one year in a hospital in Paris where the researcher followed the work of the medical team, and on an analysis of case reports of operated women and abandon's case.

The communication between the physician and the patient is central in all stages of the journey and specialists attach a particular importance to it especially for the patient's evaluation before the surgery. I will discuss on the first hand the way physicians negotiate the terms in the staff meetings and construct a specific knowledge based on a specific problem. On the other hand, the paper will show the women's strategy to present their situation and their will of being repaired in order for their case to get admitted by the physicians.

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TOWARDS A CONCEPTUAL MODEL LINKING COMMUNITY VIOLENCE EXPOSURE TO HIV-RELATED RISK BEHAVIORS AMONG YOUTH: DIRECTIONS FOR RESEARCH

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Purpose: To present a conceptual framework which accounts for the relationship between community violence exposures and youth HIV risk behaviors.

Methods: This article provides an overview of existing research on the links between community violence exposure and HIV risk for youth and offers a conceptual framework for clarifying how community violence exposure might contribute to HIV sexual risk.

Results: Increasing empirical findings substantiate that the links between community violence exposure and HIV risk behaviors among youth are mediated by psychological problem behaviors, low school success and negative peer influences.

Conclusions: Researchers have identified the behaviors that place teens at risk for becoming infected with HIV. However, most scholars have overlooked the potential importance of community violence exposure in influencing such behaviors. This paper presents new directions for adolescent research and HIV interventions based on an integrated conceptual framework.

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INITIAL RESULTS FROM AN HIV/AIDS PRIMARY PREVENTION PROGRAM WITH CARIBBEAN YOUNG ADULTS IN THE UNITED STATES VIRGIN ISLANDS

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Introduction: The needs for HIV prevention programming in the U.S. Virgin Islands are tremendous. The incidence of HIV/AIDS in the Caribbean region is the second highest in the world, second only to sub-Saharan Africa. The Caribbean's status as the second-most affected region in the world masks substantial differences in the extent and intensity of its epidemics within the various islands. Within the U.S. Virgin Islands HIV incidence has continued to increase, and incidence rate has lead the nation over the past three years. As the epidemic continues to spread throughout the Caribbean, the primary mode of transmission has shifted to heterosexual transmissions fueled by substance abuse-related risks.

Objectives: Based on the need for HIV prevention programming, the program seeks to increase the availability of integrated substance abuse pretreatment and early intervention treatment services along with culturally specific HIV prevention services for youth and young adults of African descent, who have traditionally been underserved (or altogether unserved) by the current service system.

Methods: Fifty-three individuals completed initial interview at intake and follow up interviews six months later.

Results: Statistically significant improvements were found in reductions in substance use and economic stability; improvements were also documented in HIV risk behaviors and mental health status.

Conclusion: The model is important to the continued development of culturally relevant interventions that are vital to the stemming the disproportionate rates of HIV/AIDS within the African Caribbean community by ensuring treatment access to all populations.

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EXPOSURE TO MEDIA CONTENT AND SEXUAL HEALTH BEHAVIOUR AMONG YOUNG PEOPLE IN LAGOS METROPOLIS, NIGERIA

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Objective: The objective of this study was to explain media role in sexual health behaviour of adolescents in Lagos metropolis.

Material and methods: A multistage sampling procedure was adopted in selecting 1026 adolescents aged 12–19 years in Lagos Metropolis. A structured questionnaire was administered to respondents to elicit data. Descriptive tools, logistic and least square (OLS) regression models were used to analyze data.

Result: OLS coefficients showed that exposure to sex education, contraception and nudity (radio and TV) contents reduced reported unwanted pregnancy among males' sexual partners while sex education (tape, cable and print) and nudity (video) contents increased it among females. Age at fist sex was increased by exposure to contraception (video) and males and contraception (video) and nudity (cable network) among females. It was reduced by exposure to sexual recruitment on radio and contraception on video and tape (males), sex education on radio and contraception on disc and print media (females). Odds ratios indicated that exposure to nudity (TV), contraception (internet) and sex education (video) among males; sex education (radio), contraception (video and tape) and nudity (TV and video) among females, were significant predictors of multiple sexual relationships. Sex education and nudity (video) and partner recruitment (internet) among males and sex education (radio) and nudity (cable network) significantly predicted condom use among females.

Conclusion: Age at first sex, condom use, multiple sexual relationship and unwanted pregnancy were significantly predicted by sexual health content of print and electronic media in the sample.

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INDIVIDUAL, FAMILY OR SOCIAL, WHICH DOMAIN IS MOST IMPORTANT FOR ADOLESCENT PREGNANCY?

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Objective: Of the three domains of individual socioeconomic status, family socioeconomic status, and social deprivation contributing to adolescent pregnancy stated in previous research, this study is to identify the most important domain.

Method: Sexually active unmarried adolescent age 15–19 (n = 596) were identified from randomly sampled National Survey of Youth Access to Reproductive Health in China in 2009. The most important domain among individual and family socioeconomic status variables from the data, together with secondary data on social factors, were identified and validated using random forests.

Results: Out of 596 sexually active unmarried adolescents, 30 were pregnant in last 12 months. Selecting from input 12 variables, the random forest had excellent predictive accuracy for classification of adolescent pregnancy, with the overall classification error rate of only 5.2%. Average household income was the most important predictor, followed by occupation of mother, individual disposable income, and occupation of father. Individual occupation, education level of father and mother, and provincial Index of Gender Gap were the second important predictors. Provincial Index and Health Inequalities, provincial Human Development Index, and individual education level together with age were the least important predictors in the model.

Conclusion: Individual socioeconomic status, family socioeconomic status, and social deprivation are a convincing framework addressing adolescent pregnancy. Interwoven with individual socioeconomic status, family socioeconomic status is the most important predicting domain of adolescent pregnancy of the 3 domains, appealing for intervention priority to prevent adolescent pregnancy.

POSTER PRESENTATION

TRACK 5

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ABUSE AND THE RISK FOR POSTPARTUM DEPRESSION IN WOMEN ATTENDING MAZANDARAN PROVINCE HEALTH CENTRES, 2009 YEAR: A COHORT STUDY

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Objective: Postpartum depression is critical mental health issue after birth. There is a few researchs have examined relationship between abuse and postpartum depression. This longitudinal study was explored this connection for the first time in Iran.

Materials & methods: This investigation was designed as a prospective cohort study to investigate abuse as a risk factor to developing postpartum depression in 2359 eligible pregnant women. Predictors of postpartum depression were as well measured. The samples followed up at 15 days after childbearing and then at 8 and 12 weeks postpartum. All kind of sexual, emotional, physical and neglected abuse were measured by asking direct questions about witness and being abuse before pregnancy to postpartum periods. Yes/No answers were added up to create a total score ranging from 0 to 24. Iranian version

of Edinburgh Postnatal Depression Scale was utilized for screening postpartum depression. Univariate and Multivariate logistic regression model used for data analysis.

Results: 15.7% of mothers reported experience at least one kind of abuse. Experience of abuse increased risk of postpartum depression at each measurement times from pregnancy to 12 weeks after birth with steady decreases odds (1.18, 1.13, 1.11 and 1.10) in univariate logistic regression. There was no significant difference in postpartum depression incidence for mothers with abuse when compared with non-abused mothers in multivariate model.

Conclusion: Results demonstrated the significant of abuse experiences to women health during postpartum period, but after controlling for other predictors of postpartum depression abuse did not increase risk for postpartum depression.

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EXPERIENCE OF SEXUAL COERCION AND RISKY SEXUAL BEHAVIOR AMONG UGANDAN UNIVERSITY STUDENTS

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Background: Sexual coercion seems common among youth worldwide and is associated with risky sexual behaviour. More knowledge is needed for context-relevant interventions.

The aim was to study the associations between sexual coercion and sexual behavior among university students in Uganda, in that perspective.

Methods: In 2005, 980 Ugandan university students (response rate 80%) were assessed by a self-administered questionnaire. Validated instruments were used to assess sexual coercion, mental health, alcohol consumption, social capital and demographic factors. Logistic regression analyses were applied.

Results: 29% of the male students and 33.1% of the female students reported having had some experience of sexual coercion. Sexual coercion was found to be statistically significantly associated with previously had sex (OR 1.6, 95% CI; 1.1–2.3), early sexual debut (OR 2.4, 95% CI; 1.5–3.7), as well as with having had a great number of sexual partners (OR 1.9, 95% CI; 1.2–3.0), but not with inconsistent condom use. This pattern was similar for both sexes. Good mental health, trust in others and importance of religion seemed to buffer the effect of sexual coercion on having many sexual partners.

Conclusion: The findings of this study suggest that the experience of sexual coercion is common among youth/young adults in Uganda and is subsequently associated with risky sexual behavior in both sexes. The existence of individual and contextual factors that buffer the effects mentioned was also demonstrated. In the Ugandan context, this has implications for policy formulation and the implementation of preventive strategies for combating HIV/AIDS.

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GENDER DISCRIMINATION AND WOMEN'S REPRODUCTIVE HEALTH

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Aim: According to the “rights to equality” in reproductive and sexual rights, no persons should be discriminated against their sexual and reproductive lives, in their access to health care and/or services on the grounds of race, sex, sexual orientation, marital status, family position, age, language, religion, political, or other opinion; national or social origin, property, birth, or other status. Health professionals devoted to reproductive health are responsible for the provision of services to individuals equally. The aim of this study is to determine the effects of gender on the reproductive health of women and utilization of reproductive health services.

Methods: The study population consisted of 250 married women aged 15 to 49, selected from patients at two different hospitals. Study was conducted between February–April 2007.

The data collection form was developed by researchers after evaluation of the relevant literature which relevance of gender discrimination could show where the questions.

Results: Women were receiving less education than their husband. Women who received training secondary school and above, worked and decision maker to domestic that they get prenatal care of a high percentage and deliver their babies in the hospital with the aid of a health care professional, and they go to medical center from gynecological problems.

Conclusion: Women's reproductive health affected negatively from gender discrimination. It is therefore necessary to carry out observations aimed at uncovering the presence of any gender discrimination from the data collection stage to the utilization of reproductive health services in women.

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FEMALE EDUCATION AND ITS IMPACT ON REPRODUCTIVE AND CHILD HEALTH IN BANGLADESH

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Female education is one of the most important factors which are closely related to the improvement of child and reproductive health. In developing country like Bangladesh, there is no better improvement in child and reproductive health status. There are a number of factors which are related to female education influence on reproductive and child health. In this study, an attempt has been made to assess the effects on various socio-economic, demographic and health related factors on child and reproductive health using national representative data from Bangladesh Demographic and Health Survey (BDHS), 2007–2008. The purpose of this study is to identify the effects of various socio-economic and demographic variables on child and reproductive health in six divisions of Bangladesh. Multivariate analysis such as multiple classification analysis has been used to identify the important determinants of child and reproductive health. The study result shows that some of these selected factors significantly affect the child health. These factors are women education, access to mass media, source of drinking water, age at marriage, number of children, spacing between two births, work during pregnancy, medical check up during pregnancy, birth place, place of residents, health check up after birth, immunization of child. The study result also depicted that when women get higher education then they are more conscious about reproductive and child health. Age at marriage and age at first birth are high among the educated women who have a direct effect on child and reproductive health.

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SEXUAL PROBLEMS OF PSYCHIATRIC PATIENTS TREATED IN A DAY HOSPITAL SETTING

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Introduction: Sexual problems are more prevalent in people with mental disorders than in general population. Day hospital is a setting that gives ample opportunities to address sexual problems.

Aims of study: We wanted to study if sexual problems are more prevalent in psychiatric patients with a specific mental disorder, with all the patients treated in a comparable setting. Also, we wanted to see if the perception of a sexual problem differs among different diagnostic categories.

Methods: 150 patients treated in a day hospital in two different institutions were inquired about their sexual problems and also about their

perception of a sexual disorder. The participants were patients suffering from alcohol dependence, depression, anxiety disorders and post-traumatic stress disorder.

Results: Patients with depression had the worse results in all types of sexual problems (desire, arousal, orgasm), and patients with alcohol dependence had the best results. Subjects with depression were especially affected in the realm of sexual desire/interest, compared to all other groups. Subjects with PTSD also had more problems compared to those with anxiety disorders and alcohol dependence. On the other hand, there were no differences in their perception of having a sexual problem, among the groups.

Conclusions: Psychiatric patients treated for depression, anxiety disorders, PTSD in a day hospital setting had more problems than patients treated for alcohol dependence. Patients with depression had the most sexual problems. Among the patients there were no differences in their perception of sexual problems.

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RUBELLA SEROPREVALENCE AMONG WOMEN OF CHILDBEARING AGE IN EAST IRAN

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Background: Rubella is a mild exanthematous disease of worldwide distribution. It is essential to evaluate the susceptible women in the reproductive age group to rubella virus in order to set strategies for the prevention of congenital rubella syndrome (CRS).

Method: 271 females aged 14–36 years who referred to clinic for premarital lab included in the study. None vaccinated against rubella. Blood samples were collected, and IgG antibodies for rubella were quantified by enzyme-linked immunosorbent assay (ELISA) using the trinity biotech rubella IgG ELISA kite (Trinity Biotech, USA).

Data analyzed by SPSS for windows statistics program using the chi-square test.

Results: Of 271 sample tested 258 (95.2%) were positive for significantly among age groups. Median age was 21 years. There was no difference between the seropositivity rates with respect to education, occupation. (P > 0.5)

Rubella immunity did not differ significantly among age groups.

The women divided in to two groups in relation to their area (urban and rural). The rubella seropositivity rate was 95.1% and 95.3%, respectively. We did not find any significant difference in seronegativity rate between urban and rural females. (p > 0.5)

Conclusion: In study although large percentage of childbearing women were seropositive but there is a need to implement routine rubella immunization program for women at risk which may be carried out either through the vaccination of whole of women of childbearing age (age 15–44 years) or premarital couples.

A key strategy for preventing rubella and CRS is ensuring sufficient population immunity through natural disease or through vaccination programs.

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BRINGING UP SEXUAL MATTERS—GUIDELINES FOR HEALTH CARE

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Sexual well-being has a significant role in people's lives, which health care professionals should not fail to remember and support. The obtaining of information on sexuality belongs to humans' sexual rights and is therefore a human right. According to research, people who live in relationships live longer and are healthier than those who live alone. Taking care of sexual health motivates also other health-enhancing behaviour, for example decreasing smoking and alcohol drinking. Sex education and counselling mean interaction with people in different phases of their life cycles.

According to research, nursing staff consider sex counselling important. Generally nurses regard sex counselling as part of their work.

The main points in bringing up sexual matters are summarised below in accordance with the model of the Hospital District of South-west Finland:

First reflect and discuss together how diseases and special situations affect the total well-being and health of the clients and patients in this unit/ward (based on diagnoses, treatments or symptoms).

Ask clients direct questions about sexuality, sex, and relationships.

Tell about the effects of the disease and treatments on sexual health.

Provide guidance in an appropriate way.

Respect the client's privacy, self-determination, and bodily integrity.

Use the kind of language that suits you and that the client can understand.

Remember your professional role and relationship with the client or patient.

Reflect on your own values regularly and discuss sexual questions with your colleagues, share information and knowledge, and reflect together!

Make sure that there is job counselling available for you.

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PHYSICAL HEALTH STATUS OF U.S. WOMEN VETERANS: CONTRIBUTIONS OF MILITARY SEXUAL TRAUMA AND SEX PARTNERSHIP

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Objectives: Are sexual trauma experienced during military service and sex partnership associated with current physical health status?

Methods: 1004 U.S. midwestern women Veterans participated in a computer-assisted telephone interview for demographics, rape history, medical history including chronic pain, PTSD, depression, and physical health status (PCS12) of the SF-12. Data were analyzed using multiple regression: dependent variable = PCS12, independent variables = rape history and sex partnership, mental health status, demographics and history of chronic pain.

Results: PCS12 mean = 43 (SD = 12), or 7 points lower than community norms. 50% of the sample reported completed rape in their lifetime; 25% reported being raped during their military service. 11% of the sample reported a history of having sex with women, either only women or with men and women (WSW). 30% reported current depression and 25% current PTSD. 71% reported chronic pain. Lifetime rape, in-military rape and WSW were significantly associated with the PCS12, MCS12, and chronic pain in bivariate analysis. Multiple regression analysis of the PCS12 found that WSW and in-military rape were significantly associated with physical health status even when adjusting for mental health status and demographics, but WSW was not when adjusting for chronic pain instead of mental health status.

Conclusions: This sample of women veterans reported substantial physical and mental health problems that were strongly associated with both sex partnership and rape history. Both medical and mental health clinicians in the VA and outside the VA need to pay attention to histories of sexual assault especially if patients also report chronic pain.

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THE RELATIONSHIP BETWEEN EXTERNAL CONTACT AND UNMARRIED ADOLESCENTS' AND YOUTH'S ANTI-CONFUCIAN ETHICS IN THREE ASIAN CITIES: A CROSS-SECTIONAL ANALYSIS

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Background and aims: There is growing contact with the outside world among adolescents and youth in three Asian cities, Hanoi, Shanghai and Taipei as the open policy implemented by national government at different stages. The goal of the current analysis is to examine the dimensions of external contact and anti-Confucian ethics including individualism, female's expressing affection to a man and permissiveness to premarital sex among unmarried adolescents and youth in three Asian cities and the potential relationship with each other, which will contribute to our understanding in nowadays Asian adolescents' attitudes against traditional Confucian ethics during the different social transition period.

Methods: It is a cross-sectional study. The multi-center survey of 17,016 male and female adolescents aged 15–24 years old from three Asian cities with Confucian-influenced cultures (Shanghai, Hanoi and Taipei) was conducted through computer-assisted self-interview coupled with face-to-face interview from May 2006 to Jan. 2007. Only 16,554 unmarried respondents were included in the analysis.

Results: There were significant differences in respondents' external contact and anti-Confucian ethics across three sites. More respondents in Taipei and Shanghai had external contact and identification with anti-Confucian ethics than that in Hanoi.

Respondents, who knew how to speak western languages, preferred western videos/actors/singers were more likely to exhibit western individualism, permissiveness on female's emotional appeal and permissive attitudes to premarital intimacy behaviors.

Conclusion: Exposure to western culture were associated with unmarried adolescents' and youth's departure from obeying traditional Confucian rules in three Asian cities at different stages of social transition, which merits further research.

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DOES SERVICE INTEGRATION REDUCE HIV-RELATED STIGMA? A COMPARISON OF INTEGRATED AND STAND-ALONE HIV AND SEXUAL AND REPRODUCTIVE HEALTH SERVICES IN SWAZILAND

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Background: Service integration is postulated to reduce stigmatization of people living with HIV by delivering care in settings disassociated with HIV. A mixed methods study was conducted in HIV clinics in Swaziland, two stand-alone and two integrated with sexual and reproductive health, to investigate the relationship between stigma and model of care.

Methods: 22 clients were interviewed in-depth, and an exit survey was conducted among 602 clients from the 4 clinics. Clients' comfort in the clinic environment and preferences for integrated/specialised care were examined. The association between clinic model and perceived risk of status disclosure through clinic attendance was measured using logistic regression.

Results: Clients across all sites felt respected by their providers. Clients at integrated sites felt more uncomfortable about other clients knowing their status than those in stand-alone sites ($z = -7.19$, $p < 0.001$) and were less likely to favour specialist HIV care ($z = 14.1$,

$p < 0.001$). In regression analysis there was no consistent pattern in the association between clinic model and perceived risk of status disclosure. Qualitative findings suggest this is because many clients at specialist sites felt greater confidentiality knowing that others around them were positive. They also reported gaining support from others in the waiting room. Efforts to ensure confidentiality (e.g. separate VCT and ART waiting areas, careful clinic and room labelling) can help reduce service-related stigma.

Conclusion: The hypothesis that stigma is reduced by service integration does not hold true in this high prevalence setting. Specialist sites can assure confidentiality if appropriate measures are taken.

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COMMUNITY-BASED PARTICIPATORY ACTION RESEARCH, SEXUAL HEALTH, AND THE ELIMINATION OF RACIAL AND ETHNIC DISPARITIES IN HIV DISEASE: REACH 2010 IN BROWARD COUNTY

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Background and aims: As part of a federally funded REACH 2010 community demonstration project to eliminate disparities in HIV disease, we assessed patterns of sexual behavior and condom use among African-American, Hispanic, Haitian and other Caribbean residents of 12 high AIDS-incidence ZIP-code areas of Broward County, Florida.

Methods: Personal interviews were conducted with a standardized, IRB-approved questionnaire in English, Spanish, or Haitian Creole with randomly selected residents who had previously completed computer-assisted telephone interview surveys in 2001, 2002, 2003, 2005, or 2007.

Results: The 479 respondents ranged in age from 18 to 60 years old ($M = 31.8$; $SD = 8.2$), had lived in the USA from 6 months to 55 years ($M = 17.3$; $SD = 11.4$), and in Broward County from 6 months to 50 years ($M = 13$; $SD = 10.4$). Most (71.8%) were women. Twenty percent of the 396 who were sexually active in the past year reported having sex with someone who was not their main partner. Over two thirds (68.5%) said they had used a condom the last time they had intercourse with someone who was not their main partner. African-American respondents were more likely than others to report multiple partners (31%) and to have used a condom in the last 12 months (49.6%).

Conclusions: Different patterns of sexual behavior and condom use were observed within Black populations and between Black and Hispanic populations living in high AIDS-incidence areas. REACH 2010 project interventions were tailored to accommodate these socio-cultural differences and encourage residents to choose an HIV-prevention strategy best suited to their personal and social situations.

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RISK FACTORS OF UROGENITAL SYMPTOMS IN 45–65 YEARS OLD WOMEN IN BANDAR ABBASS, IRAN, YEAR 2010–2011

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As women get older physical changes can lead to urogenital problem which may affect sex life, relationship difficulties and quality of life.

Aim: To identify risk factors of Menopausal Women's Urogenital Symptoms in Bandar Abbas.

Material and Methods: In this cross sectional descriptive study, 200 volunteer healthy women with age 45–65 years, without history of hormone replacement therapy after signing informed consent were interviewed in public centers of Bandar Abbas (harbor in south of Iran). Tools of this study had two main parts of personal characteristics

(Age, Parity, marital status, economical status, educational status, BMI . . .) and urogenital subscale of Menopausal Rating Scale. This scale was used for assessing severity of dryness of vagina, sexual and bladder problem.

Results: 52.5% were postmenopausal (average of age was 49.71 ± 5.66). Regarding to urogenital scale the most prevalent symptoms were dryness of vagina (45.5%); sexual problem (40%) and bladder problem (34.5%). These symptoms were very severe in 30.5% of the sample, severe in 30%, moderate in 17%, mild in 14.5% and just 8% had no symptoms. There were correlation between severity of urogenital syndromes and age, Multiparity and economical status. ($p < 0.001$) and most common risk factors related to the severity of urogenital symptoms were in age 60–65, multiparity more than three and low economical situation.

Conclusions: High prevalence of urogenital symptoms was observed among menopausal women with characteristics of age 60–65, parity more than 3 and low economical status in Bandar Abbas. It is suggested to provide more consultation for high risks.

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ACCESS AND BARRIERS TO HEALTH SERVICES EXPERIENCED BY THE HIJRA IN DHAKA, BANGLADESH

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The *hijra* community are an ostracised male-to-female community within Bangladesh society. This study examined where the *hijra* access health services and highlighted the barriers they experience. It explored whether health organisations catered for *hijra* and what services they provided. It also looked at unmet health needs experienced by this community. This research took place in Dhaka, Bangladesh.

Ten *hijra* participants took part in in-depth interviews and five key-informant interviews were carried out with organisations that provided health services. Two focus groups took place with five junior *hijra* and five senior *hijra* who had undergone castration or urethral reconstruction. Heterogeneity sampling and conventional content analysis were used.

This community have access to free STI/HIV health services through NGO clinics, although this does not cover Hepatitis. They also have some access to general health care at these clinics but at a financial cost. They experience barriers in relation to general and transitioning health services, including geographical proximity, discrimination, financial constraints and community politics. These barriers were reflected in their choice of healthcare provider. This can result in receiving improper treatment or undergoing risky procedures.

Like other transgender communities, they experience discrimination which has a ripple effect on their access to healthcare. Their specific culture, hierarchy and community systems need to be taken into account by those who are working with them.

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SEXUAL DYSFUNCTION AND CARDIOVASCULAR DISEASE IN THE PRIMARY HEALTH CARE SETTING

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Introduction: Sexual Dysfunctions (SD) share common risk factors with cardiovascular diseases (CVD), the main cause of death in Portugal, with symptoms that can be presented before and therefore represent an opportunity to fight against CVD.

Aims: To assess the profiles and characteristics of different subpopulations of patients and the effectiveness of SD and cardiac risk management in primary care.

Methods: Cross-sectional study of sexual health and CVD outcomes where 455 male and 195 female will be systematically invited to participate if they are between 18–80 years old, aspiring to be sexually active, with a clinical record at Lisbon Primary Health Care Centers (the inclusion of 650 participants has a margin of error of 5% and 90% confidence interval). Data will be collected in January–March 2011 from clinical record consultation and patients' interview concerning socio-demographics' variables, lifestyle, medical history, knowledge and beliefs about SD and their treatments, and patient-physician relationship. Descriptive and inferential statistics will be performed.

Results: It is expected to:

- present the overall prevalence of CVD and its prevalence in patients with SD;
- stratify the CV risk of patients with SD compared to the population-based study;
- explore associations between risk factors in patients with SD and CVD;
- analyse physician's management of patient's sexual activity in order to find SD and its resolution, considering the different patient's stratification risk for CVD.

Our results could have clinical implication in that the measurement of sexual activity and function might be a useful tool in screening for cardiovascular risk.

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FLUIDITY OF SEXUAL ATTRACTION MEASURED OVER ELEVEN YEARS IN A NEW ZEALAND BIRTH COHORT

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Introduction: There is a growing appreciation that sexual attraction can vary across the life course, but little information on this from longitudinal studies based on general population samples past adolescence.

Aims: To measure sexual attraction at ages 21, 26 and 32 years, and determine changes between these ages, among nearly 1000 men and women enrolled in the New Zealand Dunedin Multidisciplinary Health and Development Study, one of the longest comprehensive cohort studies of sexual behaviour worldwide.

Methods: Self-completed computer-presented questions on same sex attraction (similar to those used in the British NATSAL studies) with 6 Kinsey-style options were presented at age 21, 26 and 32.

Results: A significantly greater proportion of women than men reported same sex attraction at each age, and experienced a much greater change in attraction between assessments. Some same sex attraction was reported by 8.8, 16.6 and 14.7% of women and 4.2, 5.8 and 4.8% of men at ages 21, 26 and 32 respectively. Between 21 and 26, 15.9% of all women and 4.1% of men changed their level of attraction, as did 16.3% of all women and 3.3% of men between 26 and 32 years.

Conclusions: The public and clinicians need to be aware that in early adulthood any same sex attraction is relatively commonly experienced, especially by women, and changes in attraction frequently persist through early adulthood.

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DO GAY MEN CONSIDER CIRCUMCISION TO BE A REASONABLE OR EFFECTIVE HIV PREVENTION STRATEGY?

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Background: Some evidence suggests that, in certain contexts, male circumcision may reduce likelihood of HIV acquisition. Whether cir-

cumcision would be feasible as an HIV prevention strategy among gay men is less clear. We explored the feasibility of a range of interventions, including circumcision, aimed at reducing rates of HIV among Australian gay men.

Methods: 600 men completed an online survey and we conducted five focus groups with gay men in Sydney.

Results: Men in our survey who had not been circumcised and who had not tested HIV-positive were asked about their willingness to undergo circumcision. Overwhelmingly they indicated that this was not an acceptable strategy with most (95.8%) indicating they would be unwilling to undergo circumcision to prevent HIV infection. Men in the focus groups described circumcision as 'mutilation' and believed much less extreme measures, like condom use, to be far more sensible and effective.

Conclusions: Circumcision as a potential strategy to reduce HIV infections had almost no support among men in this sample. Regardless of any potential effectiveness this is not a viable prevention strategy.

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RATIONALE AND DESIGN OF INTHEC A CLUSTER RANDOMISED ADOLESCENT REPRODUCTIVE HEALTH INTERVENTION TRIAL IN TANZANIA AND NIGER

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Background: Poor adolescent reproductive health (ARH) continues to be a major cause of morbidity and worsening poverty in sub-Saharan Africa. The effectiveness of ARH programmes within the health and education sectors is seriously hampered by adverse prevailing cultural norms and practices within those sectors and the wider community and by poor programme integration.

Methods: This large-scale 4 year project aims to improve the uptake, effectiveness, equity and integration of ARH services in Tanzania and Niger by addressing identified weaknesses and opportunities in developing an innovative package of ARH intervention in four areas:

- (1) workplace ARH strategy in health units;
- (2) RH support to teachers in schools;
- (3) integrated school and community guardian support to pupils;
- (4) enhanced community referral to health services.

Intervention development will use Community Health Psychological Approaches focusing on "mediating moments"—points at which perceived societal factors mediate interactions and ARH service uptake related behaviour—involving all stakeholders. These *mediating moments* will be captured to inform the implementation of feasible interventions. The process of the interventions will be scrutinised by ministries responsible for ARH to influence policy, and the impact will be evaluated in a population based cluster randomised trial of 7200 subjects in 36 communities in 2 Regions in each country. The process of intervention development will be evaluated in a nested cohort of households and facilities.

Results: The detailed design of the intervention and of the process and impact evaluation will be presented, together with the preliminary results of the situation analysis.

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ITERATIVE INTERVENTION DEVELOPMENT FOR IMPROVEMENT OF ADOLESCENT REPRODUCTIVE HEALTH SERVICES IN TANZANIA AND NIGER

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Background: Poor adolescent reproductive health (ARH) continues to be a major cause of morbidity and worsening poverty in sub-Saharan Africa. ARH programmes within the health and education sectors are seriously hampered by adverse prevailing cultural norms and practices within those sectors. Interventions have to date focused on building skills among adolescents or targeted individual actors (e.g. training individual health workers) without addressing the broader cultures, practices and attitudes that systematically undermine intervention effectiveness. We present the results of a detailed large-scale study in 2 Regions in Tanzania and Niger using community health psychological (CHP) approaches to work with actors within the health and education sector to identify “mediating moments” within daily practice that operate to undermine ARH service provision.

Methods: The study is currently underway in 72 communities targeting schools, health facilities and communities in Tanzania and Niger. It employs participatory action research in focus group discussions, spatial, risk and resource mapping and Venn diagramming. Themes have been iteratively developed in the field. The generated data will be synthesised, developing interventions that will be implemented and modified through a process of continuous review.

Results: The nature and operation of the key *mediating moments* and the strategies to address them will be presented. Proposed indicators of process and impact which will be derived from the CHP framework that formed the basis of the study will also be presented.

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COMMUNITY CHOICES ON APPROPRIATE ADOLESCENT REPRODUCTIVE HEALTH REFERRAL INTERVENTIONS IN RURAL COMMUNITIES IN MWANZA TANZANIA

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Background: Beside the mainstream health services, adolescent access reproductive health services and support through ‘close to community’ (CTC) providers. These CTC providers include non-governmental organizations, community-based and religious organizations, voluntary and youth groups and associations, clubs and youth centres, pharmacies and drug shops, community health workers and traditional healers. Little is known about adolescents’ views about the services they provide. There is however evidence that integration with mainstream services could be improved. To enhance such integration, IntHEC is investigating a process of developing community referral interventions. This study aims to establish the readiness and capacity

of the CTC providers, adolescents, and the health services to undertake community referral interventions.

Methods: This study is being implemented in Mwanza Region Tanzania, covering 18 communities. It employs multiple methods of adolescent consultations, CTC providers’ participatory spatial mapping, as well as *ArcView* Datasets locating the CTCs on the global map. Suggested referral strategies will be reviewed and design of pilot evaluations for the most promising strategies agreed.

Results:

We present

- the results of the preliminary participatory research evaluation
- the design of the prototype interventions which have been agreed;
- the design and indicators for evaluation of the prototypes’ effectiveness.

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HIV INFECTION IN LONG-DISTANCE TRUCK DRIVERS IN A LOW INCOME SETTING IN THE NIGER DELTA OF NIGERIA

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Long distance drivers constitute a high risk group for HIV and other sexually transmitted infection. The aim of this study was to determine the seroprevalence, and correlates of HIV infection among long-distance truck drivers in Port Harcourt, Nigeria. A total of one hundred (100) long-distance truck drivers aged between 21 and 60 years and mean age of 42.36 ± 5.23 years were screened for the presence of HIV antibodies. The results showed that, out of the total number screened 10 (10%) were positive for HIV while 90 (90%) were negative. The prevalence of HIV was significantly higher in the 31–40 years age group (23%) compared to (7.6%) in the 21–30 years age group and (7.4%) in the 51–60 years age group (P = 0.04). HIV 1 was the predominant viral subtype among the subjects 9 (90%) while 1 (10%) had HIV-2. None of the HIV-positive subjects had dual HIV 1 and 2 infections. The mean CD4 lymphocyte count for subjects positive for HIV was 380 ± 68.0 (range 312–448 cells/μl) while CD4 count for HIV negative subjects was 780 ± 76 cells/μl (range 704–856 cells/μl). A significant negative correlation was observed between HIV positivity and CD4 count r = -0.010 (P = 0.01). Intensive preventive measures be instituted coupled with the implementation of a vigorous enlightenment campaign targeting behavioural change from high risk culture among truckers. Efforts are urgently needed to provide access to sexual health education, treatment services and HIV testing facilities to reduce their vulnerability to HIV infection.

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SAFER SEX ADVICE, CONDOM SUPPLY AND STI ACQUISITION IN MSM IN LOTHIAN

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Introduction: Although there is evidence for the effectiveness of intensive behaviour change interventions in MSM with high risk behaviour, there is no conclusive evidence on whether routine advice, or demonstrating condom use, is of any benefit. This study investigated rates of condom use, knowledge, confidence and errors among MSM to determine whether having previously received condom use advice reduces condom errors and likelihood of STI acquisition.

Methods: An anonymous questionnaire study of MSM attending STI clinics and community settings was performed over an 11-week period. Lifetime sources of condoms, safer sex advice and condom knowledge were assessed. Data on last source of condoms and condom errors at

recent sexual encounters were recorded. In consenting clinic attendees the questionnaire was linked anonymously to laboratory results facilitating correlation with prevalent STIs.

Results: 459 clinic and 333 community questionnaires were returned with a response rate of 70%. 30.2% of men under 30 and 58.8% of men over 40 reported never having been taught how to use condoms. ($p < 0.001$). Self-rated lower condom confidence was associated with not using a condom at last anal sex ($p < 0.001$) and a range of condom use errors ($p < 0.01$). Likelihood of condom errors was most consistently associated with having difficulty finding condoms to fit ones penis, strongly associated with younger age ($p < 0.01$).

Conclusion: Questions about condom confidence and problems with condom sizing may be an effective way of targeting men who are less likely to use condoms, or to have problems when using them.

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PEER-LED VERSUS TEACHER-LED AIDS EDUCATION FOR FEMALE HIGH SCHOOLS STUDENTS IN YAZD, IRAN

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Purpose: AIDS is one of the most devastating public health problems in all countries. An important factor in the spread of HIV/AIDS is believed to be poor knowledge about how it is transmitted and how it can be prevented. There are four behavior change theories in prevention of HIV/AIDS and the most effective ones is Health Belief Model (HBM). We decided to compare peer-led and teacher-led methods of educations about HIV/AIDS in female high school students in Yazd, Iran.

Methods: In this an experimental study, 180 female students from three high schools completed a questionnaire in spring 2009. They divided in three groups,

- 1) Peer-led group: trained by their classmates,
- 2) Teacher-led group: trained by researcher team as teacher and
- 3) the control group that did not have any AIDS education.

The data were collected with a specially designed questionnaire, based on HBM that was distributed before the intervention (pre-test) and afterwards (post-test), at a 2 months interval.

Results: The knowledge of peer-led group increased more than the other groups after intervention (peer-led group from 15.89 to 33.72, teacher-led group from 14.75 to 22.28 and control group 15.62 to 15.83 out of 34). Also there was significant difference between knowledge of peer-led group before and after intervention.

Conclusions: Both the peer-led and the teacher-led interventions seem to have induced improvements in constructs of HBM, but the results implied that promoting knowledge was significantly higher in peer-led group compared with teacher-led group.

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MALE CIRCUMCISION AND SEXUAL FUNCTION IN MEN AND WOMEN: A SURVEY-BASED, CROSS-SECTIONAL STUDY IN DENMARK

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Background: One third of the world's men are circumcised, but little is known about possible sexual consequences of male circumcision. In Denmark (~5% circumcised), we examined associations of circumcision with a range of sexual measures in both sexes.

Methods: Participants in a national health survey in 2005 ($n = 5552$) provided information about their own (men) or their spouse's (women) circumcision status and details about their sexual lives. Logistic regression-derived odds ratios adjusted for potential confounders (OR_{adj})

measured associations of circumcision status with sexual experiences and current difficulties with sexual desire, sexual needs fulfilment, and sexual functioning.

Results: Age at first intercourse, partner number, perceived importance of a good sex life, and current sexual activity differed little between circumcised and uncircumcised men or between women with circumcised and uncircumcised spouses. However, circumcised men were more likely to report frequent orgasm difficulties (11% vs 4%, $OR_{adj} = 3.26$; 95% CI:1.42–7.47), and women reporting a circumcised spouse were more likely to report incomplete sexual needs fulfilment (38% vs 28%, $OR_{adj} = 2.09$; 1.05–4.16) and frequent sexual function difficulties overall (31% vs 22%, $OR_{adj} = 3.26$; 1.15–9.27), notably orgasm difficulties (19% vs 14%, $OR_{adj} = 2.66$; 1.07–6.66) and dyspareunia (12% vs 3%, $OR_{adj} = 8.45$; 3.01–23.74). Findings were stable in several robustness analyses, including one restricted to non-Jews and non-Moslems.

Conclusions: Circumcision was associated with frequent orgasm difficulties in Danish men and with frequent sexual difficulties in their spouses, notably orgasm difficulties, dyspareunia, and a sense of incomplete sexual needs fulfilment. Thorough examination of these matters in areas where male circumcision is more common is warranted.

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ENABLING ACCESS TO SEXUAL HEALTH SERVICES: EXPLORING THE NEEDS OF THE 50+ POPULATION IN GLASGOW

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Research addressing sexual health in persons aged 50 and older is gaining greater attention from the research community. This rise represents the importance and the complexity of the subject. The majority of available literature, however, focuses on the implications and management of sexual function or dysfunction in this population, and there is less concentration on other factors influencing sexual health. This research speaks to this imbalance. It has been informed by evidence on how social context can influence sexual health, and specifically, how sexual health is perceived and influenced by modern culture and society. The aim is to explore the sexual health needs of persons aged 50 years and older, living in central Glasgow, UK. The research questions are: what are the experiences and views of the 50-plus population regarding sexual health, and how can sexual health service provision be improved for this population, in Glasgow. Qualitative methods were employed. A purposive sample of 15–30 individuals aged 50 and older were recruited from Glasgow west end and city centre and participated in semi-structured interviews. Recruitment and analysis is ongoing, though it is anticipated that themes of stereotyping or discrimination, changing societal perceptions, and barriers to sexual expression will emerge. Importantly, recommendations based on the results are provided to Sandyford, the network of sexual health services for NHS Greater Glasgow and Clyde. Furthermore, this project contributes to a research movement that recognizes the sexual health of older populations as a significant issue for future public health and health care agendas.

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CHARACTERISTICS OF PERPETRATORS OF CHILD ABUSE IN POLAND

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This presentation shows the results of studies conducted on a group of 250 cases of pedophilia. In those cases opinions were issued on behalf of the judiciary in Poland. The researchers focused on the multifaceted

causes and factors correlating occurring in people who have committed acts of a pedophile. The researchers took into account demographic factors (including age, gender, place of residence, marital status, occupation), but also focused on the relation of predisposition to commit crimes of the type of pedophilia with a broad spectrum of mental disorders. The researchers took into account the level of intellectual development, the perpetrators of pedophilia, personality disorders, paraphilias, mental illness. The researchers created a questionnaire comprising 81 items, which allowed a detailed analysis of the data. The results obtained have allowed the multi-faceted description of the perpetrators of child abuse, but also to identify risk factors. These data can greatly contribute to the development of appropriate treatment programs for perpetrators of child abuse, but can also be used for instance in the profiling of unknown offenders of a pedophile.

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TREATMENT FOR PREVENTION OF HIV TRANSMISSION IN A LOCALISED EPIDEMIC: THE CASE FOR SOUTH AUSTRALIA

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Background: A proposed method to curtail the spread of HIV currently being discussed among international HIV/AIDS groups is to increase HIV testing in conjunction with earlier initiation of antiretroviral therapy (ART) among those diagnosed with HIV. In this study we simulate the application of this strategy to a small population in which the HIV is predominantly constrained to men who have sex with men (MSM) and explore the expected epidemiological impact.

Methods: A deterministic mathematical transmission model was constructed that reflects the population of MSM in South Australia. A novel feature of the model is the realistic distinction between men who are easily accessible to prevention campaigns via engagement with the gay community from men who are not.

Results: Our model-based findings suggest that increasing testing rates alone will have minimal impact on reducing the expected number of infections compared to current conditions. However, in combination with increases in treatment coverage, this strategy could lead to a 59–68% reduction in the number of HIV infections over the next 5 years. Targeting men who are socially engaged with the gay community would result in the majority of potential reductions in incidence, with only minor improvements possible by reaching all other MSM.

Conclusions: Strategies that result in earlier initiation and greater coverage of treatment to reduce the infectiousness of HIV-infected individuals could be an effective and efficient strategy for reducing incidence in a population of MSM.

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PREVALENCE AND PREDICTORS OF SEXUAL DYSFUNCTION IN OLDER MEN

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Context: Hypogonadism in younger men is associated with impaired libido and erectile dysfunction. Testosterone levels decline with age, but the relationship between androgens and sexual dysfunction in older men is controversial.

Objective: To determine whether testosterone levels are associated with sexual dysfunction.

Design: Prospective cohort study.

Setting: Perth, Western Australia.

Participants: 1,744 community-dwelling men aged 70–88 years (mean 76 years) at baseline.

Methods: Questionnaires in 2001–04 and 2008–09 assessed social and medical factors. Testosterone, SHBG and LH were measured in 2001–04. Sexual dysfunction was assessed by questionnaire in 2008–09 (mean follow-up period 5.2 years).

Results: Sexual problems were highly prevalent, with 50.5% (95% CI 48.2–52.9%) reporting erectile dysfunction, 46.5% (95% CI 44.2–48.8%) lacking interest in sexual activity, 38.4% (95% CI 36.1–40.6%) unable to climax, and 22.0% (95% CI 20.1–24.0%) anxious about their ability to perform sexually. Painful and unpleasurable sex were less common (<5%). In multivariate logistic regression analyses, total testosterone levels in the lowest quintile were associated with lack of interest (OR = 1.59; 95% CI 1.13–2.23), but were not associated with any other sexual problem. Cardiovascular disease, diabetes, and insomnia were the factors most commonly associated with sexual problems.

Conclusions: Androgen deficiency is unlikely to be a major cause of sexual dysfunction in older men. However, low testosterone levels may be a causal factor in impaired libido. Clinical trials should investigate this concept.

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ANDROGEN DEFICIENCY AND METABOLIC SYNDROME IN MALE PATIENTS

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Introduction: Metabolic syndrome (MD) is widely recognized as an important public health problem; its prevalence has increased substantially in the recent decades. The relationship between obesity and testosterone levels is one of the longest running controversies in endocrinology. Correcting testosterone levels can also decrease fasting glucose and increase insulin sensitivity. Beside that, currently we do not know which of these factors comes up (occurs) first: androgen deficiency, insulin resistance or obesity.

Aim: The objective of the study is to show which of these factors is dominant in this kind of patients: androgen deficiency or insulin resistance. The aim is also to study the obese male patients in Georgia in this respect and choose the best treatment method.

Materials and methods: 150 male patients with the age range 16–65 years and BMI 27,0–48,0 kg/m² were included in the study. The following analyses were done: anthropometric study, oral glucose tolerance test, functional tests of liver and kidney, fasting insulin, free testosterone, PSA, leptin, HOMA-IR index was calculated.

Results: In all 125 investigated patients abnormal lipid profile and increased level of leptin was observed, 110 patients had impaired glucose tolerance test, 104 patients had decreased level of free testosterone, 118 patients had increased HOMA-IR index.

Conclusion: Testosterone has the leading role in the etiology of obesity and insulin resistance. Our study demonstrated that it is possible to break into this vicious circle by raising testosterone levels in obese men with insulin resistance and low testosterone level.

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HOW PRO-ORGASM INTENTIONS IN ANTI-FGM CAMPAIGNING BACKFIRE

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Somali young women in Sweden, some of them circumcised, have to deal with national campaigns condemning 'female genital mutilation' and the public message that they are 'sexually mutilated' and deprived of their ability to enjoy sex and experience orgasm. This despite the fact that a growing corpus of research shows that there is no statistical correlation between female circumcision and loss of ability to orgasm. Some of these Somali young women arrived in Sweden already

circumcised. The public view of how female circumcision has had a devastating effect on their sexuality may have a negative impact, since it is their only source of information. These young Swedish Somali women thus have to make their sexual debuts in lack of knowledge about the potential of their own sexuality. A previous study among Eritreans and Ethiopians in Sweden showed that many women are firmly convinced that female circumcision—generally clitoridectomy—had ruined their possibilities to have a truly enjoyable sexual life, despite the fact that they reported being orgasmic and had prior to migration classified their sexual life as ‘normal’. These feelings of loss and distress seemed to stem from anti-FGM-campaigns in Sweden. Here I want to discuss the implications of unfounded allegations of deprived sexual abilities used in the moral crusade to abolish “female genital mutilation” (FGM).

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EVALUATION OF SYNDROMIC MANAGEMENT OF SEXUALLY TRANSMITTED INFECTIONS IN SAUDI ARABIA

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Background: STIs can lead to acute symptoms, chronic infection and serious delayed consequences.

Objectives: To identify the points of strength and weakness in the system for management of STIs and pattern of distribution of reported cases in Saudi Arabia.

Methods: Data collection included the analysis of 5377 reported cases of STIs nationwide during the year 2009 and in-depth interviewing with key informants. The items of the discussions included the overall opinion about the surveillance program, reporting of diagnosed cases, the guideline manual, training activities, and obstacles facing physicians and program coordinators in management and reporting of cases.

Results: Average monthly reporting was variable between 163.4 cases to 3.3 cases. Age group 20–40 represented 70.7% of reported cases with the majority Saudis (92%), females (92.9%), literate (59.2%) and married (91.0%). Housewives represented 62% followed by the unemployed (17.3%). The age at first sexual experience ranged from 15–25 (81.0%) which was mostly with other sex (95.1%). HIV testing was performed by only 3.0% of reported cases. Vaginal discharge was the most frequent diagnosis (77.6%). Program implementation showed defects in relation to lack of training, the design of the training manual and reporting forms and deficient supply of required drugs. Monitoring and evaluation of program activities were mostly not present.

Conclusion: Capacity building of primary health care workers to collect accurate and valid data, monitoring and evaluation activities are essential to promote program activities.

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FEMALE SEXUAL BEHAVIOR AND PREFERENCES: SURVEY OF WOMEN ON THE UPPER EAST SIDE OF MANHATTAN IN NEW YORK CITY

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Objective: We surveyed women regarding their sexual activity in an effort to understand women’s normal sexual behavior and preferences.

Study design: Questionnaires were offered to women over 18 years old who were visiting a urology practice.

Results:

- Median number of children 1 (0–7)
- Median Age 41 (21–69)

- Marital status 43% Single/never married 48% Married 7% Divorced/widowed
- Ethnicity 49% White 36% Black 19% Hispanic
- Employed 81%
- Education level 49% Finished college 9% Finished hiighschool
- Interest in engaging in sex 21% Very disinterested 32% Moderately interested 45% Very interested
- How often do you desire sex? 38% less than 2x/wk 12% 1–2/ week 44% More than 2x/week
- How often do you have sex? 50% less than 1x/week 19% 1–2 per week 26% More than 2x/week
- Satisfaction with sex life 6% Not at all 17% Somewhat 74% Very much

66% were satisfied with the frequency of their sexual encounters. Of the women who reported sexual problems, 17% did not perceive sex as enjoyable. Only 2.1% experienced no sexual excitement with the onset of a sexual encounter. While 29.8% never experienced an orgasm with penetration, 8.5% had never experienced an orgasm in their lives. 15% of the overall group was willing to take a pill to improve their sexual life. As far as sexual preferences, thirteen percent preferred receiving oral sex over genital sex, while 8.5% liked giving oral sex over receiving genital sex.

Conclusion: Without understanding women’s needs, it is difficult for clinicians to offer sound advice and safe intervention.

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A GROWING CONSENSUS?: TESTING NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE (NICE) GUIDANCE ON HIV TESTING FOR MEN WHO HAVE SEX WITH MEN (MSM)

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Background: In 2010, NatCen and Sigma Research were commissioned by NICE to conduct research that ‘field tests’ recommendations of draft NICE public health guidance on ‘Increasing the uptake of HIV testing to reduce undiagnosed infection and preventing transmission among men who have sex with men (MSM)’. The guidance is intended for professionals, commissioners and managers working within the NHS is also relevant to those in local authorities and the wider public, private, voluntary and community sectors.

Methods: Existing databases were purposively sampled in order to yield a mixed sample of stakeholders (consisting of GUM clinicians, primary care clinicians, HIV commissioners and policy makers as well as voluntary and statutory sector HIV and sexual health service providers). 6 regional consultation events (within 6 different Strategic Health Authority areas) were convened with a mix of stakeholders in each event. In addition, those who could not attend events were invited to take part in an online survey or short telephone interview. In all 277 respondents took part in the fieldwork.

Results/discussion: The guidance makes recommendations that may lead to substantial increases in uptake of HIV testing among MSM. Our research indicates an overall support for this aim. However we will critically discuss our results in order to highlight the range of perspectives and opinions on HIV testing for MSM currently active within the broader sexual health field. These differences in approaches and perspective underlie this consensus and may be useful to consider when applying the guidance to practice.

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NEW IMMIGRANTS AND VOLUNTARY INTERRUPTION OF PREGNANCY IN ITALY

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Introduction: The immigrants in our region represent a wide portion of the population, which has grown from the 4% of newborns in 1998 to the 22% in 2009. Considering that voluntary interruption of pregnancy (VIP) facility is commonly used by immigrants, the aim of this prospective observational study is to analyze the characteristics of immigrant women who apply to our Clinic for VIP.

Methods: We collected data about women who underwent surgical VIP during 2007 and 2008 in the Clinic of Obstetrics and Gynecology of the University Hospital of Udine. Data was analyzed by R(version2.12.1) considering significant $p < 0.05$.

Results: The 50% of VIP procedures are performed on immigrant women, and the prevalence of immigrant women in this group of population is significantly higher than in the general population or among pregnant women ($p < 0.05$). The mean immigrants age at VIP is 29.65 years (± 6.68), and that of Italian women 29.40 years (± 7.92) (p n.s.). The unemployment state is significantly less frequent in the group of immigrant women treated with VIP than in the group of pregnant women who gave birth to a baby during the study period ($p < 0.05$), and immigrant women who underwent VIP have a lower degree of education than immigrant women with pregnancies at term.

Conclusions: Great effort should be put in the multi-language information for immigrants about family planning before and after VIP, as well as better explanation about low cost contraception.

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PREVENTION OF SEXUAL TRANSMITTED INFECTIONS: YOUNG PEOPLE'S KNOWLEDGE IN 3 DEVELOPING COUNTRIES

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Background: Early age at first sex is associated with unhealthy behaviors such as having unprotected sex, having multiple partners or condom misuse. These can lead to higher rates of sexually transmitted infections and pregnancy. Correct knowledge about condoms as a risk reduction strategy is essential for youth to make informed decisions.

Objectives: To assess the association between knowledge of youth from 3 developing countries about condoms effectiveness and sexual debut.

Methods: Students, aged 14–18, were selected through multi-stage sampling of clusters of schools in the Philippines, El Salvador and Peru. An anonymous questionnaire was implemented.

Results: There were 8,495 participants in the study. The percentage of students responding that condoms are 100% effective in preventing pregnancy, HIV and Human Papillomavirus infection were 16.6%, 13.9% and 16.6% respectively. Similar percentages of respondents indicated that they did not know effectiveness of condoms (11.4%, 12.7% and 18.1%, respectively). Those who believed that condoms are 100% effective in preventing pregnancies or HIV infection were more likely to have had sex, compared to those who did not have that belief (28.7% vs. 18.9%, $p < 0.001$). After adjusting for sex, age, economic status, religiosity and whether schools were public or private, believing that condoms are 100% effective against HIV or pregnancies was associated with having had sex (OR = 1.57; 95% CI: 1.37–1.79).

Conclusions: Sexual debut is more prevalent among youth who believe that condoms are 100% effective in preventing pregnancy and HIV. This is consistent with the concept of "risk compensation" recognized by Public Health authorities.

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EVIDENCE OF EFFECTIVENESS OF BEHAVIOURAL INTERVENTIONS TO REDUCE TRANSMISSION AMONG MEN WHO HAVE SEX WITH MEN (MSM): A REVIEW OF REVIEW-LEVEL EVIDENCE

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Objectives: A review of review-level evidence was conducted to synthesise evidence of effectiveness of interventions to reduce transmission among men who have sex with men (MSM).

Methods: A comprehensive search included electronic databases, including MEDLINE, EMBASE, PsycInfo and others, including grey literature resources, were searched, from 2000 to present, hand searches of the reference lists of retrieved documents.

Result: Four meta-analyses met the criteria and examined individual-, group- and community-level behavioural interventions. The meta-analyses contained $k = 65$ primary studies with a cumulative $N = \sim 44,000$. All meta-analyses ($n = 4$) that examined unprotected anal intercourse (UAI) found significant effect sizes from interventions compared against no or minimal intervention for reductions in UAI: range 10–43%. There was also consistent evidence of an increased use of condoms during anal intercourse, with group-level interventions being associated with the greatest increases (81%). Greater intervention effects were found among: younger MSM of mean age ≤ 30 years compared with mean age > 31 years, and interventions which addressed losses rather than gains; however, there was mixed evidence regarding the association between the duration of interventions and reductions in UAI.

Conclusions: There was strong and consistent evidence for all levels of interventions being associated with reductions in UAI and increases in condom use. Whilst these data offer high-level evidence for some associated effects of behavioural interventions, the effective duration of interventions remains unclear. The focus on UAI as an outcome measure across reviews offered limited data on the effectiveness of other behavioural strategies, such as serosorting and negotiated safety.

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EVIDENCE AND DELIVERANCE: RATIONING, RATIONALISING AND REASON. A CASE STUDY USING HIV PREVENTION

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Background: New economic constraints placed upon state funded health care systems across the world increasingly demand that the resourcing of services to maximise health and well-being is justified. As a result there is a clear need for increased accountability, and demonstrable transparency, in terms of how difficult decisions are made, how to one service is prioritised over another, or indeed, how one intervention approach is valued over another. Evidence based medicine, its values and apparatus, have been borrowed and applied to new fields and arenas such as health promotion, and the creation of evidence based policy and practice. As a result there is a clear need for increased accountability, and demonstrable transparency, in terms of how difficult decisions are made, how to one service is prioritised over another, or indeed, how one intervention approach is valued over another.

Methods: A case study of the processes through which applied research is translated into policy and practice through evidence-based policy creation within one specific arena (HIV prevention). It stems from the authors' involvement and absolute commitment to working within, and contributing towards, evidence-based policy and practice.

Discussion: The paper will outline the range and scope of approaches to HIV prevention; provide an assessment of the effectiveness of such

approaches; and finally, will trace the ways these processes of evidence translation systematically elide more social and cultural approaches to prevention. These will be discussed in relation to critical ideas concerning the 'biosocial' and present a detailed example of contemporary biopower in action.

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EMERGENCE AND SPREAD OF MULTI-DRUG RESISTANT *NEISSERIA GONORRHOEAE*

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Gonorrhoea is one of the major sexually transmitted infections that occur globally every year. Gonococcal infections represent almost 20% of the estimated 448 million new cases of curable STIs—that also includes syphilis, chlamydia and trichomoniasis. From a history of resistance to penicillins, sulphonamides, tetracyclines, and more recently quinolones and macrolides (including azithromycin), there are now verified gonorrhoea clinical failures using internationally recommended first line cefixime treatment to *Neisseria gonorrhoeae* (*N. gonorrhoeae*) in Japan and Norway and reports from the UK and China (Hong Kong). As cephalosporins are the last available alternative to treat this condition, *N. gonorrhoeae* remains a major public health concern that could result in increased maternal and newborn mortality and morbidity. Every effort therefore will need to be put into place to strengthen the WHO gonococcal antimicrobial surveillance programme (GASP) in order to ensure a successful implementation of an evidence-based response plan. This includes: effective gonococcal infection prevention and control, using appropriate and effective treatment regimens at national level; strengthening antimicrobial resistance surveillance, especially in countries with a high burden of gonococcal infections and capacity building to establish global and regional networks of laboratories to establish quality control and use of gonococcal culture methods.

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EARLY SEXUAL DEBUT AND GAY MEN: WHAT ARE THE IMPLICATIONS OF EARLY ANAL SEX ON MEN'S LONG-TERM SEXUAL HEALTH AND BEHAVIOUR?

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While researchers have already begun exploring the implications of early sexual debut on the long-term sexual health and behaviour of heterosexual men and women, similar work has yet to be reported for gay men, particularly with regard to age at first anal intercourse (FAI). This talk seeks to fill this gap with online survey data from 854 Australian gay men born between 1944 and 1993 (16–65 years). Age at FAI was found to have dropped sharply from a median of 35 years among men born 1944–1953 to 18 years among men born 1984–1993. At their most recent sexual encounter, men who reported FAI at age 16 years or younger were more than twice as likely to have had receptive anal intercourse or reciprocal anal intercourse (both insertive and receptive in the same sexual encounter), and were almost twice as likely to report having more than 10 sexual partners in the past year. These men were also nearly twice as likely to have become HIV-positive since their sexual debut and were several times as likely to report having had a hepatitis A or C diagnosis. Additional features of the sexual health and behaviour of gay men who report early FAI will be presented that further demonstrate a need to pay close attention to age at FAI. A discussion of findings from this study will focus on the degree to which gay men's earliest sexual experiences shape patterns of risky sexual behaviour in future years.

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SEXUAL MIXING PATTERNS AND SEXUAL RISK AMONG SUB-SAHARAN AFRICAN MIGRANTS IN FRANCE: A GENDER ANALYSIS

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Background: Migrants from sub-Saharan Africa, especially women, bear a disproportionate burden of HIV/AIDS infections in Europe. Some of them acquired HIV after having migrated. To gain an insight into the transmission of HIV in this population, we describe their sexual networks and their preventive behaviors.

Methods: We present data from a probability survey on AIDS behaviors conducted in 2005 among 973 women and 901 men, aged 18–49 from sub-Saharan Africa, living in Paris and its surrounding area (France).

Results: The majority of the respondents reported that their last partner was from sub-Saharan Africa (70%). Most respondents in cohabiting relationships reported that their partner was from the same country (62% for women and 58% for men; NS), with sexual mixing—being with a partner from another country—being more frequent in non-cohabiting relationships. However, women were more likely to be with a partner from sub-Saharan Africa (29% vs 18% for men; $p < 0.01$) whereas men were more likely to be with a partner not from sub-Saharan Africa (37% vs 28% for women; $p < 0.01$). Women were less likely than men to have used a condom at last sexual intercourse whether in cohabiting (28% vs 44%; $p < 0.01$) or non-cohabiting relationships (61% vs 77%; $p < 0.001$), especially with a partner from sub-Saharan Africa.

Conclusion: Being with a partner from sub-Saharan Africa was the most common situation, other than for men in casual relationships. Characteristics of relationships need to be considered as they may produce different patterns of sexual risk.

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CONDOM USE IN ESTABLISHED HETEROSEXUAL RELATIONSHIPS IN ENGLAND

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Introduction: Condom use at the start of a relationship is well described, however little work has focussed on how condoms are used later in relationships.

Aim: This study examines the frequency and reasons for introducing condoms into established heterosexual relationships.

Methods: A mixed method approach was taken. Secondary analysis of the Contessa Cohort study was conducted, the cohort followed the contraceptive history of 809 women aged 19–50 over a 2.5 year period (2008–2009). In-depth interviews were conducted with 15 couples who had switched method in the last year.

Results & conclusions: Condoms were used later in relationships for contraceptive purposes. They were introduced as an easy default method, as couples had experienced side-effects with their previous method. Yet condom use was perceived as unsatisfactory because of reduced sexual pleasure and efficacy concerns. Condoms were presented as a burden on the man, who used them to help his partner, rather than acting as part of the couple to prevent pregnancy.

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PREVALENCE OF IMPOTENCE IN SAUDI DIABETIC PATIENTS

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Background and objectives: Diabetes mellitus is a rapidly growing major public health care problem of 21st century with increasing incidence and long term complications. It can cause serious complications that involve multiple organs and physiological systems. The chronic hyperglycemia of diabetes is associated with long-term damage, dysfunction and failure of various organs and their functions including sexual function. The prevalence of Diabetes mellitus is higher in Saudi Arabia compared to other Arab countries, yet no study has been carried out to find-out the prevalence of male impotence in Saudi Diabetic patients. Therefore, the aim of this study was to find-out the prevalence of impotence in Saudi Diabetic patients.

Methods: We reviewed the medical records of 2250 male diabetic patients to find out the impotence, out of 2250 male diabetic patients 290 [14.79 %] patients developed impotence.

Results: The present study results shows that the impotence in diabetic patients was 290 [14.79 %]. These results also show an association with duration of a disease. It was observed that when the duration of diabetes mellitus was increased the prevalence of impotence was also increased.

Conclusion: Diabetes mellitus is a leading cause of impotence in male diabetic patients and the impotence was increased with increased duration of disease.

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THE GROWING FIELD FOR SEXUALITY SPECIALISTS: AGED CARE

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Though many priority areas are documented in the literature on ageing and support services for the aged, sensuality, intimacy and sexuality are rarely discussed—unless it is a negative aspect. Comments like “dirty old man”, “she must be loosing her mind as she has never acted like this before”, and many others, are often heard from carers and other consumers when an older person displays affection towards a person who is not their ‘life partner’. Even though the person’s life partner may have passed on several years ago, there is often a negative association with such displayed affection and even more negativity if what is discussed is ‘sexual desires’.

When there is no cognitive impairment present, and the aged person wishes to appropriately engage in sensual, intimate or sexual activity with another consenting adult, they have the legal and human right to do so. The difficulty for many organizations is that they are not aware of what aged people may wish to do, are uncertain how to handle situations and family concerns and are unaware how to maintain best practice principles in these areas that support the rights of the people involved.

This presentation will discuss best practice models, policies and training required to address these basic human rights. It will also present a framework for policy development and guidelines for dealing with individual cases from a critical literature review, surveys and the author’s 25 years of specialised experience.

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DEVELOPMENT OF THE NATSAL-SFM: A POPULATION PREVALENCE MEASURE OF SEXUAL FUNCTION

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Introduction: Among the many psychometric measures of sexual (dys) function, none has been specifically designed to measure population prevalence. Such a measure was required in the context of Natsal 3 (third British National Survey of Sexual Attitudes and Lifestyles).

Objectives: To develop a short population prevalence measure of sexual function.

Methods: Data from 32 semi-structured interviews were used to derive a construct of sexual function and design corresponding items. Following pre-testing (n = 16), the items were administered to a community survey of 214 individuals aged 16 to 74, in order to identify and delete poor performing items. The item-reduced measure was validated via a community sample (internet panel; n = 1250) and clinical sample (sexual problems clinic attendees; n = 100). A sub-sample of community participants (n = 100) completed the measure a second time two weeks later. The data were analysed using latent variable measurement models, appropriate for the ordinal nature of items. Item performance was evaluated by examining the quality of model parameters (factor loadings and thresholds) as well item information functions.

Results: The final measure includes items on sexual function problems (duration, severity and distress caused), relationship quality and self-rating of function. Preliminary analysis suggests a brief scale with acceptable fit and satisfactory test-retest reliability of the latent construct. We will present the final results (available March 2011), including discriminant validity, concurrent validity and ability to differentiate between clinical and general population groups.

Conclusion: We have developed a validated measure of sexual function for Natsal and future population prevalence surveys.

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FERTILITY INTENTIONS IN THE CONTEXT OF HIV: CASE STUDIES OF NIGERIA AND ZAMBIA

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Nigeria, a country with a moderate rate of HIV, a low rate of contraceptive use and large desired family size, and Zambia, a country with a high HIV rate, moderate rate of contraceptive use and moderate desired family size, make for interesting comparisons when examining fertility intentions in the context of HIV. Data come from surveys conducted in 2009 in three provinces in Zambia and four states in Nigeria with a random household-based sample of approximately 1300 women aged 18–49, 1300 men aged 18–59, and a facility-based convenience sample of approximately 150 HIV-positive women aged 18–49 from both countries. Analyses examine individuals’ stated fertility goals, respondents’ perceptions of their partner’s fertility goals and respondents’ contraceptive use. Preliminary findings from the facility-based sample suggest that the percent not using contraception was significantly higher if the woman perceived the man did not want a(nother) child compared to when the woman did not want a(nother) child. Communication among couples about desired family size should be encouraged as a proportion of women did not know whether their husband desired another child. HIV-positive women who do not want a(nother) child require greater support in using family planning. Male partners of HIV-positive women should be sensitized to the risks of wanting more children with an HIV-positive woman, namely exposing himself to the risk of contracting HIV and exposing his partner to

possible health consequences of a(nother) pregnancy. Further analyses with the community-based sample will allow us to make broader health-related policy recommendations.

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SEXUAL VIOLENCE AGAINST WOMEN IN A VULNERABLE METROPOLITAN AREA OF BRAZIL'S CAPITAL

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Objective: To estimate the prevalence of sexual violence among 15–49 years old women and describe its associated factors.

Methods: A cross-sectional study was performed with 278 women aged between 15 and 49 years, who had had at least one male intimate partner in their lives and lived in a metropolitan area of the city of Brasília, Central-West Brazil, in 2007. Systematic random sampling process was used. The research instrument consisted of a questionnaire with 57 questions, developed by the World Health Organization. Multivariate Logistic regression model was used to analyze the data.

Results: Among all women interviewed, the prevalence of sexual violence committed by an intimate partner throughout women's lifetime was 29% (N = 80; IC 23.5; 34.1). In addition, 34% (N = 95) of the interviewed women had at least one episode of sexual abuse before the age of 15. One in four women (25,9%; N = 72) reported concomitant sexual, physical, and psychological forms of violence. Logistic regression shows that sexual violence was associated with women's number of marriages (OR 2.22; IC 1.16–4.25), partner's use of alcohol (OR 2.39; IC 1.29–4.45), partner's history of male-to-male violence (OR 2.66; IC 1.42–4.95) and partner's controlling behaviors (OR 1.60; IC 0.62–4.11 for 1 a 3 controlling behaviors versus none and OR 7.75; IC 2.96–20.29 for four ore more controlling behaviors versus none).

Conclusion: Sexual violence was associated with stereotyped masculinity scripts.

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CULTURAL FACTS IN SEXUAL HEALTH AND SEXUAL EDUCATION IN COMMUNITIES

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Based on a result of an investigation and an analysis of the reasons why some counties in Costa Rica, with similar development indexes, showed differences in their incidence and mortality rates of cervical cancer. It's created a guidance for the previous diagnosis for the implementation of sexual education programs in communities.

With this guidance, we found clearly the cultural situations that have to attend by the sexual education programs at the schools of the communities. This reference even was used in the National Programs of sexual education for the Education Ministry of Costa Rica.

The results showed how important needful are the cultural facts in every sexual education program.

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SEXUAL SATISFACTION AND QUALITY OF SLEEP IN MENOPAUSE WOMEN: A CORRELATION STUDY IN WEST OF TEHRAN, YEAR 2010

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Menopause is associated some physical and psychological symptoms. Sleep disorders could be one of them and may effect on sexual function and satisfaction.

Aim: To identify correlation between Sexual Satisfaction, and Quality of Sleep according to personal characteristics in Menopause women in West of Tehran.

Material & methods: In this cross sectional study, 200 volunteer healthy 50–60 years old women, whom past menopause at least one year, had been visited in Health Clinics of Tehran University of Medical Science during March- May 2010, filed informed consent and questioner. The questioner had three main parts, personal characteristics, sexual satisfaction (Visual Analogue Scale 0–10) and Pittsburg Sleep Quality Index (PSQI). Descriptive and Interferential Statistics (Pearson Correlation, ANOVA) were used.

Results: The average of: age was 53.6 ± 3.6 , number of Children 4.7 ± 2.03 , number of children, whom leaving with them was 2.17 ± 1.50 , sexual satisfaction was 5.63 ± 2.8 . 12.7% was completely satisfied from their economical statuses. Referring to PSQI, average of sleep scale was 7.84 ± 4.4 and 70% had sleep problem. There was no correlation between, sexual satisfaction and sleep quality, findings also showed no significant correlation between sexual satisfaction and mentioned personal characteristics.

Conclusion: Our hypothesis "correlation between sexual satisfaction and sleep quality" was failed, which may be because of special age group (50–60 Years) or number of samples. In this study just 34% had high Sexual satisfaction (Square 8–10), therefore it is necessary to find its results and related factors by another study also provide more Health Care attention and Consultation for this age group.

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PREVALENCE OF MALE SEXUAL PROBLEMS IN PORTUGAL: PRELIMINARY RESULTS OF A COMMUNITY-BASED STUDY

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Objective: The objective of this study was to estimate the prevalence of sexual problems in a Portuguese community sample of men.

Methods: A total of 650 Portuguese men from the general population participated in the study. The sample was stratified by age, educational level, and marital status in order to better reproduce the characteristics of the Portuguese population. Participants were informed about the purpose of the study and clarified about anonymity and confidentiality issues. Participants completed a questionnaire regarding demographic information and the International Index of Erectile Function (IIEF; Rosen et al., 1997) after giving informed consent.

Results: Premature ejaculation was reported by 23% of men and erectile difficulties were reported by 10% of men in all sexual situations or in much more than half the situations. Approximately 8% of men in the sample indicated having trouble reaching orgasm in all sexual events or in much more than half the situations and 3% of men had indicated not presenting sexual desire in much more than half the sexual occasions.

Conclusions: Findings are consistent with the majority of epidemiological studies indicating a higher prevalence of sexual difficulties among men in the general population. These data reinforce the importance of implementing sexual health promotion programs in the general population.

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PREVALENCE OF FEMALE SEXUAL DYSFUNCTION IN URBAN CHINESE WOMEN: A HOSPITAL-BASED INVESTIGATION

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Introduction: Female Sexual Dysfunction (FSD) is a common problem affecting women's quality of life. However, reports on sexual problems in Chinese women are scarce in the literature.

Objective: This study is to investigate the prevalence of FSD in urban Chinese women and supply evidence to set up preventative measures for FSD in China.

Methods: A cross-sectional hospital-based survey was conducted in Nanjing, China between August, 2008 to May, 2009. Sexual function of 609 women aged 20–56 years from urban district of Nanjing city were measured with Female Sexual Function Index (FSFI). A total of FSFI score 25 was used as a cut-off value to distinguish women with FSD or not. A score below the median value was considered to reflect sexual problem for the individual sexual domain [1].

Results: The mean FSFI total score was 23.25 ± 4.00 in this Chinese women group. Overall prevalence for FSD was 56.8% and 47.1% for <29 years, 57.0% for 30–39 years, 75.0% for 40–49 years and 90.3% for ≥ 50 years group. Low sexual satisfaction (43.2%) and orgasm problem (41.7%) were the most common reported sexual problems followed by sexual pain (40.2%), low desire (35.1%), lubrication problem (31.4%) and arousal problem (29.6%).

Conclusions: FSD in urban Chinese women was common and the most common sexual problems were low sexual satisfaction and orgasm problem.

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ASSESSING KNOWLEDGE AND ATTITUDES OF ATTENDEES AT A LONDON CONTRACEPTIVE AND SEXUAL HEALTH CLINIC TOWARDS CONTRACEPTIVE METHODS

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Background and aims: Condoms and the combined oral contraceptive pill (COCP) remain the most popular methods of contraception in our South London integrated contraception and sexual health clinic, and in the UK as a whole (Dawe F, Rainsbury P. *Contraception and Sexual Health*, 2003. London: HMSO; 2004). Our clinic has high rates of unplanned pregnancies, teenage pregnancies and referrals for abortion. Our aim is to facilitate effective promotion of long-acting methods of reversible contraception (LARC), in line with NICE guidance.

Methods: As part of our service evaluation, we investigated whether clients felt that they had adequate knowledge of the contraceptive options and whether they had negative or positive feelings towards various methods. Anonymous questionnaires were distributed to clients over a one-week period.

Results: 179 questionnaires were completed, representing 32% of that week's clients: 46% female, 33% male, 21% gender unknown. Perceived knowledge was greatest for male condoms (84% "knew everything") and the COCP, in both men and women. There was low perceived knowledge of all LARC. Condoms and COCP were thought of favourably, whilst there was an overall negative attitude to LARC. The Intrauterine Device was the method with the most negative response, but scored proportionally greater negative attitudes amongst women with good knowledge of the method (in contrast to the general correlation between poor knowledge and negative attitude).

Conclusions: To promote LARC we must clarify whether perceived knowledge is accurate and provide accurate information. We hypothesise that perceived knowledge might be inaccurate, based on "urban myths" or peer experiences.

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ADOLESCENT INDUCED ABORTIONS AND BIRTHS IN SPAIN 2000–2008

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Objective: The objective of this study was to examine the relationship between adolescent pregnancy outcome (birth or induced abortion) and various demographic and social factors in Spain between 2000 and 2008.

Methods: A cross-sectional study was carried out using individual data of births (n = 115,150) and induced abortions (n = 105,945) among women aged 12 to 19 residents in Spain. Data was gathered from the Abortion Registry of the Ministry of Health and from the National Institute of Statistics of Spain. The dependent variable was pregnancy outcome (birth or induced abortion). Spontaneous abortion were not included. Independent variables were educational level, occupation (for women ≥ 16), country of origin, marital status and children. Analysis were stratified by women's age (12–15, 16–19). Logistic regression models were fitted to obtain adjusted Odds Ratios (aOR) and confidence intervals.

Results: Married women aged 12–15 with primary (aOR = 5.87) or secondary education (aOR = 1.60) were more likely to have an abortion than their married but less educated equals. Also, being primiparous increased the likelihood of an induced abortion in married women. Women aged 16–19 were more likely to have an abortion if married (aOR = 7.94), inactive (aOR = 3.21), with secondary or higher education (aOR = 6.45), from lower-income countries (aOR = 1.27) and with children (aOR = 3.14). Considering marital status, married women with children were more likely to undergo abortion.

Conclusions: This study reveals socio-economic inequalities in adolescent pregnancy outcomes in Spain. Teenage women of higher socio-economic position more frequently end their pregnancies in an abortion, and this decision depends on age and marital status.

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REASONING RISK-REDUCTION

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Background: Perceptions of HIV and risk behavior have changed among gay men. We investigated current beliefs about risk and HIV among Australian gay men.

Methods: Pleasure and Sexual Health was an online survey of 2306 Australian gay men recruited during mid-2009.

Results: The majority of men (54.9%) no longer saw HIV as a death sentence. 40.8% of men who reported unprotected anal intercourse with casual partners (UAI-C) in the previous six months and 27.8% of men who reported no UAI-C believed that HIV was a controllable disease ($p < 0.001$). Also, while only 13.4% of men who always used condoms told us that there are some things they do now which they previously thought were too risky, this was true for 30.2% of men who reported recent UAI-C ($p < 0.001$).

Conclusion: Gay men are willing to take some degree of risk in the pursuit of pleasure, but the perception of risk is no longer as severe as it once was. However, these considerations are contextual. Gay men who take some risks often do so with an increased sense that it is possible to live with HIV if they are able to access effective treatments. Considerations about what is 'safe' are no longer simply equivalent to condom use, and gay men's decisions about what they consider 'safe sex' may often depend on a specific partner, in a specific place, at a specific time, and may often be more about the potential pleasure of the sex than about any perceived risk.

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ACTING ON DESIRE: THE ROLE OF ERECTILE DYSFUNCTION MEDICATION

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Background: Erectile dysfunction medication (EDM) has been associated with the risk of HIV infection among gay men. We investigated the use of EDM and the practice of risky sex among Australian gay men.

Methods: Pleasure and Sexual Health was an online survey of 2306 Australian gay men recruited during mid-2009.

Results: 26.3% reported any unprotected anal intercourse with casual partners (UAIC) in the previous six months. Among these men who had engaged in UAIC, about one in eight reported using EDM on the last occasion they engaged in UAIC, and a similar proportion used EDM on the last occasion they had used a condom. EDM use was, however, associated with engaging in group sex and use of other drugs, particularly crystal amphetamine ($p < 0.001$). Men who used EDM were more socially involved with other gay men and more strongly identified with sexually adventurous subcultures.

Conclusion: While use of EDM may be associated with HIV transmission risk, use of these medications is not directly associated with, or causative of, UAIC. Men who use EDM often do so in the context of 'intensive sex partying' and appears to be used as a tool to enable more sustained and extended sexual play in those contexts. The observed relationship between use of EDM and HIV infection among gay men may be due to the role that EDM play in the context of intensive sex partying for some men.

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SEXUAL FUNCTIONING AND SEXUAL BEHAVIOR IN A SAMPLE OF UNDERGRADUATE PORTUGUESE STUDENTS: AN EXPLORATORY STUDY

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Objective: The objective of the present study was to assess different aspects of sexuality (sexual functioning, sexual satisfaction, sexual aggression, and sexual self-esteem) in a sample of undergraduate students.

Methods: 154 male and 164 female undergraduate students from Aveiro University (Portugal) participated in the study. After giving informed consent, participants completed a set of questionnaires assessing sexual functioning, sexual satisfaction, sexual aggression, and sexual self-esteem.

Results: Premature ejaculation and hypoactive sexual desire were the most prevalent sexual difficulties reported by male students, 20% and 16% respectively. In addition, anorgasmia and erectile difficulties were reported by 9% and 3% of men. Female students reported low sexual desire (56%), anorgasmia (26%), lubrication difficulties (12%), and poor subjective sexual arousal (12%). Pain disorders—dyspareunia and vaginismus—were reported by 19% and 11% of the female students, respectively. Regarding sexual aggression, about 24% of male students admitted having used coercive sexual behavior in the past. Finally, approximately 21% of the students reported having no confidence regarding their sexual skills.

Conclusions: These data underscore the need to develop intervention and prevention programs addressing sexual difficulties and sexual risk behaviors, and to implement programs aimed at promoting sexual health in university populations.

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SEXUAL DYSFUNCTIONS IN OUT-PATIENTS' CLINIC FOR SEXUAL DYSFUNCTIONS AND RELATIONSHIP PROBLEMS IN SLOVENIA

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Objective: The study evaluates the prevalence of different sexual dysfunctions in men and women who have visited the Out-patients' Clinic for Sexual Dysfunctions and Relationship Problems (CSDRP) in Slovenia from 2001 to 2009.

Design and method: Patients in the Out-patients' CSDRP were classified on the base of gender, type of dysfunction and were divided in six age groups. We have used the ICD-10 classification system.

Results: A total of 2615 patients (1839 men and 776 women) were examined in the Out-patients' CSDRP. In men the most frequent sexual dysfunction was erectile dysfunction 45% (828), the frequency of premature ejaculation was 19% (345). In women the frequency of loss of sexual desire was 23% (177), of orgasmic dysfunction 28% (214), of nonorganic dyspareunia 8% (63), of nonorganic vaginismus 10% (81). The majority of women patients (57% or 444 women) in the Out-patients' CSDRP were women in the 20–30 age group. The majority of the examined men were in the 20–30 age group (32% or 583 men) and in the 31–40 age group (32% or 593 men).

Conclusions: The number of women treated in our Out-patients' CSDRP is extremely low. As for the men, quite a number over the age of 60 decide for treatment.

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HIGH RISK PRACTICES RELATED TO HIV/AIDS AMONG UNIVERSITY STUDENTS

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Introduction: Acquired Immunodeficiency Syndrome (AIDS) has continued to be one of the most critical issues worldwide in public health subject.

Objectives: To determine the level of high risk practices related to HIV/AIDS among students in a public university in Malaysia.

Methods: A cross-sectional study design was used in this study. The students were selected based on a two-stage probability proportionate to size random sampling method and data was collected using a standardized pre-tested questionnaire. The data were analyzed using SPSS version 17.

Results: More than half (57.3%) of the 1773 students were female. The overall mean age of the respondents was 22.5 years (95% CI 22.27–22.70) and ranged from 18 years to 52 years. Majority (93%) approved screening for HIV as a prerequisite for marriage. Only 2.2% of the respondents had multiple sexual partners and 5.4% of respondents have had sexual intercourse before marriage. About 82.3% of the respondents believed use of condom as a means to prevent transmission of HIV. However, those who were practicing sexual intercourse with unmarried partner, only 29.8% used condoms.

Conclusion: There was a low level of condom use (29.8%) and voluntary HIV testing (13.48%). Only 2.2% of the respondents had multiple partners. It is recommended that a comprehensive peer led educational program on HIV/AIDS prevention should be implemented to remove some weaknesses such as low level of condom use and voluntary HIV testing.

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THE RELATIONSHIP BETWEEN MULTIPLE SEX PARTNERS AND ANXIETY, DEPRESSION AND SUBSTANCE DEPENDENCE DISORDERS: A COHORT STUDY

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Objective: This study investigated the effects on mental health of multiple sex partners; specifically whether higher numbers of partners are linked to later anxiety, depression and substance dependency.

Methods: Data from the Dunedin Multidisciplinary Health & Development Study, a prospective, longitudinal study of a birth cohort born in 1972–73 in Dunedin, New Zealand were used. The relationship between numbers of sex partners over three age periods (18–20, 21–25 & 26–32 years) and diagnoses of anxiety, depression and substance dependence disorder at 21, 26 and 32 years were examined, using logistic regression. Interaction by gender was examined. Adjustment was made for prior mental health status.

Results: There was no association between number of sex partners and later anxiety and depression. Increasing numbers of sex partners were associated with increasing risk of substance dependence disorder as all three ages. The association was stronger for women and remained after adjusting for prior disorder. For women reporting 2.5 or more partners per year, compared to 0–1 partner, the adjusted Odd Ratios (and 95% CIs) were 9.6(4.4–20.9), 7.3(2.5–21.3), and 17.5(3.5–88.1) at 21, 26, and 32 years respectively. Analyses using new case of disorder showed similar patterns.

Conclusions: This study has established a strong association between number of sex partners and later substance disorder, especially for women, which persists beyond prior substance use and mental health problems more generally. The reasons for this association deserve investigation.

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GENERAL PRACTITIONERS' KNOWLEDGE, PERCEPTIONS AND BARRIERS IN THE MANAGEMENT OF SEXUAL DYSFUNCTION

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Introduction: Evidence shows that sexual dysfunctions (SD) are very prevalent in both sexes and that they share risk factors with many other conditions, such cardiovascular diseases. It is known that only a small minority of people experiencing sexual problems seek treatment, but the role of the general practitioner (GP) is relatively unexplored. No study has been made in Portugal to identify GPs' knowledge, perceptions and barriers in the management of SD, and very few similar studies have been conducted in other countries.

Aims: This study aims to characterize:

- a) GPs' knowledge about SD, including its diagnosis and treatment;
- b) their perceptions of its relevance in primary care;
- c) practices of SD management; and
- d) barriers encountered in daily practice when dealing with SD.

Methods: Cross-sectional study using structured questionnaires filled by 100 GPs to collect data about their knowledge and perceptions regarding SD; their training and practice in sexual health; criteria for initiating or indicating treatment; and the adoption of guidelines. Sample size was defined based on 10% of lack of specific SD guidelines knowledge with a margin of error of 5% and 95% confidence interval.

Expected results: Data collection will be yield in January–February 2011. First descriptive analysis will be done to answer the aims of this study and then cluster and factor analysis to establish a typology of GPs practices.

Conclusions: Knowing the barriers that GPs face when dealing with SD, and their needs and solutions to overcome them, we could develop training to fill in the gap.

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THE RELATIONSHIP BETWEEN GAY PORNOGRAPHY USE AND SEXUAL RISK BEHAVIOR IN MEN WHO HAVE SEX WITH MEN: RESULTS FROM THE SEXUALLY EXPLICIT MEDIA STUDY

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Introduction: Men who have sex with men (MSM) in the US are high consumers of sexually explicit media (SEM), yet almost no studies of gay SEM have been published. The Sexually Explicit Media study is the first NIH-funded study to examine the relationship between SEM consumption and MSM's sexual risk behavior.

Methods: Seventy-six MSM were recruited from gay websites to participate in one of twelve online synchronous focus groups and an asynchronous message board. Participants were high SEM-consuming MSM, aged 18+, living in the US. Content analysis was conducted in Nvivo8.

Results: Sexual Script Theory provided a useful initial framework. The prevalence and accessibility of SEM in gay culture appears to normalize its consumption. MSM used SEM, often with masturbation, to learn about sexual acts or to facilitate sexual fantasies. Intrapsychically, MSM explored new sexual acts by imagining scripts that sometimes were later acted out with others. Interpersonally, those reporting problematic SEM consumption more frequently acted out a risky script than those reporting non-problematic consumption. Participants resolved cognitive dissonance by either modifying their intrapsychic script or by avoiding the behavior in the future. Participants using SEM for fantasy or escapism were less likely to report cognitive dissonance. These men used SEM to virtually enact sexual scripts—with the actors—that they did not intend to do in real life.

Conclusions: This study identifies potential causal pathways between SEM consumption and sexual beliefs/behaviors. A new model of how SEM use influences gay men's behavior is proposed.

This presentation will honor the value of a visionary idea -explicitly recognizing sexual rights-, for the promotion of sexual health. Although the definition of what constitutes sexually healthy behaviors or characteristics is highly dependable on the specific cultural milieu of the one who attempts the definition, pointing to sexual rights as the absolute minimum standard of what is desirable and therefore healthy has moved the concept of sexual health form a concept relative to culture to a concept relative to human dignity.

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DOUCHING PRACTICES AMONG FEMALE SEX WORKERS ASSOCIATED WITH VIOLENCE IN THE CONTEXT OF CONDOM NEGOTIATION WITH CLIENTS

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Objectives: Douching prevalence varies, but is often higher among female sex workers (FSW) despite potential for increased susceptibility to infection. Previous research has linked partner violence to douching. We examine the association of douching and violence among FSW in two US-Mexico border cities.

Methods: 575 injection drug using FSW (FSW-IDU) were recruited to participate in a behavioral intervention in Tijuana (TJ) and Ciudad Juarez (CJ), Mexico, completing a baseline survey including information on douching practices. Logistic regression was used to assess factors associated with douching.

Results: Douching in the past 6 months was more prevalent in CJ than TJ (53% vs 32%; $p < 0.01$). Douching was associated with ≥ 3 pregnancies (74% vs 58%; $p < 0.01$), self-reported STI in past 6 months (35% vs 23%; $p < 0.01$), more non-regular clients [median: 30 versus 13; $p < 0.01$], inconsistent condom use with non-regular clients (76% vs 63%; $p < 0.01$), physical abuse by clients (19% vs 12%; $p = 0.02$), and experiencing violence when proposing condom use with regular clients (7% vs 2%; $p = 0.01$). In multivariate analyses controlling for site, age, and education, douching remained associated with recent STI (AOR: 1.81; 95%CI: 1.19–2.79) and experiencing violence when proposing condom use with regular clients (AOR: 5.7; 95%CI: 1.80–18.08).

Conclusion: FSW may use douching as a protective strategy when condom negotiation fails or fear of violence overrides sexual health. This highlights the need to address client-related violence in programs focusing on condom use/negotiation skills among FSW, and to improve access to female-controlled prevention such as female condoms.

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DOUCHING PRACTICES AMONG FEMALE SEX WORKERS IN TWO US-MEXICO BORDER CITIES

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Objectives: Douching is common worldwide, despite the potential for disruption of vaginal flora and increased susceptibility to infection. We describe douching practices among female sex workers who inject drugs (FSW-IDU) in Tijuana (TJ) and Ciudad Juarez (CJ), Mexico.

Methods: 626 FSW-IDU were invited to participate in a behavioral intervention to increase condom use in TJ and CJ. Baseline surveys included demographics, sexual/drug use behaviors, and sex work characteristics. A subsample (N = 575) completed supplemental questions on douching practices. Descriptive statistics were used to assess prevalence and douching practices.

Results: Prevalence of douching in past 6 months varied by city (53% in CJ versus 32% in TJ; $p < 0.01$) and region of birth state (range: Pacific Coast 25%; North/South 50%). Frequency did not vary, with

18%, 40% and 42% reporting weekly, monthly and occasional douching. In both cities, reasons for douching included hygiene (67%) and vaginal irritation (32%). A higher proportion in CJ reported douching to prevent infection/pregnancy (28% vs 11%; $p = 0.002$). A minority (4%) in both cities cited douching to please a sex partner. Store-bought products were reported more often in TJ (45% vs 9%; $p < 0.001$); homemade antiseptic preparations were more frequently reported in CJ (61% vs 16%; $p < 0.001$). Homemade preparations with vinegar, baking soda or herbs were equally prevalent (23%) in both cities.

Conclusions: Incorporating information on douching into existing sexual health programs for FSW is needed to reduce risks of infection and to ensure that douching is not replacing sexual health care or contraceptive use.

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INFERTILITY HISTORY: IS IT A RISK FACTOR FOR MARITAL VIOLENCE IN TURKISH WOMEN

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Aim: The aim of this descriptive study was to evaluate the status of experiencing marital violence in a group of Turkish women and determining whether infertility was a risk factor for experiencing marital violence.

Background: Violence against women is a universal public health problem in all countries. It is reported that infertility can lead to marital violence, and any woman who experiences marital violence because of infertility is twice as vulnerable. However, little is known about marital violence among women seeking infertility treatment.

Methods: This study was conducted as a descriptive study. The sample of the study included 288 women in the infertile group and 204 women in the fertile group. A "Descriptive Information Questionnaire" developed by the researcher and the "Scale for Marital Violence against Women" were used for data collection.

Results: There was a statistically significant difference between the infertile and fertile women for the total violence score and emotional, economic and sexual violence mean scores. The emotional, economic and sexual violence scores were higher in the infertile group. However, the verbal violence score was lower.

Conclusion: The results of this study demonstrate that infertility is a risk factor for a woman to be subjected to violence. It is therefore necessary to carry out observations aimed at uncovering the presence of any violence from the data collection stage to the end of treatment in infertile couples and to include questions to this effect in the care plan.

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SOCIAL AND CULTURAL ASPECTS OF HIGH-RISK SEXUAL BEHAVIOR AND SUBSTANCE ABUSE AMONG STUDENTS ATTENDING A HISTORICALLY BLACK UNIVERSITY IN THE UNITED STATES

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Background: Risky sexual behavior and drug use among college students have negative impact on the students' health and well being. However, social and cultural aspects of these behaviors are not fully understood among minority students. This study aims at examining the association between the risky sexual behavior and drug use while controlling for other psychosocial factors (i.e., depression, stress, SES, religiosity).

Methods: Data were collected through a longitudinal epidemiological study using a self-administered questionnaire from the first year college students coming back to the school from the winter break (n = 783) and a subset of the sample one, three months later. Measurements were based on instruments used in prior research with this population and in national surveys.

Results: About 56% of the students were sexually active with almost 19% reporting of having more than one partner or unprotected sex during the past month before the baseline survey. Almost 27% of the students reported using marijuana at least one day or reporting at least one occasion of binge drinking during the past month before the baseline survey. Those with higher stress, peer support, marijuana use, and higher depression symptoms at baseline had significantly higher odds of reporting risky sexual behaviors at times one and two, even after controlling for baseline binge drinking, family support, religiosity, spirituality, and income.

Conclusion: The high prevalence of risky sexual behavior and drug use among minority students and their associations with psychosocial factors underscore the importance of screening and preventive interventions.

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ALCOHOL USE, HIV/AIDS AND REPRODUCTIVE HEALTH—KNOWLEDGE AND AWARENESS AMONG SLUM DWELLERS: SOME OBSERVATIONS FROM MUMBAI

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The present study is based on data collected from 677 households spread over three slums of Mumbai, for assessing alcohol use, knowledge and awareness about HIV/AIDS that is 96.7 percent, TV (91.5 percent) and medico person (73.1 percent) is the main source of HIV/AIDS, Reproductive and Sexual Health. Majority of them are migrants from Uttar Pradesh. It was observed that most of the people have consumed alcohol or bidi/cigarette or Gutka before attaining fourteen years of age. Majority of them consume alcohol regularly but at home only. Some of them have fallen ill due to liquor use and have borrowed money from their friends and relatives for the treatment. They spend their leisure hours while playing cards. Most of the people don't know about Reproductive Tract Infections (RTI)/Sexually Transmitted Infection (STI), but they are well aware of Gupt Rog (Hidden Disease) or Prajnan Rog (Diseases related to reproductive organs). They very much believe in their cultural taboos. Those hailing from eastern Uttar Pradesh live in overcrowded localities and follow different myth and taboos. The qualitative findings indicate that the slum dwellers have never liked to spend any money so far as attaining better health condition/facility i.e. health insurance is concerned. Television, friends and health personals are the main source of information. Around 17.8 percent people know about HIV/AIDS counseling centre. As such halting and reversing the spread of the diseases will require special attention of the planners and policy makers.

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PATIENT AND PUBLIC ENGAGEMENT IN SEXUAL AND REPRODUCTIVE HEALTH—CHALLENGES AND BEST PRACTICE

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Objectives: To explore barriers, challenges and best practice within patient and public engagement (PPE) in sexual and reproductive health and HIV (SRHH) services in London.

Methods: Twenty-seven qualitative interviews with commissioners, managers, voluntary/community organisations (VCOs) clinicians and patients, analysed using Framework Analysis. An online best practice toolkit to encourage PPE in SRHH is now under development.

Results: Participants recognised the importance of PPE, echoing recent political and NHS drivers. The need for meaningful, empowering PPE was highlighted, including VCO collaboration, user-designed methods, peer research and participatory approaches. Although challenging in SRHH, PPE may help tackle stigma, promote self-management and patient-centred-care, potentially through peer education and role modelling.

Key themes in order of priority were: organisational commitment (including lack of dedicated staff, time and money); motivating patients; NHS philosophy; informing patients/public; using public awareness/education campaigns; overcoming stigma; working with VCOs. Many best practice examples were identified, but rarely coordinated strategic approaches.

'Reaching out' to underrepresented groups in this sensitive area was emphasised, through community outreach, incentivisation and collaboration. Making PPE easy and addressing publically important issues was also important. Stigma was less hindering than anticipated, except for ethnic minorities.

Perceived benefits were improved patient satisfaction, increased service uptake and reduced inequalities, key priorities in SRHH, and innovative service delivery ideas.

Conclusions: PPE is crucial in a patient-led NHS. Organisational commitment to implement meaningful PPE which actively targets those at risk of poor SRHH, can create truly patient-led services and empowered patients and communities, tackling stigma.

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MEN IN THE MARGINS: HEALTH DISPARITIES AND SEXUAL TRANSMITTED RISK AMONG ETHNIC MINORITY MALE DEFENDANTS

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Ethnic minority men have higher rates of reported sexually transmitted infections in particular gonorrhoea and syphilis than white men. In 2005, gonorrhoea infection rates among African American men were 24 times higher than among white men. From 2004–2005, the rates for primary & secondary syphilis increased by 12.9% among African Americans and 5.5% among Hispanic/Latino men (Division of STD Prevention, Sexually Transmitted Diseases Surveillance, 2005).

In addition to sexually transmitted infections affecting ethnic minority men, prostate cancer is one of the leading health disparities and cause of death among men. African American men have the highest prostate cancer incidence rates of any racial/ethnic group in the world. African American men are 1.5 times more likely to develop prostate cancer and twice as likely to die from this disease (Gleason, 2007; Gilligan, 2005; Jemal, et al., 2002; McIntosh, 1997). A review of the cancer disparities and sexually transmitted infections by race/ethnicity and socioeconomic status is needed to help the public health field better understand and address the challenges faced by men of color.

This presentation will review the health and racial disparities and the challenges faced by men especially ethnic minority male defendants. The field of social work must work closely with these men to address the challenges, risks and possible health opportunities of men living in the margins.

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THE PREVALENCE AND CORRELATES OF FEMALE SEXUAL DYSFUNCTION IN WOMEN RECEIVING HEMODIALYSIS: A MULTI-CENTER CROSS-SECTIONAL STUDY

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Few and suboptimal studies suggest sexual dysfunction (SD) may be a problem in women receiving hemodialysis, but this matter has received little if no attention in scientific studies, primarily due to the difficulty of assessing the topic. In this multinational cross-sectional study, we enrolled women receiving hemodialysis in 27 outpatient clinics selected randomly from a collaborative dialysis network. Sexual desire, lubrication, orgasm, satisfaction and pain were assessed by using the Female Sexual Function Index (FSFI) questionnaire. Depressive symptoms were evaluated using the Center for Epidemiological Studies Depression (CES-D) Scale. Multivariable logistic regression was used to determine correlates of female SD.

Overall, 619 (47.3%) of 1309 eligible women responded. Of these, 522 (84.3%) reported any form of SD. Multivariable logistic analysis showed that presence of female sexual dysfunction correlated with age, depression (CESD-score ≥ 18), previous cardiovascular events, unemployment or being pensioner, interdialytic body weight gain (Table 1). Conversely, being married reduced the risk of SD.

Table 1.

Characteristics	Multivariable logistic regression AOR (95% CI)
Age (Years)	1.08 (1.06 to 1.11)
Married versus not married	0.19 (0.10 to 0.38)
Occupational status Employed	1.00 3.33 (1.51 to 7.36)
Pensioner Unemployed	2.71 (1.24 to 5.93)
Interdialysis body weight gain	1.00 3.16 (1.51–6.60)
<1.90 1.90–2.88 2.88	1.01 (0.55–1.86)
CES-D depression score <18	1.00 3.42 (1.92 to 6.08)
>= 18	
Previous CV events	3.30 (1.13 to 9.60)

In conclusion, SD is extremely prevalent in women requiring hemodialysis. Depression and unemployment are important correlates and potentially modifiable factors of SD in this population.

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LOW ACADEMIC ACHIEVEMENT AND RISKY SEXUAL BEHAVIORS AMONG AFRICAN AMERICAN YOUTH: EXAMINING THE INFLUENCES OF GENDER, PEER NORMS, AND GANG INVOLVEMENT

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Aims: This research examines whether peer influences (i.e., norms and gang involvement) mediate the relationship between academic achievement and sexual risk behaviors among African American high school adolescents.

Methods: Five hundred sixty-three high school adolescents (ages 13 to 19) completed self-administered questionnaires that assessed academic achievement (GPA, and student teacher connectedness), peer influences (risky sex norms and gang involvement), and sexual debut and sexual risk behaviors (more than one sexual partner, not using a condom, group sex, and sexual intercourse while using alcohol or drugs).

Results: Major findings for boys indicate that GPA was negatively associated with both sexual debut and risky sex. In addition, the relationship between student-teacher connectedness and risky sex was

mediated by gang involvement. For girls, higher GPA was associated with less-risky peer norms, and higher-risk norms were associated with sexual debut. In addition, the relationship between GPA and both sexual debut and risky sex was mediated by negative peer norms.

Implications: To improve the effectiveness of interventions to delay in sexual debut and unsafe sex among youth, they should incorporate the gendered ways through which such behaviors occur.

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METHODS AND MYTHS OF CONTRACEPTION USE FOR CHINESE WOMEN IN NEW ZEALAND

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Objectives: To describe use of, and attitudes towards contraception among Chinese women in New Zealand.

Methods:

1. A case-note review of 305 Chinese women attending a public hospital abortion clinic (2006–2010) collected demographic data, pregnancy history, and contraceptive methods in use pre- and post-abortion.
2. Semi-structured interviews with 25 Chinese women (6 presenting for an abortion, 19 from the Chinese community) were conducted to gain an understanding of women's attitudes towards contraception and factors affecting choice of methods.

Results: 93% of Chinese women presenting for abortion were overseas-born and 55% had been in New Zealand for 6 or more years. When contraceptive method use was compared with that of European and Maori (indigenous) women, Chinese women had significantly lower use of the oral contraceptive pill pre-abortion ($p < 0.05$), but choice of the pill and intrauterine methods for post-abortion use was similar across ethnic groups ($p > 0.05$). Chinese women who'd had children or two or more previous abortions were most likely to choose an IUD for post-abortion use ($p < 0.05$). Time in New Zealand was not a significant predictor of post-abortion method choice ($p > 0.05$). Key themes identified in interviews were: lack of confidence of New Zealand's health system, taboo topic with mum, lack of knowledge about fertility and contraceptive methods, negative views towards hormonal methods, concerns about method safety and not keen on trying long-acting methods.

Conclusions: These findings highlight the need to provide appropriate information about contraception and how to access it to the increasingly diverse ethnic population in New Zealand.

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WHO WILL GET PREGNANT REPEATEDLY?

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Objective: This study is to identify the characteristics of unmarried youth who will possibly have repeated pregnancy in a year.

Method: Pregnancy-experienced unmarried youth aged 15–24 ($n = 149$) were identified from randomly sampled National Survey of Youth Access to Reproductive Health in China in 2009. 131 predictors involving individual factors, family status, and social factors were identified and validated using random forests.

Results: Out of 149 pregnant unmarried youth in last 12 months, 39 were pregnant repeatedly. The model had excellent predictive accuracy for classification of repeated pregnancy, with the overall classification error rate of 16.11%. Ever having had unwilling sex during childhood was the most important predictor of repeated pregnancy in a year, followed by provincial Index of Gender Gap. Having multiple sexual partners in last 12 months was thirdly important, followed by provin-

cial Human Development Index and Index of Health Inequalities. Age of first sex, individual disposable income, average household income, ever having had unprotected sex during childhood, consent of first sex, as well as family size influenced the possibility of repeated pregnancy in a year of unmarried youth greatly.

Conclusion: Social factors of gender inequality, health inequality and low human development level imply repeated pregnancy of unmarried youth during quite a short period. Meanwhile, adverse childhood experience impact greatly to the possibility of repeated pregnancies in later years. Repeated pregnancy of unmarried youth also influenced by individual and family economic capability as well as family structure.

POSTER PRESENTATION

TRACK 6

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BEHAVIOURAL AND PSYCHOLOGICAL FACTORS ASSOCIATED WITH SEXUAL RISK TAKING AMONG OUT-OF-SCHOOL ADOLESCENTS IN ILORIN, NIGERIA

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Background: Risky sexual behaviors of adolescents have received increasing attention during the last decades. However, few studies have focused on the sexual risk taking of Out-of-School adolescents in Nigeria. Knowledge about the prevalence of sexual risk behaviour (SRB) in this adolescence group is needed to prevent unwanted health consequences. This study aims to assess the association of behavioural and psychosocial factors with four types of SRB in adolescents in Ilorin, Nigeria.

Methods: Data were obtained on behavioural factors (impatience, early sexual initiation, having been drunk during previous month, smoking during previous week), psychosocial factors (sensing, extremism, self-esteem, extroversion) and SRB (intercourse under risky conditions, multiple sexual partners, and inconsistent condom use) in 573 out of school adolescents (response rate = 96.2%).

Results: Among those with sexual experience (71.5%), inconsistent condom use was the most prevalent risk behaviour (97% in females, 85% in males). With the exception of impatience (88.2%) and having been drunk in males (89.5%), no factor was associated with inconsistent condom use. Early sexual initiation was found to be the most strongly associated factor (p -value < 0.05) in other types of SRB.

Conclusions: Behavioural factors are more closely related to SRB than psychological factors. Though associations differ by type of SRB and gender but offer few clues to target risk groups for inconsistent condom use. Results show a high need for ex education and health education programmes in out-of-school adolescents that target SRB in conjunction with other health risk behaviours such as cigarette smoking and alcohol abuse.

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KNOWLEDGE AND PERCEPTION OF HIV/AIDS AMONG PRE-NURSING STUDENTS AT HISTORICALLY BLACK COLLEGE AND UNIVERSITY (HBCU)

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With the scourge of HIV/AIDS about a generation old, information is continually being disseminated in the media, including magazines and professionals about the dangers of this disease and how people could protect themselves from it as well as other STIs. A survey question-

nnaire was administered to pre-nursing students at a HBCU to explore risky sexual behaviors, knowledge and practices of safe sex by condom negotiation and usage (or lack of it) among this cohort. Findings indicate that out of this group ($n = 69$), nine of them are virgins (mean age 18.5). Among the other respondents, nine of them have suffered from and been treated for STDs, and a few had used alcohol while engaged in sexual intercourse. In addition, a sizable number of these respondents ($n = 23$) state that it does not matter whether their partners use condoms or not while engaged in sex. In conclusion, as this cohort progress through the baccalaureate program it becomes imperative to impact upon them the concepts of HIV/AIDS/ STIs prevention education as a measure of risk reduction.

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THE EFFECT OF MARITAL VIOLENCE ON INFERTILITY DISTRESS

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Object: The aim of this study was to determine the relationship between marital violence and distress level among women with a diagnosis of infertility.

Methods: The study population consisted of 139 married women diagnosed as primary infertile, who applied to the Obstetric and Gynecological outpatients' clinic of a university hospital IVF Center between October-December 2009.

A "Descriptive Information Questionnaire" developed by the researcher were used for data collection. In addition "Infertility Distress Scale (IDS)" for determining the severity of effect caused by infertility and the "Scale for Marital Violence against Women (SDVW)" for determining level of marital violence against the women were used.

Results: The total SDVW score of study sample was 67.0 ± 8.26 . Women older than 30 years old had significantly higher violence mean score. The women, who were wishing to have a baby for more than six years and having infertility treatment for more than 3 years, were exposed to more violence.

The total IDS score of study sample was 37.76 ± 10.53 . IDS score was higher among women who were not working and having infertility treatment for more than 3 years and IDS score was higher among infertile women who were exposed emotional and sexual violence.

Conclusions: Marital violence is a factor which increases the distress of infertile women. It is therefore necessary to carry out observations aimed at uncovering the presence of any violence from the data collection stage to the end of treatment in infertile couples and to include questions to this effect in the care plan.

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IN HER OWN WORDS: "LIVING WITH URINARY INCONTINENCE IN SEXUAL LIFE"

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Purpose: The purpose of this study was to explore the experience, meaning of "having urinary incontinence (UI) during sexual intercourse" according to Turkish women with urinary incontinence.

Methods: The descriptive phenomenological study was carried out in Gynecology Outpatient Clinics with twelve (12) women. Data were obtained through a semistructured interview schedule. Three questions were used; How does UI impact your daily routine and life? How does UI impact your sexual life? What does it mean "having UI during sexual intercourse"?

Results: The major findings of the study suggest that women experience a broad and dramatic spectrum of phenomena while living with UI. The dominant themes that emerged were *experiences when they lived UI symptoms firstly*⁽¹⁾, *experiences during having an intercourse*⁽²⁾, *sharing with the husbands*⁽³⁾. Women have different problems regarding to UI,

however, most of them have described UI as a normal. Women who uncontrolled urine loss during intercourse have stated their feelings. Women who mentioned when they share their experiences with their spouses, they can seek a treatment sooner.

Conclusion: These results suggest that UI negatively impacts quality of life by affecting sexual intercourse as well as daily living activities. Nevertheless women with UI suffer from UI in silence. Therefore healthcare professionals must be educated to enhance their awareness of the problem so that women who have UI will seek and receive appropriate treatment. It should also be noted that sharing women's experiences with their spouses is one of the most important factors for women choosing to seek treatment.

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VORACIOUS VIAGRA: VICTORY OR VICE?

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Since 1998, millions of men and women have benefitted (directly or indirectly) from sexual enhancement drugs such as sildenafil, vardenafil, and tadalafil. However, as with many groundbreaking innovations, certain "down sides" inevitably become apparent. This cutting-edge presentation will take participants on a journey through the "dark-side" of PDE-5s by reframing the role of sexual enhancement drugs in modern relationships. The author will highlight major research published in this area by discussing the 12 most common complaints women whose male partners use PDE5's share about the impact of these drugs on their relationships. The author will also share clinical anecdotes from her own hospital-based sex therapy practice that support the research. By identifying what she believes are "flawed assumptions" on the part of drug companies about the role of these drugs in women's lives, she will offer her own theories to explain certain shifts in sexual behavior and practices. As sexual enhancing drugs have improved the quality of sexual health for millions, so have they subtly changed the dynamics of sexual politics for evermore.

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SEXUALLY TRANSMITTED DISEASES IN COLOMBIA: ANALYSIS BASED IN THE NATIONAL HEALTH SURVEY

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Objective: To estimate and analyze the diagnosis of sexually transmitted diseases (STDs) according to self-reporting by an adult Colombian population.

Method: A secondary source analysis was carried out using data of the National Health Survey conducted in Colombia in 2007. The study is part of the "Sexual and Reproductive Health Research Program" authorized by the Ministry of Social Protection. The sample consisted of 29,760 persons between the ages of 18 and 69, who responded to the question "During the last year, have you been diagnosed with any sexually transmitted infection?"

Results: At national level, a self-reported diagnosis of STD of 0.6% was found (IC_{95%}: 0.5–0.8); the highest percentages occurred in the Pacific and Atlantic regions, and the lowest in Bogotá. Data was related to gender, age, and the health-related social security regime. Findings showed that the possibility of risk of STD is higher in women (OR = 1.7), in the 18–24 age range (OR = 11.9) and in the populated affiliated to the subsidized regime (OR = 2.1).

Conclusions: Social determinants linked to the socioeconomic position, poverty, access to health services and the roles of gender must be taken into consideration when analyzing STDs in Colombia. Further clinical and social research is necessary to estimate the prevalence of STDs in Colombia and the associated determinants.

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CHARACTERISTICS OF HIV TESTING AMONG ADULT POPULATION IN COLOMBIA

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Objectives: Using data from the 2007 National Health Survey, this study assessed the prevalence of HIV testing and the variables associated with having never had an HIV Test among Colombian people 18–69 years old.

Method: We conducted secondary data analysis of self-reported HIV testing on a total sample of 29,760 people. Logistic regression was conducted to identify the factors associated with not having had an HIV Test.

Results: The national prevalence of HIV testing was 40%. The highest percentages of never having an HIV test were 66.2% in the country's Atlantic Region and 65.7% in the capital of Bogotá. Men, people who did not report their education level, older people and people living in rural areas were less likely to report HIV testing. The main reason reported by men and women for not having had HIV testing was perception of low risk. Among those who have been tested for HIV infection, 42% did not receive pre-test counseling and 56.9% did not receive post-test counseling.

Conclusions: The prevalence of HIV testing in Colombia is very low; hence efforts to increase testing are needed in order to facilitate early detection. It is also important that Colombian health authorities guarantee that the mandatory HIV pre and post-test counseling be provided.

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ABORTION CARE: THE STAFF PERSPECTIVE

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Working in abortion care presented a unique set of social, emotional and practical challenges for staff. Because of working in abortion care some staff expressed a sense of isolation from other colleagues. They said that those who didn't work in abortion care considered it an unpopular job and perceived patients requesting abortion as more 'challenging' and 'problematic' than other patients, partly because of the additional time required but also because of the emotional investment which is associated with the role.

Although staff, said personal opinions did not have a place in the delivery of care some were unable to disassociate themselves professionally from their own deeply held personal convictions. In addition, some said that they felt unable to voice opposition to an expectation that they would work in this area if it was included as part of a wider women's health remit. They indicated that sometimes their feelings were compromised by this aspect of the role indicating they felt unable to exercise their right to conscientious objection.

The subject of repeat abortion provoked particularly negative staff emotions for personal and professional reasons, especially if patients repeatedly accessed abortion services because of non use of contraception. Often staff implied that eventually patients may be less likely to receive good care in these instances. However staff reported that women who requested abortion for foetal abnormality were likely to receive more sympathy, understanding and care. Staff need to be supported to understand the wider social context within which women experience abortion.

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FORCED MALE BACHELORS IN CENTRAL RURAL CHINA: ARE THEY HIV/STI “BRIDGE POPULATION”?

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The purpose of this paper is to evaluate the extent and potential correlates of risk sexual behaviors among forced male bachelors in central rural China.

Data used in this study were derived from “older males’ reproductive health and family life survey in rural China”. Three factors were considered as risk sexual behaviors for never-married men (“ever had sexual intercourse”, “ever had more than one sexual partner in lifetime”, and “ever had commercial sex”). T test, Chi-2 test, and logistic regression models were used in the paper.

Among the sexually experienced never-married men in rural China, the proportions of having at least 2 sexual partners in the whole life (40%), of having at least 2 sexual partners during last 3 months (20%), of ever having commercial sex (28%) were significantly higher than the proportions of married men.

Logistic regression indicated that rural older never-married men were more likely to have higher monthly income, ever smoked, ever used alcohol, and ever saw pornographic films. Factors related to ever have at least 2 sexual partners in the whole life were have higher monthly income, ever saw pornographic films, age at 1st sexual intercourse below 22, and perceived his sexual partner had other sexual partners. Factors significantly associated with commercial sex were not attend to school or only had primary education level, ever used alcohol, perceived his sexual partner had other sexual partners, and ever discussed sexual issues with sexual partners.

The older never-married males in rural central China are really encountering highly sexual risks.

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ABOUT THE CONDOM USE INTENTIONS AMONG “FORCED” MALE BACHELORS IN RURAL CHINA—FINDINGS FROM A FIELD SURVEY CONDUCTED IN A CONTEXT OF FEMALE DEFICIT

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This study investigates the relationship between condom use intentions and their psychological and socio-demographic among forced male bachelors in rural China, based on the theory of planned behavior. Data are derived from a cross-sectional survey entitled “Older males’ reproductive health and family life survey in rural China” which was conducted by the Institute for Population and Development Study, Xi’an Jiaotong University, China, in JC district, Anhui province in 2008, in collaboration with INED Paris. Results indicate that positive interaction factor of condom attitudes, stronger sexual partner norm, and greater perceived behavior control, are associated with increased condom use among rural forced male bachelors. Condom use at the first sexual intercourse is a significant predictor of the condom use intentions. Younger forced bachelors are more likely to use condoms in the future. These results may help to better understand condom use mechanism among forced male bachelors in rural China and also provide a theoretical support for HIV/AIDS and STIs interventions through encouragement to use condom at early stages of sexual life course.

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SEXUALITY AFTER HYSTERECTOMY A SYSTEMATIC REVIEW

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Objective: The availability of alternative therapies of abnormal gynecologic bleeding has prompted a reexamination of the impact of hysterectomy on a woman’s quality of life.

This paper examines the evidence about the impact of hysterectomy on one aspect of quality of life, sexual function.

Data sources: Electronic searching was conducted using the search terms: sexuality, sexual satisfaction, sexual function, hysterectomy, sexual desire and orgasm in Pub Med, EMBASE, Science Direct and Scopus; Additional paper found in the bibliographies of these papers were reviewed.

Methods of the study selection: 23 studies were found: 11 prospective, 5 retrospective and 7 RCT; with a few exceptions, the methodologic quality of the studies was poor, but we opted to review all the studies given the paucity of data on this subject.

Results: The studies were evaluated for methodologic quality using a scoring system described in the paper; Out come measures were usually not validated and most studies did not consider important confounding factors; most studies in this review showed either no change or an enhancement of sexuality in women who had a hysterectomy.

Conclusion: The majority of research evaluating the effect of hysterectomy on sexual function was poorly designed. The available evidence shows that quality of life is improved for most women who had hysterectomy and that hysterectomy did not adversely affect sexual function; A number of confounding factors with the potential to have either a positive or negative impact on sexual function, independent of hysterectomy, should be taken into account in future studies.

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WOMEN’S PERCEPTIONS OF CHANGES TO SEXUALITY AND BODY IMAGE FOLLOWING SURGICAL TREATMENT FOR EARLY STAGE VULVAR CANCER

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Introduction: There is paucity of information particularly qualitative research from Australia, on women’s experiences following treatment for genital cancers. The aim of the present study was to explore women’s experience of sexuality and body image following surgical excision for early stage vulvar cancer.

Methods: Interpretive phenomenology was used to interview a purposive sample of 10 women who had previously being treated for early stage vulvar cancer at the Royal Hospital for Women, Sydney. Women with recurrent cancer and/or other cancers, or a major medical condition were excluded.

Results: The mean age of the participants was 58 years. Four essential themes were identified that encompass the participant’s experiences. These include: information limitations, impact of cancer on sexuality and sexual functioning, body image and stigma associated with a genital cancer (a private cancer). The findings show that despite initial fears, women experienced little to no long-term disruption to sexuality and body image following treatment. Intimacy and relationship status were more closely linked to women’s sexual satisfaction than physical arousal. Factors contributing to women experiencing negative emotions were radical vulvar excision, multiple vulvar procedures and/or the development of lymphoedema.

Conclusions: The findings from this study may serve as a relevant platform for the development of future research into the psychosexual

outcomes for women diagnosed and treated for vulvar cancer. The findings also relate to the practice of health care professionals working in this area, as they highlight areas that need improvement, such as access to timely and relevant information.

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SEXUAL- AND REPRODUCTIVE HEALTH SERVICE: SCALE DEVELOPMENT

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Introduction: The measurements which have been used to explore attitudes of young people towards sexual and reproductive health services (SRHS) have only to a certain degree been theoretically based. The purpose of this study was to develop and test a conceptually based scale.

Method: A review of the literature was conducted regarding studies about attitudes of young people toward SRHS's over the period 1998–2008. The results of the studies were classified into five defined categories. The categories are service access, service administration, quality of services, important others and personal factors. A scale was developed which was based on these categories as well as clinical experience. A national study was conducted among 2500 young people in the age group 18–20 and the scale of 29 items was tested by factor analysis.

Results: The factor analysis showed four of the five categories. These were the quality of care, important others, service administration and personal factors. Two items had reliability alpha coefficient of $\geq .70$. The quality of care category consisted of 12 items and had the greatest reliability of .88. The other categories were based on 2–4 items.

Conclusions: The factor analysis verified four of the five categories. The one about quality of care had the best results. Further testing of other items is necessary. The development of a conceptually based instrument is important in order to better identify what is of importance to young people regarding the use of these services.

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THE DEVELOPMENT OF A CONTRACEPTIVE COUNSELLING MODEL

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Introduction: Randomized controlled trials about the effectiveness of contraceptive counselling have generally not been theoretically based. Few of the trials have demonstrated effectiveness of the counselling provided. Researchers have identified a great need for the development of conceptually based counselling model which can be tested.

Method: A theoretical and clinical approach was used in the development of a contraceptive counselling model. Models about contraceptive counselling along with theories regarding health behavior were studied to find out the essential conceptual elements of value for the development of the model. The building of the model is also based on extensive clinical practice regarding the provision of contraceptive counselling to women and couples of reproductive ages.

Results: A model of contraceptive counseling named the five C's (CCCCC) is based on five main pillars. They are Client focus, Collection of information, Choices, Choosing one method and Compliance. It consists of the counseling process, the theoretical approach and the influential factors (barriers and facilitators). The model is conceptually based on making a therapeutic relationship, cooperation, confidentiality, mutual responsibility, equality, integration, self-control, self-esteem, special needs and well-being. The decision-making depends on the theoretical approach and how well the barriers and facilitators are being explored with the woman (couple).

Conclusions: The model presented here can be used in clinical practice but is also a step toward knowledge development regarding what is effective in contraceptive counselling.

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WORKING WITH SEXUAL VULNERABILITY IN THE CONTEXT OF INSTITUTIONAL CARE

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Objectives: Develop a training for staff working in Institutional care. **Aim:** To improve knowledge about sexuality and sexual health among staff working in Institutional care and to start a process to make the staff more able to meet issues on sexuality.

Background: In 2010 Swedish Association for Sexuality Education (RFSU) got a request from The National Board of Institutional Care (SiS) to execute 15 trainings. The trainings were part of the national assignment to intensify the work with substance abusers and young people who have been, or are potential victims of prostitution or trafficking for sexual purposes.

People in institutional care are a high-risk group. Sexuality is an important component of health, identity and relationships and therefore important to integrate in social work.

Methods: The training included basic knowledge about sexuality and sexual vulnerability. The training identified when situations on sexuality arose and how to handle them. Participants were given tools on how to initiate and conduct conversations on sexuality. The training was a mix of lectures and group exercises.

Result: The training was evaluated through a questionnaire. Responses from the staff were mainly positive. In particular, they felt that they were more motivated to include sexuality in their work (68%) and that they received valuable tools (72%).

Conclusion: To respond to sexual victimization, it's necessary to have a basic understanding of sexuality and that issues on sexuality are included in daily work. It's important to feel confident and to have a common approach within the work group.

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LOOK TO NORWAY? PINK COMPETENCY—A NATIONAL COLLABORATION BETWEEN THE NORWEGIAN DIRECTORATE FOR HEALTH AND SOCIAL AFFAIRS AND THE NORWEGIAN LGBT ASSOCIATION

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The Norwegian government specifically underlines that all minority groups preferably will be treated within the ordinary social and health services. Thus, there is a need to contribute towards greater knowledge of social conditions and processes of change within minority groups. During the last few years the Norwegian government—and consequently Norwegian health—and social services—have focused on the necessity to know more about the specific needs of LGBT persons, to be able to provide satisfactory service for this group.

Pink Competency is one of the ways the Norwegian government have chosen to work towards this goal. The project aims at enhancing knowledge about gay and lesbian, bisexual and transgender people among social and health professionals. As long as being not-heterosexual is considered being in some ways inferior because we as society apply a hetero-normative view, health and social workers need to be certain that they possess the knowledge, skills and sensitivity to provide competent care to this population.

The project aim to train health professionals in meeting their lgbt clients. We work with doctors, nurses, midwives and so on, and address issues such as sexuality, language, awareness, heteronormativity, disclosure etc. We work together with all the health professions and their organizations, and have made sure that we have a network of professionals within the field connected to the project. I would like to share with me the methods and success factors of this project.

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WILLING AND ABLE: TALKING ABOUT SEXUAL HEALTH DURING MALE CIRCUMCISION RESEARCH IN PAPUA NEW GUINEA

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Papua New Guinea is the largest land mass and population in Melanesia. The population experiences myriad health and social challenges including: poverty, violence, maternal mortality, intimate partner violence, malaria, TB, and Sexually Transmitted Infections including HIV.

Against a background of government directed closure of social marketing for condoms, constitutional religious sensibilities, a health department official calling for ‘adultery to be made a criminal act’, and a purported position that it is culturally difficult to discuss the intimate, we highlight evidence that when people are provided a safe and confidential context they do openly talk about sexual health concerns.

We outline how, during data collection for the ‘Acceptability of Male Circumcision for HIV Prevention in PNG’ study (data presented elsewhere), male participants were asked for a clinical examination and photo of their penis in order to verify circumcision status reported in the study questionnaire. Men were also given the opportunity to speak with a sexual health clinician with or without the clinical examination. We describe the high acceptance rate of clinical examination and photography of men volunteering for the study, and outline the various sexual health concerns that men presented with. Implications for health service delivery and sexual health research are discussed including: the unmet need for sexual health services, the enthusiastic acceptance to engage in clinical examination and the willingness to talk openly about sexual health concerns.

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TRANSPeOPLE IN CUBA: FROM A BIOMEDICAL APPROACH TO A HUMAN RIGHTS’ PERSPECTIVE

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Professional institutionalized care of transpeople began in 1979, stemming from the initiative of the organized women’s movement which attained the creation of a multi-disciplinary commission for its diagnose and treatment. Since then, the Ministry of Public Health took responsibility of free medical care of transpeople in coherence with the predominant biomedical—pathological approach that has prevailed in the international scientific referents. It is not until 2004 that the National Centre of Sexual Education (CENESEX) commences to modify this strategy towards a perspective encompassing comprehensive care, based on human rights and its promotion as a social policy. The paper presents objectives, attainments and difficulties of the strategies. Attainments in health policies and services are underlined, a greater participation and empowerment of the trans-population in the processes of social change; the proposal of a legal framework and a greater visibility of this reality as a matter of social justice, by means of the mass media and in different public debates, which include people in decision making and legislators. The rights of transpeople in Cuba have advanced more rapidly since the implementation of a strategy of comprehensive care which calls for the commitment of the entire society in delinking the inherited prejudice of a dominant patriarchal culture, exploitative of human beings. The trans persons, organized in a network, emerge as new social actors upon their training as sexual health promoters and activists of LGBTBI rights.

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THE RELATIONSHIP BETWEEN MENOPAUSAL SYMPTOMS AND SEXUAL FUNCTION IN TURKISH WOMEN

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Introduction: Menopause, the word, is a combination of two Greek words which mean month and terminate. Translated literally menopause means “the end of the monthlies.” Menopausal women experience a number of stresses and symptoms related to hormonal changes during peri-menopausal period. One of the most imported impress by menopause is on the sexual life.

The aim of the study was to provide up to date information on menopausal symptoms in Turkish women and to evaluate the factors affecting sexual function during peri-menopause.

Material-methods: The cross-sectional study has been conducted from January 2011 through April 2011 at a University Hospital in Turkey. “Descriptive Information Questionnaire” was developed by the authors, and the adapted “Female Sexual Function Index” are using to collect data. The sample size of the study is aimed to included 150 Turkish women.

Results: The study is still in progress. The study results are going to be presented in April at the end of data collect.

Conclusions: After the data collect is ended the authors are going to present frequent peri-menopausal symptoms in Turkish women and its’ effects on sexual function. According to the results, it is going to be recommended that care and counseling principles of Turkish menopausal women to nurses who care for women in menopause.

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THE POLITICS OF SEXUALITY AMONGST MEN WHO HAVE SEX WITH MEN (MSM) COMMUNITY IN DELHI, INDIA

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Introduction: The disease of Acquired Immuno Deficiency Syndrome (AIDS) is changing social reality, social consciousness and also has raised questions on social norm and practices. Men who have sex with men (MSM) emerged as a community which has been termed as high risk group in transmitting HIV/AIDS because of their sexual practices. In India, social factors (community, family, marriage, and stigma) play an important role in the life of the individuals. Along with that there is also a huge diversity within the MSM community as this community comprises of different groups with unique lifestyle, sexual preferences and understanding of sexuality.

This paper attempts to study the politics of sexuality amongst the MSM community. The MSM community consists of different groups which forms mainly based on their sexual practice. First, the paper aims to understand the politics of sexuality within the community based on the perception of each group on sexual identity, sexual behaviour, sexual partners, and reasons for having sexual partners and roles in specific sexual practices. As a result, how hierarchy evolved and is maintained within the MSM community is looked at in this study. Secondly, the paper also traces out the influence of different social factors (family, marriage and stigma) on the lives of the individuals belonging to MSM community and the outcome of the influences.

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SURVEY OF SEXUAL DYSFUNCTION IN OPIATE DEPENDENT MEN ON METHADONE SUBSTITUTION

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Introduction: Anecdotal reports from contact with drug using population and previous studies suggest that opiate dependent men report sexual problems.

AIMS

1. Is premature ejaculation more prevalent in opiate dependent men than the normal population?
2. Do opiate dependent men believe that Heroin helps Premature Ejaculation?
3. What is the prevalence of sexual dysfunction in opiate dependent men?

Method: Survey, including IIEF, of male, methadone maintained men in Glasgow. Exclusions were organic illness, current DSMIV Axis I diagnosis and current use of psychotropic medication. Statistical analysis done using SPSS v.15.

Results: 65 respondents, 58.5% reported lifetime occurrence of premature ejaculation(PE) and 30.76% reported PE in the preceding 4 weeks.

Among those who experienced PE:

- 23.7% did not participate in sex in the preceding 4 weeks because they were worried about PE.
- 52.6% said they would participate in sex more often if they had treatment for PE.
- 28.9% had experienced PE before starting opiate misuse.
- 63.2% felt that Heroin helped PE and 36.8% felt Methadone helped PE.

Reported prevalence of Sexual Dysfunction between 55.5% and 84.6% of sample, low desire being the commonest problem.

Conclusions: Prevalence of PE is greater in opiate dependent men (58.5%) than in normal population (11.7%).

PE is thought to be helped by Heroin use and hence Premature Ejaculation may be associated with relapse into heroin misuse.

Sexual dysfunction is widely prevalent, yet 94.7% of patients had never reported this. Detection and management of sexual dysfunction needs to be improved in this patient group.

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LOVE, LIFE AND HIV: VOICES OF YOUNG PEOPLE LIVING WITH HIV FROM AROUND THE WORLD

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“We seem to have this problem of leaving people who are HIV positive behind or outside.” (Young person living with HIV, South Africa).

To give a greater voice to young people living with HIV, 121 young people from local networks of people living with HIV (YPLHIV) learnt the art of video making during weeklong participatory training workshops in the Dominican Republic, India, Mexico, Russia, South Africa and Swaziland. During each workshop, they had the opportunity to record, edit and produce their own short video testimonies to tell the world about their experiences living with HIV, and the services and support they felt they needed.

Whilst young people living with HIV come from a diverse range of backgrounds and settings, the interviews show a commonality in talking about six themes: involvement, support, services, sex and relationships (including disclosure), planning families, and stigma and discrimination. Most important to YPLHIV was the ability to access non-discriminatory and affordable services which meet their particular

needs. Just as important is for young people to be involved in the design and implementation of programmes and policies that affect their lives.

Actively addressing the sexual and reproductive health of young people living with HIV is essential, yet it is also controversial. For example, in the nine months since its launch, the IPPF publication *Healthy, Happy and Hot: A young person's guide to their rights, sexuality and living with HIV* has sparked negative reactions from some, yet has been downloaded over 300,000 times.

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UNDERSTANDING SEXUAL AND REPRODUCTIVE HEALTH (SRH) AND HIV LINKAGES: UTILISING THE RAPID ASSESSMENT TOOL FOR SRH & HIV LINKAGES

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The importance of linking sexual and reproductive health (SRH) and HIV at the policy, programme and service delivery levels is now widely recognized. Yet, much remains unknown about which linkages will have the greatest impact, and how best to strengthen selected linkages in different programme settings. The Rapid Assessment Tool enables countries to gain a ‘snap shot’ of current national linkages, identify gaps and develop action plans. It has been rolled out in 16 countries to date by multi-sectoral country teams, with a further nine countries due to implement it in 2011.

Key findings of the SRH & HIV linkages assessments to date are:

- **At the policy level**, funding for linkages is often inadequate, heavily dependent on external sources and/or affected by poor donor coordination.
- **At the systems level**, there is often a lack of coordination mechanisms, with national responses to SRH and HIV managed vertically, with little joint planning.
- **At the service delivery level**, countries found that integration predominantly takes place among selected services and/or through specific entry points. In many countries, SRH & HIV integration is limited and tends to occur by default due to shortages of human resources.

Key recommendations for improving SRH and HIV linkages include: strengthening national coordination and leadership of SRH & HIV linkages work; agreeing a national minimum package for linkages; positioning attention to linkages within dialogue on the broader national health systems; and using the involvement of key populations to advocate on SRH rights.

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THE STATE OF SEXUAL PRACTICES IN AFRICA

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This paper provides a comprehensive review of sexual practices in Africa. The results show that Africa is home to a variety of sexual practices, with substantial variations between regions, countries, and ethnic groups. From female circumcision mostly practiced in West and Northeast Africa to dry sex primarily reported in Central and East Africa, the majority of these practices are associated with a host of sexual and reproductive health risks for both men and women. Such practices destroy vaginal membrane and cause small cuts on the penis that can easily transmit a variety of sexual infections, including HIV/AIDS. Yet, the quest for sexual pleasure, hygienic needs, and other cultural reasons continue to motivate many African men and women to use these hazardous sexual practices. The causes and magnitude of these practices are examined and a research plan is proposed to enhance our understanding of sexual practices in Africa through the

collection of data on national random samples of men and women as part of the Demographic and Health Surveys or other nationally representative surveys.

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SOCIAL WORK STUDENT ATTITUDES TOWARDS THE SOCIAL WORK PERSPECTIVE ON ABORTION IN THE UNITED STATES

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Access to abortion is threatened in the United States. The National Association of Social Workers (NASW) in the United States maintains that the right to access to abortion and family planning services for clients worldwide is essential for self-determination and the advancement of women. This is the only profession with a policy statement outlining this type of commitment to abortion access. As students enter the social work profession, it is essential that they understand and accept this professional premise if advocacy and service referrals are expected to originate from practicing social workers. The purpose of the current study was to examine social work student attitudes towards the social work perspective on abortion in the United States. Students at a large, public land grant university were surveyed to determine whether or not their personal attitudes were or were not in line with the NASW stance on abortion outlined in the NASW policy statement on family planning and reproductive health. Results suggest that the majority of students have attitudes towards abortion that are consistent with the NASW policy statement. Students in the satellite MSW programs located in rural areas were more likely to report negative attitudes towards abortion when compared to urban students. Furthermore, as levels of religiosity increased, acceptance of abortion and likelihood of making a referral for an abortion decreased. Implications for sexual health in the US and worldwide are discussed.

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LESBIAN, GAY AND BISEXUAL HUMAN RIGHTS, SEXUAL RIGHTS AND SEXUAL CITIZENSHIP: AN EXPLORATION OF LESBIAN AND BISEXUAL WOMEN'S NEGOTIATION OF SEXUAL HEALTH IN THE U.K.

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Lesbian and bisexual women's sexual health is neglected in much United Kingdom (U.K.) Government policy and practice. In this context, this paper examines lesbian and bisexual women's negotiation of sexual health, drawing on a small research project which employed detailed self-completion surveys with 54 women in a city in the North of England. The study was commissioned by a local sexual health service, with the aim of eliciting data from self-identified lesbian, bisexual women and women who have sex with women related to sexual health care maintenance and sexual health services, in order to inform local service development. Based on thematic data analysis, subjects explored in the paper include: invisibility and lack of information; influences on decision-making and sexual activities; and experiences of services and barriers to sexual health care. Key issues in this respect were homophobic or heterosexist social contexts. Drawing on sociological understandings of lesbian, gay and bisexual (LGB) human rights, sexual rights, and sexual citizenship, I argue that these are useful lenses through which to examine and address lesbian and bisexual women's sexual health and related inequalities.

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VAGINAL CORONA—MYTHS SURROUNDING VIRGINITY

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Background and aim: Known to most people by the established term “hymen,” the vaginal corona is subject to many myths and misunderstandings. The most important of these is the notion that women's vaginal opening is covered by a membrane that ruptures and disappears upon penetration. These myths and misunderstandings lead to unnecessary suffering for women around the world. It's also a way of controlling women's sexuality and bodies.

In the booklet “Vaginal Corona—myths surrounding virginity” RFSU wishes to dispel these myths and promote factual knowledge. One way of doing this was to create a new term “Vaginal Corona”, which more correctly correspond with the actual anatomical structure. The new term also has the great advantage of being free of misconception.

Results: When the booklet was published it drew media attention and was discussed widely. The term “Vaginal Corona” is now commonly used in the media as well as by teachers during sexual education. The booklet was translated into English, Sorani and Arabic and has been spread both among immigrants in Sweden and internationally.

The term “Vaginal Corona” was appointed “new word of the year” by the Language Council of Sweden in 2009.

The booklet is extremely popular and has sold out on numerous occasions. It is mostly spread in schools, youth centres, youth clinics and women's clinic.

Conclusion: To create a new word has been an excellent way of spreading knowledge, increasing awareness and dispel a few of the myths surrounding female sexuality.

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“NO MORE ABUSE”: RESEARCH AND TREATMENT WITH SEXUAL ABUSE VICTIMS WITH LEARNING DISABILITIES

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The research that relates sexual abuse and learning disabilities leaves no doubt that this is indeed a severe problem. Among the reported causes that explain the enormous prevalence of sexual abuse within people with learning disabilities, we would point out the lower communication skills, the submissiveness relationships they tend to be used to, the lack of credibility given to their testimony, and the fact that the law only offers limited protection, especially in cases of adult victims with learning disabilities. As a response to such vulnerability, the first resource specialized in supporting the community of people with learning disabilities in Spain was created in co-operation with the State Security Forces. The three main objectives of our project are:

1. Research (on anything related to the adaptation of police, forensic and therapeutic procedures in reference to a victim with learning disabilities).
2. To intervene with the purpose of coping with the emotional impact, to reinforce the bonds of trust with his/her family and social environment and to success in making that the victim has access to a free and healthy sexuality (through individual and family psychological therapy and/or sexual education).
3. To minimise the risk for any further sexual abuse situations through social awareness as well as providing professional training to those working with people with learning disabilities.

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DEVELOPING NEPAL'S FIRST ELECTRONIC DATABASE TO MONITOR SEXUAL HEALTH AMONG SURVIVORS OF TRAFFICKING

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Objective: Sex trafficking poses threats to sexual health, including human immunodeficiency virus, human papilloma virus and unplanned pregnancy. However, sexual health data among survivors of trafficking are limited. Maiti Nepal is the largest Nepalese organization fighting sex trafficking. Our objective is to create a database of demographic, trafficking and clinical information of repatriated Nepalese sex-trafficked females. This will facilitate analysis of the trafficking-related risk factors for and prevalence of indicators of poor sexual health.

Method: With support from the U.S. State Department, Maiti Nepal and Johns Hopkins University are creating an electronic database. The format integrates information about trafficking experiences (age when trafficked, time spent in brothel, location of brothel) with clinical data (HIV/AIDS status, cervical cancer diagnosis, pregnancy and abortion history, access to antiretrovirals and safe abortion). Automated analyses to rapidly assess the prevalence of these indicators and identify their predictors are being established.

Results: The database's format and privacy protocols will be finalized, and data entry of existing hardcopy records will be completed by July 2011. Preliminary analyses of sexual health indicators will occur shortly after.

Conclusion: This database will represent the first systematic documentation and analysis of sexual health outcomes and predictors among Nepalese trafficking survivors, and can serve as a model for similar efforts. The database is necessary to monitor the sexual health of this vulnerable population, and inform intervention strategies. Our discussion of the database's format, data elements, data collection protocols, security issues and intended applications will enable other organizations to develop similar systems.

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PREDICTORS OF SEXUAL HEALTH IN REPATRIATED NEPALESE FEMALE SURVIVORS OF TRAFFICKING

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Objective: Sex trafficking poses major threats to sexual health, the most notable of which is HIV infection; however, data on HIV among survivors of trafficking are limited. This study aimed to determine the prevalence of and risk factors for HIV infection among repatriated sex-trafficked Nepalese females.

Method: Maiti Nepal is a Nepalese organization that fights sex trafficking. In 2006, Maiti Nepal, Jay Silverman, Michele Decker and other U.S.-based researchers systematically reviewed medical and case records of 287 repatriated women and girls reporting to have been sex-trafficked from Nepal, and receiving services at Maiti Nepal between January 1997 and December 2005.

Results: Of 287 repatriated Nepalese sex-trafficked girls and women, 109 (38.0%) tested positive for HIV. The median age at time of trafficking was 17 years, with 14.7% trafficked prior to age 15 years. Compared to those trafficked over age 17, girls trafficked prior to age 15 were at increased risk for HIV (adjusted odds ratio, 3.70; 95% confidence interval, 1.32–10.34), with 20 of 33 (60.6%) of this youngest age group infected.

Conclusion: Repatriated Nepalese sex-trafficked females in this study had a high prevalence of HIV. Risk was highest in those trafficked before age 15, who were also more likely to have been detained for longer periods of time and in multiple brothels. In response, Maiti Nepal has worked to prevent the trafficking of young girls by organizing community awareness campaigns, increasing border surveillance

and providing alternative income generation opportunities for the families of girls.

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ENGAGING FAITH COMMUNITIES IN SEXUAL HEALTH AND RIGHTS ADVOCACY

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In 2011, the Religious Institute will celebrate its 10th anniversary of engaging religious professionals in advocacy for sexual health, sexuality education, and sexual justice in faith communities and society at large. Debra W. Haffner, a certified sexuality educator and ordained minister, will present lessons learned during this decade on how to effectively engage both religious leaders and people of faith in sexual health and rights advocacy. Specific new campaigns for advocacy on maternal mortality, universal access to reproductive health, marriage equality, and full inclusion of LGBT persons will be presented. The Religious Institute's projects to increase sexuality education in congregations and seminaries will also be presented. Participants will be able to identify specific strategies that work to engage faith leaders, programs and initiatives that have been demonstrated to be effective, and approaches that are to be avoided in faith outreach. Participants will become knowledgeable about organizations that can effectively assist them in faith outreach in sexual health and rights advocacy.

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WORKING TO ADVANCE SEXUAL RIGHTS—THE INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF)

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Sexual rights are human rights, an evolving set of entitlements related to sexuality that contribute to dignity, freedom and equality. They cannot be ignored. Sexual rights are constituted by a set of entitlements related to sexuality that emanate from the rights to freedom, equality, privacy, autonomy, integrity and dignity of all people. Progress towards the realisation of sexual rights remains elusive. Sexual health is essential to reducing poverty and improving the lives of millions, yet cannot be guaranteed without the realisation of sexual rights. Stigma and discrimination related to sexuality is exacerbated by sexual violence and is endemic in many parts of the world. Stigma and discrimination leads to ill-health, impacts negatively on an individual's well-being and development and impedes the ability of individuals to realise their human rights. When an individual is unable to exercise and fulfil their rights a community loses out, society suffers and a nation founders. IPPF is working to address this. In 2008 IPPF published "Sexual Rights: an IPPF declaration" grounded in core international human rights instruments. Since then IPPF has worked to provide services for all sexual populations and promote sexual rights through projects and programmes at the community and national levels. In collaboration with a number of rights-based NGOs, IPPF has worked to advance sexual rights at the global level through the UPRReview mechanism of the Human Rights Council. IPPF believes that achieving sexual and reproductive health and rights is fundamental to our quest to defeat inequality and sexual and gender-based violence.

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A STUDY OF SEXUAL SATISFACTION FOR YOGA EXERCISE PARTICIPANTS

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The purpose of the study was to understand the viewpoints of the yoga exercise participants' of demographic variables and sexual satisfaction. It used convenience sampling and investigated to complete the questionnaire from The yoga center in Taipei. The total questionnaire were 450 samples, the valid questionnaire were 420 samples, using "questionnaires of sexual satisfaction for yoga exercise Participants" to gather data and analysis. The results were expressed by descriptive statistics, t-test analysis, and One-way MANOVA, $\alpha = 0.05$. In accordance with the results indicated:

First, the majority of yoga participants were middle-aged women, income of month were under 10000 NT dollars and 30,001-40,000 NT dollars, the most people participants course was Hatha-yoga, the fixed sexual couple for the largest percentage. Second, males' setting attribute of sexual attitude was more significant than females. The fixed sexual couples' attributes are sexual satisfaction. Third, different personal backgrounds affected the yoga exercise participants' sexual satisfaction.

Conclusion: The more young and better participate in yoga, the most people participants were middle-aged females, the male and the fixed sexual couples' participate yoga helpful for sexual satisfaction. Therefore, related departments such as governments and yoga institutions should popularize this fact.

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SEXUALITY OF MIGRANTS: PERCEPTIONS AND CAPACITIES TO EFFECTIVELY EXERCISE THEIR SEXUAL RIGHTS IN THEIR TRANSIT THROUGH MEXICO

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Objective: Analyze Central American migrant's experience, perceptions, and the decisions they made regarding their sexuality and the capacity they have to effectively exercise their sexual and reproductive rights in their transit through Mexico.

Methods: A qualitative study was conducted (April 2009-July 2010) in Chiapas, Oaxaca, San Luis, Baja-California and Tamaulipas. These are states where migrants transit to the Mexican-US border. 35 in-depth interviews were conducted with migrants (20 men and 15 women) and ten with local key actors who provide humanitarian assistance and health care. Access to informants was gained at "casas de migrantes" which are shelters that provide humanitarian support. For the analysis we used basic elements of grounded theory.

Results: The risks migrants face are related to physical, sexual violence, robbery, extortion, kidnapping and even death. Perpetuators vary from local people, armed forces, immigration authorities and organized crime. Migrants have scarce resources to prevent these events and they assume it's the "price of migrating". Central American women are perceived as sexually "available" and "disposed" for locals and other groups. According to migrants the possibility for women to sexually interact with armed forces and immigration officers allows them to "safely transit" since they have a "body-card between their legs".

Conclusions: Migrants have scarce control on the decisions they made in relation with their sexuality. Their sexual encounters are defined by violence and the control other groups have on them. Women face more sexual violence in comparison with men due to the unequal gender and economic relationships.

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GYNECOLOGICAL CARE AND SEXUAL HEALTH OF WOMEN WITH DEVELOPMENTAL DISABILITIES

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Gynecological care and sexual health counseling are essential and valuable services for women with developmental disabilities. The University of Michigan Gynecology Clinic for Adolescents and Women with Developmental Disabilities is an example of a facility which provides such services. In our presentation, we aim to provide participants with a literature review of gynecological care and sexual health in women with developmental disabilities. In addition, we plan to provide information on the origins of the clinic, types of cases evaluated and treated, various challenges of offering services, and to discuss benefits of providing not only medical care but sexual health counseling. We will provide recommendations for educating patients, parents and caregivers. Our final goal is to highlight important differences between care and counseling for patients with developmental disabilities compared to general gynecology and sexual health counseling.

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PARENTS'REPORTS ON 7-12-YEARS OLD CHILDREN'S SEXUAL BEHAVIOUR

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Aim: To understand if a sexual behaviour in a child is a sign of sexual abuse or neglect we need to investigate sexual behaviours among children. In the present study we investigated Swedish children age 7-12 to determine what constitutes usual and unusual sexual behaviours.

Methods: Parents of 418 children answered questionnaires about their child's behaviour, both general and sexual, and about their own attitudes.

Results: We found that most sexual behaviours we asked about are common, and are in part related to or vary with age and gender. A small number of sexual behaviours were found to be very unusual in this normative group of children.

Conclusion: Behaviours usually referred to as sexualized and problematic and perhaps a sign of sexual abuse or neglect were very rare in this normative sample of children 7-12 years of age.

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KNOWLEDGE, ATTITUDE AND PRACTICES OF SOUTH AFRICAN UNIVERSITY STUDENTS ON THE USE OF EMERGENCY CONTRACEPTION AND OF ART AS AN ADVOCACY TOOL

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Introduction: This study assessed the knowledge, attitudes and practices with emphasis on emergency contraception (EC) against the background of current sexual practices in a multi-racial student population at the Durban University of Technology (DUT) in South Africa. Additionally, the use of art as an advocacy tool in promoting awareness of EC and related sexual issues was also evaluated.

Methods: A random sample of 162 students, equally represented by race and gender, was interviewed at 3 different sites at the DUT, where the Kara Walker image was also displayed on banners by Art for Humanity.

Results: Although 51% of participants felt that EC was a good form of contraception, 27% indicated that it should not be used at all. Given

a choice, 66% of African students would use it, compared to 46% Indian, 31% coloured and 52% white students. Students had health and social concerns including if more men were informed about EC, it may be used to pressure women into having unprotected sex. Over 90% of students knew that EC did not provide protection from HIV/AIDS and STDs. There were varied responses from the 21% that had seen the Kara Walker banner. Some participants thought that it was an inappropriate portrayal of women while others thought it was effective in emphasising the consequences of unsafe sexual practices.

Conclusion: Properly disseminated information at tertiary institutions assist students in making informed choices with respect to their reproductive health. Use of the arts as an advocacy tool may further promote sexual health education.

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DIAGNOSIS OF SEXUAL ABUSE AMONG HAITIAN PHYSICIANS, AN EXPLORATORY STUDY

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Background: Recent estimates suggest that up to 60% of Haitian women have been sexually abused in their lifetime, a factor that may contribute to the high incidence of HIV/AIDS in women. No study, to our knowledge, has examined whether physicians routinely screen for sexual abuse among women presenting with STTs post the 2010 earth quake in Haiti.

Objectives: We examined how often Haitian physicians screen for sexual abuse (SSA) and explored factors associated with screening for sexual violence.

Methods: We conducted a cross sectional cohort study of physicians in 7 regions of Haiti. Multivariate Logistic Regression, chi-square and odds ratios with an alpha level of 0.05 were used to determine significant predictors and barriers for SSA.

Results: 63 physicians responded to the survey, 42 were women and 21 were men. 49.2% reported that they often see children under 18 with an STI. Only 18(28.6%) of study participants said they often screen for sexual abuse while 31 (49.2%) said they sometimes screen for sexual abuse. Significant predictors of SSA included training in the screening process, having had treated children with STTs, and belief that sexual abuse is a possible underlying cause of STTs ($p < 0.05$). Female physicians were more likely to SSA than male physicians (38% vs. 23%; $p < 0.05$).

Conclusions: Current and future reproductive health programs should integrate sexual violence training for physicians in an effort to increase awareness of and screening for sexual violence. Our results show that gender segmented messages may improve screening patterns among male physicians.

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... AS TO LICK A RAINCOAT. A QUANTITATIVE STUDY OF WOMEN WHO HAVE SEX WITH WOMEN AND STI/SAFER SEX

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There is little knowledge about lesbian and bisexual women's sexual health in Sweden, particularly in relation to sexually transmitted infections (STI) and their transmissions. Many women are asking questions about safer sex with other women.

The aim of the study was to answer the question of whether WSW need to think about "safer sex".

An internet-based questionnaire with self-selected participants targeted to the group WSW (Women who have Sex with Women) was conducted, with 800 responses. The most common sexually trans-

mitted infection among the women in the survey was chlamydia which 12.3 percent of them had had. This is a remarkably high figure in comparison with international studies. There are a number of barriers to WSW developing safer sex strategies. Many women described heteronormative responses and very low level of knowledge from health care professionals. Also WSW themselves have no or little knowledge on the subject. WSW are often told to use dental dams but very few do so in practice and when it is used it has a very limited function. The majority of women in the study have had sexual contact with both men and women. This applies to both lesbian and bisexual women. In a theoretical analysis, it is possible to discern a conflict between the postmodern and the modern understanding of love and sexuality. This conflict does not exist only on an interpersonal and/or cultural level but also on an intrapersonal level of humans.

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DEVELOPING A SEXUAL COMMUNICATION SCALE FOR ADOLESCENTS

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Introduction and objectives: Communication about sex and sexuality plays a major role in promoting sexual health, particularly in young people. Based on the communication and health behaviour theory, the study aimed for developing an adequate sexual communication scale for adolescents in Taiwan. Referring to related scales on sexual communication, conducting literature review and expert review, the new scale suited for Taiwan was consisted of two constructs (sexual activity, and sexual issue) and 12 items.

Methods: The study used convenience sampling to select 265 valid samples for pilot study from a college. After exploratory factor analysis and reliability analysis, a formal Likert-like scale with 6 items in two dimensions (sexual activity and sexual issue) was generated. The study sent 900 questionnaires to the adolescents of a college with 748 valid copies returned (valid response rate = 83.1) as a formal sample. Structural equation modeling was used for confirmatory factor analysis.

Results: In reliability analysis, the internal consistency coefficients Cronbach's α of each dimension was between 0.82 and 0.85, and the α of the overall scale was 0.89. In validity analysis, the model fit indices of the confirmatory factor analysis showed $\chi^2 = 83.31$, $df = 8$ ($p < 0.001$), RMSEA = 0.112, CFI = 0.98, SRMR = 0.038, GFI = 0.96, AGFI = 0.91, revealing that the scale had acceptable reliability and validity.

Conclusion: The results showed the developed sexual communication scale have acceptable psychometrical properties. The scale measured current sexual communication with adolescents' parents, which is a key determinant of sexual risk behaviour during adolescence. Thus establishing such communication early in life is important.

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DEVELOPMENT OF SEXUAL SELF-EFFICACY SCALE FOR ADOLESCENTS IN TAIWAN

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Introduction and objectives: The objective of the study is to develop an adequate self-efficacy scale suited for adolescents in Taiwan based on the self-efficacy theory proposed by Bandura. Referring to related scale on sexual self-efficacy, reviewing relevant literature and conducting expert review, the new scale suited for Taiwan was consisted of two constructs (personal efficacy, and behavioral skills) and 12 items.

Methods: The study used convenience sampling to select 265 valid samples for pilot study from a medical and nursing college in Taiwan. After exploratory factor analysis, reliability analysis and validity analy-

sis, a formal Likert-like scale with 8 items in two dimensions (personal efficacy and behavioural skills) was created. A total of 900 questionnaire were sent to the adolescents of one medical and nursing college in Taiwan with 748 valid copies returned (valid response rate = 83.1%). Structural equation modelling and confirmatory factor analysis were used for data analysis.

Results: In validity analysis, the model fit indices of the confirmatory factor analysis revealed $\chi^2 = 92.82$, $df = 19$ ($p < 0.001$), $RMSEA = 0.072$, $SRMR = 0.050$, $CFI = 0.98$, $GFI = 0.97$, $AGFI = 0.94$. In reliability analysis, the internal consistency coefficient of each sub-scale was between 0.82 and 0.87 and the Cronbach's α of the overall scale was 0.85, revealed a good reliability.

Conclusion: The results showed the developed sexual self-efficacy scale had good reliability and could be used to assess the personal efficacy and behavioral skills of adolescent encountered sexual behavior, and to decrease unsafe sexual behavior and establish the sexual situation assessing ability.

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OVERVIEW OF HOMOSEXUALITY IN ROMANIA

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Introduction: Less information is generally available concerning the history of Romanian civil gay rights, public attitudes and recent organisations for defending minorities' rights.

Objective: To point some key moments of the Romanian jurisprudence regarding human rights of sexual minorities, the attitudes of media, church and society, the development of various NGO's dedicated for advocacy and counseling of gay persons.

Results: Until 1937, jurisprudence had been quit tolerant towards gay persons, with two exceptions. Due to the famous article 200 Penal Codex, gay persons had to choose anonymity. 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, and cohabitation. The more serious consequences aimed at: social discrimination with the endangering of the person's job and eventually arresting for the above mentioned offences and immigration. The constant homophobic attitude of the Romanian Orthodox Church was reflected for more than a decade by the media, political parties. Due to a constant struggle of international gay associations, the incriminating article has been removed, permitting free association, cohabitation, coming out.

Conclusion: The abrogation of art .200 means a psychological element of inner security.

The huge change in the public attitude, made possible by active information campaigns, permits free association, gay pride marches, public expression of commitment. The example of the lgbt members struggle expressed determination and the fact that their efforts were not in vain.

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VOICES OF WOMEN: A QUALITATIVE STUDY OF THE CONSEQUENCES OF SEXUAL VIOLENCE IN THE DEMOCRATIC REPUBLIC OF THE CONGO

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Background & methodology: Sexual violence in conflict situation is often used as a strategy of warfare and is increasing gaining worldwide recognition as a human rights issue. This study was conducted in order to explore the experiences of survivors of sexual violence in the Democratic Republic of Congo. The aim of the study was to determine the impact of sexual violence with a specific focus on reproductive health

outcomes draws on in-depth interviews with women at Panzi Hospital. In total, 19 in-depth interviews were held with women.

Results: All the women who were interviewed reported that they were raped. The majority of women were gang raped and a number of them were forced to have sex with their relatives. The findings show that women suffered humiliation, torture and beatings during their rape. The rapist often used extreme brutality against the women and their families. The rape had serious consequences for the sexual and reproductive health of women. Some of the effects of their rape were long-term, resulting in pregnancies or HIV/AIDS. Many of the women expressed great fears for their future and that of their children, especially those who are now living with HIV. The rape impacted negatively on their sexual pleasure. Many reported that they found sex to be very painful and they no longer enjoyed sex.

Conclusion: There is a need for intervention programmes to focus more attention on the sexual and reproductive health of women in conflict situations.

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OUR LIVES: A PHOTOVOICE PROJECT EXPLORING THE SEXUAL HEALTH OF NON-GAY IDENTIFIED BLACK MEN IN THE SAN FRANCISCO BAY AREA OF CALIFORNIA

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African American men who have sex with men (MSM) and who are non-gay identified (NGI) are at high risk for HIV infection. This paper presents the results of the Photovoice component (a participatory action research method) of a two-tiered qualitative study design that explored the perceptions of NGI African American MSM in the San Francisco Bay Area (USA) regarding the social, cultural, community, and family influences associated with their HIV risk and their general sexual health. Major themes that emerged from the photographs and discussions fell into three main categories:

- (1) The importance of a black identity,
- (2) factors inhibiting HIV prevention, and
- (3) factors that maintain health or promote health.

The men in this study explored the challenges and difficulties associated with maintaining their sexual health, in addition to describing the health promoting factors that reinforce wise choices in their everyday lives. Because this population has experienced multiple layers of stigmatization, we were not entirely confident at the onset of this study that we would be able to recruit a group of men willing to participate in multiple group sessions aimed at fostering a critical dialogue around black men's sexual health. We were gratified that a small group of committed men were not only willing to come together, but were highly motivated to do so. All expressed a sense of empowerment as a result of their participation in this project. Along with a presentation of results, strategies for implementing the Photovoice participatory research method will be discussed.

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CHALLENGES FACED BY HOMELESS WOMEN AND REASONS FOR BEING IN THE STREET

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Background: Traditionally many people think of homeless people as a homogeneous population composed of alcoholic and crazy men. Women and youth now constitute the homes with women being vulnerable as they have to deal with their own challenges and that of their children.

Purpose: to identify reasons for being homeless and challenges faced by homeless women.

Methods: Interviews were conducted by the study team using an interview guide and a questionnaire. Both qualitative and quantitative methods were used.

The interviews were tape recorded and transcription done by two people. We then developed themes and subthemes from the data after analysis. Quantitative data was processed and analyzed using SPSS version 16.

Findings: 18 homeless women aged 17–27 years were interviewed. Being orphaned 55% was the main reason for being in the street. Other reasons include family dispute or disharmony. It was noted that 22% of the women were immigrants from neighboring towns and countries seeking greener pastures. Out of the 18 mothers interviewed 42% were on the streets without the knowledge of their guardians/parent. Majority of women living in the street are raped sometimes in their life. Unavailability of health services, difficulties in catering for their children, peer pressure into illicit activities like drugs, oppression by their male counterparts and contracting sexually transmitted diseases including HIV are some of the challenges cited by these women. **Conclusions:** There is need to come up with programmes that will strengthen the family unit in the current society.

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MOBILIZATION TO CHALLENGE CRIMINALIZATION OF SEX WORK: THE CANADIAN CASE

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In 2007, sex workers in Toronto, Ontario and in Vancouver, British Columbia, launched constitutional challenges to the *Criminal Code of Canada* provisions related to adult prostitution.

This presentation addresses the broad question of how Canadian sex workers were able to mobilize such a challenge. A multi-site ethnographic study was undertaken to examine the processes by which the constitutional challenges were initiated, the role of sex workers in those challenges, and how the cases were perceived by the larger movement of sex worker rights activists in Canada. Interviews with 26 sex worker movement activists, a review of documents relevant to the two cases, and observation of local events provided the data to formulate insights into the events and processes that led up to and motivated the challenges. The court challenges developed as a result of a series of historical events in Canada demonstrating government intransigence towards legal changes repeatedly recommended by government initiated task forces and commissions, strengthening coalitions between sex workers and their allies and willingness of *cause lawyers* to take up this work. Both challenges were presented on grounds that existing *Criminal Code* statutes are a violation of Charter rights of sex workers because of the threat to health and security that they pose. The Canadian experience will be presented from within the context social movements to see the right to health and right to choice of sexual relationships recognized in legislation.

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SEX IN THE CITY? OR . . . CHANGING LIVES FOR THE HILL TRIBE CHILDREN OF NORTHERN THAILAND

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Two years ago, key stakeholders in Hilltribe communities (the indigenous people of Northern Thailand), established the Borderless Friendship Foundation (BFF). In 2010, Borderless Friendship Western Australia (BFWA Inc) was incorporated to support this valuable work. These not-for-profit community organisations are changing the lives of Hilltribe people by providing access to education for their children. Other basic needs, such as sound nutrition, safe drinking water and mosquito proof sleeping, are slowly being addressed by BFF as they

work with Hilltribe families, local schools and universities as well as BFWA and other international organisations, such as Rotary and Engineers Without Borders.

Up to 2,500 hilltribe children, aged 5–14, are cared for in very basic accommodation provided by BFF and overseen by a small number of unpaid community members. These children are the tip of the iceberg. Education is the key to creating options for these children. Without these options many will drift south, instead, into the sex trade. UNICEF estimates that 65,000 young people are involved in the sex trade in Thailand. Many of these children come from impoverished hill tribe communities.

The Department of Sexology at Curtin University has partnered with BFF. Lorel Mayberry, lecturer in sexology, has a vision to work with Hilltribe children, teachers, parents and BFF in order to develop culturally appropriate sexuality education materials, as part of an overall curriculum. This presentation will outline the issues faced by the Hilltribe people and the results of preliminary focus groups with Hilltribe young people.

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SHAHROUD STUDENTS' KNOWLEDGE ABOUT THE SEXUAL HEALTH PROGRAM

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Introduction: The International Conference on Population and Development (ICPD), which met in Cairo in 1994, and the Fourth International Conference on Women, in Beijing in 1995 endorsed the rights of young people to reproductive health information and services. AIDS is one of the most important aspect of reproductive health which the best way of its prevention abstinence.

Method: Quota sampling was used to recruit 150 female students studying medical science, in Shahrood University of Medical Sciences. Questionnaires were distributed in the university classes and were filled by the students. The questionnaire included 15 closed questions covering demographic data and knowledge, behavior and attitudes towards reproductive and sexual health.

Results: Students were asked about the best way of AIDS prevention, Majority of them (62 percentages) believed the best way to prevention of STD and AIDS is to increasing the knowledge and information about them. Most of them emphasis the need for the adding the subject about the reproductive health in their curricula. There was no significant relationship between their subjects and their needs.

Conclusion: Adolescent sexual and reproductive health programmes are needed in the Islamic Republic of Iran to help adolescents acquire the information and skills they need to make informed decisions about safe sexual activity. Strategies should be carefully developed to strengthen health priority and to combat HIV/AIDS and to achieve these goals regarding according the cultural issues.

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SEXUAL HEALTH AND SEXUAL RIGHTS AND HUMAN RIGHTS VIOLATIONS FOR LESBIANS, GAYS, BISEXUALS, TRANSGENDERS AND FEMALE COMMERCIAL SEX WORKERS IN UGANDA

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Sexuality, Sexual Health and Reproductive Rights are still a subject of contention in Uganda. The subject draws an even greater debate when considered in light of the equally contentious issue of HIV & AIDS. While Sexual Rights are gaining wider appreciation in the western or developed countries, most African countries do not only pay a deaf ear to the recognition of diversity in the expression of sexuality but many have gone further to criminalize both non normative sexual acts and expressions of sexuality.

As a result, HIV & AIDS and STI prevention and treatment intervention strategies are exclusive to the conventional sexual expressions and relations, such as heterosexual sex which is the sexual activity between a man and a woman and furthermore where the terms of such sexual activity are more favorable to the man. It is considered normal to educate men on how to practice safer sex when they engage with multiple sexual partners while the message to a woman sex worker whose work involves multiple sexual partners is for her to quit.

Conventional interventions also exclude minority sexual relations, such as sexual activity between people of the same sex and gender variant people. Without a doubt, partiality in adopting only certain aspects of sexuality and sexual activity in national HIV & AIDS prevention strategies has to date been the greatest contributor to the gendering of the pandemic in Uganda resulting in a catastrophic impact on women and minorities who express their sexuality in what are considered non-normative ways.

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BARRIERS TO THE USE OF MODERN CONTRACEPTIVES AND PERCEPTIONS OF SECONDARY SCHOOL STUDENTS IN TSUMEB CONSTITUENCY OF OSHIKOTO REGION, NAMIBIA

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The purpose of this study was to examine perceptions of secondary school students regarding the use of modern contraceptives by young people; perceived and experienced barriers to modern contraceptive access and uptake; as well as to assess teenagers' perception of pregnancy risk. The study was conducted in Tsumeb among secondary school students aged 15–19 years of age. Data were collected through focus group discussions and individual interviews.

This study found that teenagers support use of modern contraceptives by young people. Male condom was particularly perceived to be the best contraceptive method for teenagers. Hormonal contraceptive methods were the least preferred method due to perceived side-effects. Although the condom was believed to be the best method for teenagers, there was a firmly held belief that the *Smile* condoms provided free of charge by the government were of poor quality as they tear easily. This was thought to be a main barrier to condom use as the cost of condoms that are sold was perceived to be unaffordable by teenagers. The study also revealed that parents did not talk about sexual issues with their adolescent children, and when they did, the discussions tend to be limited to warnings.

Findings of this study point to a need for initiating interventions targeting parents to empower and encourage them to talk to their children about sexual issues. Future research may look into parents' perceptions of contraceptive use by teenagers. Claims about the inferior quality of the *Smile* condom need further investigations.

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PRIVATE ACTS, PUBLIC SHAME: INTERROGATING THE DISCOURSE OF QUEER POLITICS IN CONTEMPORARY KENYA

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There is an implicit irony in a public event that addresses the theme of secrecy in Africa. The widening of the rights debate and the opening of the democratic space in Africa, after the end of the Cold War, has provided an opportunity for many African to renegotiate different sexualities in different ways, this has often been supported by international rights movements in the west but opposed by religious and political leaders. The issue of homosexuality has excited deep and often extreme reactions in Africa. The debate over homosexuality has been bogged down by far too many myths and misconceptions, which must

be corrected and clarified if Africa is to make progress on this critical issue. Despite the ubiquity of sexual imagery in contemporary Western popular culture, most people in Africa regard sexuality to be a personal, private, and intimate topic that concerns the desires, experiences, pleasures, and difficulties of individuals and should be nobody's business but their own.

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POSSIBLE EFFECTS OF HYPOTHYROIDISM ON INFERTILITY AND SEXUAL DYSFUNCTION

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Introduction: Hypothyroidism in adults is associated with disturbances in the sex hormones metabolism and sexual functions as well as infertility. The aim of the current study was to evaluate these disturbances in male hypothyroid patients in compare with normal subjects.

Material and methods: Ninety cases composed of 24 hypothyroid patients and 66 normal individuals included to the study. Inclusion criteria of the cases were age between 20–70 year, not investigated or treated for sexual dysfunction before the onset of thyroid symptoms and marriage duration >1 year. Cases with diabetes mellitus, cardiovascular disease or urological diseases were excluded. Serum hormonal levels measurement (LH, FSH, prolactin and testosterone) and semen analysis were done in all subjects. Sexual dysfunction was evaluated using International Index of Erectile Function (IIEF) questionnaire, as well.

Results: IIEF score of the hypothyroid group was significantly lower than normal group, 95% CI (9.70–13.79) and 95% CI (20.02–21.60), respectively. Furthermore, significant differences between serum concentrations of prolactin, sperm count, motility and morphology were found ($p < 0.001$).

Conclusion: Patients with seminal plasma abnormalities especially morphology, motility and sperm count, and erectile dysfunction problems may benefit from thyroid hormone evaluation. Further investigations of abnormal thyroid function on the sexual behavior, seminal parameters and serum hormonal levels are advocated.

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WOMEN VULNERABILITY TO VIOLENCE & HIV/AIDS IN THE EYE OF CULTURE: A CASE STUDY OF ANAMBRA STATE IN NIGERIA

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Background: Culture is people way of life but some cultures are barbaric that they contain ingredients that relegate women to the background and the situation is worsening with HIV infection. The aspect that requires urgent attention is that majority of women involved think that these cultural practices are normal thus; do not perceive any risk to HIV infection. This work aimed to evaluate the knowledge of rural women on sexual violence, mode of HIV transmission (cultural perspective) and predisposing cultural practices in Anambra state, Nigeria rural communities.

Methodology: Data were collected in 2010 through questionnaires and In-depth Interview (IDIs) survey involved in the selection of 270 respondents through multistage technique. This structured questionnaires covered areas such as knowledge of violence, HIV/AIDS and cultural practices that predispose one to HIV infection in the area.

Result: All the respondents have heard of HIV/AIDS but 78% of them do not know all the modes of HIV transmission. 55% of women were victims of some type of sexual coercion with a husband, 35% with men other than their husbands and all openly admit to physical violence and sexual violence is highly underreported. Also, all agreed to various practices that enable women keep their husbands or her own family lineage alive.

Conclusion: There is serious need for programmers to step up efforts towards addressing reproductive health and rights of women especially widows and families without child/children otherwise the aim of impact mitigation of HIV/AIDS among women of reproductive age in these area will be defeated.

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OVERVIEW OF ADOLESCENT REPRODUCTIVE HEALTH AND RIGHTS IN AFRICA: A CASE STUDY OF NIGERIA

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Background: Adolescents in many African countries especially Nigeria bear the greatest burden of sexual health and rights ill health as a result of decrease in age of initial sexual debut, decrease in the age of marriage, a variety of economic and sociocultural factors. These had led adolescents to problems like unintended pregnancy, unsafe abortion, sexually transmitted infections, violence, disability and giving up goals. Despite these risks, yet Nigeria still lack the adequate information and services relating to adolescents sexual health and rights. This paper tends to evaluate research findings from projects conducted already, identify best practices and gaps.

Methodology: This paper comprised of comprehensive review of research reports, articles, journals, books and field experience published by both local and international stakeholders on Nigeria situation of sexual health and rights.

Result: This research described the context of adolescent reproductive health and rights (ASRHR) in Nigeria, explain factors that contribute to its poor development, found strategies for improvement and addressing identified concerns.

Conclusion: Government and donors should insist on meaningful adolescent's participation on the issues that affect their lives. In addition, youth people focused programs should promote exchange of best practices while respecting the large social, religious, cultural diversity of the nation. Also, promotion of social integration at all level is paramount for effective programming.

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AT THE FOREFRONT OF INFLUENCING POLICIES: BOFWA ENGAGES YOUTH AS ADVOCATES IN PROMOTING SEXUAL HEALTH IN BOTSWANA

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Issues: Young people continue to be viewed as passive receipts in development efforts, especially advocacy. Yet they have great potential to make contribution to their destiny, especially sexual health and rights.

Description: BOFWA—The Botswana Family Welfare Association used focused approaches to engage youth in national-level advocacy. Young People's capacity was built with information on the ICPD as well as advocacy skills. Development of advocacy messages was done with the youth crafting out the initial messages, and pre-testing the advocacy kit for the 15 and Counting Campaign. Youth-led mass media campaigns on national radio and TV stations targeting policy makers, and the general public were conducted. Press releases in the local media reached out to key target audiences with very specific calls to action. The Media and various decision makers were reached through a breakfast meeting where the youth advocates presented their issues.

Results: The 8-month intervention resulted in a group of empowered young people as advocates for their sexual health and rights. There was evident increase in awareness and understanding of SRHR issues among various stakeholders in Botswana. Some legislators made firm

commitment to support BOFWA in accelerating policy action on sensitive issues such as abortion.

Recommendations: Continuous capacity building for youth as advocates, and meaningful utilization of their competence would provide a resource to drive advocacy efforts today and in future. Testimonies by youth who have experienced specific SRHR challenges, will touch the hearts of the decision makers and should therefore be deliberate strategies of advocacy efforts.

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A CONTRADICTION IN TERMS? CO-OPERATION WITH FAITH-BASED ORGANIZATIONS FOR SEXUAL RIGHTS

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The paper is a critical review of the common practice of co-operating with faith-based organizations (FBOs) in issues regarding sexual health and rights. Is it possible to successfully promote these goals with this strategy? Certain problematic subjects such as child marriages, unsafe abortions, honor related violence, female genital cutting will be discussed in relation to the position of the representatives of religion. Examples will be given from field work, mainly from Christian and Muslim contexts.

The co-operation with FBO could be seen as mere pragmatism, but the paper argues that a more thorough analysis needs to be carried out. For many, religion can be understood as the *cause* of sexual oppression and can therefore not part of the *solution* for a better sexual health and the achievement of sexual rights. On the other hand, can such a critical position be accused for universalism, as a disguise for (Western) secularism?

Different agencies have different agendas, but somehow, many publications on sexual health, welfare and rights seems to be in the genre called "grey literature", i.e. publications between science and ideology. This literature will be critically examined.

Finally, the paper will suggest other approaches for maintaining cultural and religious sensitivity without falling into (negative) cultural relativism.

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SITA KIMYA! (I WON'T BE QUIET!) KIBERA'S RESPONSE TO VIOLENCE AGAINST WOMEN: A KENYAN CASE STUDY

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Introduction: In Kenya 39% of married, divorced or separated women have been physically or sexually violated by husbands or partners. Rural and less educated women bear the brunt of violence. A huge proportion of rape cases in Kenya, occur in Kibera, Africa's largest slum. Residents report high incidences of rape, incest, defilement, sodomy and assault.

Methods: PSI Kenya is part of a one year pilot project, integrating awareness creation, provision of legal and medical services, simultaneously in one location. PSI's focus is on increasing the number of people reporting and seeking treatment for SGBV crime within 72 hrs and modelling the desired behaviour for Men-to be protectors rather than abusers, through a mix of Mass media and innovative Peer to Peer Interpersonal communication activities.

Results: Since June 2010, peer educators and community response teams in Kibera have responded to 13 cases of defilement, 2 cases of rape and 2 cases of domestic violence. 2 of the defilement cases are currently in court.

Conclusion: For interventions of this nature to be successful and sustainable, they need to be integrated and community driven. Survivor support service provision is key, as increased awareness on sexual violence inevitably leads to increased demand for support services.

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GENDER IDENTITY: CHALLENGES TO ACCESSING SOCIAL AND HEALTH CARE SERVICES FOR LESBIANS IN NEPAL

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Literature about same-sex love and sexuality in Nepal is rare. However, limited anecdotal evidence on these issues signals that the health and social care needs of lesbians in Nepal are high. This qualitative study explores the challenges faced by lesbians in Nepal in accessing health and social services. In-depth interviews carried out with fifteen lesbians found that Nepalese lesbians face many challenges from families and society which result in a stressful life, homelessness and forced and unwanted relationships and marriage, including self-harming behaviours. They often face discrimination and harassment when coming out at public administration and social institutions. Hence, most lesbians of Nepal prefer not to disclose their sexual identity due to the fear of becoming isolated and not getting quality health care services.

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HOW IS THE HEALTH OF WOMEN WHO PRACTICE PROSTITUTION?

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Objectives: How are the quality of life and the health of women who practice prostitution?

Design and methods: For answering these questions we inquired two subgroups (1) outdoor prostitutes and (2) indoor prostitutes through a semi-structured interview where we have included socio-demographic variables, health variables (SCL-90-R and Rosenberg test) and a quality of life scale (WHOQOL BREF).

Results: People who practise prostitution are worried about their health and they do have medical checkups frequently. Their mental health is affected due to a high level of depression symptoms but a low level of anxiety. Also they enjoy a good level of self-esteem. People who practise prostitution usually present a good level of physical, psychological and environmental health, but they present a low level of social health.

Conclusions: People who practise outdoor prostitution (street) present the worst health status and the worst work conditions in prostitution. The interventions directed on people who practice prostitution should aim to change their working conditions, palliate their feeling of sadness and improve their social health.

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OUTREACH PROJECT FOR SEX WORKERS. ARE WE MEETING THEIR NEEDS?

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Background: This pilot project was set up to reach out and to assess the needs of sex workers in a local massage parlour in the Tameside area of greater Manchester.

Method: The project was undertaken in 10 sessions offering urine testing for chlamydia and gonorrhoea and all methods of contraception (except IUD & implants). Following consultation, 9 out of 36 (25%) of working women with genitourinary symptoms were referred to the GUM clinic for further investigations and management.

Results: From the 36 women tested, 11 (30%) were chlamydia positive. 2 women were pregnant and referred for termination at their request. All 9 women who were seen in the GUM clinic were diagnosed with one or more sexually transmitted infections including one case each of

genital herpes and pelvic inflammatory disease, two cases of warts and four cases of chlamydia.

Only 1 woman accepted Depo-provera and all others chose condoms only. The main reason for declining hormonal contraceptions was a fear of losing their clients if they gained weight.

75% did not speak English. All were very receptive to the offer of this service. None of them had hepatitis B immunisation or blood testing for HIV and syphilis previously.

Conclusions: The burden of sexual ill health amongst sex workers is very high which can have serious implications in the workers as well as their clients. The chlamydia rate amongst sex workers is more than 3 times higher than the local population. Unacceptability of contraceptives is worrying.

This pilot project helped us to identify the sexual health needs of sex workers.

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SEXUAL BEHAVIORS, KNOWLEDGE, ATTITUDES AND SKILLS IN A NATIONAL SAMPLE OF PORTUGUESE COLLEGE STUDENTS

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Aims: Sexually transmitted infections, unplanned pregnancy and abortion constitute a world's major public health problem; therefore, it is responsible for selecting young people as an important target group in terms of prevention policies.

Methods: This national research, conducted with the collaboration of the Alto Comissariado da Saúde, was collected in the five regions of the mainland (Norte, Centro, Lisboa e Vale do Tejo, Alentejo and Algarve) through cluster sampling. Structured self-reported questionnaires were responded by 3278 participants (69.7% are college women), between 18 and 35 years old. This study describes sexual behavior and associates it to knowledge, attitudes and skills in Portuguese college students.

Results: Findings show that the majority is sexually active and use condom and contraceptive pill. College men more often than college women report engaging in sexual risk behaviors and those who report having better knowledge, skills and more positive attitudes get involved less frequently in sexual risk behaviors.

Conclusions: It is fundamental to provide youth with guidelines before initiating an active sexual life, such as showing them the importance of contraception and the condom and controlling sexual risk practices; thus accepting that sexuality can be experienced in a healthy way.

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EXPLORING THE SEXUAL AND REPRODUCTIVE HEALTH OF HOMELESS WOMEN IN ELDORET TOWN

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Background: Each day, homelessness is on the rise with women and children being the most vulnerable with many challenges facing them. There is no health service delivery mechanism targeting them. They are sexually, physically and emotionally abused. They occasionally end up with unwanted pregnancies with no finances to support themselves and their children.

Purpose: To identify the sexual and reproductive health services available to the homeless women in Eldoret town.

Methods: Sexual and reproductive health services available to street women and their health seeking behaviors were obtained. Both qualitative and quantitative methods were used. All consenting homeless women found in the streets on the interview dates were included

in the study until we reached saturation. Interviews were tape recorded and transcription done. Data was analyzed using Tesch method and themes generated. Quantitative data was analyzed using SPSS version 16.

Findings: The following themes emerged from the study: men for protection and source of income; early and forced sexual debut; minimal reproductive health information; violence (verbal, physical, rape), unfriendly health workers at health facilities; risky sexual behaviors; fear for contracting HIV and misinformation on importance of antenatal services and hospital births.

Conclusions: Homeless women require education on importance of seeking health services, they need to be taught on life skills to defend themselves and need to be taught on ways to protect themselves from getting sexually transmitted infections including HIV/AIDS and unwanted pregnancies.

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SEXUAL ABUSE AND THE CHRISTIAN CONGREGATION: THE ROLE OF GENDER IN PASTORAL CARE FOR VICTIMS

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Introduction: Despite clerics already counseling people subjected to abuse, many of them lack sufficient training for this task. Sexual abuse is apprehended differently, according to whether the victim and/or perpetrator are female or male, as well as if the caregiver is male or female.

Objective: This study investigated the role of gender in the care for victims of sexual abuse within three Swedish Christian denominations; the Church of Sweden, the Pentecostal Church, and the Catholic Church.

Method: Questionnaires, anchored by vignettes illustrating different abuse situations were answered by 421 clerics.

Results: A majority, 72.9 percent of the responding clerics, had met victims of sexual abuse in their role as a minister/priest/pastor. Female respondents apprehended the described situations as more likely to occur than male respondents. Levels of preparedness to offer pastoral care and belief in the likelihood of the situations to occur were higher when a female was the victim or a male was the perpetrator. Furthermore, denominational differences were found concerning level of personal discomfort when hearing about the abuse; Pentecostal respondents reported a higher level of discomfort than ministers within the Church of Sweden. Also, some respondents advocated for the use of mediation between the confidant and his/her abuser, not taking into consideration that this can put the victim in a vulnerable position, and possibly silence the victim.

Conclusion: The study confirmed that issues of gender are present within pastoral care for victims of sexual abuse and that it might affect the care given, within Christian denominations.

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USE OF CONTRACEPTION TO PREVENT PREGNANCIES OR SEXUALLY TRANSMITTED DISEASES (STD) AND NATURE OF PARTNERS IN SPAIN

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The aim of this cross-sectional study was to analyze contraceptive use depending on type of partner and socioeconomic characteristics in Spain in 2009. Data were from the National Sexual Health Survey of 2009 (n = 4832 men; 5018 women) of the Observatory of Women's Health of the Ministry of Health, Social Policy and Equality of Spain. Logistic regression models were fitted to obtain adjusted odds ratios (aOR) with 95% confidence intervals.

In Spain 88% of men and 95% of women reported sexual intercourse in the last year as having been with a stable partner, of whom 60% were using contraception always or almost always to prevent pregnancies; 30% to prevent STD. 22% of men and 8% of women reported intercourse in the last year with a sporadic partner, of whom 80% used contraception to prevent pregnancy and STD.

Among respondents with a stable partner, the likelihood of contraception use was higher among respondents who were younger, cohabiting (aORmen = 1.56, aORwomen = 1.86) and of higher educational level; probability of using contraception to prevent STD was highest among those with children (aORmen = 1.69, aORwomen = 1.30), but was lower for use to prevent pregnancy in the case of women (aOR = 0.72). For those reporting a sporadic partner, contraception use for pregnancy prevention is related to higher educational level in women; and to parity for STD prevention (aORmen = 2.37, aORwomen = 7.58).

Taking account of the characteristics of contraceptive clients is important in targeting advice about preventing unplanned pregnancy and sexually transmitted infection.

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THE IMPACT OF SEXUAL ASSAULT ON SEXUAL FUNCTIONING IN WOMEN VETERANS

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Objectives: To determine if women Veterans who experience sexual assault during their lifetime (LSA) report differences in current sexual functioning compared to peers without LSA.

Methods: 1004 Midwestern women Veterans participated in a computer-assisted telephone interview. The interview included demographics, rape history, and medical and mental health domains.

Results: Mean age of participants was 38 yrs (sd = 8.8). Two-thirds (62%) acknowledged one or more sexual assaults (SA, attempted and/or completed) during their lifetime; 28% acknowledged SA during military. Most participants (68%) acknowledged that sex was moderately to extremely important in their lives with 74% having sex with a partner within the past 6 months. Of these, 87% indicated they had an emotionally satisfying relationship with their partner. When asked if they would greater satisfaction having sexual activities more versus less frequently, 44% indicated more and 56% less frequently. Among women who had not engaged in sex recently, 59% indicated they were satisfied with not having sex. No differences were found in these sexual functioning domains between women with LSA compared to non-victimised peers with one exception. Women with LSA were less likely to report an emotionally satisfying relationship with their partner (83% v 91%, P ≤ .001).

Conclusion: While LSA is a health risk for women Veterans, sexual functioning did not appear to be adversely impacted except in the domain of emotional satisfaction with their partner relationship. Findings suggest that clinicians should assess not only LSA exposures but also the potential impact it has on Veteran's relationships.

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COMPETING THEORIES ON THE EXPLANATION OF THE REVICTIMIZATION HYPOTHESIS

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The revictimization hypothesis states that victims of child sexual abuse have higher probability of being sexual revictimized as adolescents or young adults. Several variables, such as sexual experience, sexual assertiveness, and substance abuse, have been proposed to mediate this relationship in an effort to give explanations to the revictimization

hypothesis. However these competing explanations have never been tested simultaneously. The purpose of the present study was to analyze which of these variables better predict the relationship between child sexual abuse and adolescent and adult sexual victimization. Four hundred and 59 college women with ages ranging from 18 to 49 years old ($M = 22.04$; $SD = 4.13$) were surveyed for the present study. Multiple mediation analysis was performed to test competing theories. Results showed that child sexual abuse was significantly related to adolescent and adult sexual victimization. This relationship was only mediated by sexual experience operationalized as number of consensual sexual partners. This study gives support to the exposure hypothesis, showing that child sexual abuse victims become revictimized as adults because they engage in more consensual sexual contacts.

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VALIDATION OF THE PROLAPUSUS-RELATED QUALITY OF LIFE QUESTIONNAIRE (P-QOL) IN A SELECTED TURKISH POPULATION

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Background: This study was planned to assess the validity and reliability of the Prolapsus-related Quality of Life (P-QOL) Questionnaire in a selected group of Turkish women.

Methods: The study included a total of 218 women applied to the gynecology outpatient clinic of Gulhane Military Medical Academy. Validity was assessed with known-groups technique. To use this technique, participants were separated into two groups, as symptomatic and asymptomatic for pelvic organ prolapse. Study participants completed a questionnaire including questions regarding Prolapse Quality of Life (P-QOL), sociodemographic and other characteristics of women at the beginning of their visit. Participants were also examined using the Pelvic Organ Prolapse Quantification System (POP-Q).

Results: Cronbach's alpha internal consistency reliability coefficients were 0.95 for role limitations, 0.89 for physical limitations, 0.83 for social limitations, 0.76 for person relationships, 0.95 for emotions, 0.93 for sleep/ energy, 0.64 for severity measures and 0.92 for total P-QOL. Spearman's correlation coefficient between prolapsus-related quality of life domain's scores and vaginal examination findings ranged from 0.10 to 0.46 ($p < 0.001$).

Conclusion: The Turkish translated version of the P-QOL is a reliable, consistent and valid instrument for assessing symptom severity, impact on quality of life in women with uterovaginal prolapse.

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FACTORS AFFECTING SEXUAL FUNCTIONING DURING PREGNANCY IN TURKISH WOMEN

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Purpose: The aim of the study was to evaluate the factors affecting sexual function during pregnancy.

Methods: The cross-sectional study was carried out in 206 pregnant women in Turkey. "Descriptive Information Questionnaire" was developed by the authors, the adapted "Female Sexual Function Index" and the adapted "the State-Trait Anxiety Inventory Form" were used to collect data.

Results: The mean age was 29.48 ± 4.939 years and mean gestational week was 29.48 ± 10.273 . We found 80,6% of women with sexual dysfunction. The state anxiety level of women was a factor influencing women's sexual function during pregnancy. The variables such as age, education level, employment status, the duration of marriage, parity and number of abortions did not affect sexual function during preg-

nancy. Women's sexual function was influenced by health problems during prior pregnancy, gestational week and the body mass index (BMI). Only 14,6% of women discussed sexuality with healthcare staff. 60.2% of the women worried about the adverse effects of sexual activity on the fetus. 17.5% of the women think if they had a sexual problem even though they might not get treatment for it.

Conclusions: Our results showed that sexual functions are significantly worsen as the pregnancy progresses. BMI, inadequate knowledge, and excessive anxiety are likely the important factors for the marked deterioration in sexuality in Turkish women. Medical staffs should take a proactive role in providing more information to relieve their anxiety.

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THE EFFECT OF INFERTILITY ON SEXUAL HEALTH

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Introduction: Infertility is defined as the inability to conceive after a year of unprotected sexual intercourse. Infertile couples undergoing assisted reproductive treatment experience a number of stresses related to both the experience of infertility and participation in associated medical treatments. One of the most commonly reported forms of infertility-related stress is that of stress in the couple's sexual relationship. The purpose of this study is; to evaluate the level of infertility distress and relationship between infertility distress and sexual dysfunction in Turkish infertile women.

Material-methods: This study was conducted from August 2010 through december 2010 at a University Hospital in Turkey. Women attending infertility clinic were approached, and those willing to sign written informed consent were enrolled. "Descriptive Information Questionnaire" was developed by the authors, the "Female Sexual Function Index (FSFI)" and the "Infertility Distress Scale (IDS)" were used to collect data. Results The mean ages of women were 30.84 ± 3.28 years. The mean infertile duration was 5.42 ± 4.49 . The mean FSFI score of women was 45.16 ± 11.88 , and the mean IDS score was 16.17 ± 6.34 . There was a positive correlation between FSI scores and IDS scores. 89.7% of women have stated that infertility negatively effects on their sexual life.

Conclusions: Sexuality is important and special parts of a couple's relationship. Infertility is associated with considerable psychological distress and sexual dysfunction. Although all persons who experience the stress of infertility could probably benefit from counselling, when sexual dysfunction and infertility are combined, counselling is more effective in reducing anxiety and negative emotions.

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"KNOW YOUR RIGHTS, AWARENESS RAISING DIALOGUE WITH TRANSGENDER AND FEMALE SEX WORKER IN REGARDS TO HIV/AIDS"

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Background: Lahore is the second largest city of Pakistan and considered to be the most advanced city with all the necessary facilities available, but still the people particularly the young people living in the villages surrounding Lahore are deprived of many basic needs including education, health services, information regarding sexual and reproductive health including HIV/AIDS, recreational and entertainment activities etc.

Method: The project aims at advocating for the rights of young transgender and female sex workers through Interactive Theatre and development of Card about Human Rights with regard to HIV/AIDS in the context of Pakistan. The project will directly engage 1,500

Beneficiaries that includes 800 Female Sex Workers (FSW) and 700 Hijras in awareness raising and dissemination events (CDA used interactive theatre as the strategy to have big impact during the dissemination events).

Lesson learnt: Through building capacity on innovative and interactive skills, youth activists can play an active role in combating the stigma related to HIV/AIDS, sexuality and can promote health and safer sex practices in marginalized communities. Arts based interventions can be usefully implemented to engage marginalized communities and generate dialogue even on very sensitive issues like HIV/AIDS, safe sex methods including SRH issues of young people.

Conclusion: HIV prevention and safe sex practices to the marginalized population using peer to peer approach, theater so that they can not only prevent themselves from HIV infection, also can continue to spread the message of HIV prevention, safe sex practices among other marginalized peers, even after the ending of the project grant.

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CHOMA LEARNING SITE—THE WALK WITH MEN & WOMEN IN SRHR

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The project, entitled Young Men as Equal Partners, targeting young men between 10 to 24 years was implemented in Zambia from 2005 to 2010 with funding from the Swedish/Norwegian Regional HIV&AIDS Team. Project achievements included increased openness amongst young men and young women to talk about sexuality, reduced incidence of pregnancy in schools, increased access to SRH including HIV testing services by both young men and young women, and increased safer sexual practices.

Choma district in Zambia has been identified as a potential learning centre for male involvement in SRH, HIV and AIDS. Choma site has been receiving visitors coming for learning from a number of programmes within and outside Zambia. Last year the Malawi Red Cross Society visited and after the visit they embarked on implementing male involvement approaches.

As a learning centre, Choma will offer training and field studies on various methods that enable participants or visitors to learn and practice the methods of involving men in sexual and reproductive health.

Objective:

1. Two Learning Centre sites have capacity and implement SRHR with focus on male involvement
2. Initiative partners are learning from their experiences, successes and failures, and documenting lessons learnt
3. Initiative partners share information and lessons to inform stakeholders and advocate for policy change

Conclusion: The proposed Learning Centre Initiative is designed to share best practices in involving men for better SRHR for all and the fight against HIV and AIDS not only with Choma residents but also individuals, organizations from across Zambia and further afield.

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'NOT SUPPOSED TO TOUCH': CROSS CULTURAL EXPLORATION OF STIGMA EXPERIENCED BY MIGRANTS LIVING WITH HIV IN THE UK

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"Some people when they hear that someone's HIV positive . . . especially us Africans . . . They'll be seeing someone who's dying, someone who is not supposed to touch anyone." (FG5, 2010)

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In 2009 and 2010, *The People Living with HIV Stigma Index* was conducted in the UK to measure and understand the nuanced experiences of stigma relating to HIV. People living with HIV are at the forefront of both experiencing HIV-related stigma and also of effecting change in terms of overcoming fear and isolation, cultivating self-esteem and living positively, as well as in terms of championing non-discrimination, protecting human rights.

Community-based quantitative research (N = 867) in 2009, by and for people living with HIV from around the UK, was followed up with qualitative focus groups in 2010 to deepen analysis of key emerging themes. The research was by and for people living with HIV and was conducted in metropolitan centres in England, Wales, Northern Ireland and Scotland.

This paper consolidates the qualitative and quantitative findings on 3 main themes:

- experiences of stigma in healthcare settings
- internalized stigma, including a discussion of HIV-disclosure
- structural determinants of stigma, including law and human rights

The analysis focuses on differences between men and women, and between migrant participants (N = 276, 22%) when compared with the whole UK wide study sample.

Results include specific suggestions to tailor services to better meet the current needs of people living with HIV in the UK.

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LESBIAN SEX: IS IT SAFE? SEEING LESBIANS AS VULNERABLE GROUP TOWARDS HIV/AIDS AND SEXUAL TRANSMITTED INFECTIONS (STIS)

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Some say that being lesbian is 'clean and safe' from HIV/AIDS and STIs since only women who sleep with men or men who have sex with men are at risk from those. This myth is believed by most of lesbians and it leads to another misperception about HIV/AIDS and STIs. This study tries to describe sexual behavior among lesbians and how vulnerable they are to HIV/AIDS and STIs.

Becoming a lesbian is considered 'trend' among young women in Legian Kuta, Bali. Some considered it 'contagious' when they shifted from heterosexual into lesbian due to peer-group influence. Some wanted to keep virginity and avoid pregnancy. While few admitted that they became lesbian since little. Lesbian sex is not so different from heterosexual sex, except no penis or dildo involved. The main tools are fingers and tongues. Some of them said that dildo feels hurt. While the rest said that dildo will ruin their virginity.

Perception of having sex with fellow women is clean, makes these lesbians certain that they are safe. What they do not aware or do not know is that their partners sometimes engaged with men and practically makes both vulnerable to HIV/AIDS and STIs. Even if they are aware, most of lesbians do not want to go to doctor or gynecologist due to some reason, either shamed or afraid of being stigmatized because of their sexual preferences. This study shows that sexual health knowledge is mostly framed by myth and stigma due to lack of education and information.

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WELL EDUCATED, LACK INFORMATION? THE STUDY OF HIGH CLASS AND LOW CLASS PROSTITUTES IN TANGERANG AND JAKARTA, INDONESIA

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Beautiful slender girls walk out from five-star hotel. Skinny little girls sell drinks or just standing on the street. Those girls are prostitutes

from different level of economy, backgrounds and motives but same purposes: money and better life. Furthermore, this paper will show their subjectivity of being sex workers and how they deal with HIV/AIDS and STIs using qualitative method, feminist perspective and gender analysis.

High class prostitutes always seek clients in exclusive clubs or wait for calls from their 'mommy' (pimp) to give them 'sugar daddy'. While low class prostitutes are usually seen on the street, try to have a good deal with clients and make it on the street (park) as well.

Interesting findings when high class prostitutes said that they are safe from HIV/AIDS and STIs since they're not on the street. They're assured the clients are clean since those men are rich and look neat. Thus, they do not require the clients to use condom and prefer not to use it. Not because afraid to loose clients! In contrast, being submissive and afraid to loose clients and money for sure, low class prostitutes usually not dare to insist condom using. Therefore, both classes suffered from STIs like syphilis and herpes.

Sometimes, well educated doesn't mean know anything about sexual health. This is why important to insert sex education in school curricula. Moreover, it's urgent for government to come up with policy or action to open job opportunities and reduce poverty as the root of prostitution.

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SEXUAL AND MARITAL SATISFACTION AMONG LOW SOCIOECONOMIC, 45-65 YEARS OLD WOMEN LIVING IN SOUTHERN TEHRAN

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Despite of the fact, that marital satisfaction has been in the focus of attention for decades, there is very little research focusing on it and its related factors in Iranian middle-aged women, furthermore sex is even more rarely a subject of empirical research.

Aim: To examine the relationship between marital satisfaction, and sexual satisfaction among low socioeconomic, 45-65 years old women in Tehran.

Methods: This is a cross sectional study conducted at low socioeconomic district of Tehran during 2008-2009. A self-constructed questionnaire comprising two main parts, demographic characteristics, marital and sexual satisfaction (on a numerical 0-10 scale). 161 healthy married women were selected by convenience sampling. Descriptive and inferential statistics were used.

Results: Findings showed that the mean score of marital satisfaction, sexual satisfaction, and sexual satisfaction decline during time were 7.18 ± 2.40, 5.85 ± 2.90, and 6.39 ± 2.68, respectively. There was only statistically significant difference between mean score of age groups for marital satisfaction (P value = 0.003) and Scheffe test revealed the difference between 45-49 and 50-54 (P value = 0.014). Findings showed that marital satisfaction and sexual satisfaction were positively correlated (r = 0.73, p = 0.000).

Conclusion: Age could be a factor affecting marital satisfaction. Another important finding suggested strong correlation between marital and sexual satisfaction. It is suggested particularly for Iranian health care providers to provide their clients with more information about important role that sexual satisfaction plays in marital satisfaction, thereby, improving their attitudes towards the role of sexual satisfaction.

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ANDROPAUSE: PERCEPTION OF SEXUAL AND MARITAL SATISFACTION IN 45-65 YEARS OLD MEN IN NORTH OF TEHRAN

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Andropause is the time in a man's life when the hormones naturally start decline during their late forties or early fifties. Management of sexual and marital satisfaction during this period is important.

Objective: To determine the relationship between sexual satisfaction and marital satisfaction according to personal characteristics.

Material & methods: This is Cross sectional study. 200 volunteer healthy 45-65 years old men, who were met in the public centers of well socioeconomic district in North of Tehran, were interviewed. The questioner had two main parts:

- 1) Personal Characteristics
- 2) Sexual and marital satisfaction and their changes (0-10 Numerical Scale was used).

The descriptive and inferential statistics were used (T test, ANOVA, Scheffe). (2007-2008).

Result: There were correlating between sexual satisfaction and marital satisfaction, only significant difference between sexual satisfactions of age group 45-49 (highest satisfaction) with other age groups (P < 0.05), and only significant difference between marital satisfaction of age group 45-49 (highest satisfaction) and age 60-65 (P < 0.05). We found significant effect of decreasing energy, decrease of sex pleasure . . . in sexual satisfaction and marital satisfaction (P < 0.05). Referring to financial situation since we found highest marital satisfaction and sexual satisfaction in high income, but it was not significant.

Conclusion: We found highest marital satisfaction changes according to sexual satisfaction changes in age 60-65, and lowest one in age 45-49. We suggest more marital and sexual counselling for age over 60. Since most of changes were occurred over age 50, we suggest more education; guiding and counseling program for this group.

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QUALITY OF LIFE IN PATIENTS WITH ERECTILE DYSFUNCTION

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Objective: To determine the quality of life in patients with erectile dysfunction

Methodology:

Patients: Participants were recruited at the health centers included in the study. The estimated the size of the sample with a confidence level of 95% and an alpha error of 0.005, resulting n = 210 people.

Were analyzed: Age, education level, marital status, height, weight and body mass index (BMI).

All respondents were given a test of quality of life, LISAT-8. The guest satisfaction with life Fugl-Meyer et al or LISAT-8 is a list or inventory. The list has been validated in several languages, including Spanish, male population with ED. This questionnaire is self administered, has 8 items that are scored on a Likert scale

- 1) very unsatisfactory,
- 2) unsatisfactory,
- 3) a bit unsatisfactory,
- 4) a low,
- 5) satisfactory and
- 6) very satisfactory,

About: Life in general, life sexual relationships, family life, relationships with friends and acquaintances, leisure, employment status and economic status.

Results: ED affects CDVAS were statistically significant in two items on sexual life and economic situation, and close to the significant relationship in the items of general life and work life. We also found a significant relationship LISAT test scores, this being significantly lower in individuals with ED.

Conclusions: The test LISAT 8 showed that ED affects CDVAS and relationship in two items on sexual life and economic situation, and close to the significant relationship in the items in general and living life work.

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MEANING ACCORDED BY MEXICAN POLITICIANS AND JUSTICE GIVERS TO GENDER RELATED WORDS

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The aim of this study is to analyze the meaning of the words "gender", "equity", "feminism" and "machismo", among politicians and justice givers.

Method(s): The semantic net methodology is used with Mexican politicians and judges and Court workers in order to obtain the association they have with the words "gender", "equity", "feminism" and "machismo".

Findings and discussion: we discuss the meaning accorded to the words related to gender and how, personal and cultural beliefs affect the decision takers in public policies.

Recommendations: Further investigation is recommended and actions to inform the decisions takers about this crucial concepts that leads to sexual rights respect and to sexual health public policies.

References: World Health Organization (WHO). (2006). *Defining sexual health Report of a technical consultation on sexual health* 28–31 January 2002. Geneva: WHO

Pan-American Health Organization (PAHO); World Association for Sexology (WAS) (2000). *Promoting sexual health, Recommendations for action* Antigua: (PAHO)

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ANALYSING YOUNG PEOPLE'S SEXUAL HEALTH IN INDIA VIA THE SOCIOLOGY OF HUMAN RIGHTS

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Critical perspectives on the implications of human rights and children's rights discourses need to be engaged with in the study of sexual health. The developing sociology of human rights is a field which provides such perspectives (see P.Hynes, M.Lamb, D.Short and M.Waites, eds. *Sociology and Human Rights: New Engagements*, Routledge 2011). Drawing on these, this paper will present an analysis of the decriminalisation of 'unnatural offences' in India in 2009, analysing the central role of NGOs (the Naz Foundation) and social movements (the Voices Against 377 coalition) in this process. Analysis of primary sources from sexual health and rights NGOs/social movements, together with legal sources, will be used to present an analysis of the medical and rights discourses which underpinned decriminalisation of 'unnatural offences' in private, with a new minimum age of 18 for penetrative anal and oral sex contrasting to 16 (or 15 in marriage) for penile/vaginal intercourse. It will be argued that movements focussed on sexual orientation formulated a case for decriminalisation which, while opening possibilities for young people to speak on sexuality, nevertheless marginalised young people under 18 as sexual actors. The new legal context, maintaining a structure of prohibitions to privilege heterosexuality, has important implications for attempts to address young people's sexual

health in India. But the ascendance of children's rights discourses and understandings of child sexual abuse (CSA) which circulated in the debates, also have more important effects for work on young people's sexual health in India and in the global south.

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SEXUAL HEALTH STATUS AMONG COMMUNITY-DWELLING MIDDLE-AGED AND ELDER MEN IN SHANGHAI, CHINA

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Background and aims: Limited information is available concerning the sexual health status of Chinese middle-aged and older men. The study is to determine the sexual health status particularly erectile dysfunction, sexual desire, sexual activity and satisfaction among community-dwelling middle-aged and elder men in Shanghai, China.

Methods: This was a cross-sectional study of community-based male population in Shanghai. Total 914 men aged 40–70 years old were recruited to undergo sexual health assessment by face-to-face questionnaire interview and physical tests.

Results: The prevalence of moderate and complete erectile dysfunction was 29.3% among respondents, with 11.2%, 20.8% and 43.9% among respondents aged between 40–49, 50–59 and 60–70-years-old, respectively. Totally, more than one third of respondents reported low sexual desire and symptom of poor morning erection. 42.4% of respondents had less than two times of sexual activities per month and 25.4% even didn't have sex during the past 12 months. As for the sexual satisfaction, 34.4% of respondents were not satisfied with their sexual activities. The above-mentioned percentages increased as age increased. In addition to, only 28.9% of respondents thought they would seek for therapy if they were not satisfied with sexual lives.

Conclusion: Sexual health status and the enjoyment of sexual activity declined as a function of age. Meanwhile, a reduction in the demand for sexual satisfaction was observed as age increased. More attentions should be paid on promotion in sexual health status among middle-aged and elder men in Shanghai, China.

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CRIMINALISING SEX WORK IN FIJI: INTERNATIONAL PLAYERS AND LOCAL MORALITY

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In 2009, sex work in Fiji was further criminalised through Part 13 of the Crimes Decree. Because Fiji is no longer a democracy this decree was passed through Cabinet with no discussion. Part 13 of the Crimes Decree is a strange hybrid of the Nordic model of criminalisation, and was driven by UNICEF; the IMF's demand to Fiji that it sign up for anti-trafficking or not be given loans and; the 'new Methodists': a fundamentalist breakaway from the Methodist Church in Fiji of which many senior police are members and which preaches a moral revival in Fiji while using violence to carry out its aims.

This paper aims to show how international policies drive local interventions and how the effect of these drive sex workers underground, ensure they are subjected to brutality, and put them at further risk of HIV. Data collected in Fiji from sex workers and NGOs as well as documents from international donors will be used to illustrate these connections.

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A COMPARATIVE STUDY OF EXPERIENCE AND HEALTH IMPACT OF TEEN DATING VIOLENCE

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This paper will report on the first round of results of a three-year comparative research project investigating dating violence and its impact on perceived health and sense of well being among college students in Japan, the Netherlands, Guatemala, England, Australia, China, Korea and Taiwan. In the current academic year this project has been funded by The Research Promotion Project of the Japanese Red Cross Kyushu International University and conducted in collaboration with the Graduate School of Human Sciences, Osaka University.

The objectives of this research project are as follows:

- 1) To clarify the current awareness, experience and impact of dating violence on self-reported health and well-being of college and university students in each of the target countries through the implementation of a questionnaire survey, and
- 2) To obtain fundamental data for promoting youth health through preventative health education based on analysis of the questionnaire survey.

A 17-item closed-answer questionnaire is being administered by researchers to 500 college or university students in each target country. To date we have data back from Japan, Guatemala, the Netherlands and Peru. At the time of writing we are just starting the analysis of the data from these countries and this will be made available for the first time at WAS. The focus on developing and developed countries covering four continents is clearly the pioneering aspect of this data.

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ISLAM, MASCULINITIES AND SEXUALITIES IN BANGLADESH: A STUDY OF SEXUAL AND REPRODUCTIVE HEALTH ISSUES IN MADRASAS

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The Madrasa system is a religious form of education which offers an educational option to a significant portion of the poor and deprived population in Bangladesh. With its limited perspective, the Madrasa system, coupled with political and religious sensitivity to issues surrounding adolescent sexuality and reproductive health, leaves limited avenues for students to talk outside their peer group about their feelings, anxieties and queries pertaining to their sexuality and sexual health. It also restricts this group's access to information, counselling and services.

FPA Bangladesh, a member association of IPPF in the South Asia Region, is implementing an innovation fund project since January 2007. The project aims to improve knowledge and understanding of sexual and reproductive health and rights among Madrasa students, teachers and their community and to increase access to youth friendly services to 10 Madrasas in Bangladesh.

The 2007 survey on SRHR among 666 Madrasa students (aged 10–19 years old) and 226 teachers in Bangladesh revealed a high level of misinformation among them regarding SRH. However nearly 80% of the students had knowledge about men having sex with men and 30% knew about this practice among classmates while 52% had knowledge about their peers who visited commercial sex workers.

Programs like peer education, student-teacher forum, health post within each Madrasa, engagement with religious leaders and parents, have contributed to qualitative changes in the lives of these reference people which was captured by Most Significant Change (MSC) technique. It offers innovative strategies to promote SRHR among religious communities.

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SURVEY OF YOUTH ACCESS TO REPRODUCTIVE HEALTH IN CHINA

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Objective: This survey aims to determine the sexual and reproductive health (SRH) knowledge, attitudes and practices of youth, assess the availability and accessibility of SRH services, and provide support for policy improvement on youth SRH accessibility.

Method: This national surveys in 2009 used face-to-face interviews with structured questionnaires. And four stages of mixed sampling methods which combined stratified sampling and probability proportionate to size sampling was used.

Results: Youth's SRH knowledge is limited; 22.4% of youth had sexual experience. The percentage of not using any contraceptive method at first and last sexual behavior is 51.2% and 21.4% respectively. Among female youth who have ever sexually active, the ever-experienced pregnancy rate is 21.3% and ever-experienced repeat pregnancy rate is 4.9%. Book/magazine, classmate/friend, teacher, network, and cinema/TV are the five main knowledge sources for youth. School based sexuality education have a positive effect on youth SRH knowledge, however, the percentage of youth who attended these course is less than 40%. More than 50% counseling and treatment demand of youth is not fulfilled and the reason for unmet demand is "embarrassment", "not serious" and "don't know whom to consult/what agencies to turn to".

Conclusion: The current situation (availability, accessibility, acceptability, and quality) of sexual and reproductive health of youth is worrying. The four following suggestions are proposed: multi-sectional approach to improve youth SRH, gender-sensitive policies, focusing on disadvantaged and vulnerable youth group, and youth-friendly information and services within a supportive environment.

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GENDER DIFFERENCES OF SEXUAL SELF CONCEPT OF IRANIAN YOUNG PEOPLE WHO DECIDED TO MARRY WITH EACH OTHER

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Introduction: Sexual self-concept refers to an understanding the sense of self as a sexual person. Develop sexual self concept as a major criteria for sexual scripts is the main task of each individual. In a couple inaccuracies in their sexual scripts can suffer serious challenge to them.

Objective: The first step of this explanatory study was designed to evaluate sexual self concept of marriage volunteers.

Method: After translation of MSSCQ into Farsi and back translation, the final form was administered to 152 couples who decided to marry with each other. They were selected via simple random sampling at premarital centre in Isfahan-Iran.

Results: The MSSCQ consists of 100 items (5 items per subscale). The alphas for all subjects was 0.85. T test showed, significant gender differences in the total score of sexual self concept (women; 233. men; 246, p value < .0001) and following subscales: Sexual anxiety (women; 6.32, men; 4.96, p value < .004), sexual satisfaction (women; 14.24, men; 15.64, p value < .001). There was not gender difference in sexual self efficacy and sexual depression. The Pearson was found to be Significant negatively correlated between sexual anxiety with sexual self efficacy, sexual satisfaction (r = -.47, r = -.53, p value < .0001) and was found to be significant positively correlated between sexual anxiety and sexual depression (r = .63, p value < .0001).

Conclusion: Despite of sexual pleasure is the main key in marriage contract in Islam, but these gender differences showed that, the important process of spouse selection is transferred to the nature and sexual subjects are not set to the discourse. We continued qualitative step to find the role of sexual self concept in spouse selection.

POSTER PRESENTATION

TRACK 7

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FROM THE PERSPECTIVE OF PHILOSOPHY OF LIFE CARE FOR SEXUALITY EDUCATION FOR PERSONS WITH DISABILITIES

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This study evaluated the concern toward sexuality education for persons with physical or mental disability in Taiwan over the last 30 years. The masters and doctoral theses at the National Central Library and related journals were the primary scope of evaluation. It was found that on average in the last 30 years, there are approximately 1.9 articles. Of those, most of these studies focus on those with mental retarded persons; aside from them, there are only one article each on visual disability, aural disability, autism, and physical or mental disability. Compared to the various disability types included in the Physically and Mentally Disabled Citizens Protection Act, both the quantity and research types seem insufficient. This is closely related to Taiwan's culture and background. As the first school with research on sexuality in Asia, Taiwan evidently still has many misunderstandings toward sexuality. What is sexuality? It is actually a life philosophy, which can provide an alternative answer and source of reflection for people, who frequently do not understand the mysteries of their own existence.

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REACTIONS TO DISCLOSURE OF CHILDHOOD SEXUAL TRAUMA: PERCEPTIONS AND DECISION-MAKING PROCESSES OF TAIWANESE PRACTITIONERS

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Disclosure of childhood sexual abuse (CSA) is a difficult decision due to the fact that CSA is a traumatic experience. Working with clients who have a history of CSA is challenging for practitioners. To date, little is known about how Taiwanese practitioners react to disclosure of CSA and make treatment decisions. The proposed qualitative study will examine the perceptions and decisions with clients of CSA. The method of in-depth, phenomenological interviewing will be used to explore the perceptions and decision-making processes of Taiwanese practitioners as to disclosure of CSA. In-depth interviews will be conducted to collect narrative data from 10–12 participants. The significant categories and themes that emerge from the proposed study will be discussed in detail. Limitations and implications of the proposed study and recommendations for future research will be addressed.

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ETHICS, PRINCIPLES, PRACTICES, AND ISSUES IN PUBLIC AND SEXUAL HEALTH: THE DEVELOPMENT, IMPLEMENTATION, AND EVALUATION OF A MASTERS-LEVEL UNIVERSITY COURSE

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Background and aims: Ethical Issues in Public Health was revised to focus more on sexual health issues and less on bioethical issues, taught to 18 masters and one doctoral student, and evaluated in fall 2010. The class met for approximately 2.5 hours each week over a 14-week term to discuss major topics, such as: "A Code of Ethics for Public Health and the Health Education Profession," "Public Health Law, Ethics, and Human Rights," and "Scientific and Personal Misconduct." Sexual Health issues included:

- "The Bathhouse Closure Controversy,"
- "Just Say No,"
- "Find, Test, Treat, Retain, and the Right to Privacy,"
- "the Tuskegee Study of Untreated Syphilis," and
- "Ethical Complexities in International Research Involving HIV-Positive Pregnant Women."

Our objective was to assess the value of this course.

Methods: An anonymous, self-administered, 10-item questionnaire was created to collect qualitative and quantitative information. The last item assessed overall value on a scale of 1 (worst course ever) to 10 (best course ever).

Results: Eighteen students who completed the course agreed to complete the questionnaire. Responses indicated that "topics were controversial," "encouraged critical thinking," "provided different perspectives," "made me more open minded," and "very helpful for our careers." Overall evaluations ranged from 8 to 10 (M = 9.35).

Conclusions: Students who completed the course were extremely satisfied with the education they received. Only minor adjustments need be made to improve the course. Recommendation: To better prepare students for the complex field of Public Health, training in ethical decision-making should be required.

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UNDERSTANDING HIV DISCLOSURE: RELATIONAL ETHICS, HIV CITIZENSHIP AND PUBLIC HEALTH

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Introduction: This paper explores the complexity of HIV status disclosure as a multifaceted psychosocial and psychosexual phenomenon. This stands in contrast to the public health imperative which often constructs HIV status disclosure as a 'health behaviour'.

Method: This study presents an in-depth qualitative exploration of the experiential accounts of 14 HIV-positive gay men living in Scotland. Interpretative phenomenological analysis was initially employed to identify detailed idiographic and then recurrent themes across the interviews.

Results: HIV disclosure has many meanings and emerges as a finely-grained and socially complex practice with ramifications that embrace, but exceed, the public health focus on HIV treatment and prevention. We organise our analysis into four key sections;

- Disclosure as a central multi-faceted social practice,
- The value of honesty and biomedicine's capacity to provide the truth about ourselves,
- Looking after self and other (s) and the construction of the HIV citizen,
- Telling sexual and romantic partners.

Discussion: Throughout we highlight the wider relevance and salience of our findings in relation to a number of key discourses; relational ethics, the Public Health rationality of contact tracing and biopower.

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BLACK CANADIAN PARENT-YOUTH SEXUAL HEALTH COMMUNICATION STUDY

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Background: Effective parent-child communication strategies are important considerations for public health organisations given the high rates of sexually transmitted infections (STI) among youth in Canada, particularly among Black indigenous and immigrant youth.

Objectives: To gain an understanding of the multiple issues in developing sexual health communication strategies (HC) to assist parents and health professionals meet the sexual health needs of African-Canadian youth, including HIV risk reduction strategies.

Methods: Using a participatory research approach, this study addressed the identification of sexual health promotion/communication issues and the potential solutions to developing culturally competent HCs. Data was collected through in-depth interviews with Key Informants (KI) working with or on behalf of youth from Black communities.

Findings: Key informants were from organizations providing health and social services to Black youth but only one was specific to them. Six KIs were female and two male. The main challenges facing Black youth included lack of social support from mainstream white organizations; a sense of being 'lost' within or outside their communities. Intergenerational and 'intercultural' challenges specific to discussing sexual issues; the need for schools to provide basic information on STI prevention and parents' expectations of schools to discuss it were also noted. However, schools are limited as they must conform to 'non-discriminatory' principles and cannot address group specific needs.

Conclusions: Additional attention to the cultural contexts for immigrant and non-immigrant Black families is required to ensure current communication with youth on sexual health and HIV prevention is meeting the needs of these diverse Canadian populations.

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RELIGIOUS LEADERS AND THOSE RESPONSIBLE FOR FAITH COMMUNITIES MIGHT BENEFIT FROM AN UNDERSTANDING OF AND EDUCATION CONCERNING SEXUAL AND RELATIONSHIP DIFFICULTIES AND DYSFUNCTIONS

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An interesting presentation in clinical work is the proportion of patients who present with sexual problems which they also see as a concern with regard to their faith or religious beliefs. Often these concerns could have been addressed within their faith community if the understanding and resources were available.

Should we to be more ethically practising, be aiming to work more specifically and closely with these community leaders, in order to resource them more adequately and relevantly.

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SYMPOSIUM: SEXUAL HEALTH, SEXUAL ETHICS AND ISLAM

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The objective of this presentation is to discuss sexual health issues and the ethical considerations pertaining to this aspect from the religious perspective of Islam. In both western and eastern society, there exist a high degree of overlaps between definitions of sexual health, reproductive health, and maternal health. Islam and the issues surrounding sexual health is examined through reproductive health including procreation, contraception and abortion. In this context, significance of marriage, relationship and gender issues is also evaluated from the ideology of Islam, highlighting the similarities and differences vis-à-vis 'Western' culture. Islam has a much sharper directive with relation to these issues and the subsequent effects on sexual health issues are profound. This outlook transcends all aspects of society from the governance and regulations to the roles of men and women.

Sexual ethics are an essential part of behavioural ethics. Sexual ethics encompasses some of the various social norms, personal habits and behavioural patterns, which are associated directly with the sexual instinct. The question arises as to what extent sexual instinct is guided by sexual ethics. In other words how sexual instinct is guided and controlled by sexual morals, social norms and traditions. Furthermore, it is important to understand the historical and scientific basis of sexual morals and ethics and the role of social institution in its operation and management of sexual ethics. The above mentioned factors are directly attributable to sexual ethics pertaining to Islam.

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THE TRIBULATIONS OF A TRIAL: EVALUATING THE TEENS AND TODDLERS TEENAGE PREGNANCY PROGRAMME

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'Teens and Toddlers' is a teenage pregnancy intervention aimed at 'at risk' teenagers. The 20-week programme is comprised of a curriculum component (interpersonal skills, sexual health/pregnancy, parenting skills, and health); experiential learning through pairing with a toddler under five in a nursery setting; and one to one counselling.

The National Centre for Social Research and London School of Hygiene and Tropical Medicine are evaluating the programme, (sponsored by DfE). The study involves a process evaluation to describe the intended logic model(s) and quality standards underlying the programme. In addition, a randomised control trial (RCT) involving over 400 young women (interviews conducted before participants start the programme, when they complete it and a year after completion) is being conducted. The interviews collect quantitative data on key outcomes, as well as exploring participants' views of the programme.

The evaluation has thrown up a range of methodological, ethical, practical, financial, and political challenges. Most of these relate to the complexity of the intervention, the social and administrative organisation of the settings (schools and nurseries) and the subject matter of the intervention (sexuality and conception amongst teenage girls). The requirement to conduct an RCT within a 'real world' setting with limited resources has presented its own challenges.

This presentation will focus on how the research team, (alongside the service providers and the funders) have responded to these challenges, the accommodations that have had to be made while maintaining methodological rigour and the task of balancing research priorities with policy imperatives and practical realities.

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THE ROLE OF CULTURAL FACTORS AND SEXUAL EDUCATION ON ETIOLOGY OF VAGINISMUS

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Objective: We aimed to investigate impact and reflections of psychosocial-cultural beliefs and perceiving styles about sexuality and first sexual experience on development of vaginismus at women who are living in the various ethnic geographical and cultural areas of our country who were sexually abused and who did not lived such an experience.

Methods: After controlling for overlapping about ethnic geographic factors at experimental and control groups, experimental group were evaluated by a clinician according to DSM-IV and individuals with comorbid axis I or axis II diagnosis were excluded. The study was consisted of 15 vaginismus patients and 15 normal women who were stating that they had not lived any problems at their first sexual experience. They were also classified according to sexual abuse history.

Results: At the end of the study, cultural differences between experimental group who were diagnosed as vaginismus and control group was determined about accepting, discussing and learning styles of sexuality and about feminine myths.

Comment: Approaches supporting the reduction of the myths and education about sexuality and discussing traumatic sexual experiences would have positive impact at these patients.

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3RD PARTY REPRODUCTION—MORE ADOPTION OR MORE “BIOLOGICAL” PARENTHOOD?

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Objective: Parenthood after gamete donation is, probably under the influence of sociobiology, often compared more to adoption than to “biological” parenthood. Some countries proceed to compulsory psychological consulting before 3rd party reproduction; in others, consulting is strongly recommended. In the CR psychological preparation of applicants for substitute family care is compulsory. Gamete donation is anonymous by law. Can the experience from preparation for adoption suggest the contents of consultations of the infertile couple?

Design and method: The large qualitative research mapped the experience with preparatory courses for substitute family care CR. Data acquisition: 12 focus groups with experts (170 persons) and 12 focus groups with adoptive and foster parents (125 persons).

Results: Applicants for substitute family care want the preparatory courses to acquaint them with legal issues, to know the handicaps abandoned children suffer from, to know how to care best for them, to create self-helping groups and to know where to turn for help. Nobody spoke about difficulties in developing the relationship with the child.

Conclusions: None of the above stated topics concerns parenthood after gamete donation. In the CR, more importance has been traditionally attributed to psychosocial than to biological parenthood. After many years of experience with 3rd party reproduction we think, that it could be bad to convince infertile couples that parenthood after gamete donation is different from biological parenthood and that the situation should be consulted with experts. Perhaps we would introduce problems that do not exist at present.

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THE EFFECTS OF PARTICIPATION IN SEX RESEARCH ON YOUNG PEOPLE

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Background and aims: Ethical guidelines stress the importance of minimizing harm and maximizing benefits of research participation for human participants. In the area of sex research and young people, risk-benefit analyses might be influenced by political, cultural, religious or emotional factors. In order to assist researchers and Institutional Review Boards (IRBs) to make more informed risk-benefit analyses, the current study addressed the effects of sex research participation on young people.

Methods: Data were obtained from a survey of sexual coercion among young people in the Netherlands (15–25 years). Participants completed three questionnaires on a wide range of sexuality related measures. After completing three questionnaires, 899 participants filled out three scales measuring their levels of distress, need for help and positive feelings due to their research participation.

Results: Descriptive analyses showed that the general levels of distress and need for help due to research participation were limited, while the reported levels of benefits were substantial. For only a small fraction of the participants the levels of distress or need for help exceeded their levels of reported benefits. ANOVAs revealed several differences in effects of research participation with regard to sociodemographic characteristics (e.g., women reported more distress and younger participants experienced more positive feelings).

Conclusion: Young people were not severely harmed by participating in sex research, and actually gained benefits from their participation. These findings warrant IRBs and researchers against being overly protective regarding the inclusion of young people in sex research.

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SEXOLOGY AS AN AUTONOMOUS SCIENCE

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The future of sexology depends on its success to penetrate the academic world, to create a professional career-path for its graduates and to make a significant impact on the sexual health and well-being of all people. The way forward in order to be progressively accepted as an autonomous science by our related well-established sciences is via an acceptable epistemological premise with a solid theoretical foundation together with effective practical outcomes.

Sexology needs to define its own unique field of study (locus scientia) with demarcated parameters, not already covered by any other discipline. Sexology can be based on two meta-theories: The GST with its principle of non-summativity, systems and holons together with Ken Wilber's Universal Integralism as an integration of sciences (intentional, behavioral, cultural and social) in a Web of Life. The locus of sexology is to be found in the centre of the bio-, psycho-, socio and cultural quadrant.

Sexology needs to develop its own scientific theory, basis theory and praxis theories, its own scientific methodology and research tools together with an all-inclusive curriculum of the highest academic standards, available to both undergraduate and postgraduate students.

Epistemologically grounded: Sexology is the scientific study of the individual and collective sexual being and behaviour (procreation, relation and recreation) with a unique w-holistic, universal integralistic (bio-psycho-socio-cultural), inter-transactional (trans-disciplinary) theory and an own methodology and unique field of study aimed at between and beyond the poles praxis theories as outcomes.

Introduction to Sexology Lemmer 2005, 2011

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PHILOSOPHICAL SEXUAL ETHICS

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Sexual ethics is a branch of applied ethics that concentrates on sexual behaviour and relationships. It can be either theoretical or applied, while theoretical approach aims to find universal principles and methods of solving ethical problems, and applied approach deals with individual cases, professional ethics or sexual politics.

Basic questions of sexual ethics are

- 1) what kinds of sexual acts are morally acceptable, and
- 2) what are justified grounds for banning certain acts?

Answering these questions should be based on a philosophically sound system of sexual ethics, which consist of coherent definitions, principles and methods that can be used to assess the ethical status of any sexual act.

The system must be general enough to adapt to differing situations and circumstances, hence it must be derived from ethical theory concerning human interaction in general. My research is based on John Stuart Mill's ethical liberalism, which argues that there is only one plausible moral principle: no one has the right to intervene into individual's affairs if they are not harmful to others.

In this framework sexual activities are seen as morally neutral, therefore ethical evaluation doesn't depend on the question, whether an act is sexual or not. Instead, it is based on assessing whether the act causes harm or violates someone's rights. This position leads consistently to appreciating human autonomy, freedom, rights and sexual diversity.

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ETHICAL AND LEGAL EVALUATION OF PORNOGRAPHY

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Pornography is often claimed to be unethical in public discussion. Laws that aim to ban or restrict pornographic materials are usually based on the same assumption. However, claims of this kind are seldom based on thorough ethical evaluation. Instead they use vague and biased concepts like "obscenity" and "extremity" to assert that porn is harmful and it has to be legally controlled.

My objective is to clarify the process of ethical evaluation applied to pornography. Its methods are

- 1) analysis of ethically relevant elements in the life-cycle of a pornographic product, and
- 2) applying philosophical sexual ethics.

The key question is whether anybody is harmed during producing, distributing or using porn.

The analysis shows that almost all ethically relevant elements are related to production of porn. A porn product has neutral ethical status if all individuals participating in its production are consenting and treated fairly. Contents of a product are fictional and thus non-relevant to evaluation even if they are regarded as disgusting or brutal. At the other end of the life-cycle ethical responsibility moves to the user—any misuse of porn cannot be blamed on the product itself.

Typical legal restrictions targeted at porn lack direct connection to fair production or proper use. Instead, they are fixated on content, which has little ethical relevance. Laws that ban obscenity etc. are motivated by cultural beliefs of proper sexual behavior, and thus are not ethically justifiable. Instead they tend to violate rights of sexual autonomy and expression.

810

YOGA FOR ERECTILE DYSFUNCTION

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Introduction: Erectile Dysfunction is a very common disorder in male inability to achieve or maintain a firm erection for sexual intercourse. It is a global problem. In India near all about more than 90 million men are affected by E.D. The incidence is increased with increase of age. It is near all about averagely 10% in between the age of 50 to 60 But due to stress & strain, Diabetes, Hypertension Ed is very common in young age also.

Etiology: The causes of E.D. is usually multi factorial E.D. is divided in to organic & psychogenic & they are inter related for this physical fitness & stability of the mind is very important & here old yoga science plays as very vital role.

Physical fitness, emotional balance & aesthetic qualities are very essential for sexual pleasure & to avoid Erectile Dysfunction Sex.

Yoga is an ancient, golden gift to this modern era Yoga plays a very important role to make the mind & body physically fit to avoid the erectile dysfunction.

Various yogic postures, gestures decreased the fat, increase muscle tone improves the blood supply to the parts of the body which are taking part in sexual act and it reduces the.

Erectile dysfunction: Various yogic postures and yogic breathing exercises bring the physical fitness and mental stability. yoga is no coast medicine only "WILL" to perform the yoga daily is necessary. It is not a single day procedure it should be a life style to avoid Erectile dysfunction.

811

WATER LILY—A MODEL FOR FACING ONE'S OWN SEXUALITY AND BRINGING UP SEXUALITY WITH CLIENTS

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In the model a water lily is a metaphor for sexuality. Water represents the unchangeable barriers in people's lives. It reflects also the course of life stressing the significance of the past, present, and future for the sexuality and reflection on matters related to that. Roots of the flower reflect the human concept and values. They form also the foundation for the emergence of sexuality and what it is considered to include. The human concept of the model consists of the physical, psychosocial and spiritual dimensions.

Pillars of sexuality are health, interaction: experience of dignity, acceptance and gender. The gender is the factor that defines us as a central element permanently, although we seldom stop to ponder its significance for sexuality on the personal level. Sexuality emerges in individual persons and communities at least in the physical, anatomic, social, cultural, and spiritual realms contributing to the uniqueness of everyone's sexuality without forgetting the effects of life phases on each human's experiences and thoughts.

Sexuality and its emergence are supported by love, universal virtues, education and genetic traits of personality.

The essence of sexuality, humanity, is located in the centre of the flower. Sexuality is a powerful feature belonging to humanity, part of which is on a level on which communication is not possible through words. It is like tacit knowledge of history, existence, and dialogue between the self and the world.

The water lily model consists of factual knowledge, questions meant for working with oneself, and a picture to facilitate understanding.

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SYMPOSIUM: SOME BIBLICAL PRINCIPLES FOR SEXUALITY

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Aims: To explore how sexual health and sexual ethics are represented in the Bible and how these are relevant to the 21st century.

God created humans as physical and relational beings. Sexuality is a good, healthy element of that created physical relatedness, with three functions: relational bonding; mutual pleasure; and procreation. The biblical pattern for sexual expression which best accords with these functions is heterosexual monogamy.

Because of our active rejection of God ("sin"), sexual activity is—like the rest of life—broken and imperfect. Jesus Christ, in repairing our broken relationship with God through his death and resurrection, affirms the goodness of sexuality—he is the bridegroom, the church is his bride—and demonstrates the pattern for healthy sexual behaviour: giving ourselves completely for the good of the other.

Enacting our sexuality for the good of others requires contentment with our sexual partner, and self-control over our desires. We look forward to our sexuality being fulfilled and transcended in heaven.

POSTER PRESENTATION

TRACK 8

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NURSE PRACTITIONER STUDENT KNOWLEDGE OF EMERGENCY CONTRACEPTION

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Background: The U.S. has one of the highest rates of unintended pregnancies in the industrialized world, with nearly half of pregnancies unintended. In many such pregnancies, contraceptive methods were used incorrectly or failed (Guttacher Institute, 2006). Emergency contraception is defined as including methods women can use after intercourse to prevent pregnancy (Population Council, 1995). Health care providers need improved education to offer effective contraceptive counseling (Landy, 2005; Wells, Creinin & Rodriguez, 2007). As nurse practitioner ranks swell, a need exists for knowledge and skills to provide comprehensive client care, including contraceptive counseling.

Purpose: The purpose of this study was, in part, to determine the knowledge level of nurse practitioner students about emergency contraception.

Methods: The study gained University of Toledo Institutional Review Board approval. Student participation in the study was gained through communication with program Deans. Four hundred sixty-seven NP students participated in a 30-item web-based survey using Vovici survey software. Responses included no identifying student information.

Results: Preliminary data analysis has focused on NP student knowledge of EC. Descriptive statistics, using SPSS, were performed on EC knowledge survey items. Knowledge gaps existing in NP knowledge of EC mechanisms of action, contraindications and indications. The younger students ($F = 4.994$, $p < .002$) and those newer to nursing ($F = 6.641$, $p < .0005$) demonstrated significantly better knowledge.

Implications: Further data analysis will examine the intersection of knowledge scores with survey items on attitude and willingness to prescribe. Nursing research on this topic can inform NP program content decisions about contraceptive counseling.

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TRANVESTITES AND STD/AIDS PREVENTION: THE EXPERIENCE OF THE MUNICIPAL HEALTHCARE OFFICE IN CAMPINAS-BRAZIL

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STD/AIDS Municipal Program in Campinas—Municipal Healthcare Office, Campinas, Brazil

Objective: To reduce social vulnerabilities—such as violence, lack of access to healthcare and space for political decisions—faced by the population of transvestites in the city of Campinas focused on STD/AIDS prevention.

Development and method: In the last decade, the STD/AIDS Municipal Program in Campinas developed a set of preventative actions concerning transvestites, associating political activism with technical knowledge about the health of this population. Actions were taken in conjunction with social movements among transvestites who are prostitutes or perform in shows. Specific educational material was created. Stigmatizing or treating their identity experiences as a disease was avoided and an opposite attitude was adopted.

Results: The STD/AIDS program became more universal and even-minded in the healthcare of transvestites, thus following the policy of the country's Single Healthcare System. The need to treat transvestites as female was validated, regardless of their male biological sex. The healthcare staff of the STD/AIDS Municipal Program included transvestites and also provided support for the affirmative action of the transvestite citizenship.

Conclusion: Actions for STD/AIDS prevention are important and strategic starting points in the approach of the social vulnerabilities of transvestites. The strength of our work with transvestites lies in validating their desire, recognizing their identities and promoting advocacy among their leaders.

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PSYCHOLOGICAL PROBLEMS AND SUBSTANCE USE IN SPANISH SEX OFFENDERS

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Introduction and objective: The presence of psychological disorders and substance use is common in sex offenders. The aim of this work is to study, on a sample of Spanish sex offenders, if they have psychological problems or not and if they consume or not substances.

Method: The sample comprised a total of 50 sex offenders (against adult or children) with a mean age of 46.00 ± 10.08 . Through an interview collected information on these people about whether they have psychological problems and if consume or not substances.

Results: Of the 50 total participants, 36 (72%) had not received any treatment by no have psychological problems, while 14 (28%) had received attention mainly for multiple psychological problems (anxiety and others comorbid problems). As to substance use, of the 50 participants, 10 (20%) did not show any type of substance use, while 40 (80%) showed are substance user. The most frequent (42%) is a multiple consumption of substances (alcohol, cocaine, hashish and tobacco), followed by the only consumption of tobacco (30%).

Conclusions: It can be seen in Spanish sex offenders appear to be less frequent presenting psychological and psychiatric problems that require specialized care. While in this group are more frequent to show some kind of substance use.

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PERSONALITY DIFFERENCES BETWEEN CHILD SEX AGGRESSORS WITH NORMAL AND TRAUMATIC CHILDHOOD

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Introduction and objective: The aim of this work is to study possible differences in personality traits between child sex aggressors who have suffered some form of abuse or maltreatment in her childhood and aggressors who report having had a normal childhood.

Methods: A group of child sex aggressors were evaluated by the NEO-FFI (NEO-Five Factor Inventory; Costa & McCrae, 1992) personality test. By interview is collected information about whether they had been victims of abuse or maltreatment in their childhood and were divided into two sub-groups: sub-group with normal childhood (n = 22) and sub-group with traumatic childhood (n = 11).

Results: The mean age of participants was 49.09 ± 7.34 years in the group with normal childhood and 45.18 ± 12.60 in the group with traumatic childhood. Both groups differed significantly on the Openness personality trait (t (31) = -2.81, p = .008). No significant differences in age or in the rest of the personality traits assessed.

Conclusions: The results indicate that child sex aggressors with traumatic childhood show a higher score in the Openness. The obtained indicates that these are people more imaginative, more creatives, which tend to be more aware of their feelings and experience positive emotions and negative way deeper than child molesters with non-traumatic childhood, which tend to be more conservative, they prefer the familiar to the novel and have lower interests.

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STUDY OF THE RELATIONSHIP BETWEEN SEX OF VICTIMS AND TYPE OF CHILDHOOD IN CHILD SEX AGGRESSORS

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Introduction and objective: This work assesses in child aggressors with and without traumatic childhood the preference around sex of victims. The aim is to study if there association between childhood type (normal or traumatic) and sex of the victims in these offenders.

Method: The sample consisted of 33 men convicted of committing any kind of sexual aggression against children. As part of a broader interview, was collected information on two variables:

- 1) To have suffered (or not) childhood abuse or maltreatment and
- 2) Sex of the victims.

Results: The groups did not show significant differences in age. In the normal childhood group, the 76.9% of participants assaulted women. Whereas in traumatic childhood group the percentage of participants who assaulted women was 54.5%. The analysis shows a significant association between the variables studied by Fisher exact test (p = .027).

Conclusions: The association of these variables indicates that in child sex aggressors the kind of childhood (normal or traumatic) is associated with the sex of the victims. It seems in child aggressors with normal childhood are more common that have women as victims, while that child molesters that have suffered traumatic childhood is similar the frequency of victims of both sexes.

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THE ANALYSIS OF SUICIDE BEHAVIOUR OWING TO FAMILY-SEXUAL DISHARMONIES

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Objective: Family-sexual disharmonies—are the frequent reasons of suicide behaviour.

Design: Complex inspection of 57 patients, in the age from 18 years has been performed. In the anamnesis patients had suicide behaviour owing to family-sexual disharmonies.

Results:

1. Age when suicide attempts have been accomplished
20–29 years—44% (25 person)
30–39 years—37% (21 person)
The other 11 person—were included into the age groups of 40–49, 50–59 years.
It is necessary to pay attention, that 72% (41 person) were in marriage from 57 surveyed
2. The reasons of autoaggressive behaviour:
Suicide attempts owing to divorce, ideas of matrimonial incorrectness—51% (29 person)
Owing to the unfair attitude from the nearest environment or a dissatisfaction with behaviour and personal qualities of significant another—49% (28 person)
Age features: For young age—unavailability of young spouses to home life, absence of tolerance and respect to each other. Average age group—a dissatisfaction with behaviour of the partner. The senior age group—somatic diseases, loneliness, loss of relatives
3. In 63% of cases (36 person) suicide had no in the anamnesis of mental diseases at relatives.

Conclusions: The primary goal at rendering the psychotherapeutic help—revealing and correction of non adaptive installations of the person. Formation of confidential and empathic attitudes in family. It is necessary to raise availability of the information to women and men on various aspects of sexual health, psychohygiene of intimate relations.

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DEVELOPMENT OF A FOUR YEAR COMPETENCY BASED CURRICULUM ON LGBT HEALTH FOR MEDICAL SCHOOLS

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Significant health care disparities for Lesbian, Gay, Bisexual, and/or Transgender populations¹ are probably fueled by lack of recognition of LGBT patients, absence of education on their unique health needs, and lack of skill in preventive and interventional counseling. Physicians often fail to ask questions needed to identify LGBT patients, and thus are unprepared to provide adequate care. A recent survey of Medical Education Deans shows that virtually no U.S. or Canadian medical school has an adequate curriculum around LGBT health.³ The Cultural Competency Committee at the University of California, Davis Health System (UCDHS) has developed a competency based LGBT curriculum. At a curriculum development retreat, over 30 educators from various disciplines collaborated in creating a competency map identifying knowledge, attitudes, and skills expected of medical students, a timeline for their development, and means for evaluation. Expected milestones are identified to ensure that medical students develop increasingly complex skills each year. Copies of the resulting curriculum will be provided. Implementation of the curriculum has begun with instructors negotiating ways to include this training in an already full curriculum. By addressing issues related to LGBT education, a more effective and sensitive generation of providers can be nurtured.

1—Healthy People 2020. Healthpeople.gov/2020/aspcx

Centers for Disease Control and Prevention. Washington, DC

2—Makadon, HJ et al. (Eds). Fenway Guide to Lesbian, Gay, Bisexual, and Transgender Health. Washington, D.C.: American College of Physicians, 2008.

3—Lunn, M. et al. Survey of medical education deans on hours of LGBTQ education provided. (in preparation).

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STAFF ATTITUDES TOWARDS THE PROPOSED DEVELOPMENT OF A FULLY INTEGRATED REGIONAL SEXUAL HEALTH SERVICE IN EDINBURGH, SCOTLAND

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Background: Prior to a move towards a fully integrated regional sexual health service in a new centre, staff from both family planning and genito-urinary medicine services based in Edinburgh participated in a survey to assess their perceptions of the advantages and disadvantages of patient care and joint working in the new service.

Methods: A self-completed questionnaire was developed to collect data from staff working in both services. Participation in the study was voluntary and all information was kept confidential and anonymised.

Basic demographic information was collected from respondents. They were questioned on potential changes to the patient pathway, catering to the needs of specific patient groups with different reasons for attending the services and their working environment. Responses were presented on a five point Likert scale.

Results: 74 questionnaires were returned from a possible staff group of 140 (52% response rate). Key findings were that doctors appeared least positive about integration, the needs of all patient groups apart from older women were thought likely to be met in the new service and each service felt apprehensive about the needs of patients with concerns that were traditionally dealt with in their own speciality. Respondents felt working the new service would be more stressful although overall the impression of integration was positive.

Conclusions: This questionnaire gave valuable insight into the attitudes of staff towards sexual health integration and will be repeated following integration. The specific concerns and needs identified can be addressed in staff joint integration session prior to the proposed move.

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ONLINE SEX SHOPS: PURCHASING SEXUAL MERCHANDISE ON THE INTERNET

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The purpose of this study was to examine the characteristics of those who use the internet to purchase sexual merchandise on the internet, what merchandise they had purchased and the reason why they used the internet for this purpose. Data were collected through a web questionnaire. Approximately 30% of the 1,614 who reported to use the internet for sexual purposes had purchased sexual merchandise online. The results suggested those who purchased sexual merchandise to be older adults and in relationships. In addition they were relatively sexually active. Vibrators/dildos were the most popular items and the primary reason given for making the purchase online was convenience.

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CONSIDERATIONS ON “MAKING OUT” DURING ADOLESCENCE

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Human life has significant experiences. Considerations on the comprehension of “making out” in high school adolescents during adolescence will be given. Current research uses the dialectic method since the school is a social, historical and cultural space. Ten adolescents of a government school were interviewed on the significance of the term “make out”. The interviewed replied that “make out” gives a sense of nearness, insertion, attraction, a short term experience, petting such as deep kissing, embraces and sometimes sexual intercourse. They replied too that it is a good, albeit passing experience; an experience without any commitment; a respect and a valorization of the other; having a friend; objectification of the female. Results show that “making out” in adolescence is highly common and a relationship, which may involve kissing and sexual intercourse, without any commitment. Whereas a discrimination exists with regard to the female who makes out due to ensuing gossip, the male who makes out feels normal and a “male” since he may make out with as many girls as he likes. Educators in schools should open debates with all people involved and discuss the different sexual manifestations in current society, in particular, the experience of “making out” in adolescence. The term “make out” is not a neutral phrase but it is a social and historical construction. Processes of intentional sexual education should be developed within the school community so that adolescents may evaluate the possibilities of transformational activities in their daily lives within an emancipatory perspective.

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FOR AN EMANCIPATORY PEDAGOGY OF SEX EDUCATION: A CRITICAL STUDY OF REDE GLOBO’S “LOVE AND SEX” BROADCAST

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Qualitative investigation, based on historical and dialectical materialism, presents sexuality as a result of the social construction of the human’s *praxis* and performs a critical study on the teaching of sex education as shown in Rede Globo’s “Love and Sex” broadcast, which intentionally addressed human sexuality in an open Brazilian television channel in 2009. The nine programs of the series became available (paid access) in the broadcaster’s website the after the live television airing. The “Strip-Quizz” segments of the programs were selected for analysis. The analysis used, as support categories, the pedagogical methods of sex education in Brazilian education, based on philosophical, historical and cultural assumptions of the construction of sexuality, as proposed by Nunes in 1996. Four of these methods indicate repression, even though veiled. A fifth method is suggested: the emancipator. The analysis of the programs showed the predominance of approaches that strengthen the process of alienation of the human being with regard to the dimension of the sexuality, resulting an apparent release, but with a strong veiled standardization of the values based on common sense and stereotypes embedded in the culture that reinforce dehumanizing approaches of sexual education. Those are instigators to incisively develop possibilities of building emancipatory sex education tactics, using a TV broadcast as a learning tool.

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SEXUAL IDENTITY, BODY IMAGE AND LIFE SATISFACTION AMONG WOMEN WITH AND WITHOUT PHYSICAL DISABILITY

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Background: Physical disability creates special problems for the development of sexual relationships. These painful facts and their impact on general quality of life depend on various factors. It is not the disability per se, but rather the contextual, social, physical and emotional dimensions that may have an influence on self-esteem and quality of life.

The objectives: The goal of the current study was to examine the association between sexual identity, body image and life satisfaction among women with and without physical disability; to estimate the moderating effects on these correlations of family status; and to expose the interpersonal in-group patterns of congruency between sexual identity and life satisfaction.

Methods: Seventy women with physical disability (spinal cord injuries and injuries resulting from polio) and 64 women without disability completed the following questionnaires: Sexuality Scale, Body Image Scale and Quality of Life Questionnaire.

Results: The results demonstrated that women with physical disability had the same sexual needs and desires as women without disability, but their body image, sexual self-esteem, sexual satisfaction and life satisfaction were significantly lower. These differences were stronger among young adult women than among more mature women. It was also found that sexual satisfaction was a major factor in explaining the variance in life satisfaction in both groups, and the relationships between sexual satisfaction and life satisfaction were bidirectional. At the same time, different patterns of congruency and inconsistency between sexual satisfaction and life satisfaction were exposed in both groups.

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ASSESSMENT OF THE MASTURBATORY BEHAVIOUR IN PRESCHOOL CHILDREN: AN EGYPTIAN STUDY

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Masturbation is not uncommon in preschool children; but, its eliciting factors have not been sufficiently studied. This work aimed at assessment of the masturbatory behavior, associated socio-demographical, psychological, and familial factors in a sample of 900 preschool children. Their mothers were subjected to a detailed history regarding their psychological, social, and emotional backgrounds. In addition, physical and mental health of the children was checked. Characteristics of the masturbatory behavior and mothers' attitudes towards this behavior were assessed. Masturbating children represented 39.7% of this sample where non-masturbating children represented 60.3%. The male gender was significantly higher than the female gender in masturbating children (66.4% versus 33.6%). Masturbating children revealed significantly higher potential sexual exposure to uncontrolled TV programs, observing illegal internet, seeing intercourse between the parents, seeing someone masturbating, bad relation with the parents, bad marital relation, seeing the parents fighting and over-physical contact. Physical and mental health scores revealed higher pediatric symptom checklist score as well as poorer mental health in the masturbating children, however both were in the normal scores range. Regarding the masturbatory behavior, 92.4% of the children practiced touching, 22.7% friction and 11.8% squeezing. Some children used more than one behavior. The mothers' attitude towards this behavior was met mostly with higher frequency of naming it as an

impolite act, reacting in a panicky way, and considering it a transient stage of development. In conclusion, the masturbatory behavior in preschool child could reflect the reduced quality of his/her psychosocial and familial background.

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KEEPING SEX "ALIVE"

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There is a "tale" about sex that when people are getting older sex is not like it used to be. We can agree or not. Most couples should know that you can still please each other if you build sex techniques. What keeps sex "alive" are some facts like touch, smell, sound and why not memories. First important issue is general attraction and confidence. Couples should know that there are many sexually alive body areas, that respond if touched, such as the ear lobes, sides of the neck and why not breasts. Couples should know each others needs and desires. Sometimes, sound or smell appeal and increase the sex impulse. When you feel very close to each other, you respond compassionately to your partner's feelings and he respond to yours. Only a calm or happy emotional state leaves every needed nerve fiber free for its sexual function. You should let your creativity to work for you when sexual excitement appears. In the past, many people have mistakenly thought of the first stirrings of sexual desire as spontaneous. However, attraction toward partner by sight, sound and smell usually must whet sexual appetites before excitement will build up. The remnants and memories of past success increase each partner's attraction for the other. Keeping sex "alive" means keeping our mind, body and health alive! This paper helps couples at every stage of sexual achievement.

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COMPARATIVE STUDY BETWEEN GENDERS IN SEXUAL FANTASY

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This study compared and analyzed sexual fantasies between the genders in order to provide new information for clinic, advertising and gender studies. It was a descriptive research. Participated 254 individuals (154 women; 102 men) aged between 16 and 50, from ten university courses in São Paulo—Brazil. A questionnaire was used. The results indicate that most women, regarding involvement, fantasize with a steady partner, while men fantasize more with random partners. About the general content of these fantasies, women describe their fantasies in a romantic way, while men think more about an erotic content. Women choose to place the main context at the beach, home environments and hotel or motel. For men there is little specificity of place, with a slight preference for hotel or motel. For both genders the women's clothing is an important erotic factor. It is also common in both sexes, to indicate bathtub, pool, baths and waterfalls as elements of sensuality. Women demonstrate particular fetish for firemen and men emphasize sex with more than one partner as their most common sexual fantasy. It was concluded that sexual fantasies for men and women present some common traditional gender patterns in which women are romantically directed to a particular partner, while men seek the erotic without thinking about the maintenance of a relationship. The background of the fantasies was also presented in a traditional way because it repeats everything that is traditionally valued in the media. Sexual fantasies indicate liveliness and creativity for the experience of sexuality.

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RELIGIOUS PERCEPTIONS ON HUMAN SEXUALITY ISSUES

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This study focuses on the views of religious people in human sexuality issues, in order to identify, myths, taboos and beliefs. The research was exploratory. The sample included 100 religious practitioners aged between 16 and 45 from both sexes (60% female, 40% male). The instrument was a questionnaire. The most striking results indicate that people usually think that sex in old age leads to impotence, is considered rare or nonexistent. Homosexuality divides opinions between rejection and tolerance. Anal and oral sex generate curiosity in men while women think of something disgusting or painful. Having a small penis is shameful for men due to teasing. Crying male is noticed as normal and indicates sensitivity. Sex shop refers to entertainment and sexual fantasies. Masturbation, wife swapping, marital betrayal, prostitution and sex with more than one partner are considered morally wrong. Sex between unmarried people is disapproved, but virginity in old age is seen as a problem. Sex with disabled people indicates a veiled prejudice, sex with HIV + means danger. Sexual abuse and pedophilia are aggressively disapproved and considered repulsive. Virtual sex is disapproved or viewed as unexciting. Being a single mother is viewed as a challenge; abortion seems to have a criminal aspect; condom is synonymous for protection. Sex therapy is considered important. It was concluded that sexuality by religious opinions is still surrounded by taboos, myths and beliefs that don't always correspond to the dominant science. It's necessary to invest in sex education programs for this population.

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PROJECT OF LOVE, FEAR AND POWER: PROFESSIONALS' DISCOURSES ABOUT GENDER VIOLENCE IN PORTUGAL

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The work presented here forms part of a larger research project, "Love, fear and power—pathways to a non-violent life" (financed by FCT and CIG), in which we aim to investigate gender violence, specifically as it occurs in intimate relationships, in terms of three key facets: firstly, the assessment of social and institutional support for female victims/survivors of domestic violence; secondly, the exploration of the life stories of victims/survivors of domestic violence; and thirdly, the co-construction of social networks that could facilitate support, awareness and collective action for social change. Drawing on material collected during the first phase of the study, namely semi-structured interviews with professionals working at support centres and shelters for victims of gender violence, here we specifically consider the ways in which the interviewed participants talked about 'the perpetrator/aggressor' and 'victim'; and how discourses of shaming and blaming operate to maintain the lines, not only between perpetrator and victim, but also between professional and client. Furthermore, we particularly explore the implicit gender and power relations that underlie these discourses. We subsequently interrogate the possible implications this might have for intervention, and how different forms of talk could challenge potentially silencing practices.

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BELIEFS ABOUT AGE OF SEXUAL CONSENT AND PERCEPTION OF SEXUAL ABUSE AMONG SPANISH AND LATIN AMERICAN PROFESSIONALS

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Object: Professionals that are likely to contact children play an essential role in the detection of sexual abuse. Therefore, we aimed to study their beliefs about age of sexual consent and the influence that such beliefs have on their perception of abuse when assessing consensual sexual activity involving minors.

Method: We used the Factorial Survey method to present 974 Spanish and Latin American professionals from diverse fields with hypothetical situations of consensual sexual activity involving minors as well as to examine their perception of abuse. We gathered information on respondent beliefs about the current age of consent in their countries of origin and the ideal age of consent.

Results: On average, participants believe that both current and ideal age of consent is 16 years. However, a significant higher percentage of Latin American participants believe that the age of consent should be above 18 years. Analyses also show that the higher the ideal age of consent according to participants, the more likely consensual sexual activity involving minors is deemed abusive. Besides, asymmetric sexual activity is more likely to be considered abusive when involving a minor that is below the ideal age of consent.

Conclusions: According to results, professionals' beliefs about the ideal age of consent may influence the likelihood of considering consensual sexual activity involving minors as abusive. Apparently, the proposition of law that was recently presented in Spain to raise the age of consent from 13 to 14 years might be widely supported by Spanish professionals.

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FACTORS INFLUENCING SPANISH AND LATIN AMERICAN PROFESSIONALS' SUSPICION OF CHILD SEXUAL ABUSE

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Object: Since professionals that are likely to contact children play an essential role in the detection of child sexual abuse, we aimed to study what child sexual behaviours they believe to be related to a previous abusive experience and what situational and personal factors influence their suspicion of sexual abuse.

Method: By using the Factorial Survey method, we presented a sample of 974 Spanish and Latin American professionals from diverse fields (Psychology, Social Services, Education, Health, Law and Police) with a set of hypothetical situations of child sexual behaviour (systematically varying the child's sex and age and the type of sexual act) in order to study their suspicion of sexual abuse. Besides, we gathered information on respondent socio-demographic and professional characteristics as well as personal beliefs.

Results: According to regression analysis, personal factors have the greatest impact on suspicion. Concretely, professionals with more negative attitudes towards sexuality or child sexual behaviour are more likely to regard children's sexual behaviours as signs of abuse. Type of sexual act is another influencing factor, since precocious sexual knowledge and aggressive sexual behaviour are deemed to be more indicative of abuse than other child sexual behaviours.

Conclusions: Findings suggest that professionals' personal beliefs may bias their judgments on what child sexual behaviours are signs of abuse. Consistently with literature indications, they regard some sexual behaviours as indicative of abuse, but they do not consider any to be a definite proof of abuse. Implications for the detection of victims are discussed.

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MARRIED COUPLES' KNOWLEDGE AND ACTUALITY OF FAMILY PLANNING IN JAPAN

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Objective: There is a concerned issue about the highest rate of abortion by females in their 30s in Japan. This study will identify differences of knowledge and actuality of family planning among married women in their 20s and 30s and their husbands.

Methods: The study was conducted from August to October 2008. Questionnaires were given to 166 parents whose babies were born in maternity hospitals. They completed the questionnaires at their 3rd-5th postpartum visit.

Results: A total of 332 questionnaires was given to couples; 234 questionnaires were completed. A total of 80 couples returned both questionnaires. The average ages were 32.1 years (±5.5) for the husbands and 29.5 years (±4.8) for the wives.

The most common birth control method before pregnancy was the "male condom", followed by "coitus interruptus".

Compared to the husbands, the wives significantly had more knowledge of the "temperature method" and "contraceptive pills". More wives in their 20s than their husbands significantly knew about the "IUD". The "female condom" was significantly better known by the wives in their 30s than their husbands. The wives in their 20s had more knowledge of the "female condom" than the wives in their 30s.

Summary: Among the participants, the "male condom" and "coitus interruptus" were the most common birth control methods used before pregnancy. There was little knowledge of the female contraception and contraceptive pills among the husbands. In terms of the wives in their 30s and their husbands, there is a little knowledge of new contraception.

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INFORMATION ABOUT SEXUAL RELATIONS DURING PREGNANCY FROM MATERNITY MAGAZINES IN JAPAN

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Introduction: It seems to be still difficult for Japanese pregnant women to ask about their sexual lives to medical professionals because of embarrassment and hesitation. Consequently, it is common for women and their partners to obtain information from maternity magazines in Japan. This study will classify the information about sex life during pregnancy addressed in the most popular maternity magazine.

Methods: One of the most popular and well-read maternity magazines was selected and articles indicating sex lives during pregnancy were searched from January to December in 2010. Thorough documental analysis, texts were coded and categorized.

Results: Main contents were categorized 'senior mothers' experiences', 'opinions' and 'professional advice'. It was found that four types of sexual lives were addressed in the articles: 'both have non-sexual desire', 'women have sexual desire but partners do not', 'women have non-sexual desire but partners have sexual desire', 'good sexual relation'. For each group, there was practical and mental advice to make good relationships with the partner, and to spend a safe and comfortable time during the pregnancy. In order to promote safety, detailed illustrations like positions for intercourse were explained. Alternative approaches without sexual intercourse were introduced to the couples with disagreement. It is also suggested that profound concern for partners should prevent sexless cases after childbirth.

Conclusion: It was identified that maternity magazines carry practical, detailed and easily obtainable information about sexual lives during the pregnancy. Women and their partners should use such a source of knowledge when they could not talk with professionals.

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MEDICAL ADVICES ABOUT SEXUAL ATTITUDES DURING PREGNANCY IN POPULAR MATERNITY MAGAZINES PUBLISHED IN 2010 IN JAPAN

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Objective: This paper presents some findings on medical advice about sex and sexuality for pregnant women and their partners in a popular maternity magazine in Japan.

Method: Data was collected from the monthly issues of the most popular Japanese maternity magazine "Tamago club" published from January to December in 2010 and analyzed with N-vivo.

Findings: Data were organized into six categories: 'Prohibition of sex during pregnancy', 'Recommended sexual activities during pregnancy', 'Medical explanation about sex before childbirth', 'Communication with partners', 'Vague anxiety about sex during pregnancy', and 'Sexless'. 'Prohibition of sex during pregnancy' and 'Recommended sexual activities during pregnancy' were in a pair of articles on the topics 'Medical explanation about sex before childbirth' and stimulating 'Communication with partners'. 'Vague anxiety about sex during pregnancy' was also contained in these articles, and influenced 'Sexless'.

'Prohibition of sex' included 'Happenings that cause sex' and 'Sexual contraindication during pregnancy'. 'Recommended sexual activities' included some good examples from subscribers. 'Medical explanation' included 'Undesirable conditions having sex' and 'Necessity of medical consultation'. 'Communication with partner' included 'Sexual desire', 'No sexual desire' and 'Disagreement with partner'. 'Vague anxiety about sex' included anxiety caused by lack of knowledge. 'Sexless' included 'Causes of no sex after childbirth' and 'Attitudes preventing no sex'.

Conclusion: Pregnant women and their partner might be interested in obtaining not only medical information about crisis occurrences of sex during pregnancy but also information on curing trivial anxiety about sexual attitudes until childbirth from maternity magazines.

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OBESITY, INSULIN RESISTANCE AND THEIR CORRELATION WITH TESTOSTERONE LEVELS IN AGING MALE PATIENTS

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Introduction: Obesity, insulin resistance refers to a clustering of various medical conditions, with a number of pathological components that contribute to the development of diabetes and cardiovascular disease. Some studies have shown that free testosterone levels are low in obese men and inversely correlated with the degree of obesity.

Aim: The objective of the study is to show correlation with obesity and insulin resistance degree and testosterone levels in aging male patients. The aim is also to study what influence have testosterone replacement therapy in aging male with obesity and insulin resistance.

Materials and methods: 98 male patients with the age range 45-65 years and BMI 27,0-48,0 kg/m² were included in the study. The following analyses were done: oral glucose tolerance test, serum lipid profile, functional tests of liver and kidney, fasting insulin, free testosterone, leptin, HOMA-IR index was calculated.

Results: In all investigated patients abnormal lipid profile, 54 patients had impaired glucose tolerance test, 62 patients had decreased level of free testosterone and had inversely correlated with the degree of obesity and insulin resistance, 71 patients had increased HOMA-IR index. The appropriate treatment according to the laboratory and clinical condition was prescribed to all patients. The patients were

distributed in the groups. After three months of treatment we repeated the diagnostic assessments and we had some results.

Conclusion: These observations suggest that an inverse relationship exists between serum androgens, obesity and insulin sensitivity. Low testosterone levels have also been found to be associated with dyslipidaemia and hypertension.

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EFFECTS OF INTOLERANCE TO UNCERTAINTY, ANXIETY SENSITIVITY AND SEVERITY ON MARITAL DISSATISFACTION IN PATIENTS WHO PRESENT WITH ANXIETY DISORDERS

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The current study explored the constructs of anxiety severity (BAI), anxiety sensitivity (ASI), and intolerance to uncertainty (IUS) as potential predictors of adjustment in romantic relationships, as measured by the dyadic adjustment scale (DAS) and the DAS subscales (affectional expression, dyadic consensus, cohesion, and satisfaction). It was hypothesized that severity of anxiety symptoms, anxiety sensitivity and intolerance to uncertainty would significantly predict variance of dyadic adjustment. Participants included patients who were referred to a tertiary care clinic (n = 324), and data collection was performed upon their first visit at the clinic, prior to the commencement of any treatment procedures. Findings partly supported the hypothesis such that only intolerance to uncertainty significantly predicted some aspects of dyadic adjustment. Intolerance to uncertainty accounted for 5% of dyadic satisfaction ($\beta = -.29$; $p < .005$), 3% of dyadic cohesion ($\beta = -.16$; $p < .05$) and 5% of dyadic consensus ($\beta = -.18$; $p < .05$). Dyadic adjustment was not significantly accounted for by anxiety sensitivity or anxiety severity. These findings suggest potential effects of intolerance of uncertainty in the lack of dyadic adjustment in patients with anxiety disorders.

837

KNOWLEDGE, ATTITUDES AND PRACTICES REGARDING EMERGENCY CONTRACEPTIVE PILLS AMONG FEMALE UNDERGRADUATE STUDENTS OF MAKERERE UNIVERSITY-UGANDA

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Introduction: Unsafe abortion remains one of the leading causes of the high maternal mortality experienced in Uganda. The highest proportion of these clandestine abortions is done by young women, especially university students. As a method of mitigating this problem, the WHO and affiliate bodies have encouraged the use of modern contraceptive services including emergency contraception.

Objective: To determine knowledge, attitudes and practices regarding emergency contraceptive pills (ECPs) among female undergraduate students of Makerere University, Kampala, Uganda.

Methods: A cross-sectional study was conducted among 400 female undergraduate students residing in Makerere University. Simple random sampling was used to select the participants. The selected students had to be female, aged 18 years and above and residents. Data was collected through self-administered questionnaires and confidentiality enhanced by use of self-adhesive envelopes. Knowledge was measured using multiple choice questions. Attitudes were measured using the Likert scale. Practices were measured using factors associated

with past sexual experiences. Data entry and analysis was done using EPI-INFO and SPSS software respectively.

Results: This study revealed that 81% of the students were aware of ECPs. However, only 60% had accurate knowledge about the timing. 68% believed that ECPs are a form of abortion. 79% of the population were sexually active.

Discussion and recommendations: The Ministry of Health and affiliate youth programmes should initiate strategies to bridge the gaps regarding ECPs found here in so as to improve their correct use.

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KNOWLEDGE, ATTITUDES AND PERCEPTIONS OF IMMIGRANTS FROM THIRD COUNTRIES IN CYPRUS, ON HIV/AIDS AND SEXUAL AND REPRODUCTIVE HEALTH

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Introduction: Marginalization, language barrier, social exclusion, cultural practices, religion, fear of discrimination and poor HIV knowledge in migrant communities may contribute to HIV vulnerability of migrants. The lack of culturally sensitive information and culturally competent health professionals and services prevent migrants' access to healthcare.

Aim: The presentation aims to present the knowledge, attitudes and perceptions amongst immigrant (mainly students and workers) living in Cyprus in relation to HIV/AIDS and sexual and reproductive health and the specific role of nurses. The study was funded by the Cyprus Ministry of Health

Methodology: Quantitative methodology was applied with the use of closed questionnaires. A snowball sample selection was used with 602 participants in the two larger cities (Nicosia, Limassol).

Results: A percentage of 27.8 participants reported being involved in risky sexual behaviour. Also, 39.5% of the participants agreed that males should decide whether or not to use a condom. Cultural issues are also linked to contraception awareness since 21.6% of the participants strongly support that a woman who carries a condom in her bag is of low moral standards.

Conclusion: A considerable number of migrant students and workers in Cyprus seem to have risky sexual behaviour and inadequate knowledge on HIV/AIDS. Nurses must examine their own beliefs and attitudes, apply health promotion programmes and become culturally sensitive and competent in meeting the needs of the migrants and promoting public health.

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SEXIST ATTITUDES, HOMOPHOBIA, LESBOPHOBIA, TRANSPHOBIA AND BULLYING IN SECONDARY SCHOOLS IN SPAIN

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The aim of this study is to analyze the relationship between bullying and gender personality traits, sexist attitudes, homophobic attitudes, lesbophobic attitudes, and support heteronormative sex/gender/sexuality system. In a representative sample of Galician secondary school students between the ages of 14 and 18. Our results confirm that boys are involved more than girls as bullies in all violence situations. It is also noted that, regardless of gender, aggressive behaviors correlate with higher scores in sexism, homophobia, lesbophobia and transphobia, as well as higher scores for instrumental personality traits and self-identification as more masculine. In addition, high scores in instrumental personality traits and support heteronormative sex/gender/sexuality system are the variables that best explain aggression in girls. Moreover hostile sexism and support heteronormative sex/

gender/sexuality system are the variables that best explain aggression in boys. These results highlight the deeply gendered nature of violence (bullying) and underscore the need to reconsider the prevention strategies of this problem, overall against lesbian and homosexual students.

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INVISIBLE VISIBLE ACTORS: LGBT PEOPLE WHO SELL AND/OR BUY SEXUAL SERVICES

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In 2009 RFSL (The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights) received a government commission to investigate the extent of LGBT people who sell and buy sexual services and under what conditions and circumstances they are doing sexual services. The study consists of 50 qualitative interviews with sex workers and their customers, interviews with people who in their profession meet our target group and an analysis of two quantitative studies.

The purpose of this study was to investigate following:

How many LGBT people sell and buy sexual services?

Under what conditions and circumstances are they selling and buying sexual services?

Study factors that may have impact on some people so that they start selling and/or buying sexual services.

Possible needs for specific assistance and relief measures.

The results of the research show:

Need for HIV/STI prevention among MSM who buy and sell sexual services.

The internet is an arena for sex trade.

A heteronormative understanding of prostitution excludes men who sell sex to men and bisexual women who sell sex to men, rendering them invisible.

Need for education among social workers and counsellors regarding LGBT issues, sexual practices and sex in exchange for compensation.

The importance of negotiation and maintaining boundaries to maintain physical and psychosocial health.

The need for money and search for excitement are factors that may lead some people to start selling sex.

Some people start buying sexual services on the basis of sexual preferences. Some buyers are heterosexually identified men and women.

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THE USE OF SEXUALLY EXPLICIT FILM CLIPS IN MEDICAL SEX RESEARCH: A PILOT STUDY

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This presentation is based on a pilot study, assessing the use of sexually explicit film clips in medical sex research. Such material is sometimes employed in order to incite sexual reactions in respondents during studies of, for instance, measurements of vaginal microcirculation or clitoral blood volume. It seems that within medical sex research, the need to stimulate sexual responses positions sexually explicit material in a completely non-valued, non-cultural space: it is neither bad nor good but simply a means to provide an effect. From an interdisciplinary perspective, the clips themselves as well as the instrumental use of them, stand out as an interesting area of research.

The comparison with how sexually explicit material has been analyzed from a number of different vantage points within the field of film studies, instantly provokes a number of questions. Which film clips are shown, where are they found, why (and by who) are they selected, how does the community outside of medical research (where opinions on pornography can be heated) relate to this use, what do the reactions from the respondents tell us about their own relation to sexually explicit material, and how, if at all, is it possible to separate respon-

dents' reactions of arousal from their previous experiences and knowledge of such material? By investigating a limited number of studies which have used erotic film clips, the aim of the pilot study is to measure out the scope of the project and to select pertinent research questions.

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SEXUAL COMMUNICATION IN INTIMATE RELATIONSHIPS: COMPARATIVE STUDY WITH A SEXUAL DYSFUNCTION SAMPLE AND A NONCLINICAL SAMPLE

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Sexual communication plays an important role in individuals' sexual life, and in the development and/or maintenance of sexual dysfunctions (SD). This study aims to compare the extent and perceived openness regarding sexual communication between a non clinical group and a SD group. This study was conducted with 54 individuals from both clinical and nonclinical samples. The clinical sample included 27 subjects enrolled in a therapeutic process for solving a sexual nature problem (N = 27; 21 men; 6 women) and a paired non-clinical control group. Participants completed the Portuguese versions of DSCS (*Dyadic Sexual Communication Scale*) and SSDS-R (*Sexual Self-Disclosure Scale—Revised*), and a socio-demographic formulary, individually and assuring confidentiality. Results point to an association between Sexual Dysfunction and higher expression of Sexual Negative Affect characterized by higher levels of expression of Sexual Depression Sexual Fear, Sexual Anxiety, Sexual Guilt, Sexual Anger, Sexual Apathy and Sexual Jealousy when compared to the nonclinical sample. Considering the results of the clinical population and nonclinical population independently, the expression of Sexual Positive Affect is more evident than the expression of the Sexual Negative Affect and Sexual Attitudes for both of them. However, when the two samples are compared this prevalence is not statistically significant for neither of them. Further research should address partners' perception of the communication process regarding sexual topics, and individuals with other psychopathology diagnoses.

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DEVELOPING THE 'SEXUNZIPPED' WEBSITE: YOUNG PEOPLE'S VIEWS ON THE DESIGN AND CONTENT OF AN ONLINE SEXUAL HEALTH INTERVENTION

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Objective: To use information from focus groups with young people to inform the design and content of an interactive sexual health website intervention.

Method: Participants were recruited purposively (ethnically heterogeneous, age 16–20 living in the UK) face to face from three sexual health clinics in London, UK over 16 months. Twenty one (mixed and single sex) semi structured focus groups, three behaviour change format testing interviews and four interviews to generate quotes were held. In total, 74 young people were consulted. Topic guides based on key objectives directed the focus group discussions and were modified as the project evolved. The groups were digitally recorded and moderated by two project researchers using open ended questioning to elicit a wide range of views. The main project researcher made detailed notes on key topics from the audio recording. The information was collated and influenced the design and content writing of the site.

Results: Consultation with young people resulted in an interactive, pleasure focussed sexual health website that includes activities and

topics interesting and engaging. Among other things, young people wanted: a mature site that contained images of people and scenarios; a clear writing style; a real and honest voice; social interactivity; and straightforward information on a range of topics from basic sexual health to wider social issues of sexual relationships.

Conclusions: It is challenging to meet all of young people's technological desires but possible to create an online intervention acceptable in design that offers activities and topics fundamentally interesting and engaging.

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THE REPRODUCTIVE HEALTH NEEDS OF PEOPLE LIVING WITH HIV/AIDS IN INDIA

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The reproductive health needs of People living with HIV/AIDS (PLWHA) have often been neglected both in terms of providing quality lives and establishing their basic rights. Not only that, research and public health interventions often focus on the prevention aspect. Social stigma, discrimination, condemnation and ambiguous status in the society of being HIV positive play a major role and stigma and discrimination related to HIV are pervasive at all levels. Social attitudes are also reflected in policies that target PLWHA, despite the UN Declaration ensuring that PLWHA experience "the full enjoyment of all human rights and fundamental freedoms". The majority of HIV infections are sexually transmitted or associated with pregnancy, childbirth and breastfeeding. Furthermore, sexual and reproductive ill health and HIV/AIDS share the same root causes such as poverty and gender inequality. Even if innovation of ARV was a scientific breakthrough in containing and reducing HIV infection, Governments do have an obligation to devise laws and policies to protect their rights to make free and responsible choices for their sexual and reproductive health. There is a compelling need for support and services that address this issue. This paper provides a systematic literature review about the reproductive health needs of the PLWHAs in India. The paper analyzes the overarching challenges and propose a series of steps that policy-makers, medical researchers and program planners could consider to effectively meeting the reproductive health needs of HIV positive people.

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WOMEN'S NARRATIVES OF SEVERE VIOLENCE PERPETRATED BY INTIMATE AND NON-INTIMATE PARTNERS IN VARJÃO, BRAZIL

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Objective: The objective of this paper is to present discourses of severe violence perpetrated against a woman by intimate and non-intimate partners.

Background: A large proportion of intimate partner violence considered serious by the WHO—violent acts with great potential to cause injury—showed a pattern of recurrence, revealing the seriousness of the situation faced by women in a socioeconomically vulnerable area of Brazil's capital.

Method: Cross-sectional study conducted in a metropolitan area of Brazil's capital. 195 women aged between 15–49 years depicted their personal narratives of sexual, psychological, and physical violence throughout their lives. A qualitative technique called "Discourse of the Collective Subject (DCS)" was used to analyze the data.

Results: Thirty two women's discourses were grouped by similar narratives of violence following recommended DCS's technique. These discourses have been organized into seven major categories, which are the synthesis of the central ideas in the narratives of suffered violence. The most prevalent discourse was related to the Engineering of Intimate Partner Violence where 114 women's (58,5%) voiced their exper-

iences with sexual violence and what they perceived as beings descriptions of the building elements of other types of violence that they experienced. Child Abuse Histories, described by 77 women (39,5%), were the second most prevalent type of narratives.

Conclusion: Women's experience of forced sexual intercourse showed multiple forms of violence perpetrated by intimate partners and family members. Discourses revealed gendered performance and narratives which establish subjectivities and identities that are based on culture-specific pattern of masculinity.

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RELATIONSHIP BETWEEN PERSONALITY TRAITS AND SEXUAL DAYDREAMING

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This study analyzes the relationship between sexual daydreaming, in terms of the propensity to have sexual fantasies, and personality traits (extraversion, neuroticism, openness and obsession).

The sample was composed of 636 participants (39.5% men y 60.5% women), with ages ranging between 18 and 72 years old. All the participants reported having a heterosexual long-term relationship, for at least 6 months.

The following questionnaires were administered: The Spanish version of the Sexual Daydreaming Scale (SDS), items to measure Extraversion, Neuroticism and Openness from the Neo Five-Factor Inventory (NEO-FFI) and the Obsession scale from Multiphasic Minnesota Personality Inventory-2 (MMPI-2).

The results showed significant differences between men and women in sexual daydreaming, specifically, men were found to have more sexual daydreaming than women. According to these differences, there were positive significant correlations between neuroticism, openness and obsession traits and sexual daydreaming for men, and between neuroticism, extraversion and openness, and sexual daydreaming for women. Regression analysis to further understand the association of personality traits and sexual daydreaming by sex was performed. Neuroticism trait was the only to predict sexual daydreaming for men, which explained 5.1% of the variance, while for women, neuroticism, openness and extraversion were good predictors of sexual daydreaming, explaining 9.7% of the variance.

There is evidence of the link between personality traits and sexual daydreaming with differences by sex.

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POSITIVE AND NEGATIVE SEXUAL COGNITIONS: ITS RELATIONSHIP TO PERSONALITY TRAITS

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The aim of this study was to analyze the influence of certain personality traits, neuroticism, extraversion, openness and obsession on positive sexual cognitions (PSC) and negative sexual cognitions (NSC).

The sample was made up by 725 participants (39.5% men and 60.5% women), with ages ranging between 18 and 72 years old. They were administered the following questionnaires: The Spanish version of the Sexual Cognitions Checklist (SCC), items to measure Extraversion, Neuroticism and Openness from the Neo Five-Factor Inventory (NEO-FFI) and the Obsession scale from Multiphasic Minnesota Personality Inventory-2 (MMPI-2).

Partial correlations were performed controlling by sex and by the effect of PSC when analyzing NSC and vice versa, due to the overlap between them. The results showed significant correlations between PSC and extraversion and openness. On the other hand, significant and positive correlations were observed between NSC and neuroticism and obsession, and there were negative and significant correlations between NSC and extraversion and openness.

In order to explain PSC and NSC, regression analysis was performed. The variables that explained positively PSC were openness and the interaction between extraversion and sex; men had more frequency of PSC than women. Both variables were able to explain 8.4% of the variance. NSC were directly explained by neuroticism and negatively explained by openness. These variables explained 2.5% of the variance.

Personality traits are associated to PSC and NSC. While extraversion and openness are linked to PSC, obsession and neuroticism are associated to NSC.

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SELF-REPORT MEASURES TO EVALUATE SEXUAL DESIRE: A SYSTEMATIC REVIEW

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The aim of this study was to examine the development of self-report measures to assesses sexual desire.

In order to search and collect information, these databases were used: *Scopus*, *PsycArticles*, *Medline* y *PsycINFO*. The self-report measures to be evaluated, were included according to these inclusion criteria:

- 1) anglo xasón origin,
- 2) application in clinical and non-clinical population,
- 3) have been validated or report some psychometrical information (reliability or validity). The following terms were used for searching published self-report measures: "sexual desire", "scale", "measure", "inventory" and "questionnaire". Initially, 487 documents were found from *PsyArticles*, *Medline* y *PsycINFO* and 665 from *Scopus*. After the application of the inclusion criteria, 43 documents were selected.

The results were codified according to: Authors, year of publication, sample size, application context, operational definition of sexual desire, construction, development, and structure of the instrument. The following self-report measures were included: *Decreased Sexual Desire Screener*; *Hurlbert Index of Sexual Desire*, *Cues for Sexual Desire Scale*, *Sexual Desire Inventory*, *The sexual arousal and desire inventory*, *Sexual interest and desire inventory-female*, *Sexual interest questionnaire*, *Sexual desire conflict scale for women*, *Menopausal Sexual Interest Questionnaire*.

The development of self-report measures to evaluate sexual desire, have been influenced by different theoretical model conceptualization, diagnostic criteria from DSM and clinical experience. Moreover, as other constructs in relation to sexuality, sexual desire has been analyzed from different disciplines, which has generated a variety of measures to assess sexual desire in research or clinical areas.

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THE ROLE OF THE EARLY MALADAPTATIVE SCHEMAS ON SEXUAL AGGRESSION—A PRELIMINARY STUDY WITH MALE COLLEGE STUDENTS

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The purpose of the present study was to investigate the role of the Early Maladaptative Schemas (EMSs) on sexual aggression. A total of 166 male college students participated in the study. Participants were divided into two groups according to data from the Sexual Experiences Survey—Short Form Perpetration (SES-SFP): *Group of individuals with history of aggressive sexual behavior* (n = 37) and *Group of individuals without history of aggressive sexual behavior* (n = 129). All participants completed the SES-SFP and the Young Schema Questionnaire (YSQ-S3). Results indicated that EMSs were associated with sexual aggression. Students who have committed any form of sexual abuse exhibited significantly higher levels of EMSs from the Disconnection and Rejection domain (i.e., Mistrust/Abuse, Defectiveness/Shame, and Social

Isolation/Alienation schemas) and from the Impaired Autonomy and Performance domain (i.e., Dependence/Incompetence, Vulnerability to Harm/Illness, and Enmeshment/Undeveloped Self schemas). Overall, findings suggest that EMSs may play a role as vulnerability factors for sexual offending.

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EXPLICATIVE FACTORS FOR THE QUALITY OF LIFE OF PEOPLE WORKING ON PROSTITUTION

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Objectives:

- To explain the quality of life of people working on prostitution taking health variables (related with prostitution) and interpersonal needs variables.
- To suggest guidelines to improve the quality of life of people working on prostitution

Design: It has been used a transversal design; Data have been taken by a semi structured interview composed of:

- (1) Sociodemographic Variables;
- (2) Prostitution Variables;
- (3) Physical, mental and sexual Variables.

And other data have been taken by some scales like:

- (4) SCL-90-R (Depression and Anxiety Subscales);
- (5) Rosenberg Scale (Self-esteem);
- (6) SELSA-SHORT (Emotional and social loneliness);
- (7) MSSCQ (Sexual satisfaction); and
- (8) WHO-QOL (Quality of Life).

Method: Sample is composed by 146 people working on prostitution (Streets, Clubs and Flats) both Spanish and foreigners. It has been done multiple regression analyses to know the influence of the health variables and the interpersonal needs variables over the quality of life of this collective.

Results: Interpersonal needs explain the highest percentage of the quality of life statistical variance. Variables like drug use, HIV positive, and being a victim of violence are explicative factors of the quality of life of street prostitutes.

Conclusions: It has been found differences between indoor prostitution (Flats and Clubs) and outdoor prostitution, and there are different quality of life explicative variables to indoor and outdoor prostitution.

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ARIZONA SEXUAL EXPERIENCE SCALE (ASEX): PERSIAN TRANSLATION AND CULTURAL ADAPTATION

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Objective: The purpose of the study was to translate Asex to Persian; to adapt it for Iranian culture and to investigate the performance and psychometric characteristics of the Persian version.

Method: The Asex was translated to Persian using an elaborated methodology according to the World Health Organization (WHO) guideline. In addition, understandability and feasibility, of the measure were investigated in 160 women in Tehran. To evaluate the test—retest reliability of the questionnaire a random sample of 75 women were selected and retested a week later.

Results: Few changes or few adaptations were made to bring about cross—cultural comparability. The Asex questions were generally understandable and acceptable for women in Tehran. The internal consistency of the scale was

$\alpha = \dots\dots 0/85 \dots\dots$

The test—retest reliability was $r = 0/94$ ($p < 0/001$).....

Conclusion: The Asex Persian version adapted for an Iranian population appears to be an acceptable cross—cultural equivalent of the original American version. Understandability, internal consistency, test—retest reliability and applicability of the instrument was good.

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HERBAL AND TRADITIONAL MEDICINE USED FOR SEXUAL HEALTH IN AFRICA

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Objective: We aim to ascertain whether Traditional Medicine which includes diverse health practices, approaches, knowledge and beliefs incorporating plant, animal, and/or mineral based medicines, spiritual therapies, manual techniques and exercises applied singularly or in combination to maintain well-being, as well as treat, diagnose or prevent illness, is used in sexual health treatment and whether there is an evidence base for the use of herbs.

Material and methods: The data was drawn from a range of past studies that evaluated the above practices from Pubmed, Medline and published texts. Data outlining the use of healing methods and whether there is any evidence based research, will be presented.

Results: The findings from these analyses demonstrate that sexual health is grounded with socio cultural, religious and spiritual context. Approximately 80% of the population consult traditional healers due to availability and cost. Herbs have multiple properties that may also aid health conditions that may otherwise inhibit sex. Vaginal practices include washing, cleaning, smoking, insertion and application of substances and ingestion of substance for the purpose of tightening, drying and warming the vagina. Zoo therapy and occultism are also used to treat sexual and reproductive difficulties.

Conclusion: Herbs and traditional medicine are part of Indigenous knowledge and healing systems and have a potential role in sexual health. Leaders and governments need to establish the necessary financial and institutional support to realize this role.

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IMPACTS OF A LIFESTYLE CHANGE GROUP FOR WOMEN WITH PCOS

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Polycystic Ovarian Syndrome (PCOS) is the most common endocrine abnormality in reproductive aged women worldwide. Women with PCOS are at risk of Infertility, Insulin Resistance, Type Two Diabetes, Heart Disease and Metabolic Syndrome. Psychological sequelae include depression and low self-esteem. This was illustrated by one participant commenting: "when you are fat, hairy, bald and barren, it's hard to feel good about yourself"

PCOS incidence and severity increases with increasing obesity. Weight loss of 5–10% through lifestyle change is the first line of evidence based medical treatment, conferring significant clinical benefits including improvement to insulin resistance and resumption of ovulation and menses. However weight loss is difficult for women with PCOS.

Life Taking Action on Diabetes, by Diabetes Australia Victoria is a lifestyle and behaviour change programme for people over 40 years assessed as high risk of Type Two Diabetes. Program aims include reduction in dietary fats, increasing fibre, daily exercise and 5% weight reduction.

A group of 12 women from rural Gippsland, Victoria, Australia, responded to advertisements to participate in an inaugural Life! Program specifically for women diagnosed with PCOS. Due to younger age they were outside the inclusion criteria for the Life! Program.

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HADS questionnaire and focus group evaluations demonstrated significant improvements to mood and self-esteem. Meeting other women with PCOS, gaining support and learning strategies to manage their condition evaluated very highly. Some participants experienced reductions in waist circumference and/or weight. Two women became pregnant.

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THE INFLUENCE OF SOME FACTORS IN THE SEXUAL DESIRE OF THE COUPLE DURING PREGNANCY

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This is a descriptive correlational and transversal study which general aim is to identify some factors that influence the sexual desire of the couple during the pregnancy. The sample consist of 64 couples between 26^a and 38^a weeks of pregnancy was constituted in the period of 3/07/06 the 30/12/06. For collect the data we used a questionnaire, where beyond the sociodemographic and obstetrics it includes two scales: Hurlbert Index of Sexual Desire (HISD) and Scale of the Been Anxiety—Traço (STAY).

Five hypotheses had been formulated relating the sexual desire with the age, relative number of children, aspects to the sexual relations during the pregnancy, anxiety and difference in the sexual desire of the woman and the man before and during the pregnancy.

A summarized interpretation, it is concluded that the age and number of children had not been proven as excellent factors, the knowledge on sexual relations during the pregnancy influence only the sexual desire of the man, the anxiety have an influence factor only in the sexual desire of the woman and before has difference in the sexual desire and during the pregnancy.

Although these results if not to be able to surpass for all the population, allow perceiving the important are the support during the prenatal monitoring giving the possibility to the couple to reveal its feelings and fears, and to the health professionals of informing, suggesting behaviors alternative.

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PENILE DOPPLER STUDY: A DYNAMIC TOOL IN EVALUATION OF ERECTILE DYSFUNCTION

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Objectives: To compare the penile Doppler parameters in male patients with ED <45 year age group (group 1) with patient aged >45 (group 2). To define difference in etiology between two groups.

Method: The study was conducted in 112 patients with complaint of ED. The penile Doppler study was performed using 60 mg of intra cavernosal papaverine. The colour Doppler parameters noted were basal flow velocity (BFV), stimulated peak flow velocity (SPFV), end diastolic velocity (EDV), resistive index (RI) and relative rise in peak flow velocity (RR). The parameters were compared between two groups.

Results: The etiologies affecting subjects in group 1 when compared with group 2 showed that psychogenic patients are significantly higher in group 1 ($p = .001$), arteriogenic dysfunction and endothelial dysfunction are significantly higher in group 2 ($p = .002$). However cavernosal asthenia and venous leak and subjects presenting with mixed etiology had no significant difference in the disease distribution in both groups. Except for BFV, all other parameters when compared between the two groups were significantly different. SPFV, RR and RI all being significantly higher in group 1. EDV was significantly higher in group 2.

Conclusion: we concluded that the etiology of ED differs in younger and older age groups. Spectral Doppler waveform study is a dynamic and useful tool in diagnosing these etiologies.

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ONLINE SEXUAL ACTIVITIES AND SEXUAL DESIRES

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The internet has become an integral part of everyday life. Previous work has shown that one of the reasons for turning to the internet can be the easy satisfaction of sexual desires. The subject of this study was to examine the extent to which people fulfilled their sexual desires through online sexual activities, and exactly which psychosocial characteristics and online sexual activities were related to meeting their desires. An online questionnaire in the Swedish language administered on four websites were filled out by self-selected internet users (N = 1082) aged 18–65. Using the multinomial logistic regression analysis, it was found that with the exception of age no other socio-demographic characteristics had effect on the extent of desire fulfilment through use of the internet for sexual purposes. Being ages 25–34 years and increasingly active in watching pornography, having cybersex, reading novels online, and visiting online shops for sex products predicted fulfilment of sexual desires to a small extent. While the same predictors together with masturbation, engaging in sex partner seeking activities, having sex with someone met online, and chatting about sex, increased the likelihood of having fulfilled sexual desires to a large extent. Particularly, establishing sexual contacts through the internet and watching online pornography were linked to greater fulfilment of sexual desires.

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LONG USE OF LAPTOPS CAN AFFECT MALE FERTILITY

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Object: To know the effect of long usage of laptop on male fertility. **Method:** The study was carried out at Sannidhya Institute & Research Centre between the period June 2009 and December 2010. Total 108 male patients were enrolled for the study out of couples coming for infertility to the institute. These were the patients in whom the female factor was normal. These 108 subjects had idiopathic oligoasthenospermia (sperm count less than 20 million/ml, active progressive motility less than 25%). They were subjected to detailed history taking, clinical examination and investigations in form of hormonal evaluation and scrotal color doppler. The results were then tabulated. Out of 108 patients of oligoasthenospermia, 15 had varicocele. The other 93 subjects who had idiopathic oligoasthenospermia. 63 patients were found to have extensive use of laptops on their lap for more than four hours/day. The more hours of laptop use the more severe damage of oligoasthenospermia noted. **Conclusion:** Using laptop for long periods increases the scrotal temperature (which is normally 2–4 degree less than body temperature). Thereby affecting spermatogenesis and also diminishes the sperm ability to fertilize the female egg.

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EFFECT OF ETHANOLIC EXTRACT OF ANACYCLUS PYRETHRUM ON AGE ASSOCIATED SEXUAL DYSFUNCTION IN MALE RATS

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Scientific investigation has supported the long-held notion that sexual function in men declines with age. A variety of studies indicate that as men reach late middle and old age, the frequency of sexual activity becomes lower, libido is diminished. These findings suggest that decreasing sexual and reproductive capacity in aging men may be related to androgen deficiency in old age. The availability of the large number of sex improving drugs in the traditional Ayurvedic System is a unique and distinctive feature of this system. A special class of Rasayana drugs is known as Vrishya or Vajikarana. The Vajikaran drugs are specially recommended to people suffering from sexual insufficiency and people in advanced age losing interest in sexual act or failing in sexual performance. For assessment of sexual behavior, old age male rats were divided into five groups. The extracts (50, 100 and 150 mg/kg body weight/day) and sildenafil citrate (5 mg/kg body weight/day) were administered orally for 28 days. The behavioral and sexual parameters were observed at day 0, 15, 28 and after a lapse of 7 and 14 days of discontinuance of drug treatment. The extract had a dose dependent positive effect on mounting frequency, intromission frequency and ejaculation frequency, even after a lapse of 7 and 14 days of discontinuance of drug treatment. A dose dependent effect was also observed on the FSH, LH and testosterone serum levels. Study lends support to the traditional utilization of *Anacyclus pyrethrum* as a sexual stimulating agent in old age sexual dysfunction.

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SEXUAL AND PHYSICAL INTIMATE PARTNER VIOLENCE AMONG UNIVERSITY COUPLES IN SPAIN: A DYADIC RESEARCH APPROACH

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Introduction: Research conducted in last decades indicates that intimate partner violence (IPV) is a serious social problem. Moreover, it's associated with a number of negative psychological and physical health consequences. Although researchers have advocated using reports from both members of a couple in order to obtain accurate estimations of IPV, to date, the majority of research on IPV is based on responses from only one member of the couple.

Aim: This research examines the extent to which a sample of university couples engage in unidirectional violence, where only one partner perpetrates the violence, or bidirectional violence, in which both partners perpetrate violence.

Method: Participants (n = 100 couples) were recruited from a public university in Spain. Both members of the couple answered an online questionnaire about victimization and perpetration of sexual and physical intimate partner violence.

Results: Almost 85% of all relationships had some kind of violence, and sexual violence was more frequent than physical violence. Reciprocal violence was more common than nonreciprocal violence, and in nonreciprocally violent relationships, women were more often perpetrators of physical violence and men were more often perpetrators of sexual violence.

Discussion: Our findings suggest that intimate partner violence is a common, pervasive problem within couples. Future lines of research need to involve both partners within couples to better understand the real extent of interpersonal partner violence, and examine the factors related with reciprocally violent relationships versus unidirectional violent relationships. At the same time, more systematic prevention and intervention efforts are warranted.

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FACTORS RELATED WITH SEXUAL AGGRESSION IN SPANISH UNIVERSITY COUPLES: A DYADIC PERSPECTIVE

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Introduction: In the past few decades, several studies have been developed to improve our understanding of various aspects of sexual violence in dating relationships. A considerable effort has been made to determine which factors are associated with sexual aggression in romantic relationships. However only a few studies include reports of both relationship members.

Aim: The goal of this research is to study the previously documented association between sexual aggression and attachment and power in romantic relationships using dyadic data.

Method: One-hundred and five heterosexual dating Spanish couples, being at least a member of the dyad an university student, participated in this study. Multiple linear regression analyses were used to investigate whether attachment style of each partner and power in the relationship were associated with each member perpetrating sexual aggression.

Results: Results showed that men and women perpetration of sexual violence is associated with attachment-related anxiety of the aggressor and men perceived attempts of influence. These variables accounted for 21% and 14% of the variance in the sexual aggression index for men and women respectively.

Discussion: In light of these results, we discuss the importance of developing negotiation skills and becoming close in intimate relationships.

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WOMEN'S SUBJECTIVE AND PHYSIOLOGICAL SEXUAL RESPONSE TO EROTICA: THE ROLE OF AFFECTIVE AND COGNITIVE DETERMINANTS

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The aim of this study was to investigate the role of cognitions and affect in predicting subjective and physiological sexual arousal in response to erotica.

A total of twenty-eight women participated in the study. The experimental design was a 2 (type of film: sexually explicit vs. relational/romantic material) X 2 (instruction: imagining partner vs. imagining stranger). Physiological sexual arousal (VPA) was continuously assessed during the film presentations, and subjective sexual arousal (9-item Likert Scale), cognitive (list of automatic thoughts; Nobre et al., 2009) and affective responses (PANAS) were assessed after each stimulus presentation.

A multiple regression analysis, using positive and negative affect and physiological sexual arousal as predictor variables, revealed a significant model for subjective sexual response (explaining 60% of the variance) with positive affect ($\beta = .79, p < .001$) as the only significant predictor. Subjective sexual arousal and physiologic sexual arousal were unrelated. No significant predictor was found for physiological sexual response. Furthermore, Pearson correlations revealed subjective sexual response to be positively associated with sexual arousal thoughts ($r = .87, p < .001$) and actress' physical attractiveness thoughts ($r = .50, p < .05$). A similar pattern was found for positive affect (respectively, $r = .80, p < .001$; $r = .50, p < .05$). In contrast, negative affect was correlated positively with boringness thoughts ($r = .40, p < .05$) and sinful thoughts ($r = .64, p < .01$).

Overall, results support the role of cognitive and emotional dimensions in women's subjective sexual response, independently from the physiological signs of arousal.

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PREMATURE EJACULATION: A NEW TREATMENT USING A STIMULATING DEVICE IN CONJUNCTION WITH THE START-STOP TECHNIQUE

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Abstract: Premature ejaculation is a common condition estimated to afflict around 30% of sexually active men. The start stop technique in conjunction with CBT (psychosexual Therapy PST) is considered to be the treatment of choice. Other treatments include SSRIs and topical local anaesthetics. The new treatment proposed postulated that the Start stop technique in conjunction with a specifically designed stimulating device reduces sensitization and prolongs latency to ejaculation.

Method: A 6 patient case series was carried out as an initial step to study the merits of proceeding with an RCT. This was followed by a 52 subject RCT comparing PST with the Start Stop technique versus the device with the Start Stop technique.

Results: The case series study showed an average 5 fold improvement in latency period whilst the RCT showed and average 11 fold for the device group in 61% of subjects compared to a 3 fold improvement in 40% of the subjects for the PST group. There were no side effects associated with the device and benefit was maintained in both groups at 3 months.

Conclusion: This new method of treatment is effective, affordable, and can be combined with any current method of treatment for PE. It proved to be side effect free and overcomes the traditional barriers to treatment in PE including side effects, seeking medical care, cost and mass delivery of a cost effective treatment for a very common condition.

A. Zamar is the inventor of the device(s) and a major shareholder and Director in Auris group, the manufacturer and owner of patents for the device(s). All clinical trials were conducted independently by Wise et al., with no involvement whatsoever by Dr Zamar apart from supplying the device and advising on the method of use.

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IS THERE SUCH A CONDITION AS THE ANDROPAUSE AND WHAT HAS IT TO DO WITH TESTOSTERONE?

John Tomlinson

The terms andropause, the male menopause and the midlife crisis are terms bandied about without most people really being sure what they mean. The andropause or the male menopause are not accurate terms, as there is no 'pause' like a woman's monthly periods stopping. There is no correspondingly abrupt or drastic alteration of testosterone production in the testicles as a healthy man ages, but as he ages, it does diminish, although its production can continue until very old age. However, a too rapid fall of testosterone, for a variety of reasons, can cause a lot of symptoms that are not easily recognised. I shall concentrate on the symptoms, signs and diagnosis of late onset hypogonadism and its treatment.